

LAUNCH Young Child Wellness Council (YCWC)

May 14, 2014

MEETING NOTES

YCWC Attendees: Beth Gebstadt, Jeanne Lemieux, Bruce Spilde, Maxine Fookson, Barbara Ferre, Josette Herrera, Helen Bellanca, Jean Borgerding, Amy Chandler, Helen Bellanca, Rob Abrams, Debby Kernan, Elizabeth Carroll, Leslie Brown

Working Group (staff & contractors): Cate Drinan & Callie Lambarth (PSU), Joan Marquis (Parent Group Facilitator), Peg King (OPS), Ashley Lawrence (211info), Elana Emlen (Young Child Wellness Coordinator)

Universal Family Wellbeing Screen

Helen Bellanca is a member of the YCWC, family medicine physician, and currently at Healthshare (Coordinated Care Organization, or “CCO”) She shared a PowerPoint handout that is being emailed with these minutes. *(These minutes don't do justice to the amount of information that Helen shared.)*

There have been efforts in Oregon for years to try to create and use a universal family wellbeing screen. This is relevant to CCOs, maternal and child health programs, and others.

Helen shared how an anonymous survey was done at Legacy Midwifery Clinic (results in PowerPoint). The information was used to make the case for have a mental health provider integrated into the practice. It worked!

Healthy Families does screening at birth. Now it has been expanded beyond first births. Erin Deahn from Clackamas County asked the CCO to help with screening. If screening is done prenatally, that takes the load off Healthy Families, and it connects with mothers at a time that might be better.

She talked about Baby Link (material emailed out in advance of meeting.) This is for Clackamas County only. It's one number to call, and they can do screening on the phone and connect people to programs. What Helen likes about the Healthy Baby form is that it uses red font to show what programs a person might be eligible for, depending on their answer. There was a question about the difference between Baby Link and 211info Family. Baby Link is Clackamas only and provides referral but not “advice” in the same way as 211. Baby Link sends a fax to the program to connect the family, and 211 does not do that. She showed the diagram of how the screening and connection can work (see PowerPoint slide “How would it work?”)

What if we had a universal wellbeing screen? Could it count as the screen for metrics? Home Visiting bills CCOs for targeted case management. Maybe having a shared risk assessment could be a way to connect better.

The screen would be for families that are expecting a baby or who have a baby younger than 1. A provider would do the screen and it would be stored in a database. Healthy Families, for example, would be able to see if a screen was done. The family would be connected to a referral hub (211). The “script” would be that someone screens positive on any risk, connect them to 211info.

Erin said that domestic violence is concerned about information accessibility because of safety reasons and court proceedings. The group talked about having a general section and a confidential section.

Cate said that VistaLogic allows you to set parameters of what is shared.

Rob pointed out the need for a feedback loop primary care, 211, mental health. Also parent voice.

In terms of frequency, the positive of more than one screen is that people can slip into a positive screen suddenly from life events.

Helen said that the State Early Learning Council is putting together a measurement work group. They will be asked what they would want to know about a family's wellbeing, and would it be useful to have a family wellbeing assessment.

Discussion about need for single data port. Maybe think about an addendum to the universal screen? Most primary care providers don't have electronic health records. Can we agree on a starting place an add on?

Helen talked about the Oregon Perinatal Collaborative. They've been meeting for 8 months. (see pdf of her handout). They are starting with behavioral health integration. First step is risk assessment – screen for mental health, substance abuse, social issues. They are hoping to have consensus by September on a tool for mental health. Will align as much as possible with public health.

Erin said there are parallel conversations on funding for organizations that will be getting the referrals – such as increased capacity for shelters, etc. She added that it might do harm if the screening process ends up providing information on domestic violence services if there is nothing available. Maybe there should be a universal education piece along the lines of “These are things you can do right now to support your child.”

Cate said that the feedback look will illuminate gaps in the system. Often it's not about insufficient service but poor alignment.

Helen said that we are in scarcity mode. If we are not screening for it, we show no need. SBIRT (Screening, Brief Intervention, Referral for Treatment) was started for misusing alcohol (now other substances). If you screen, you find that 80% of the people misusing only need a brief intervention – maybe just a “that's worrisome” from the primary care provider. The remaining 20% need a referral. You don't have to refer everyone, but you need a coordinated approach.

The group looked at the list of topics (not questions) that Helen shared. Helen looked at what other states had done. People gave specific feedback, that Helen noted and incorporated into a new draft. Discussion points included elements of strengths/assets, drug and alcohol use (risk of child being removed from home), the need for training and a comfort level in asking questions that will yield challenging disclosures.

Screening, assessment, and eligibility all have different meanings.

When the screen is ready to test, they will pick one pre-natal provider and one pediatrician to get a sense for how it goes (kids under 1).

When the group mentioned asking about dental care, it prompted Barbara Ferre to share the information that there is an effort by the anti-fluoride people to get even the tablets out of schools.

Wrap up and Next Steps

Next meeting will be at the Children's Relief Nursery 8425 N Lombard St, Portland, OR 97203 on Wednesday, June 11, 9:00-11:00. We will hear about their SAMHSA grant, and the feedback loop they've created to share ASQs with primary care providers. We will also hear about how they are integrating health into behavioral health.