Implementing Mental Health Screening Tools

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New Jersey Department of Children and Families

Hackensack Meridian Health

Cooper University Health Care

The Children’s Hospital at Saint Peter’s University Hospital

Atlantic Health System
Goryeb Children’s Hospital

St. Joseph’s Health
St. Joseph’s Children’s Hospital

American Academy of Pediatrics
New Jersey Chapter

New Jersey Department of Children and Families

Hackensack Meridian Health

American Academy of Pediatrics
New Jersey Chapter
Disclosures

Ray Hanbury
Michael Roberts
Mental Health Screening in Primary Care
Outline

- Why the pediatric medical home?
- An in-depth look at the SWYC, PSC-35, and CRAFFT front-line mental health screening tools, including scoring and case studies
- Incorporating mental health screening and anticipatory guidance in your busy practice
- Talking to families about mental health screening
Why Address Mental Health Issues in the Pediatric Medical Home?

- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24
- The average delay between onset of symptoms and intervention is 8 to 10 years

Overall goal:
To identify mental health concerns of your patients earlier and reduce the gap between identification of a problem and treatment initiation.
The “Primary Care Advantage”

- Longitudinal, trusting relationship
- Family centeredness
- Unique opportunities for prevention & anticipatory guidance
- Understanding of common social-emotional & learning issues in context of development
- Experience in coordinating w/specialists in care of children & youth w/ special health care needs (CYSHCN)
- Familiarity with chronic care principles & practice improvement methods
- Comfort with diagnostic uncertainty (e.g., fever)
Pediatrician’s Role

National Alliance of Mental Illness’s (NAMI) suggestion for parents who are concerned about the mental health of their child:

TALK WITH YOUR PEDIATRICIAN
Parents’ Top Reasons for Attending Well-Care Visits

**Promoting Health**
- Immunizations
- Screening
- Referrals

**Requirements**
- School, child care, sports

**Reassurance**
- Is my child okay?
- Am I doing okay as a parent?

**Opportunities for Discussion**
- Parent priorities are key

McCune et al reported that 81% of parental questions for pediatricians concerned psychosocial issues. In their study, parenting issues were parents' predominant concern: **70% of mothers were more worried about some aspect of their parenting or their child's behavior** than they were about their child's physical health.
Barriers to Universal Mental Health Screening

- Time, time, time
- “One more thing”
- Payment
- Education and knowledge
- Perceived or real lack of community resources
- “I’ve identified an issue, now what?”
Mental Health Screening
### Surveillance vs. Screening vs. Evaluation

<table>
<thead>
<tr>
<th><strong>SURVEILLANCE</strong></th>
<th><strong>SCREENING</strong></th>
</tr>
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</table>
| *Informal way to see what is going on with a family.*  
• Eliciting and attending to parent concerns: “How are things going at home, at school, with friends?”  
• Making informed observations  
• Identifying risk & protective factors | *Using a validated, standardized screening tool at designated intervals to help identify children with developmental delays, social, emotional and/or behavioral issues.* |

| **EVALUATION/ASSESSMENT** | **Aimed at identifying specific mental health disorder affecting child – diagnostic!** |
The Importance of Standardized Screening

1) Not all cases will be identified via routine interview, or “eye‐balling” patient/family . . .

- 70-80% of children with developmental problems will be missed if a standardized approach is not applied. Alternatively, if a structured, standardized instrument is used, 70-80% will be identified.

2) Parents Often Underestimate Symptoms

AAP Periodic Survey #53, 2002
Does Screening Mean Becoming an Expert in Mental Health?

No! Screening is looking at the whole population to identify those at risk. Identified children are referred for assessment. Assessment determines the existence of a mental health issue which generates a decision regarding intervention.
How might screening look in your practice?

**Pediatric Well Visit**

**Initial MH Screening**
- Front desk hands out the screening tool
- Nurse scores it before doctor sees patient

**Based on results, discussion with parent and possible call to case manager**

**Possible secondary screening**

**Results may indicate referral to Hub to determine referrals**
Mental Health Screening Tools for Children & Adolescents
Pediatric Symptom Checklist (PSC-35, Y-PSC)

- A psychosocial screen and functional screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible.

- Assessment can be used for ages 6 to 18

- Available in multiple languages and a pictorial version

- Parent version (PSC-35) available for young children ages 6 to 11 and Youth version for self-assessment (Y - PSC) from age 11 and up.

http://www.massgeneral.org/psychiatry/services/psc_scoring.aspx
Pediatric Symptom Checklist (PSC-35)

**Bright Futures Tool for Professionals**

**Pediatric Symptom Checklist (PSC)**

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child’s behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complains of aches and pains</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Spends more time alone</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Tires easily, has little energy</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fidgety, unable to sit still</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Has trouble with teacher</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Less interested in school</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Acts as if driven by a motor</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Daydreams too much</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Distracted easily</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Is afraid of new situations</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Feels sad, unhappy</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Is irritable, angry</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Feels hopeless</td>
<td>13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pediatric Symptom Checklist (Y-PSC)

**Bright Futures Tool for Professionals**

**Pediatric Symptom Checklist—Youth Report (Y-PSC)**

Please mark under the heading that best fits you:

<table>
<thead>
<tr>
<th></th>
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<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Spend more time alone</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Tire easily, little energy</td>
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<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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<td></td>
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<tr>
<td>7. Act as if driven by motor</td>
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<td></td>
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<td>10. Are afraid of new situations</td>
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<td></td>
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<tr>
<td>11. Feel sad, unhappy</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Are irritable, angry</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Feel hopeless</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Have trouble concentrating</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Less interested in friends</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Fight with other children</td>
<td>16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scoring the Pediatric Symptom Checklist (PSC-35, Y-PSC)

- 35 items, rated “Never”, “Sometimes”, or “Often”
- Scored 0, 1, 2 respectively

  For the total score, the cut-offs are as follows:
  - Ages 6-18: score ≥ 28 is significant
  - Y-PSC: score ≥ 30 is significant

- Items left blank are ignored (score = 0), 4 or more blank = invalid questionnaire.

- Aside from total score, PSC also has three subscales.
PSC Subscale Scoring

- **Attention Subscale:**
  - Sum responses to items 4, 7, 8, 9, 14
  - 7 or higher is considered significant

- **Internalization Subscale (Mood/Anxiety Symptoms):**
  - Sum responses to items 11, 13, 19, 22, and 27
  - 5 or higher is considered significant

- **Externalization (ODD / Conduct Disorder):**
  - Sum responses to items 16, 29, 31, 32, 33, 34, and 35
  - 7 or higher is considered significant
Social Emotional Screening for Babies, Toddlers, and Preschoolers

**SWYC - Survey on the Wellbeing of Young Children:**

- Comprehensive surveillance or first-level screening instrument for routine use in regular well child care
- Covers developmental milestones and social, development
- Combines what is traditionally “developmental” with traditionally “behavioral” screening
- Freely-available, takes 10-15 minutes to complete, for ages 2 months – 5 years

Tufts University School of Medicine, http://www.theswyc.org/
Parts of the SWYC

- Baby Pediatric Symptom Checklist (BPSC) – a social/emotional screening instrument for children under 18 months of age.
- Preschool Pediatric Symptom Checklist (PPSC) – a social/emotional screening instrument for children 18-60 months of age.
- Parent’s Observations of Social Interactions (POSI) – a 7-item screening tool for Autism Spectrum Disorders.
- Developmental Milestones questions include indicators of fine and gross motor, language, social, and cognitive development.
**SWYC: 18 months**

18 months, 0 days to 22 months, 31 days

**DEVELOPMENTAL MILESTONES**

These questions are about your child’s development. Please tell us how much your child is doing each of these things. If your child doesn’t do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not Yet</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runs</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Walks up stairs with help</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Kicks a ball</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Names at least 5 familiar objects - like ball or milk</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Names at least 5 body parts - like nose, hand, or tummy</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Climbs up a ladder at a playground</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Uses words like &quot;me&quot; or &quot;mine&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Jumps off the ground with two feet</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Puts two or more words together - like &quot;more water&quot; or &quot;go outside&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Uses words to ask for help</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Version 1, 8/27/2013

Available at: [http://www.theswyc.org/](http://www.theswyc.org/)
Scoring for SWYC Milestones

- Score each item
  - Not yet = 0
  - Somewhat = 1
  - Very much = 2
- Add items 1-10
- Match age in far left column
- “Below average” requires further evaluation
A Closer Look – SWYC (Preschool Pediatric Symptom Checklist)

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seem nervous or afraid?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Seem sad or unhappy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Get upset if things are not done in a certain way?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Have a hard time with change?</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Have trouble playing with other children?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Break things on purpose?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Fight with other children?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Have trouble paying attention?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Have a hard time calming down?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Have trouble staying with one activity?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is your child...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggressive?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Fidgety or unable to sit still?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Angry?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is it hard to...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take your child out in public?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Comfort your child?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Know what your child needs?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Keep your child on a schedule or routine?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Get your child to obey you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</table>
Case Presentation – Using the SWYC (PPSC)

“Robert W. Johnson” –
3 year old presents for a well child visit with aggressive behavior, as reported by teacher to parents, and as experienced by parents at home.
# Case Presentation – Using the SWYC (PPSC)

## PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child’s behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

<table>
<thead>
<tr>
<th>Does your child...</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
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<td>Seem nervous or afraid?</td>
<td>0</td>
<td>0</td>
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<td>Aggressive?</td>
<td>0</td>
<td>1</td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Angry?</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Is it hard to...</th>
<th>Not at all</th>
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<td>Take your child out in public?</td>
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<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

**Score: 16**
Scoring of the SWYC (PPSC)

- **Scoring Instructions:**
  - Not at all = 0
  - Somewhat = 1
  - Very much = 2
  - For items where parents have selected multiple responses for a single question, choose the more concerning answer (i.e. "somewhat" or "very much") farthest to the right.
  - A missing item counts as zero.

- **Interpretation:**
  - A PPSC total score of 9 or greater indicates that a child is "at risk" and needs further evaluation.
The CRAFFT

- The CRAFFT is a behavioral health screening tool for use with children under the age of 21.
- It is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents.
- It consists of a series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously.
- Meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted.
The CRAFFT

- Screening using the CRAFFT begins by asking the adolescent to "Please answer these next questions honestly"; telling him/her "Your answers will be kept confidential"; and then asking three opening questions.

- If the adolescent answers "No" to all three opening questions, the provider only needs to ask the adolescent the first question - the CAR question.
  - If the adolescent answers "Yes" to any one or more of the three opening questions, the provider asks all six CRAFFT questions.
The CRAFFT

- CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions. The questions should be asked exactly as written.

C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
A - Do you ever use alcohol/drugs while you are by yourself, ALONE?
F - Do you ever FORGET things you did while using alcohol or drugs?
F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
T - Have you gotten into TROUBLE while you were using alcohol or drugs?
The CRAFFT Questionnaire (version 2.0)

Please answer all questions honestly; your answers will be kept confidential.

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none.

2. Use any marijuana (pot, weed, hash, or in foods) or "synthetic marijuana" (like "K2" or "Spice")? Put "0" if none.

3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Put "0" if none.

READ THESE INSTRUCTIONS BEFORE CONTINUING:
- If you put "0" in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

6. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

7. Do you ever FORGET things you did while using alcohol or drugs?

8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?
Secondary Screening Flow Chart

PSC-35 is Positive
PSC-35 \( \geq 28 \)
Y-PSC \( \geq 30 \)

**Attention Subscale is Positive \( \geq 7 \)**

**Internalization Subscale is Positive \( \geq 5 \)**

**Externalization Subscale is Positive \( \geq 7 \)**

**Secondary Screeners:**
- SNAP-IV (Parent and Youth)
- Vanderbilt (Parent)
- Depressed Symptoms Secondary Screeners: PHQ-9 / PHQ-A
- Anxiety Symptoms Secondary Screeners: SCARED (Parent and Child)
- Depression and Anxiety Symptoms Secondary Screeners: PHQ-SADS
- Vanderbilt or Refer to Behavior Assessment with BCBA.

**Concerns of OCD**

**Secondary Screeners:** SCARED (Parent and Child) / CY-BOC

**Family history of bipolar and child presents with similar symptoms**

**Secondary Screeners:** MDQ
**Office Flow**

1. Patient arrives for well visit
2. Front desk staff gives PSC and/or Y-PSC in waiting room
3. Nurse or MA scores initial screening and places in chart prior to exam.
4. Use provided flow chart to decide secondary screening measures of importance
5. Gather additional history regarding social, emotional, behavioral concerns
6. Patient completes secondary measures in waiting room prior to leaving
7. Fax forms to Hub for scoring and interpretation
8. Hub will call to discuss results
9. Patient gives forms back to front desk staff prior to leaving
Tips for Communicating Results

- Attend to parent concerns
- Clear communication
- Communicate concerns within the context of specific strengths
- Delineate clear action steps
- Provide ongoing support
What Do I Do Once I’ve Identified A Risk?

Assess child/family strengths:
Look at Assets, Resources, Resiliencies

SERIES: An Integrated Approach to Supporting Child Development
• Screening, Early Identification, Referral
• Intake, Evaluation, Services

Policy Lab, CENTER TO BRIDGE RESEARCH, PRACTICE & POLICY, CHOP, Evidence to Action, Summer 2012
Pediatric Psychiatry Collaborative

Regional Hubs

Legend

- AtlanticHealth Hub @ Newton
- AtlanticHealth Hub @ Goryeb
- Hackensack University Medical Center Hub
- Hackensack Meridian Hub @ Palisades
- Meridian Hub @ Saint Peter's
- Meridian Hub @ Jersey Shore
- Cooper Hub @ Camden
- Cooper Hub @ Pennsville
Purpose of the Hub

- To aid the pediatrician with patient care via care coordination and medication consultation
  - The Hub will only perform face-to-face patient consults for urgent (but non-emergency) cases

- To encourage and improve screening for behavioral and mental health issues in primary care to facilitate quicker entry into treatment
Collaborative Hub Procedure

- After screening the patient using the SWYC, PSC-35 and/or, Y-PSC and CRAFFT, pediatrician can contact the Hub via telephone.

- You will be asked to discuss relevant background information, current clinical picture, demographic information, and reason for referral.

- Depending on referral question you will either receive:
  - Consultation with a CAP regarding medication recommendations
  - Secondary screening assessment tools provided by the Hub for the family to complete
  - Diagnostic opinion / care coordination by Hub Staff
Collaborative Hub Procedure *(continued)*

- If you have discussed the Hub with patient and family, staff psychologist / LCSW can contact the family and discuss current concerns and suggestions for treatment.

- The family is then sent a list of referrals for therapy services to address current mental health concerns.

- These referrals are researched by staff psychologists / LCSWs, and most often accept patient insurances.
Making This Work in Your Practice
Considerations for Implementation

- Set a goal
- Choose a screening tool
- Assess your work flow, including EMR if applicable
- Identify roles for your practice team members
- Set up a plan for tracking
- Get to know community providers
Take Away Messages

- Educate and partner with families to help link them to services
- Simplify the referral process for families when you can
- Be aware of families with low health literacy
- Create a work flow for your practice
Care Coordination

- Assess current protocols
- Assign new roles in office
- Identify system supports
- Develop system for follow-up
- Schedule re-visit(s) as needed to check-in
Children’s System of Care (CSOC)

Committed to providing services based on the needs of the child and family in a family-centered, community-based environment (wrap-around model).

Serves children and adolescents:

- in need of behavioral and mental health services
- in need of substance abuse services up to age 21
- with intellectual and developmental disabilities up to age 21
PerformCare

- Single point of entry for all children, youth and young adults entering the New Jersey Children’s System of Care.
- Goal is to help families and caregivers create a more stable and healing environment for children, address barriers to well-being, and maximize youth and family strengths.
- Families should call if their child’s behavior has changed from normal or if they are overwhelmed by challenges at home or in the community.

1-877-652-7624; TTY: 1-866-896-6975

Available 24 hours a day, 7 days a week
# Resources - State

<table>
<thead>
<tr>
<th>Help with Basic Needs</th>
<th>Mental Health</th>
</tr>
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<tbody>
<tr>
<td>• 211 (Available 24/7)</td>
<td>• Mental Health Cares Hotline – 1-866-202-4357</td>
</tr>
<tr>
<td>• NJ Help –www.njhelps.org</td>
<td>• PerformCare – 1-877-652-7624</td>
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<tr>
<td>• NJ Housing Resource Center – 1-877-428-8844</td>
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<tr>
<td>• End Hunger NJ – <a href="http://www.endhungernj.org">www.endhungernj.org</a></td>
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Questions?

Please contact:
NJAAP
Mental Health Collaborative
609-842-0014
mhc@njaap.org