HealthySteps
PEDIATRIC CARE • SUPPORTING • PARENTING
A Program of ZERO TO THREE

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Questions Posed by Interested Sites During Optional Q&A Session #1 and HealthySteps National Office Responses

- Please clarify if health systems with existing HealthySteps (HS) sites at distinct and standalone hospitals and affiliated clinics are eligible to apply?
  - National Office response:
    - Please see the RFP for additional details on entities eligible for scholarship funds.

- Please describe sustainability considerations for HS in terms of the ideal HS Specialist (particularly between an LCSW or psychologist)?
  - National Office response:
    - Clinically, the role of the HS Specialist is driven by background and experience. Ideally, a HS Specialist will have a behavioral health background and also infant and early childhood mental health experience.
    - Sustainability is also important, and sites should consider hiring a HS Specialist that can independently bill for their services. The ability to bill for services is state-specific so sites should research what types of services can be billed by various types of professionals that can serve as HS Specialists (e.g., psychologists, LCSWs, MFTs, etc.). In New York for example, HS Specialists that are licensed social workers employed within HS sites that bill under the “APG billing methodology” have very limited ability to bill for their services whereas psychologists have more options for reimbursement. In other states beyond New York, LCSWs may have a greater number of opportunities to bill for their services.

- How does HS work in a clinical setting that already has integrated behavioral health service providers, and what does it look like when a young child comes through the door?
  - National Office response:
    - HS is based on three tiers of service (please see the RFP for additional details). Each site can determine within those service tiers, what will work best for the practice, as long as the Core Components of the model are delivered. Larger HS sites use risk stratification to allocate resources if they cannot hire multiple HS Specialists and may provide consults and team based well-child visits (WCVs) to a subset of families. Within smaller sites, all families may be able to receive services across the three tiers, leveraging one HS Specialist.

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        - Sites must serve children birth to 3, and some sites serve children birth to 5 (not required). For all children birth to three, sites must provide the required universal screenings by the end of the third year. The HS screening schedule is based on Bright Futures recommendations and will be provided to interested sites upon submission of Letters of Intent.
        - Each HS site develops criteria to determine when HS Specialists will meet with families. Criteria may include screening results, various risk factors (such as a history of parental mental illness or substance misuse) and/or provider concern (which should take priority over a screening result). Ideally, the site would create a flag for the HS Specialist that a newborn is coming in and should be seen (if the site criteria specifies). On a typical day, upon entering the practice, a newborn may receive a universal screen at the initial visit or a subsequent visit (sites have some flexibility to determine when screenings occur). After the baby and family are roomed, the HS Specialist would be alerted. Depending on workflows and the events of the day, the HS Specialist would meet with the family before, during, and/or following the WCV. During initial implementation of the model, this may seem a bit awkward, but the flow between the HS Specialist and medical providers eventually becomes seamless. If resources allow, some sites may have HS Specialists meet all families with newborns and then decide after a few visits if the family is appropriate for Tier 3 (in which services HS Specialists attend all WCVs). The National Office will work with sites as part of onboarding, training, and technical assistance to help create and refine their criteria. Following the WCV, the HS Specialist will "close the loop" with the medical provider regarding any specific concerns, referrals, or follow up for the family.
        - HS works well with other integrated healthcare models.

- What has changed with HS since 2016 and 2017 (when South Carolina previously implemented the model using MIECHV home visiting funds)?

    - National Office response:
        - For all sites across the country, home visiting is now optional which allows HS Specialists to see more families in the primary care setting. Parenting groups are now optional as well.
        - The tiering of services is the most significant change since 2018. Sites have flexibility in determining how to structure the tiers, and the model no longer relies on the HS Specialist to deliver all services (such as universal screenings). Because a HS site now has to deliver certain services to all children birth to three and their caregivers, all children benefit from the model, even if they are not directly working with the HS Specialist. Providers and clinic staff also benefit from the model and working more closely with the HS Specialist to become more attune to caregivers' concerns.

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- The National Office released a recommended screening schedule for sites in 2018, aligned with Bright Futures. Sites have three years to meet screening requirements.
- The National Office will work with sites during onboarding to gather information on existing screens and plans to phase in additional screens by the end of the third year.
- The model helps a practice transform how it delivers services.

- Who receives training for HS in a clinic and is there a minimum number of people that need to receive training – e.g., MD champion, HS Specialists, nurses, etc.? Since the model is more than the HS Specialist, who should attend?

    - National Office response:
        - The HealthySteps Training institute (HSI) is divided into three sections.
        - Session 1 is meant for the whole practice and explains the model and its unique focus on prevention, the three tiers of service, the Core Components, and the importance of focusing on babies and toddlers. It emphasizes that all staff contribute to successful practice transformation (e.g., front desk staff can observe families in the waiting room and anyone in the practice can make a referral to the HS Specialist for deciding whether or not a family needs additional supports). Also, universal screenings require the support of the entire practice including the front desk, practice manager, nurses, and providers to address workflow, staff to pull screening data from the electronic health record, etc. Leadership within the site must dedicate time to figuring out workflow changes.
        - Session 2 is designed for the site's HS Implementation Team. The RFP includes details on who should be on this team. This session will dedicate time to reviewing the Implementation Plan and working with the National Office on the best strategy to map out workflows, necessary practice changes, etc. Session 2 also describes National Office data requirements, introduces sustainability strategies, and highlights professional development and supports.
        - Session 3 covers principles and strategies for working with caregivers in primary care (what happens in an exam room). It focuses on the role of the HS Specialist (although others are welcome to join). Physician champions are strongly encouraged to attend.
        - The three sessions and the entire time commitment from the entire practice is limited. HS Specialists will spend the most time in the training, followed by Implementation Team members.

- How is Session 1 training for the entire practice delivered? Is it electronic, in person, or recorded?

    - National Office response:

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- Pre-COVID, the National Office would typically go onsite to a practice with two trainers over two days. The three-hour Session 1 was typically in-person for the entire practice and would include as many staff as possible (ideally closing the practice for three hours to allow all staff to attend).
    - Post-COVID, the National Office has shifted and is currently providing Session 1 in a blended approach including an asynchronous eLearning module and a Zoom call. The initial asynchronous learning module is an hour, and participants can take the course on their own (sites should ensure that staff have time to complete). The module is then followed up with a scheduled Zoom call. The National Office is still determining the appropriate length for the Zoom call (approximately 90 minutes). We understand that it is significant to close a practice, and we will work with sites to record the session for anyone that cannot attend. However, it is important to give Session 1 a "certain weight" so that staff understand the commitment to implementing the model and that it is a "big deal", exciting, hard, and will require a shift in the practice. "Starting now" is the main message of Session 1.
    - We are unsure if and when the National Office will resume offering Session 1 in-person moving forward.

- Are Sessions 2 and 3 held via Zoom?

  - National Office response:
    - Yes. Sessions 2 and 3 are currently being conducted by Zoom given COVID-19 concerns. The National Office is developing asynchronous modules for Session 3 and once ready in the fall of 2020, will move to a blended approach similar to Session 1.

- To apply, do sites need to submit a Letter of Interest (LOI) and complete an Interest Form?

  - National Office response:
    - Interested sites must complete an LOI and submit it by the date specified in the RFP. The LOI will allow the National Office to then send sites additional documents that must be completed and submitted with the formal proposal response (i.e., the Site Interest Form and Practice Assessment).

- What are the requirements for the LOI?

  - National Office response:
    - Please see the RFP for content that must be included in the LOI.

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