



2020 PEDIATRICS CONFERENCE

Developmental and Behavioral Health Screening
in Pediatrics: Best Practices and Challenges

October 17, 2020

Virtual Conference



NYS AAP—Chapter 3

INCORPORATED IN NEW YORK

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN® 

Saturday, October 17

Welcome and Introduction

8:30am–8:35am

Maja Castillo, MD, MHA

*Assistant Vice President Medical Director, Clinical Partnerships,
Healthfirst*

Lisa Handwerker, MD, FAAP

*President, NYS American Academy of Pediatrics, Chapter 3,
Chief Medical Officer, Children's Aid*

Keynote Presentation: Addressing Racial/Ethnic Disparities in Childhood Developmental and Mental Health

8:35am–9:05am

Shawnee Benton Gibson, LMSW/FDLC

Consultant, Activist and Trainer

9:05am–9:20am

Question and Answer Session

9:20am–9:25am

Break: 5 Minutes

Presentation: Low-Income Parents' Perspectives on Pediatricians Screening for Social Determinants of Health

9:25am–9:55am

David Schleifer, PhD

Vice President and Director of Research, Public Agenda

Lee Partridge

Senior Fellow, United Hospital Fund

Presentation: Developmental Screening in Pediatrics: Making it Work with How You Work

9:55am–10:25am

Liz Isakson, MD, FAAP

Executive Director, Docs for Tots

Roundtable Discussion: Developmental and Behavioral Screening and Referral: How it's Applied in Pediatric Practice

10:25am–11:10am

Suzette Brown, MD, MPH

Chief Operating Officer, Strong Childrens Wellness

Suanne Kowal-Connelly, MD, FAAP

Director of Pediatric Clinical Quality, LIFQHC

11:10am–11:15am

Break: 5 Minutes

Presentation: Project TEACH

11:15am–11:45am

Carmel Foley, MD

Assistant Professor, Psychiatry, Hofstra Northwell Health

Roundtable Discussion: Mental Health Screening and Referral in Practice

11:45am–12:15pm

Diane Bloomfield, MD

Assistant Professor of Pediatrics, Albert Einstein College of Medicine

Associate Division Chief, Clinical Affairs, Academic General

Pediatrics, Children's Hospital at Montefiore

Medical Director of Pediatrics, Montefiore Family Care Center

Jessica Simkins, MD, MPH, FAAP

Primary Care Physician/Newborn Hospitalist, NYS

American Academy of Pediatrics Foster Care and Adoption

Committee Co-Chair

Closing

12:15pm

PROGRAM OVERVIEW

This CME activity is designed to provide general pediatricians and family practitioners with the most up-to-date guidance on developmental and behavioral screening practices. The event will address strategies that general pediatricians and family practitioners can use to implement this guidance in their offices and the challenges they and the families in their care may face.

PROGRAM OBJECTIVES

At the conclusion of the event, participants will be able to:

Objective 1

Identify developmental screening tools and when they should be used

Objective 2

Identify an appropriate early intervention referral process

Objective 3

Describe why it is important to screen for developmental delays, mental health, and social determinants of health

Objective 4

Implement a QI project in their practices to integrate screening and referral into workflow

Objective 5

Explain developmental and mental health resources available to patients

TARGET AUDIENCE

Medical directors, physicians, physician assistants, nurse practitioners, nurses, and practice leaders who serve high-risk populations.

ACCREDITATION STATEMENT

The Icahn School of Medicine at Mount Sinai is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

2020 Pediatrics Conference:

Developmental and Behavioral Health Screening in Pediatrics: Best Practices and Challenges

CREDIT DESIGNATION

The Icahn School of Medicine at Mount Sinai designates this live activity for a maximum of 3.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

SPECIAL NEEDS

Icahn School of Medicine at Mount Sinai fully complies with the legal requirements of the Americans with Disabilities Act and the rules and regulations thereof. Participants with special needs are requested to contact the Page and William Black Post-Graduate School of Medicine at 1-212-731-7950.



Maja Castillo, MD, MHA

*Assistant Vice President Medical Director, Clinical Partnerships
Healthfirst*

Dr. Castillo is the Assistant Vice President of Clinical Partnerships at Healthfirst. In her leadership role, she provides clinical direction for programs and activities of the Clinical Partnerships department to transform care for children, including creating and facilitating programs that improve member access to care and promote desired health outcomes. Additionally, Dr. Castillo provides support for care and utilization management, especially for complex and vulnerable child members.

A graduate of the University of Chicago and Columbia University College of Physicians and Surgeons, Dr. Castillo recently received her MHA from Columbia University Mailman School of Public Health. Maja is a respected pediatrician in our region, known for her robust and quality-focused practice with Tribeca Pediatrics and for her years serving as an Assistant Attending Pediatrician in the Pediatric Emergency Department of the Columbia Presbyterian Children's Hospital of New York.





Lisa Handwerker, MD, FAAP

*President, NYS American Academy of Pediatrics, Chapter 3,
Chief Medical Officer, Children's Aid*

Lisa Handwerker, MD, FAAP, President of the American Academy of Pediatrics NYS, Chapter 3, is the Chief Medical Officer of Children's Aid, where she is responsible for assuring quality health, behavioral health, and dental services for more than 50,000 children and families, including those served in Children's Aid's six school-based health centers and two community health centers in New York City.

Dr. Handwerker holds an appointment as a Clinical Associate Professor of Pediatrics at the Mount Sinai School of Medicine, and has been appointed to the NYS Department of Health's Children's Clinical Advisory Committee and to the Value-Based Payment for Children Advisory Group. Additionally, she serves on the Family Planning Advisory Committee for the New York City Department of Health and Mental Hygiene's Bureau of Maternal and Infant Health, the NYS Adolescent Health Advisory Committee, and is a member of Citizens' Committee for Children Advocacy Council and Healthfirst's Children's Clinical Advisory Board. Most recently, Dr. Handwerker was appointed to the Advisory Board for United Hospital Fund's new Pediatrics for the Equitable Developmental Start (PEDS) Learning Network. Her areas of special interest include adolescent pregnancy prevention, school-based health centers, and foster care.





Shawnee Benton Gibson, LMSW/FDLC

Consultant, Activist and Trainer

Shawnee Benton Gibson, LMSW/FDLC, is the Co-Founder and CEO of Spirit of A Woman (S.O.W.) Leadership Development Institute, established in 2002 to educate, elevate, and effect positive and sustainable transformation in the lives of individuals, groups, families, and communities. Under Shawnee's leadership and vision, S.O.W. offers innovative coaching, counseling, training, and conference experiences to individuals, groups, and organizations seeking to expand their power, purpose, and impact in the world.

Ms. Benton Gibson is a graduate of New York University's Silver School of Social Work and is a licensed practitioner with more than 29 years of professional experience. Her expertise ranges from substance abuse prevention; treatment and recovery; child welfare; youth development; individual, family, and group counseling; trauma, grief, loss and bereavement; women's health and leadership; birth equity; racial equity; and social and restorative justice.

Shawnee has devoted her life to supporting individuals who wish to elevate the outcomes in their personal and professional lives. During her 12 years as a leader in the foster care system, she designed and supervised the first parent advocacy program in New York State, called Parents & Youth As Partners. The program harnessed the expertise of adults and young people who had experienced family reunification, to assist those families who were still in the foster care system. To further support the families, Shawnee influenced agency administrators to open an outpatient substance abuse treatment program to exclusively service their families. Shawnee was hired to direct and build the program from the ground up, and the combination of both programs contributed to the reunification of hundreds of families. Shawnee's innovation, boldness, and organizing skills created a ripple effect that contributed to the transformation of the child welfare system.

Shawnee's administrative and clinical training, combined with her spiritual and artistic gifts, have allowed her to lead and have a significant impact across multiple fields and areas of discipline. She has partnered and/or contracted with institutions in both the public and private sectors, which include, but are not limited to, the NYS Department of Education, the NYC Department of Health & Mental Hygiene, the Legal Aid Society, Public Health Solutions, Columbia University, New York University, the British Consulate, the United Nations, and a host of other community-based and grass roots organizations.

Shawnee employs a holistic, cultural, and spiritual approach to her work and applies a racial equity, social justice lens as the foundation for all of the programs and services that she provides. Her principal teaching, training, and healing tools consist of spiritual counseling, vision coaching, psychodrama, sociometry, sacred rituals, energy work, the performing arts, and storytelling as mediums to ignite transformation and initiate catharsis. According to Shawnee, healing work is "a labor of love and liberation."





David Schleifer, PhD

Vice President, Director of Research, Public Agenda

David Schleifer oversees the development, management, and execution of research at **Public Agenda**, a nonpartisan research and public engagement organization dedicated to strengthening democracy and expanding opportunity for all Americans. His research includes projects in healthcare, higher education, K-12 education, and civic participation.

David's ongoing research includes a **Robert Wood Johnson Foundation-funded survey** that compares the views of people with Medicaid and of primary care physicians who treat people with Medicaid regarding how to build mutual trust. In collaboration with AcademyHealth, he is leading RWJF-funded research on the views of people who are traditionally marginalized in the healthcare system regarding how to make care more patient-centered. David and his team's 2019 research, supported by the United Hospital Fund, explores **low-income parents' perspectives on how pediatricians can screen for social determinants of health**. David and his team explored how Americans and **how people in four states find and use health care price information**, with funding from RWJF and the New York State Health Foundation. More recently, Public Agenda published findings from survey research on what people in New York State think about **quality transparency and accountability**, also with funding from the New York State Health Foundation. David leads the research in Public Agenda's multi-funder **Hidden Common Ground** initiative, including **a survey exploring the tradeoffs that members of the public are willing to accept and the concerns they have** about a variety of approaches to increasing the share of Americans with insurance coverage.

David joined Public Agenda in 2013 after conducting research at Columbia University Medical Center. He holds a bachelor's degree in sociology from Wesleyan University and a PhD in sociology from New York University.





Lee Partridge

Senior Fellow, United Hospital Fund

Mrs. Partridge joined the child health team at the United Hospital Fund in 2016 upon relocating to New York City after living and working for more than 40 years in Washington, D.C. She has more than 30 years' experience working with the Medicaid program in both legislative and executive capacities, including five years as staff chief for the Health and Human Services Committee of the D.C. City Council, nine years as Medicaid Director for the District of Columbia, and ten years as staff chief of the National Association of State Medicaid Directors (NASMD). After retirement from NASMD, she became a senior health policy advisor at the National Partnership for Women and Families and focused on healthcare quality performance measurement, especially the improvement in maternal and child health. She has served on several committees of the National Committee for Quality Assurance and the National Quality Forum, including the NQF Consensus Standards Approval Committee. She was a member of the AAP advisory panel to support adoption of the pediatric family-centered medical home model and served as the first public member of the Board of the Council of Medical Specialty Societies.

She is a graduate of Wellesley College.





Liz Isakson, MD, FAAP

Executive Director, Docs for Tots

Dr. Isakson is the Executive Director of Docs for Tots, a non-profit organization that promotes practices, policies, and investments that will enable young children to thrive. Docs for Tots creates linkages between doctors, policymakers, early childhood practitioners, and other stakeholders to ensure that children grow up healthy. Dr. Isakson is a pediatrician and public health practitioner with more than 20 years of experience. She has multiple publications published across the systems of early care and education, health, and family economic security. She teaches advocacy to graduate-level students at Mt. Sinai School of Public Health. Dr. Isakson trained in general pediatrics at the Children's Hospital of New York, where she was Chief Resident. She received her medical degree from the University of Connecticut Medical School.





Suzette Brown, MD, MPH

Chief Operating Officer, Strong Children Wellness

Suzette Brown, MD, MPH, is a general pediatrician and health services researcher, and the COO of Strong Children Wellness Medical Group, a practice network that integrates primary care into community-based social service and mental health organizations to holistically address the health and psychosocial needs of families. Dr. Brown has expertise in mental health/primary care integration, community-based partnerships and co-location of community organizations into primary care, social determinants of health, and grantsmanship. She has served as faculty at Maimonides Medical Center in Brooklyn, where she led the institution's first federally funded integrated behavioral health program in the Department of Pediatrics and provided training to residents focused on addressing mental health concerns in primary care, and at Albert Einstein College of Medicine. She has also led efforts to integrate Health Home care management services for eligible children and adolescents in both outpatient and inpatient settings. She is a graduate of Brown University's Warren Alpert School of Medicine and completed her pediatric residency at Duke University Medical Center. She received her MPH at Yale and completed fellowship training in pediatric health services research at Harvard.





Suanne Kowal-Connelly, MD, FAAP

Director, Pediatric Clinical Quality

Long Island Federally Qualified Health Centers (LIFQHC)

Suanne Kowal-Connelly, MD, FAAP, is a general pediatrician who partnered in a group practice for more than 30 years. She now serves as the Director of Pediatric Clinical Quality for the Long Island Federally Qualified Health Centers (LIFQHC), dedicated to serving the underserved communities in Nassau County. Within the American Academy of Pediatrics, she is a member of AAP NY Chapter 2, and sits on the Council on Sports Medicine and Fitness, the Council on School Health, the Section on Obesity, as well as the Council on Communications and Media.

Her first book, published with the AAP, September 2018, *Parenting Through Puberty, Mood Swings, Acne and Growing Pains*, is the culmination of a career's worth of diverse interests, knowledge, experiences, and evidence-based science. This is all woven into a calming voice for parents to equip them with the guidance, facts, and resources to support making puberty less stressful and more of the magical period that it truly is.

Dr. Kowal is also an avid triathlete and a USAT (USA Triathlon) Level I USAT certified coach and a Youth & Jr. coach. She has worked in school health for most of her career and also serves as a NYS trainer for child abuse and neglect. Her website, www.HealthPoweredByYou.com, is a place for families to find strategies for successful, lifelong health and wellness along with her blog, articles, and other materials.





Carmel Foley, MD

*Assistant Professor, Psychiatry
Hofstra Northwell Health*

Carmel Foley obtained her medical education at the National University of Ireland. She completed a psychiatric residency at St. Patrick's Hospital Trinity College, Dublin, before immigrating to Lafayette Clinic in Detroit, Michigan. In Michigan she completed further residency training and began fellowship training in Child and Adolescent Psychiatry. She subsequently completed Child and Adolescent training at Long Island Jewish Medical Center and by 1980 joined the faculty there.

She has held many faculty positions, including Unit Chief of the Adolescent Inpatient Service and Child Inpatient Service. She was the director of residency training for approximately five years and from 1996 to 2006 was the division chief. On standing down from that position, she is now responsible for the consultation service in Cohen Children's Medical Center of New York.

Prior to the creation of ProjectTEACH, she provided consultation, care supervision, and small group discussions to a self-selected group of community general pediatricians.

For the past eight years she has been the Northwell Health/Hofstra University Medical School site psychiatrist for ProjectTEACH.





Diane Bloomfield, MD

*Assistant Professor of Pediatrics, Albert Einstein College of Medicine
Associate Division Chief, Clinical Affairs, Academic General Pediatrics, Children's
Hospital at Montefiore
Medical Director of Pediatrics, Montefiore Family Care Center*

Diane Bloomfield, MD, FAAP, is the Associate Division Chief for Clinical Affairs in the Division of Academic General Pediatrics at the Children's Hospital at Montefiore, an Assistant Professor of Pediatrics at the Albert Einstein College of Medicine, and the medical director of one of the largest pediatric practices at Montefiore Medical Group. She has presented at ProjectTEACH's regional and local conferences as well as at the Academic Pediatric Association, the American Academy of Child and Adolescent Psychiatrists, Harvard's Center on the Developing Child, the American Academy of Pediatrics, and at the United States Congress.





Jessica Simkins, MD, MPH, FAAP

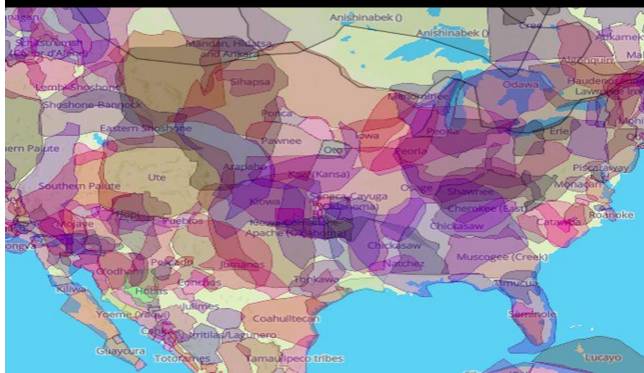
*Primary Care Physician/Newborn Hospitalist, NYS
American Academy of Pediatrics Foster Care and Adoption
Committee Co-Chair*

Dr. Jessica Simkins is a primary care pediatrician in New York City with a public health focus. Her prior work experience includes the fields of school health, newborn medicine, and foster care pediatrics. She completed her medical degree at the University of Florida and a master's in public health at Yale University. Her residency training was completed at Washington University/St. Louis Children's Hospital.





Addressing Racial/Ethnic Disparities In Childhood Development & Mental Health



WELCOME

***Permission To Begin
The Power of Consent***

LAND ACKNOWLEDGMENT

Shawnee Benton Gibson, LMSW/FDLC

FACE RITES ***(Being Seen, Heard & Felt)***



- *Share Your Name & Preferred Pronouns*
- *Where Do You Hail From?*
- *When You Were A Child, Who Cared For You When You Were Sick?*



Keedron Bryant (13 Years Old)
“I Just Want To Live”

RACISM IS A CORE DETERMINANT OF CHILD HEALTH

The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, live, work, and age.”

The impact of racism has been linked to **birth disparities** and **mental health problems** in children and adolescents.

Pediatrics as a field has yet to systematically address the influence of racism on child health outcomes and to prepare pediatricians to identify, manage, mitigate, or prevent risks and harms

Strategies to address health and developmental issues across the pediatric life span **that incorporate ethnicity, culture, and circumstance are critical to achieving a reduction in health disparities.**

CONTEXT....*Is Decisive*

The Story....
(What Is Actually Happening)

The Lens....
(How You View What Is Happening)

The Action....
(What You Do Based On What You Believe Is Happening)





Organizations involved in clinical care delivery and health professions training and education must recognize the deleterious effects of racism on health and well-being (on young people), take strong positions against discriminatory policies, practices, and events, and take action to promote safe and affirming environments

The Society For Adolescent Health & Medicine

RACISM *Defined...*

Race is a constructed social construct, designed to stratify people and establish meaning in a social context. *Racism* encompasses a web of economic, political, social and cultural structures, actions, and beliefs that systematize and ensure an unequal distribution of privilege, resources, and power in favor of the dominant racial group and at the expense of all others. As a form of bias against social groups, racism encompasses three related but separate aspects: **prejudice** (emotional bias), **stereotypes** (cognitive bias), and **discrimination** (behavioral bias).



RACISM...How It Manifests **The 4 "I's"**

1. INSTITUTIONAL: Policies and Practices

- School policies around what needs to happen with students when there is an infraction
- Disproportionate number of suspensions for YMOC

1. INTERPERSONAL: Between People

- Microaggressions
- "Pre" judgements based on race

RACISM...How It Manifests **The 4 "I's"**

3. INTERNALIZED: the acceptance of one's own place in the hierarchy

For White People: Internalized superiority

- Right to comfort
- Task over relationship
- Myth of meritocracy

For People of Color: Internalized Oppression

- Perfectionism/Over compensation
- Tone policing
- Shame



RACISM...How It Manifests

The 4 "I's"

4. **IDEOLOGICAL:** Racist ideas that have been developed, internalized within the culture) and throughout history

- Myth of meritocracy
- We are all on an equal playing field
- Ahistorical (what's in the past is in the past- it has no effect on the present)
- Let's Just Keep It Moving

RACISM...White Supremacy Culture

Pyramid of White Supremacy



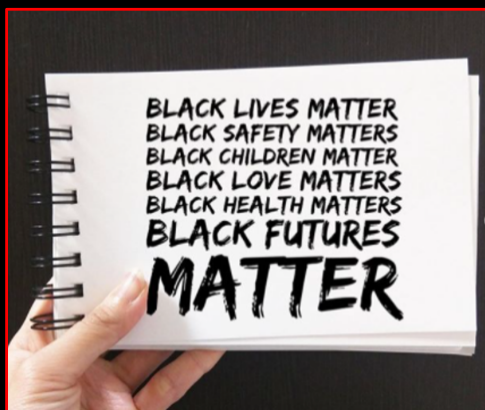


DECOLONIZING HEALTH CARE....



- Make A Commitment To Become An Anti-Racist within An Anti-Racist Institution
- Be Intentional about undoing racism in clinical practice by taking a stand to end the false narrative that Black bodies are inherently inferior to White bodies.
- Address Racist Policies & Procedures
- Anchor Actions in Disaggregated data
- Understand and acknowledge the social factors as well as the clinical factors
- Prioritize impact over intentions
- Imbed cultural humility in service delivery
- Expand services to include non-clinical solutions
- Incorporate Leadership support and accountability for advancing racial equity
- Advocate For The Diversification of the Workforce

LET'S STAY *IN TOUCH*....



Shawnee Benton Gibson,
Co-Founder / CEO
S.O.W. Leadership Development
Institute
shawneereneebenton.com
sowleadershipdevelopment@gmail.com
718-781-6979



LOW-INCOME PARENTS' PERSPECTIVES ON PEDIATRICIANS SCREENING

for Social Determinants of Health



PUBLIC AGENDA



United Hospital Fund

Improving Health Care for Every New Yorker



United Hospital Fund is an independent nonprofit with a 141-year record of results.

Our mission is to build a more effective health care system for every New Yorker—one that:

- Is affordable and accessible
- Provides the highest quality of care
- Achieves optimal outcomes

We place a special emphasis on equity and the needs of the most vulnerable.





Public Agenda is a national, nonpartisan, nonprofit research and public engagement organization. We strive to strengthen democracy and expand opportunity for all in the U.S.

 **PUBLIC AGENDA**

AGENDA

I. **Overview** of the UHF-led project, Partnerships for Early Childhood Development (PECD), a grant initiative that provides funding to help hospital-based, child-serving primary care practices partner with community-based social service organizations to address the psychosocial needs of families – Lee Partridge, 10 minutes

II. **Summary** of the research Public Agenda conducted on parent reactions to initiatives such as these – David Schleifer, 20 minutes

III. **Questions** and further discussion – 15 minutes

Financial Disclosures: None



OVERVIEW OF THE PECD PROJECT

Goal: Help families address unmet social needs that can jeopardize a child's successful development and life-long health

Methodology: Provide funds to practices and CBOs to support planning and implementation of a screen/refer/report back process and partnership that help families address those needs

Began in 2017 with 11 practices; now in third year with 8 of original grantees

Grants ranged from \$20,000 to \$80,000 per year

Practices are the grantees, but they share some of the grant funds with their community organization partners

In addition, UHF established a learning collaborative to support all the participants.

Funding for the project is provided by Altman Foundation, NY Community Trust, O'Neill Foundation and United Hospital Fund.

PROFILE OF THE PRACTICES AND COMMUNITY PARTNERS

Practices: All are hospital-affiliated and located across New York City: one in the Bronx, one in lower Manhattan, two in Harlem, three in Queens and one in Brooklyn. The affiliated hospital systems are Bronx-Lebanon, Mt. Sinai, Northwell, Health & Hospitals, NYP Columbia, NYP Queens, NYU Brooklyn, and St. John's Episcopal.

Caseloads in the age 5 and under group vary from 1500 to 4500; a majority of the children are insured by Medicaid.

The primary language of many of the families is not English — Spanish and Chinese are most common

CBOs: There are 16 community organizations. All but one is located in New York City; the exception is the Interfaith Nutrition Network, which is based in Hempstead, Long Island and sees families who are Northwell patients.

Some are essentially single purpose, like food banks; others offer a wide range of services from child care and parenting classes to home visiting, assistance with accessing public benefits and addressing housing problems.



THE SCREEN / REFER / CLOSING THE LOOP PROCESS

None of the processes is exactly like another; each practice experimented with a methodology that worked well for them and their CBO partners.

Scope of screening questions also differed, from limited number of questions (usually food insecurity) to broad questionnaire covering multiple possible needs. At this point most are using a broad tool.

Screening is conducted at the practice site. At some sites it is handled by practice staff, at others it is done by trained volunteers.

Referral systems also vary, from a system in which family is given information about the CBO and directed to contact it directly to one in which, with patient consent, the practice shares information with the CBO and CBO contacts the family.

Providing feedback on a referral to the practice by the CBO is also not uniform, ranging from simple phone calls or FAX to formal, regular practice/CBO staff meetings, even co-management.

WHAT WE LEARNED: EXTENT AND KIND OF FAMILY NEEDS

In the second full year of implementation (July 2018-July 2019) , collectively the practices screened 8,400 families

Of that group, 4,770 (57%) screened positive for at least one need

Half of the families were referred to a partner CBO for assistance. Most of the others were assisted in-house or referred to non-partner CBOs

The most common needs documented were housing - 44%; food insecurity - 35%; and adult learning (GED, ESL) - 14%.





REFINING THE SCREEN / REFER/ CLOSING THE LOOP PROC

Every one of the grantees has modified their screen and refer program over the first two years.

Most modified the screening tool in some fashion. Some added more questions; one practice shortened their list.

Practices also over time made the screening tool available in more languages, including Arabic and Haitian-Creole.

Format of the screening also changed, generally moving from a paper-based system with manual data entry into the child's record to using a tablet and capturing and transferring results electronically.

The practices and their CBO partners also revised their referral protocols and mode of information exchange.

THE CONTINUING CHALLENGES

The screening process. Even with the benefit of more technology, practices still struggle with streamlining the process. Two are still relying on paper. One is exploring having the screen filled out before the visit, using a “patient portal” system.

Making the referral and closing the loop. Streamlining this part of the process also proved to be difficult. HIPPA compliance can impede information exchange electronically between practice and CBO. Families don't follow through on a referral; the CBO finds the family contact information has changed. Ultimately all the practices and CBOs have found it critical to have someone on each staff serve as the “glue” for the partnership. Having a community health worker or social worker in this role seems to work.



PRACTICE & CBO PERSPECTIVES OF THIS INITIATIVE

From the Child Center of New York (Northwell partner):

“The collaboration allows the partners to leverage their greatest strengths toward a common goal of improving the health outcomes for children through a holistic approach to working with families.”

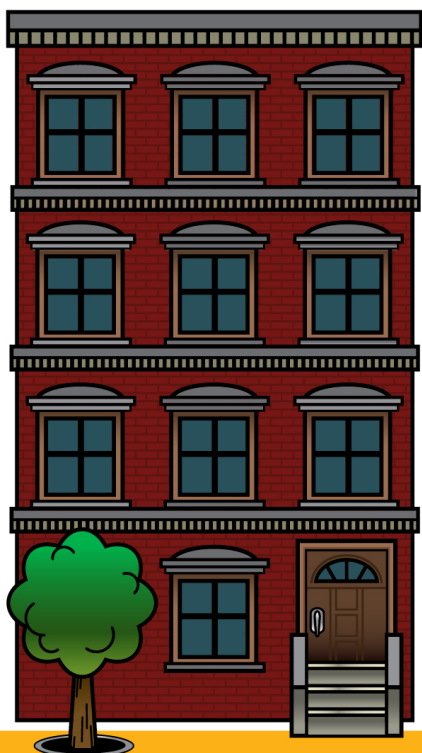
From Dr. Marion Billings (H&H/Gotham Health, Gouverneur):

“Introducing the social determinants of health screening, both as a concept to our staff (from executive level to patient care) and in implementation with our families, has helped fuel a critical shift in focus towards the socio-emotional development of our pediatrics patients.”

METHODOLOGY IN BRIEF

- Market research facility groups:
 - Families under 250% FPL
 - Demographically representative of low-income New Yorkers
 - 36 participants across four groups
 - \$100 stipend
- CBO groups:
 - Recruited by CBO staff
 - Receiving services from that CBO
 - 48 participants across four groups
 - \$100 stipend

Parents had at least one child ages 0-5



Participants cited many SDH that affect their children

- | | |
|------------------------|--------------------------|
| Housing conditions | Shared custody |
| Housing affordability | Single-parent households |
| Parenting strategies | Food and nutrition |
| Health and healthcare | Language barriers |
| Education and daycare | Bullying |
| Parents' mental health | Legal issues |
| Parents getting along | Reading to a child |
| Domestic violence | Drugs and alcohol |
| | Parents' education |

Parents understood the connections between SDH and their children's health



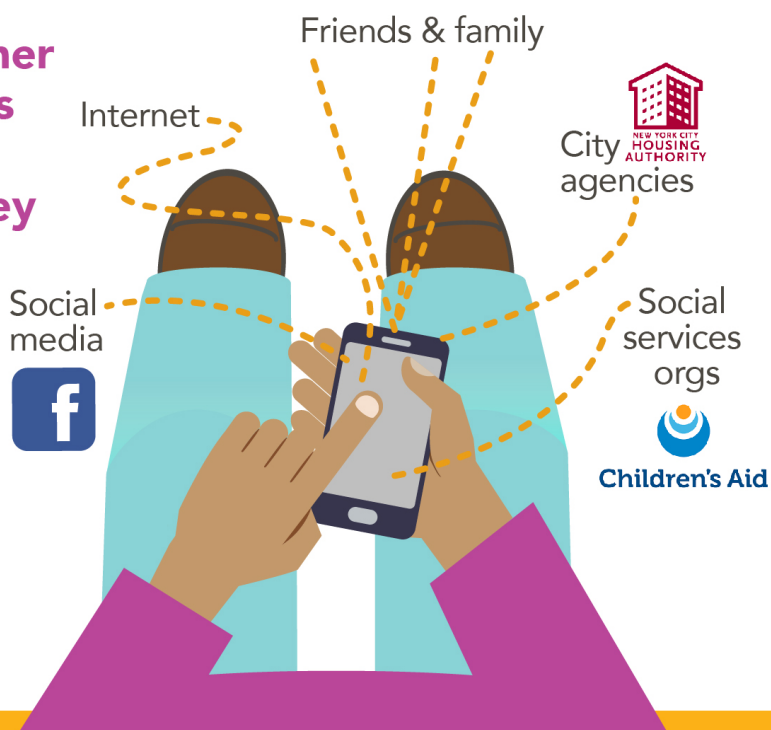
"Mentally, if you're not right, it can really affect your children."

"Children are observant, taking in their surroundings, including what adults do."



Pediatricians and other health care providers are not top of mind for parents when they need help with SDH

"Realistically speaking, the doctor can't help me with rent issues, or legal issues. I know where I can go to get that stuff."



PARENTS' CONCERNS ABOUT DISCUSSING SENSITIVE SOCIAL NEEDS



IT'S A MATTER OF BUILDING TRUST, NOT A PARTICULAR PROTOCOL

LACK OF

TRUST



*"You can have an education,
but you also have to be a
people person"*

Parents described past experiences
with pediatricians who were not friendly,
empathetic, or caring.

PARENTS WERE AFRAID OF LOSING CUSTODY

FEAR

OF CHILD WELFARE
AGENCIES



*"What you tell the doctor
may be used against you."*



LACK OF TIME FOR PARENTS AND PEDIATRICIANS

LACK OF



- Getting to appointments
- Waiting for doctors
- Short appointments
- Kids in tow

"We don't have time to get personal."

THE DOUBLE LOSS

Disclosing information **BUT** not getting help

ASK ⇒ HELP



"If you're going to ask these questions, at least have some solutions. Don't just ask or I'll think I shouldn't say any more."





PARENTS' IDEAS

About how pediatricians can discuss SDH

PARENTS' IDEAS

- Choose the right moment
- Not in front of the children
- Make offices family-friendly
- Don't force information on parents
- Be confidential and transparent

Build trust,
especially
with social
workers



PARENTS' IDEAS



- Build trust, listen, don't rush
- Make clear that screening is standard protocol
- Do not ask just for the sake of asking
- Consider "Letters of Support"



CONTACT

Download the report at <http://bit.ly/ParentsSDoH>

David Schleifer, PhD
Vice President, Director of Research
Public Agenda
dschleifer@publicagenda.org
Twitter: @david_schleifer

Lee Partridge
Senior Fellow
United Hospital Fund
lpartridge@uhfnyc.org

Publicagenda.org
Twitter: @pubicagenda
Facebook.com/publicagenda

Uhfny.org
Twitter: @unitedhospfund





Developmental Screening in Pediatrics: Making it work with how you work

Elizabeth Isakson, MD
Executive Director
Docs for Tots

Purpose and Objectives

PURPOSE

To learn from the experience of FQHCs in implementing Developmental Screening using TA and QI

OBJECTIVES

- Objective 1: Understand the context of developmental screening in pediatric well care in NY
- Objective 2: Identify key components to successful implementation of screening
- Objective 3: Explain the steps 8 steps in the TA/QI model presented and be able to apply it to your practice

FINANCIAL DISCLOSURE

No financial disclosures



Agenda

- Developmental screening background
- Technical assistance and Quality Improvement
- Key elements of success, tips, and lessons learned

Who you are

- Docs for Tots:
 - Pediatrician-led nonprofit focused on practice transformation and systems change for the early years
 - Organizing Entity for Help Me Grow – Long Island

4



Developmental Screening

- Why is it so hard to get to scale?
- History
- Current status in NYS
- Examples of excellence in US

“Both, And” not “Either, Or”

Surveillance

- Every visit
- Open ended questions

Screening

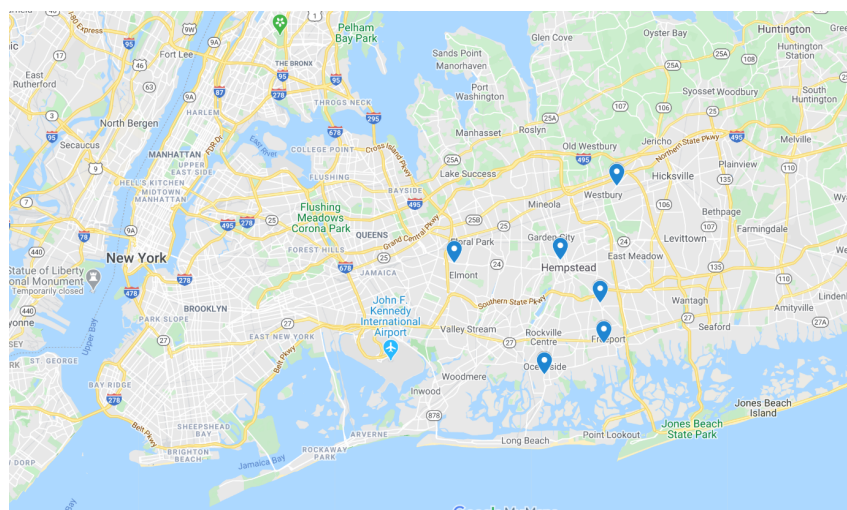
- Specific times recommended by AAP
- Valid screen



The Docs for Tots Model

Intensive TA and QI Methodology

Long Island ACEs Learning Collaborative





Docs for Tots Model

- Quality improvement via technical assistance
 - Full time practice coach worked with 5-6 clinics over the course of 2 years per initiative
 - Staggered starts
 - Each site would get about 6 months of assistance; a few times a week in person at first, tapered over time, with monthly QI meetings to do PDSAs
 - MOC credit, and CEUs for MAs

Project Overview

Recruitment of 5 FQHC and 1 Academic medical center



(ALL) Staffing Training

Why Developmental screening

Discussion with families

Scoring and interpreting results

Referral options

Importance of parental perceptions



Process:



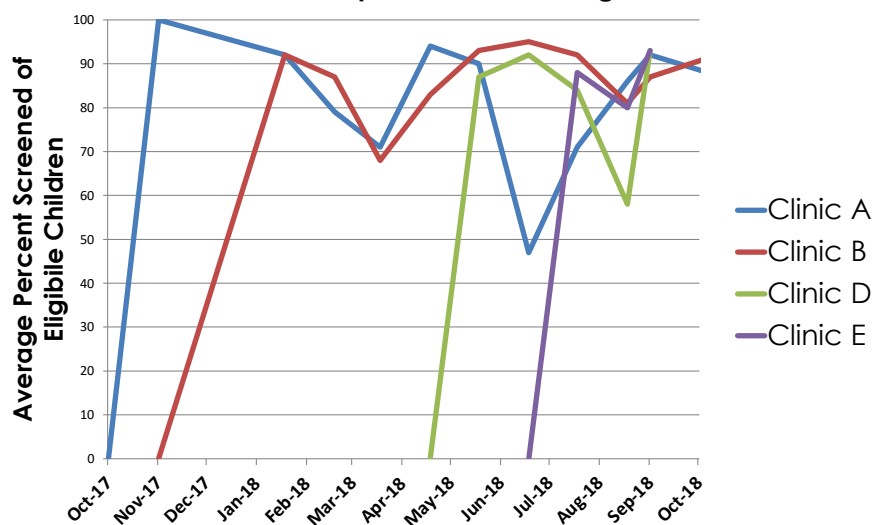
Long Island FQCHC Developmental Screening Project

Results



Results (cont'd)

Maternal Depression Screening Rate



Baseline: No time to hand out the screen

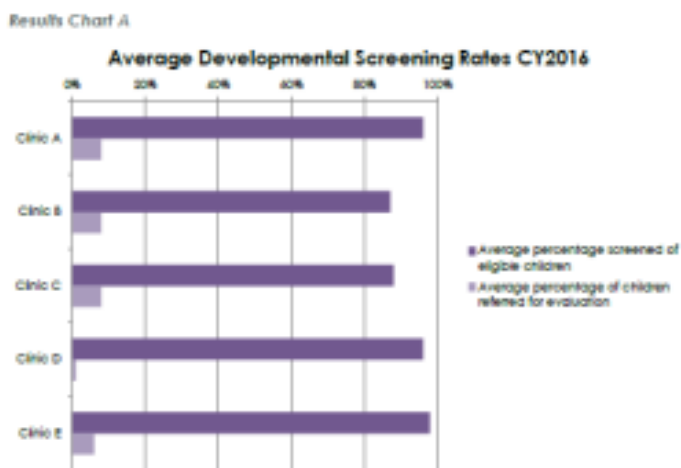
	PDSA 1	PDSA 2
Plan	Train MAs on scripts to make the discussion easier	Create visual aid to help staff explain toxic stress
Do	MAs utilize the script with patients in the exam room	Collect feedback from MAs and providers to develop simple visual aid to use as a guide, place them visibly in each exam room
Study	MAs report improved confidence when discussing the screen with patients but have questions on how to address toxic stress.	MAs report feeling more comfortable answering questions about Toxic Stress
Act	Continue using script provided. Address concerns related to toxic stress	Adopt the practice and keep the visual aid for continued use



Challenges

- For want of a staple!
- Managing expectations of results
- Staff ownership
- Staff turnover
- Competing initiatives

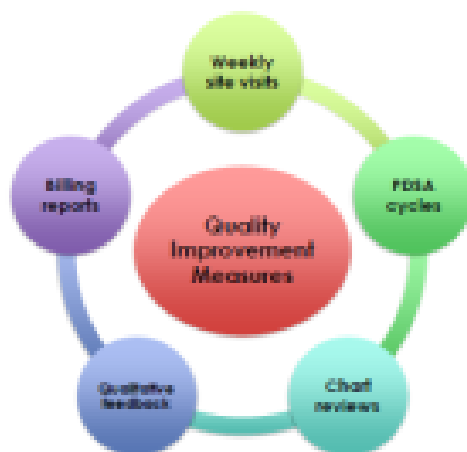
Screening did not overwhelm clinics with identified children





Key Components

Methods Figure A



Tips and Lessons Learned



One-off trainings or presentations are never enough. Ongoing communications and support are key



Don't make assumptions

Screening v. surveillance, standardized screening v. checklists
Universal screening as a concept
Physician Champions are great but are not everything
Pediatricians aren't the only ones that see families!



Make the case around local statistics and benefits for the health sector



Offer credit opportunities



Be mindful of meeting times/length

Always have a clear ask and agenda
Keep meetings with physicians to half an hour
Make them accessible (i.e. by phone or computer)
Best times: 8AM, Noon, or after hours



Next Steps

- 6 Months post intervention all clinics still screening, antidotally know that they still screen 3 year out
 - LTSAE materials added
 - Layered in other critical early childhood screens: Maternal Depression & ACES
 - Assisting in securing Health Steps funding
- Developmental of Help Me Grow – Long Island
- Online Tool Kit
- MOC online course

Summary

- Developmental screening is possible in busy, chaotic safety net provider health centers
- Outside help is uniquely beneficial to getting all staff involved
- Screening is step 1 – referral and follow-up just as important
- Nothing worth doing is easy....

20



Contact Information

Liz Isakson, MD

Executive Director

Docs for Tots

Liz@docsfortots.org

917.318.4201

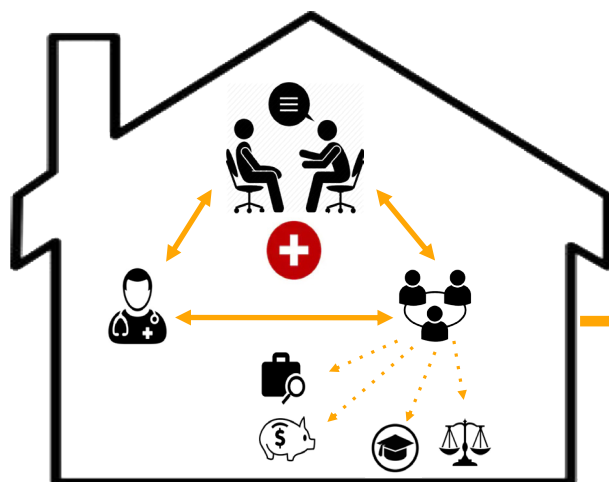


Developmental and Behavioral Screening and Referral: Leveraging Mobile Technology

Suzette Brown MD, MPH
COO, Strong Children Wellness



Strong Children Wellness Reverse Integrates Primary Care Into Trusted Community Organizations to Optimize Outcomes



Integrated, Coordinated Support For:

- Physical Health
- Mental Health
- Trauma
- Social Needs, including material hardship, legal needs, and housing instability





Developmental Screening & Referrals during COVID-19



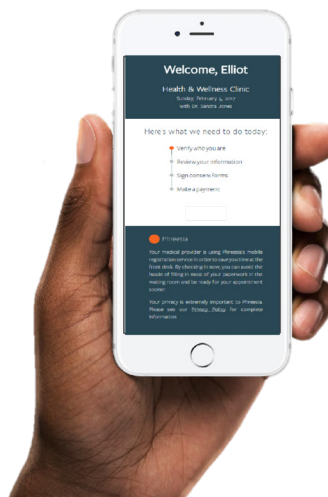
“Developmental surveillance and early childhood screenings, including developmental and autism screening, should continue along with referrals for [early intervention services](#) and further evaluation if concerns are identified.”

- Mobile technology platforms facilitate developmental screening for both telehealth and in-person encounters



Leveraging Mobile Technology Platforms for Developmental Screening and Referrals

- Mobile technology platforms (i.e. Phreesia, CHADIS) enable completion of developmental screening pre-visit, during visit, and post-visit
- Identifying needs pre-visit enhances planning around referrals





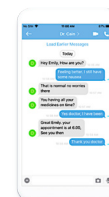
SCW Workflow for Developmental Screening/Referrals Using Mobile Technology



Parent receives text to complete pre-visit registration and developmental screening tool (ASQ & MCHAT) before telehealth or in-person appointment



Completed screening tool transmitted to EMR and available for provider review and discussion with family



Positive screens referred to EI or other appropriate program;
Family navigator communicates with family via secure text messaging to ensure referral completion and service engagement

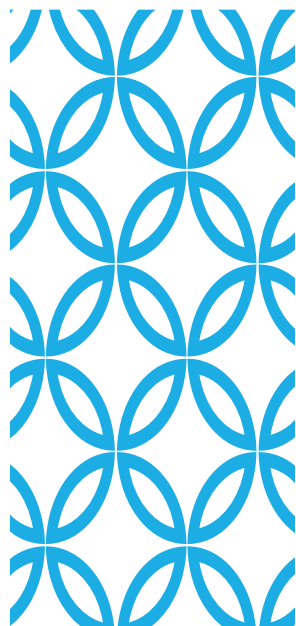


"It is easier to build strong children than to repair broken men."
-Frederick Douglass



Suzette Brown, MD, MPH
suzette@strongchildrenwellness.com
718.450.9242

Financial Disclosures: None



DEVELOPMENTAL AND BEHAVIORAL SCREENING AND REFERRAL: HOW IT'S APPLIED IN PEDIATRIC PRACTICE

Suanne Kowal-Connelly, MD, FAAP
Director of Pediatric Clinical Quality
Long Island, Federally Qualified Health Centers, Inc



Suanne Kowal-Connelly, MD, FAAP

WHO IS THE LONG ISLAND, FQHC, INC?

July of 2009 the Long Island Federally-Qualified Health Centers (LIFQHC) became the first FQHC in Nassau County, Long Island

Non-profit, consumer driven organization which currently sees upwards of 37,000 patient visits a year

We address the health needs of the region's most vulnerable populations

Our mission: "to increase access to comprehensive primary and preventive health care and to improve the health status of the community, especially for the underserved and vulnerable in a financially responsible manner"



Suanne Kowal-Connelly, MD, FAAP



WHY IS SCREENING SO IMPORTANT ON LONG ISLAND?

In vulnerable populations screening for developmental and behavioral health concerns is a critical evidence-based process to identify those at risk and provide the treatment and support that is needed for success

Risk for poor developmental and behavioral outcomes is directly linked to low socioeconomic status and despite being known for its wealth this risk is growing steadily on LI.

An estimated 245,000 residents of LI's 2.9 million are children under age 8 yrs, with ~ 16,000 living at or below the poverty line and an additional 26.5% of LI households unable to make ends meet given the high cost of living = 33% of families struggling economically in the region

Between 2006-2016 the rising cost of living has coincided with growing disparities: such as the number of "high" poverty school districts - which are populated almost entirely by black and Hispanic students - has increased to 65%

In wealthy Garden City High School, 98% of students graduated in 2017, compared to impoverished Hempstead High School where only 44% graduated



Suanne Kowal-Cornelly, MD, FAAP

TO WHAT DO WE OWE MUCH OF OUR SCREENING SUCCESS?

LIFQHC collaborated over the past 5 years with Docs For Tots (DFT) to implement and strive towards best practices in early childhood well child care.

A technical assistance and quality improvement methodology was used to implement developmental screening (SWYC), maternal depression screening for all families with children under 1 year of age, and finally ACEs screening.

All of these screenings were integrated in a practice wide manner and had sustained success at screening rates over 85% both during implementation and 6 months after QI initiatives ended.

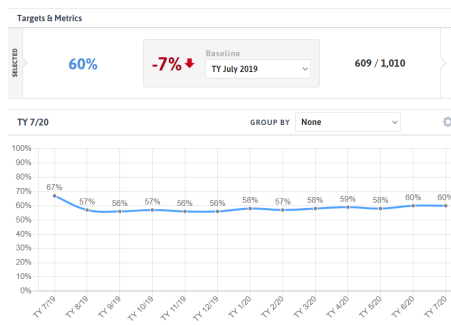
Independently we also have implemented depression screening for adolescents, and screening for Social Determinants of Health (SDoH), as well as many others that address different areas of pediatric care.



DEVELOPMENTAL SCREENING 0-3 YEAR OLDS

Screening rates had sustained success of over 85% both during implementation and 6 months after QI initiatives ended.

Presently screening rates have dropped, likely secondary to COVID related issues.



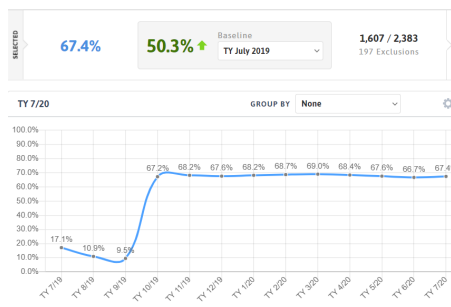
Suanne Kowal-Connelly, MD, FAAP

DEPRESSION SCREENING

12-17 year olds

All providers rendering pediatric care

PHQ-2 and PHQ-9 are used



Suanne Kowal-Connelly, MD, FAAP



ADVERSE CHILDHOOD EXPERIENCES (ACES)

Screening for ACEs has been particularly gratifying in that staff embraced the evidence-based findings which document the relationship between trauma, toxic stress and the related health consequences.

Month	# Eligible	# Given	% Screened	# ACE = 0	# ACE = 1-3	# ACE ≥ 4	Referrals	Notes
Jan-19	0	0	0%	0	0	0	0	
Feb-19	0	0	0%	0	0	0	0	
Mar-19	23	23	100%	20	3	0	1	73% received supportive materials, one referred
Apr-19	28	25	89%	21	3	1	1	96% of screened given supportive materials, appropriate referral made after a discussion with provider
May-19	26	22	85%	20	2	0	1	Excellent documentation - only one person screened and given materials
Jun-19	33	31	94%	23	8	0	3	Referrals for 3/8 positive screens, 1/3 that asked to discuss it
Jul-19	40	39	98%	29	7	2	1	
Aug-19	51	39	76%	28	11	0	0	A few incorrect templates - did not double check for missing items; did not look at teenagers due to issue with the template
Sep-19	43	39	91%	28	10	1	1	one week sample across all ages
Oct-19	33	29	88%	23	6	0	0	one week sample across all ages
Nov-19	37	35	95%	32	19	0	4	primarily new hires
Dec-19	92	70	76%	45	21	4	3	full month, issue with template first week of the month, most missed screens during the first week
Total	466	394	84%	299	60	8	11	
				percent score 0	75%			
				percent score 1-3	23%			
				percent score ≥ 4	2%			
				%referred (positive)	15%			
				%referred (screened)	4%			



Suanne Kowal-Connelly, MD, FAAP

CONTACT INFORMATION

Suanne Kowal-Connelly, MD, FAAP
 Director of Pediatric Clinical Quality
 Long Island, FQHC, Inc
 Sconnell@numc.edu
 O. 516.396.0159
 C. 516.633.3380

Financial Disclosures: None



Suanne Kowal-Connelly, MD, FAAP



Project Teach

Carmel Foley, MD

Hofstra/Northwell Health

Purpose and Objectives

PURPOSE

Education of the primary care audience about Project Teach.

OBJECTIVES

- Objective 1: Discuss the history of the evolution of Project Teach
- Objective 2: Describe all aspects of the program
- Objective 3: Educate the primary care audience about how to access the free Project Teach services

FINANCIAL DISCLOSURE

Do you have a financial disclosure? (None) or (Include name) NONE



Who you are

- I am a Child & Adolescent Psychiatrist at Cohen Children's Medical Center. I am the Director of the Consultation Service to pediatrics.
- I am the site psychiatrist for Project Teach and today I am substituting for Rachel Zuckerbrot, MD who is my counterpart for Project Teach at Columbia University Medical Center. She heads the team for Manhattan, Staten Island, and the Bronx.

3

www.projectteach.org

855-227-7272

David Kaye, Director Region 1 & 3 SUNY Buffalo

Phyllis Kaufman JD, Senior Project Manager State wide Coordinating Council

Local Team – COLUMBIA : Rachel Zuckerbrot, MD, Jennifer Petras, MD, Kate Carnicelli, LCSW

Northwell: Carmel Foley, MD, Zoya Popivker, MD, Leslie Cummins, LCSW



A Project Funded by



Office of
Mental Health



Supporting Agencies & Organizations





Statewide Coordination Center

Includes the Expertise of the MGH Clay Center for Young Healthy Minds

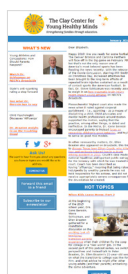
Blogs



Podcasts



E-Newsletter



Social Media



mghclaycenter.org



7

MISSION

To strengthen and support the ability of New York's pediatric primary care providers (PCPs) to deliver care to children and families who experience mild-to-moderate mental health concerns.



The Way it Works

Project TEACH provides consultation, education, training, and referrals and linkages to other key services for pediatricians, family physicians, psychiatrists, nurse practitioners, and other prescribers.



Telephone Consultations

Project TEACH allows PCPs to speak on the phone with child and adolescent psychiatrists.

Ask questions, discuss cases, or review treatment options.

Whatever PCPs need to support their ability to manage their patients.



Face-to-Face Evaluations

PCPs can also request face-to-face evaluations with child and adolescent psychiatrists for the children and families in their practices.

If a PCP's office would like to offer evaluations via videoconference, Project TEACH regional provider teams can work with him/her to make this service available.

It is our expectation that face-to-face evaluations will occur within two weeks of requests. All face-to-face evaluations are followed by written reports to the referring prescriber(s).

Referrals and Linkages

Linkage and referral services help pediatric primary care providers and families access community mental health and support services. This includes clinic treatment, care management, or family support. Project TEACH can refer PCPs to appropriate and accessible services that children and families in their practices need.





Training

Project TEACH offers training in several different formats for pediatric primary care providers (PCPs). These programs support PCPs' abilities to assess, treat and manage mild-to-moderate mental health concerns in their practices.



Core Trainings

The core trainings are led by our regional provider teams on-site at PCPs' practices or at a nearby location. Core trainings can be provided through a series of 2-3 hour sessions or in one longer program depending on PCP needs. Our regional provider teams cover assessment and management of the important mental health issues that children and adolescents face.



Intensive Trainings

Project TEACH also offers specialized, in-depth programs in each region. These trainings address how to recognize, assess, and manage mild-to-moderate mental health concerns in children and adolescents.



My CME

Request Consult

[ABOUT](#) [SERVICES](#) [TRAINING](#) [MATERNAL MENTAL HEALTH](#) [RESOURCES](#) [RATING SCALES](#) [SEARCH](#)

Better Health. Brighter Future.

Good mental health lets young people live their best lives.
Let us help you care for the kids in your practice.

[GET INVOLVED](#)



Project TEACH Maternal Mental Health Initiative

Project TEACH supports OB/GYNs and primary care providers by giving them direct access to expert reproductive psychiatrists who can provide guidance on how to:



Identify effective evidence-based screening and treatment strategies



Help support mothers and their families



Find linkages and referrals to community-based resources

More information at projectteachny.org/mmh

Education

Get information on educational programs being offered.

The Project TEACH Maternal Mental Health Initiative webpage provides CME accredited and other educational videos on the topics at right:

- Diagnosis and Treatment of Depression During Pregnancy
- Screening
- Treatment of Postpartum Depression
- Accurate Diagnosis for the Primary Care Setting
- Prevalence and Consequences of Maternal Mood and Anxiety Disorders
- Substance Use and Post-Traumatic Stress Disorder (PTSD) in Women of Reproductive Age
- Treatment for Pregnant and Postpartum Women

More information at projectteachny.org/mmh



Consultation Services

New York maternal health providers can join and benefit from case-based learning with their peers. Consultation with expert psychiatrists in maternal health is available through an open conference line. Interactive consultation calls take place 2 times per week.

Tuesdays, 3pm – 4pm
Thursdays, 1pm – 2pm

The hour-long open conference calls will start with facilitated discussion followed by the opportunity to ask specific questions. Any provider may schedule in advance a specific ten-minute window to call in and present a brief case or question and get a response. Providers may join the entire call or call in only for their scheduled consultation time.

Providers can also submit non-urgent questions by email. An expert physician will respond within 2 business days.



Participate in an upcoming call:
[view calendar](#)



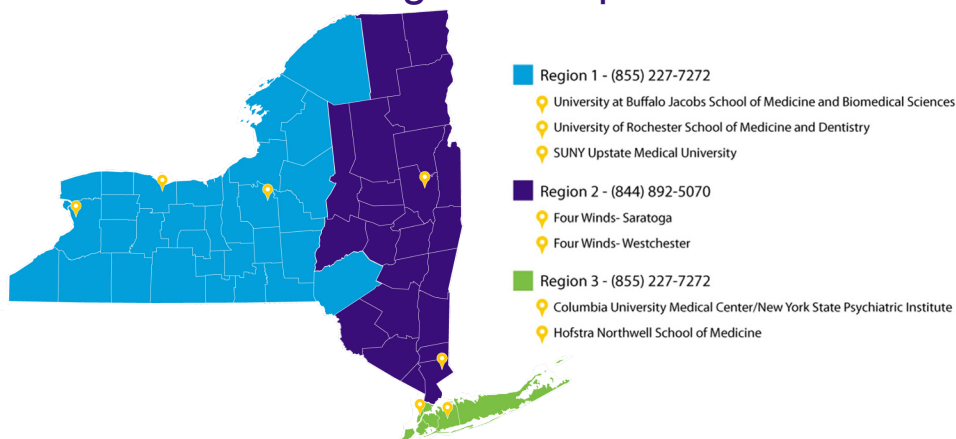
Reserve a time for your question



Email a non-urgent question

More information at projectteachny.org/mmh

Regional Map





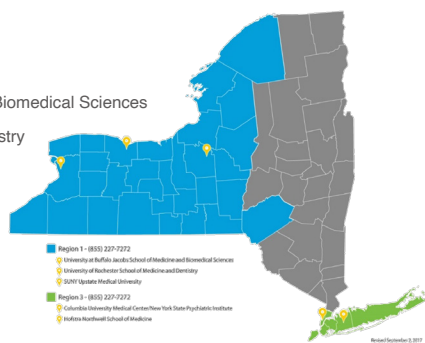
Regions 1 and 3

Region 1 – (855) 227-7272

- University at Buffalo Jacobs School of Medicine and Biomedical Sciences
- University of Rochester School of Medicine and Dentistry
- SUNY Upstate Medical University

Region 3 – (855) 227-7272

- Zucker School of Medicine at Hofstra/Northwell
- Columbia University Medical Center/
New York State Psychiatric Institute



21

Region 2

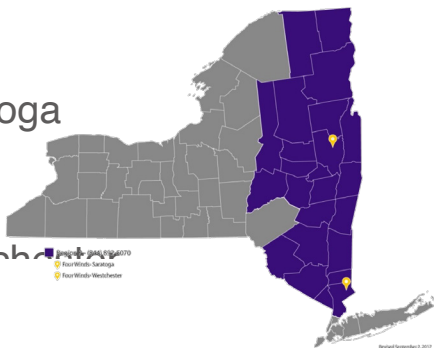
Region 2

– Four Winds – Saratoga

- (844) 892-5070

– Four Winds – Westchester

- (844) 892-5070



22



Questions?

23

Contact Information

Name: Carmel Foley, MD

Organization: Hofstra/Northwell Health

Email: cfoley@northwell.edu

Phone: 718-470-3550



cham.org

Mental Health Screening and Referral in Practice

Diane Bloomfield M.D.
Associate Division Chief, Clinical Affairs
Academic General Pediatrics
Medical Director, Family Care Center Pediatrics
Children's Hospital at Montefiore



cham.org

Who I am

- Primary Care Pediatrician and Medical Director
- Montefiore Family Care Center, Pediatric Practices
- 27,000 visits per year
- Diverse ethnic population
- 85% Medicaid/Medicaid Managed Care
- Staff:
 - 16 attending providers, 36 residents, 10 licensed practical nurses, 4 patient service representatives
- Financial Disclosure: None

2



Achieving Buy-In From Your Staff

Engaging Staff in the Process

- Team Meetings
- Distributing Screeners to all Staff
- Creating a workflow through collaboration with all stake-holders

Testing Workflows on Pilot Population

- Setting Goals and Being Transparent about Results
- Modifying Workflow based on Feedback



Effective Time Management

- Good assessments take time
- Managing your own and family's expectations
- Primary screens universally
- Secondary screens selectively
 - Letters for teachers for Vanderbilt
 - Forms to be completed at home and scanned and sent in prior to the next appointment
- Follow-up appointments at less busy times of the day
 - Televisit follow-ups





cham.org

Resources from your Virtual Team

- All materials accessible on desktop
- Consultation phone numbers for Project TEACH
- List of local mental health providers organized by catchment area and insurance plan
- Literature for families
- Self-care resources for teens including handouts and apps



cham.org

Diane Bloomfield M.D.

DBLOOMFI@montefiore.org

Associate Division Chief, Clinical Affairs
Academic General Pediatrics
Medical Director, Family Care Center Pediatrics
Children's Hospital at Montefiore





Mental Health in Primary Care Pediatrics

Jessica Simkins MD MPH FAAP
Pediatrician and Newborn Hospitalist

Financial Disclosures: None

Objectives

- Review the challenges of mental health care in primary care pediatrics, including with unique and high risk populations.
- Review the benefits of programs like Project TEACH in improving patient care.
- Discuss areas of potential improvement.

2



Challenges

- Availability
- Timeliness of access
- Lack of facilities for acute cases
- Stigma
- Trial-and-error approach
 - Delayed gratification
- Training gap
- Fear of prescribing

- Limited medical and social histories
- Nomadic lifestyle
- Language barriers

3

Project TEACH

- Improves continuity and availability
- Immediate feedback - allows for timely treatment
- Reduced stigma
- Educational tool - addresses knowledge gap
- Support for primary care pediatricians
- Patient: JL



Areas for improvement

- Acute care - both facilities and skills to de-escalate
- Research - continued work towards personalized approach towards medication choice

Contact Information

Name: Jessica Simkins MD MPH FAAP

Title: Pediatrician

Email: jessicaesimkins@gmail.com

Thank you for attending “2020 Pediatrics Conference: Developmental and Behavioral Health Screening in Pediatrics: Best Practices and Challenges,” provided by Icahn School of Medicine at Mount Sinai, Healthfirst, and New York State American Academy of Pediatrics - Chapter 3.

COURSE DIRECTORS

Maja Castillo, MD, MHA

*Assistant Vice President Medical Director,
Clinical Partnerships
Healthfirst*

Lisa Handwerker, MD, FAAP

*President, NYS American Academy of
Pediatrics, Chapter 3, Chief Medical
Officer, Children’s Aid*

PLANNING COMMITTEE

Nora Chaves, M.A. Phil.

*Senior Manager, Clinical Partnerships
Healthfirst*

Jessica Geslani

*Executive Director
NYS AAP - Chapters 2 & 3*

Elizabeth J. Jean-Jacques, MPA

*Director, Clinical Partnerships
Healthfirst*

LaToya Norman, MPH

*Manager, Clinical Programs
Healthfirst*

FACULTY

Diane Bloomfield, MD

*Assistant Professor of Pediatrics, Albert
Einstein College of Medicine
Associate Division Chief, Clinical Affairs,
Academic General Pediatrics, Children’s
Hospital at Montefiore
Medical Director of Pediatrics, Montefiore
Family Care Center*

Suzette Brown, MD, MPH

*Chief Operating Officer, Strong Children
Wellness*

Carmel Foley, MD

*Assistant Professor, Psychiatry, Hofstra
Northwell Health*

Shawnee Benton Gibson, LMSW/FDLC

Consultant, Activist and Trainer

Liz Isakson, MD, FAAP

Executive Director, Docs for Tots

Suanne Kowal-Connelly, MD, FAAP

*Director, Pediatric Clinical Quality, Long
Island Federally Qualified Health Centers
(LIFQHC)*

Lee Partridge

Senior Fellow, United Hospital Fund

David Schleifer, PhD

*Vice President and Director of Research,
Public Agenda*

Jessica Simkins, MD, MPH, FAAP

*Primary Care Physician/Newborn
Hospitalist, NYS
American Academy of Pediatrics Foster
Care and Adoption Committee Co-Chair*



ABOUT HEALTHFIRST

Healthfirst is New York's largest not-for-profit health insurer, earning the trust of 1.5 million members by offering access to affordable healthcare. Sponsored by New York City's leading hospitals, Healthfirst's unique advantage is rooted in its mission to put members first by working closely with its broad network of providers on shared goals. Healthfirst takes pride in being pioneers of the value-based care model, recognized as a national best practice. For more than 25 years, Healthfirst has built its reputation in the community for top-quality products and services New Yorkers can depend on. It has grown significantly to serve the needs of members, offering market-leading products to fit every life stage, including Medicaid plans, Medicare Advantage plans, long-term care plans, qualified health plans, and individual and small group plans. Healthfirst serves members in New York City and Long Island, as well as in Westchester, Sullivan, and Orange counties.

For more information on Healthfirst, visit [healthfirst.org](https://www.healthfirst.org).

ABOUT NEW YORK STATE AMERICAN ACADEMY OF PEDIATRICS - CHAPTER 3

The New York State American Academy of Pediatrics (NYS AAP) - Chapter 3 is a non-profit, professional membership organization representing over 1,700 pediatricians, pediatric medical subspecialists, and pediatric surgical specialists in Manhattan, the Bronx, Staten Island, Westchester, Rockland, Putnam, Orange and Dutchess counties. Our organization is dedicated to the health, safety and well-being of children, and to improving the profession of pediatrics.



Thank you for attending the
"2020 Pediatrics Conference: Developmental and
Behavioral Health Screening in Pediatrics: Best Practices and Challenges"

Provided by Icahn School of Medicine at Mount Sinai, Healthfirst, and
New York State American Academy of Pediatrics - Chapter 3



NYS AAP—Chapter 3

INCORPORATED IN NEW YORK

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Healthfirst is the brand name used for products and services provided by one or more of the Healthfirst group of affiliated companies.

© 2020 HF Management Services, LLC

1336-20