Welcome to CC4C Webinar for Care Managers & Supervisors

The sound is being broadcast via your computer. Please be sure that your computer sound is turned on. You should hear music, although the sound may come and go, which is NOT indicative of problems. The quality of the sound will improve once the webinar starts at 9:30 a.m.

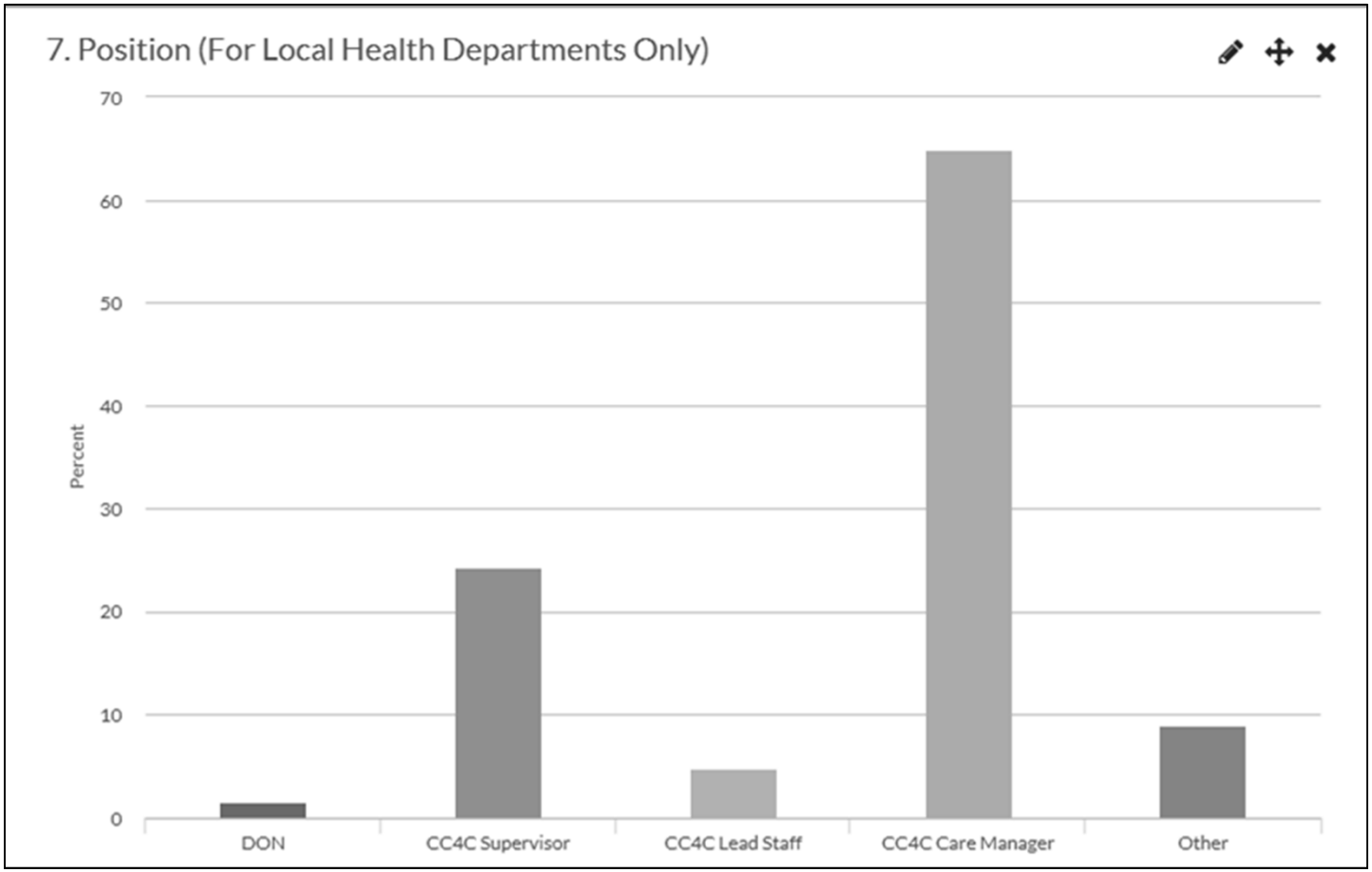
If you are not able to hear via the computer, you can call the meet-me number at **919-233-4708**. But, we only have a limited number of spaces available on that phone line. **We may have speakers using the phone line today, so if you use the phone line, it is imperative that you MUTE your phone.**

Nothing Compares
NORTH CAROLINA

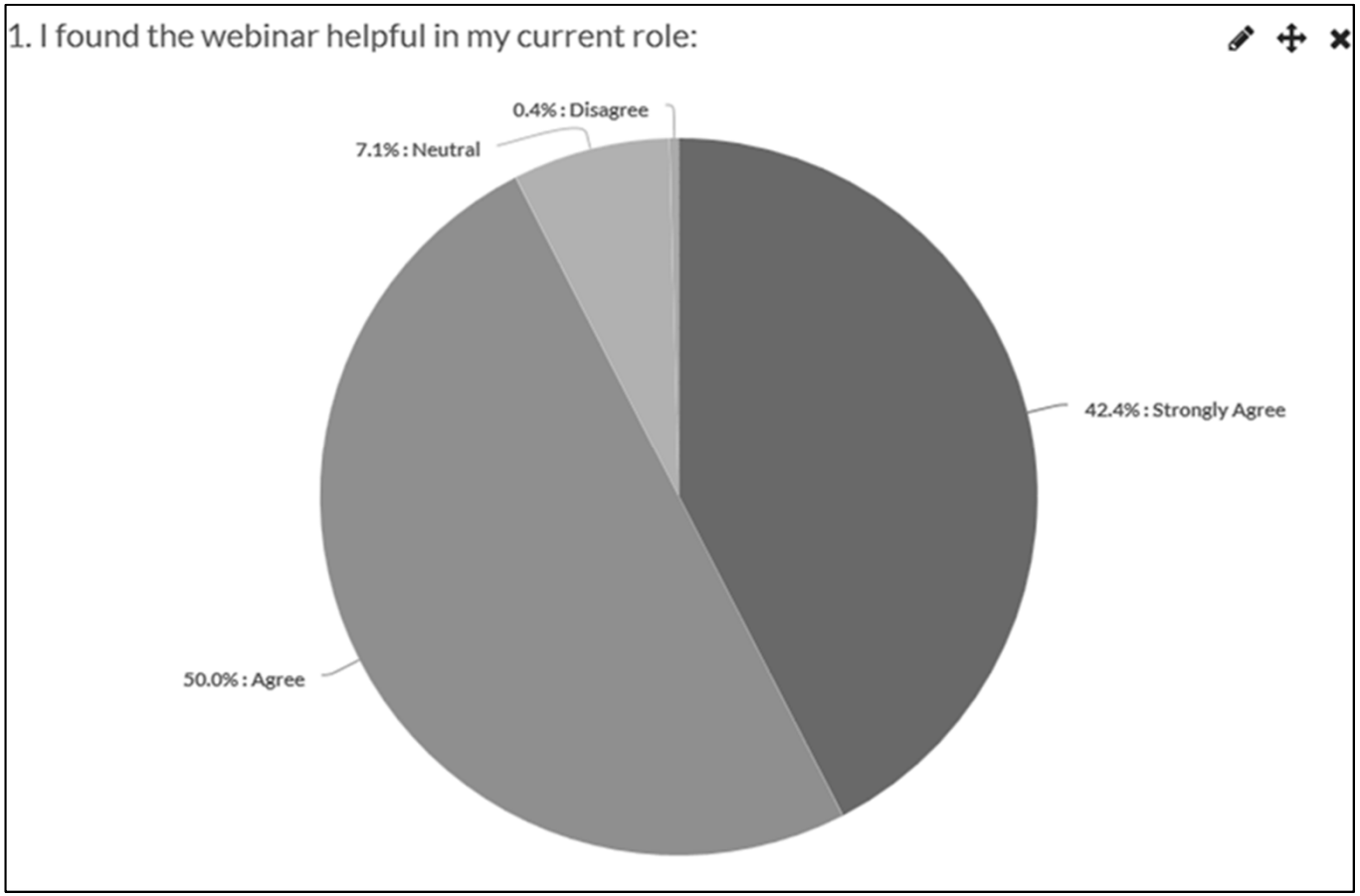
July 7 , 2016

CC4C Webinar for Care Managers & Supervisors

March 2016 CC4C Webinar Registrations



March 2016 CC4C Webinar Evaluations



March 2016 CC4C Webinar Suggested Improvements

- *Cover less topics*
- *Shorten the length of the webinar*
- *Provide opportunities for questions*

CC4C Standardized Plan – Effective June 1, 2016

CC4C Care Management

- *CC4C Care Management is a set of interventions and activities that address the health care of the birth to age five population*

- *The goal of CC4C is to promote wellness, improve health outcomes, improve the quality of care provided and promote cost effective care for the targeted population*

CC4C Target Population

1. *Children with special health care needs (as defined by the Maternal Child Health Bureau)*

2. *Children who have experienced toxic stress or adverse life events (this includes children in foster care)*

3. *Children who have been admitted in the neonatal intensive care unit (NICU)*

Expectations for Population Management

CCNC Priority Indicator

- *Clients identified as "CCNC Priority" are expected to be assessed and approached for care management services*
- *Clients identified using prioritization strategies are expected to be evaluated to determine if there is a need for services, as described in the Pre-Assessment Phase, within one month of appearing on this report and their needs reassessed every 60 days*

Real-Time Referrals

- *Clients are expected to be evaluated to determine if there is a need for services, as described in the Pre-Assessment Phase, within three business days*

CC4C Case Status

- *Clients(s) are considered actively care managed if they are in heavy, medium or light case status*

- *Clients receiving active care management services require at least one new client-centric goal or goal evaluation and one completed task with the client, parent/guardian, foster parent, caregiver, family member/significant other, family care/group home, during the appropriate time frame based on the case status*

Care Management Interventions

The following interventions should occur with all client(s) identified as (heavy/medium/light) actively care managed:

- *Initialization or review of the comprehensive health assessment (CHA)*
- *Psychosocial assessment as determined by the toxic stress condition*
- *Medication assessment*
- *Client/family education about "Red Flags", need for follow up or continued care*
- *Family education regarding needed well/ preventative health care*

Client-Centered Goals

- *Client-centered goals are required as part of the care planning process; the family's personal goal(s) for the child often serve as a foundation for development of client-centered goal(s); goal(s) expressed by the family should be documented demonstrating how the child will accomplish the goal*

Client-Centered Goals

- *Client-centered goals should be prioritized, based on client/ family and preferences, with the CC4C CM, (and other clinical team members), applying clinical knowledge, critical thinking and motivational interviewing to guide the client/ family and facilitate achievement of goal(s) and quality client outcomes*

- *Goals should reflect information and identified priorities from the psychosocial screening, if indicated*

Goal and Case Status

The goal review date is determined by the primary case status

- *Example: A child is in heavy status for CC4C case management but in light case status for primary care management; the goal review date will be in one year as the default is the primary case status*
- *The auto task reminder implemented by the system will default to use the date as determined by the primary case status. The CC4C CM will need to change the date of the pending task to reflect the appropriate time frame*
- *Clients in light case status for CC4C must have at least one patient centered goal*

CC4C and Client Medications

- *CC4C care managers should assess the child's medications by obtaining a medication list from the parent or caregiver (or from other sources) and document the findings in the medication section of the Comprehensive Health Assessment (CHA)*

- *Reasonable effort should be made to determine if the child is receiving necessary medications as prescribed*

CC4C and Client Medications

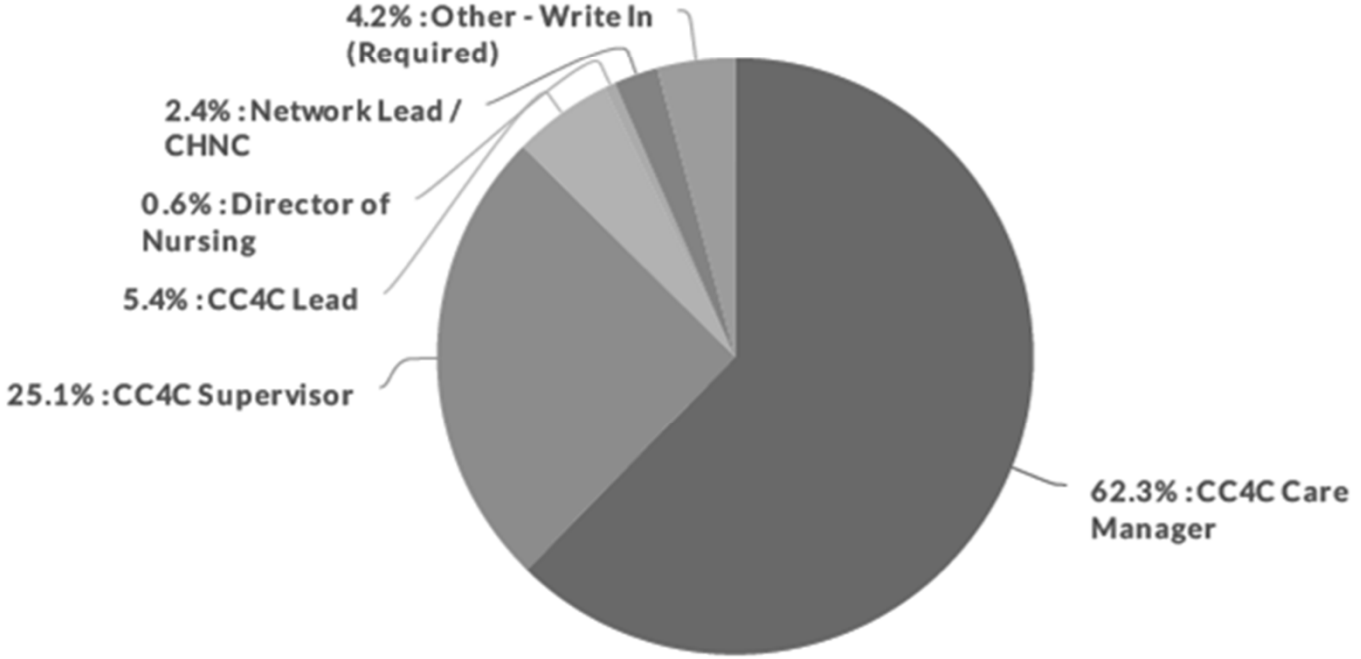
- *Any necessary follow up, or red flags regarding medications should be referred to the primary care provider. CC4C CMs should utilize resources available at the LCME, medical home, pharmacy and network to assist in providing assessment and education regarding any medications the child is receiving*

CC4C Messaging

Messaging / Explaining CC4C Services

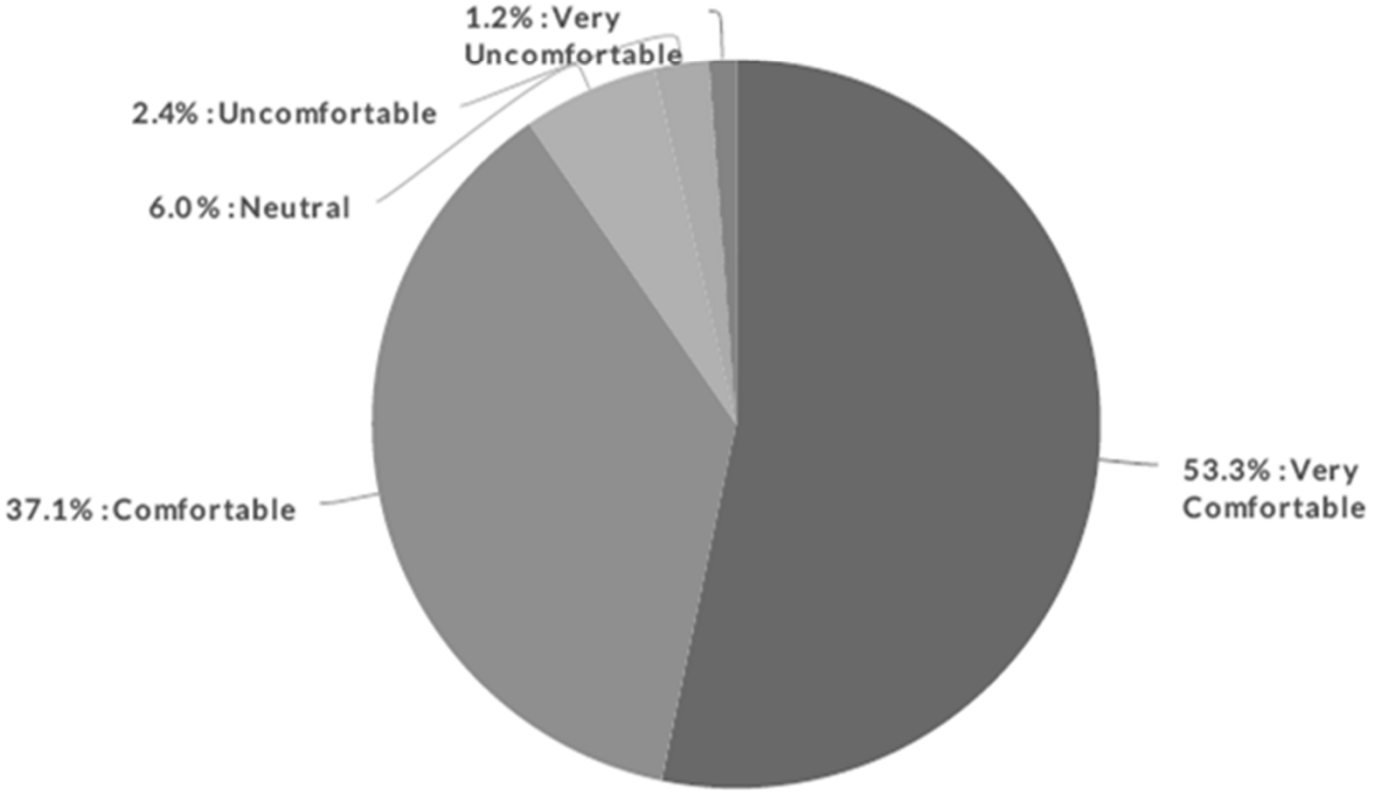
2. What is your current position as it relates to the CC4C program?

165 respondents to feedback opportunity



Messaging / Explaining CC4C Services

3. How comfortable are you with explaining the CC4C program to someone who is not familiar with the program?

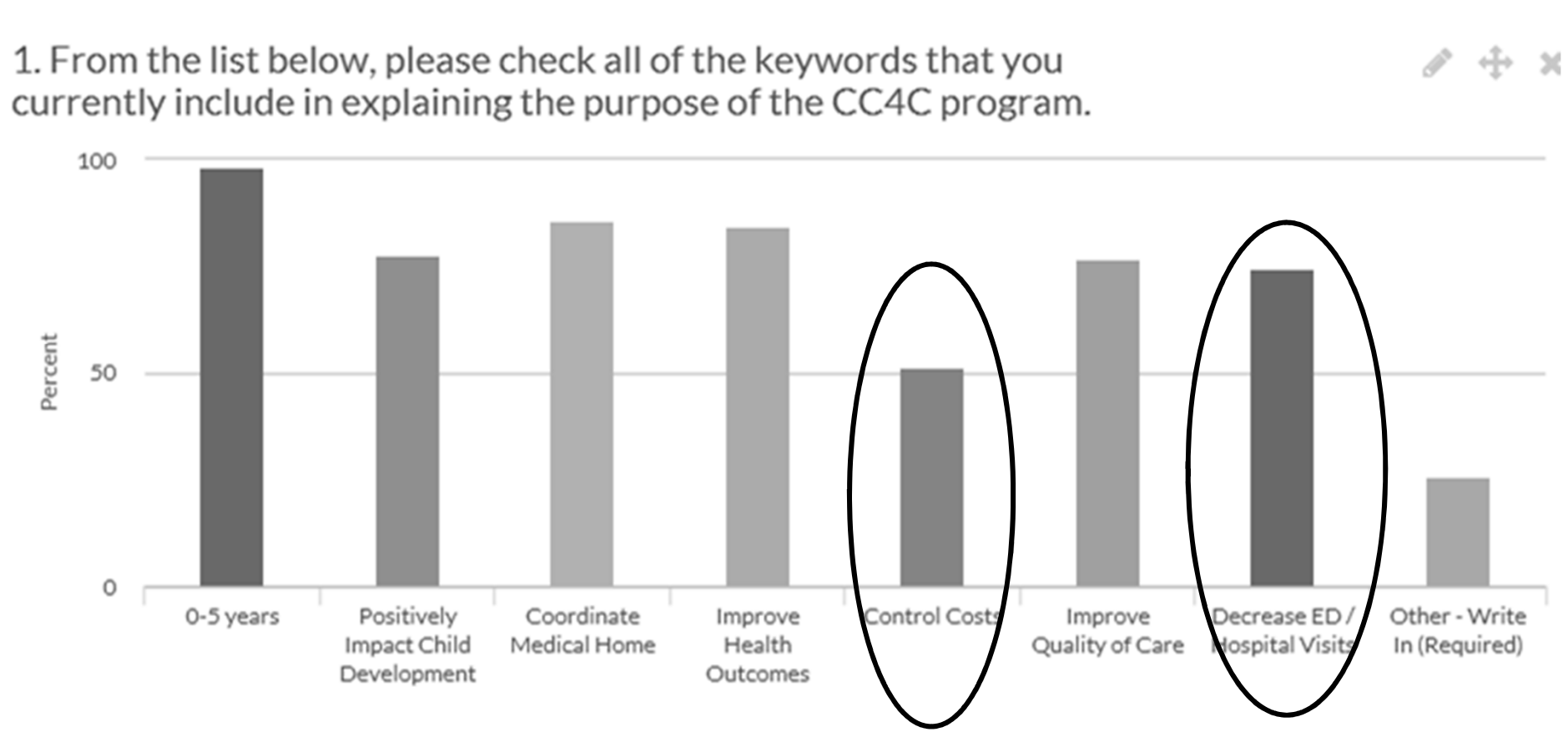


Messaging / Explaining CC4C Services

4. Please rank the following groups in terms of your comfort in explaining the program, with the first ranking being the easiest.

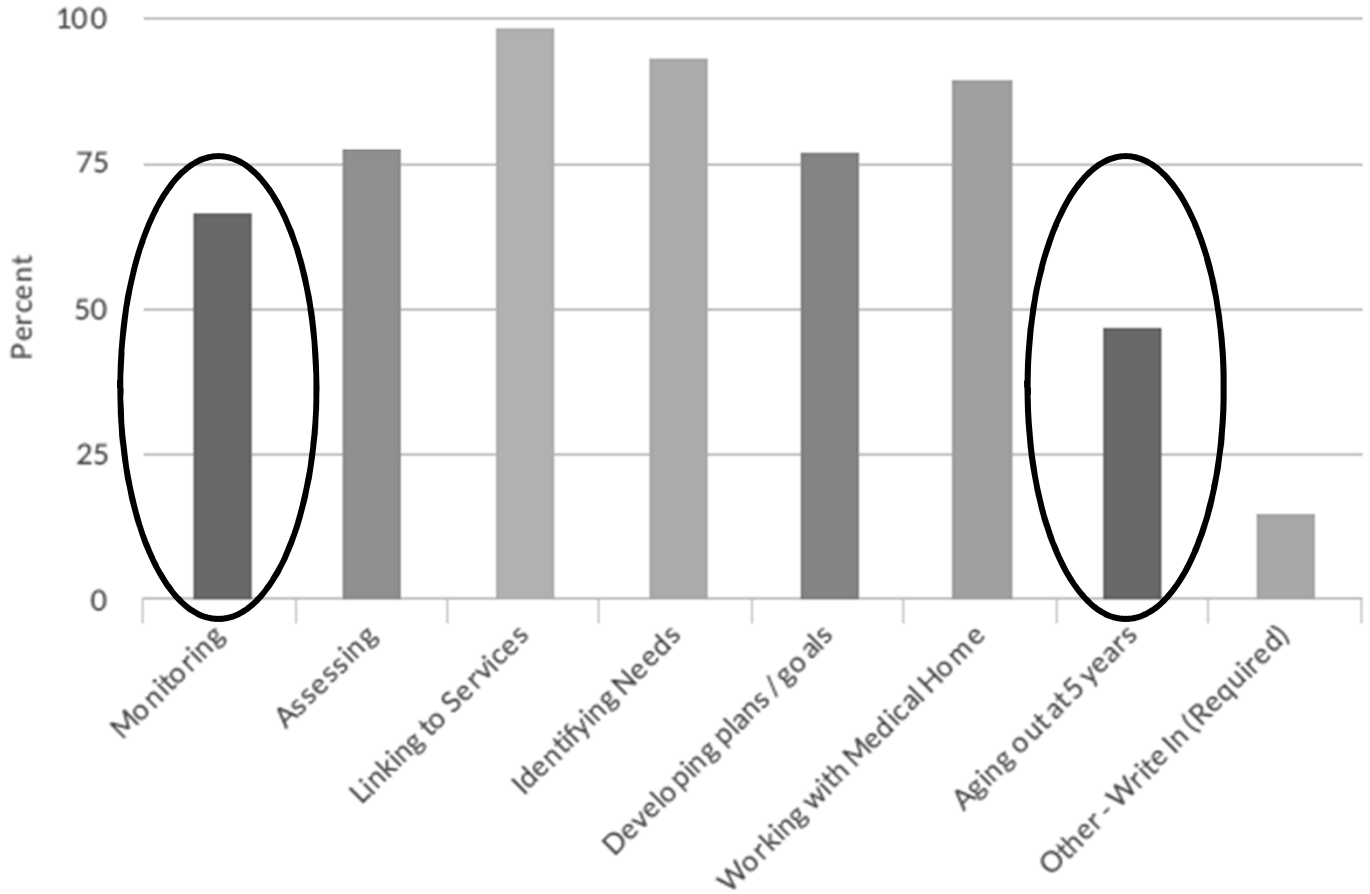
Overall Rank	Item	Rank Distribution	Score	Total Respondents
1	Families Identified for CC4C Services		662	167
2	Local Health Department Administration		547	167
3	Medical Home Staff		461	167
4	Community Partners		429	167
5	Your Family & Friends		405	166

Messaging / Explaining CC4C Services



Messaging / Explaining CC4C Services

6. From the list below, please check all of the keywords that you currently include in describing the activities of CC4C services.



Messaging / Explaining CC4C Services

Common comments indicated:

- *Description of services is tailored to audience*
- *Specific information is shared with audiences*
- *Talking points are desired to be used with different audiences*

Messaging / Explaining CC4C Services

Current resources

- **CC4C Brochure** *posted in the IC: Home > CC4C Tool Kit File Share > CC4C Toolkit Jan 2015 > Section 09 - Fact Sheet and Brochure > CC4C Brochure for Parents from CCNC Website*

Resources being considered for development

- *Sample* **scripts** *for use in contacting families*
- **Talking points** *for use with medical providers*
- **PPT presentation** *for use with community partners*

Neonatal Abstinence Syndrome (NAS)

Gerri Mattson, MD, FAAP, MSPH
Pediatric Medical Consultant
Children and Youth Branch

Neonatal Abstinence Syndrome (NAS)

- A drug-withdrawal syndrome that most commonly occurs after in utero exposure to opioids

- It typically manifests in the first few days of life but may not be seen until seven days of life

Source: Hudak, et al. Pediatrics, 2012.

Red Flags

- Poor feeding
- Uncoordinated and constant sucking
- Vomiting
- Diarrhea (loose and watery stools)
- Dehydration
- Poor weight gain
- Increased sweating
- Nasal stuffiness
- Fever
- Mottling
- Temperature instability

Source: Hudak, et al. Pediatrics, 2012.

Red Flags

- Tremors and jitteriness
- Irritability
- Increased wakefulness (less sleep)
- High-pitched crying
- Increased muscle tone
- Hyperactive deep tendon reflexes
- Exaggerated startle response
- Seizures
- Frequent yawning and sneezing
- Difficulty consoling

Source: Hudak, et al. Pediatrics, 2012.

Unrecognized NAS After Hospital Discharge

- Not all infants at risk of NAS are identified in the hospital, particularly in situations where maternal use of opioids has not been disclosed
- Withdrawal symptoms from opioids may appear in the infant after discharge to home
- This may be due to women not disclosing legal or illegal use of opioids and at times due to medical treatment in the hospital
- It is important to be aware of signs and symptoms of NAS
- If the infant displays any of these signs or symptoms, the family should be encouraged to seek pediatric care promptly

AAP Technical Report 2013: Opioids

- No clear teratogenic effects
- No documented effects on growth
- Hyperactivity and short attention span in toddlers
- Memory and perceptual problems in older children
- No data related language development
- School achievement has not been studied

Source: Prenatal Substance Abuse: Short- and Long-term Effects on the Exposed Fetus, PEDIATRICS, Vol 131, No. 3, March 2013 Committee on Substance Abuse & Committee on Fetus and Newborn

NAS and Mothers

- Mother's addiction/dependence is its own disease that needs an informed and non-judgmental approach
- Mothers are often guilty and often skeptical of the health care system in generally and so trust is even more important to build
- Mothers also need to remain engaged in their own treatment in order to be present for their infants
- Mothers can present with or develop red flags

Red Flags for Mothers

- Poor sleep and nightmares
- Poor appetite and weight loss or gain
- Other somatic symptoms such as headaches or stomach aches
- Signs or symptoms of postpartum depression or other mood disorders
  - reports little interest or pleasure in doing things
  - reports feeling down, depressed or hopeless
  - reports feeling scared or anxious
  - expresses a flat affect

Using A Trauma Informed Approach

- Mothers of infants with NAS may have experienced their own trauma in one or more forms
  - Physical, sexual or emotional abuse
  - Alcohol or substance use
  - Mental health condition
- Mothers need support to recover, heal from trauma and build their resiliency and increase protective factors
- Re-traumatization of mothers can occur and should be avoided during care management
- Mothers and other family members of infants with NAS may experience PTSD-like symptoms from having an infant in a NICU

Providing Support for Infants with NAS

There is a need for a clear plan and protocols involving families, care managers, community physicians and pharmacists when discharge home infants from hospital on medications such as morphine or methadone

- It is important to arrange for care of the mother/infant dyad in promote optimal infant and child development
- Care of these infants may be challenging and can inhibit the typical attachment/bonding process
- Most NAS symptoms resolve by 2 months of age but irritability may last longer
- Important to teach and use non-pharmacologic strategies and interventions

Specific Non-Pharmacological Strategies To Teach Families About Care of Infants with NAS

- Minimize environmental stimuli (both light and sound) by placing the infant in a low light, quiet (low noise) environment
- Avoid auto-stimulation by gently and slow handling, careful swaddling and not excessive handling
- Respond early to an infant's signals (including keeping baby and bedding clean)
- Adopt appropriate infant positioning and comforting techniques
- Breastfeeding should be encouraged, if no contraindications are present
  - Contraindications are HIV+, unstable recovery
  - Hepatitis C is not a contraindication for breastfeeding

A Case

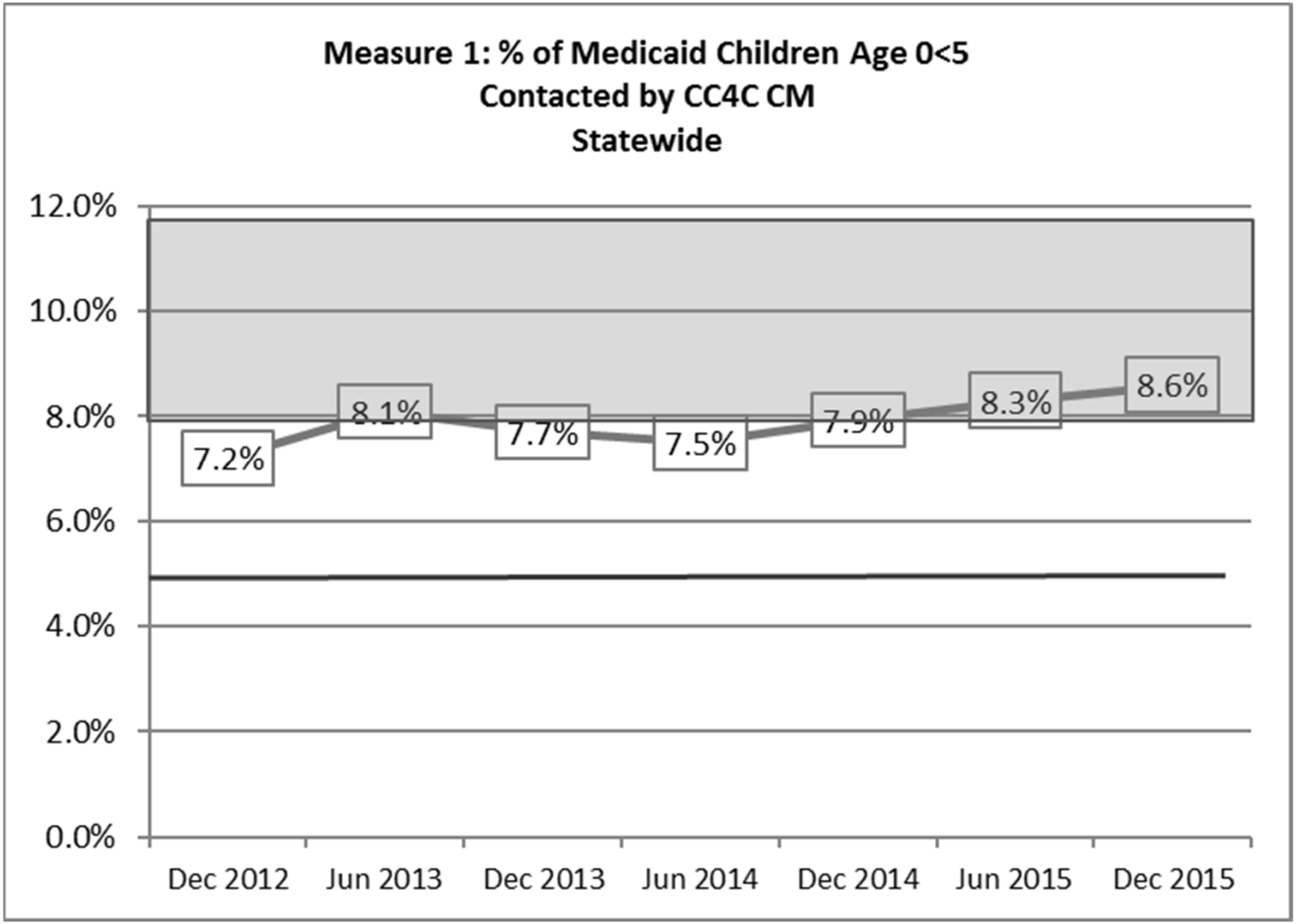
Review the case (handout)

Questions to discuss

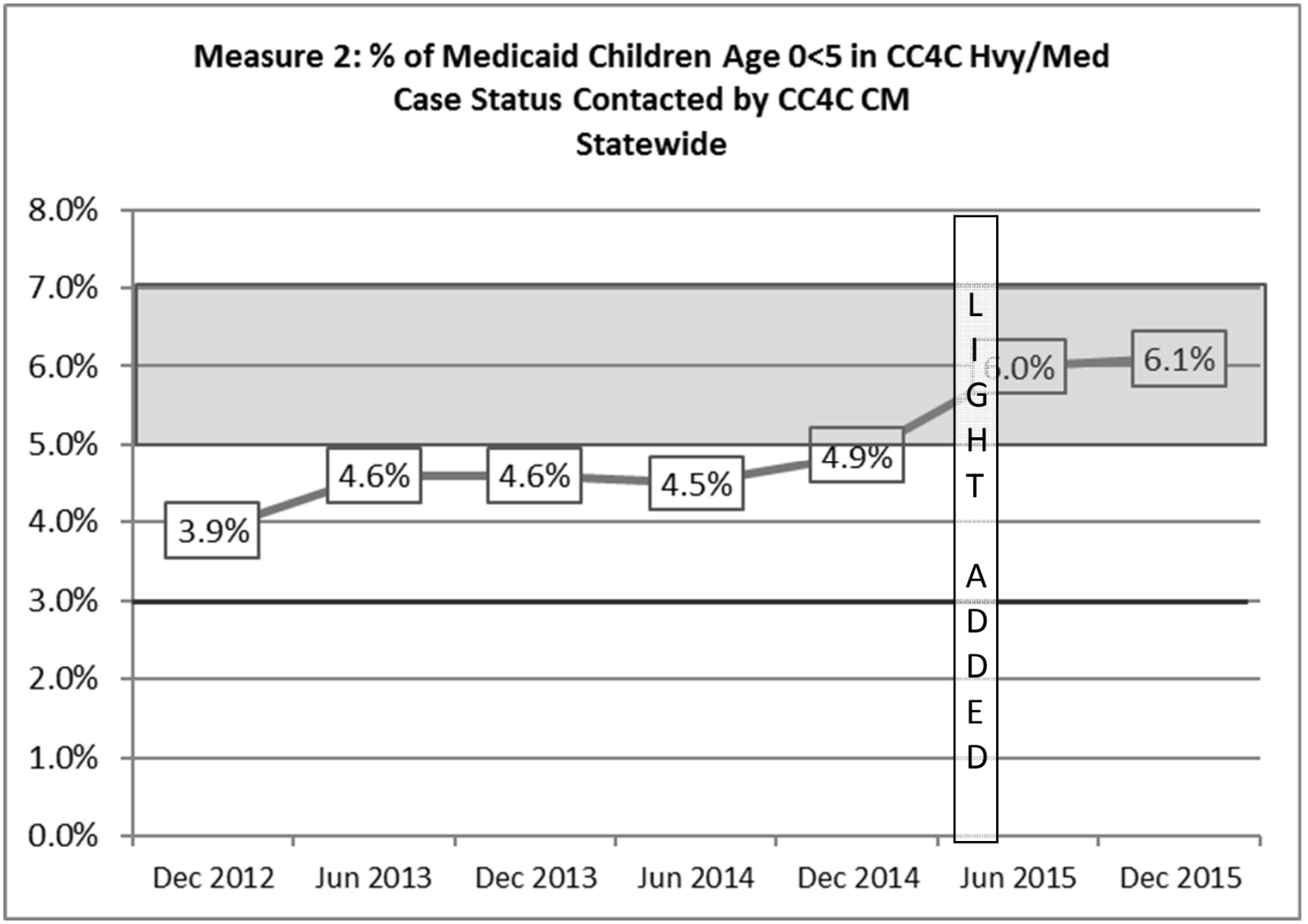
- Which of the eight possible goals should you work on first?
- How would you write a SMART goal related to routine well and preventive care?
- How would you write a SMART goal related to behavioral health care?
- How would you write a SMART goal addressing barriers to social conditions?
- What are some supports you can work on strengthening with the family?

CC4C Updates

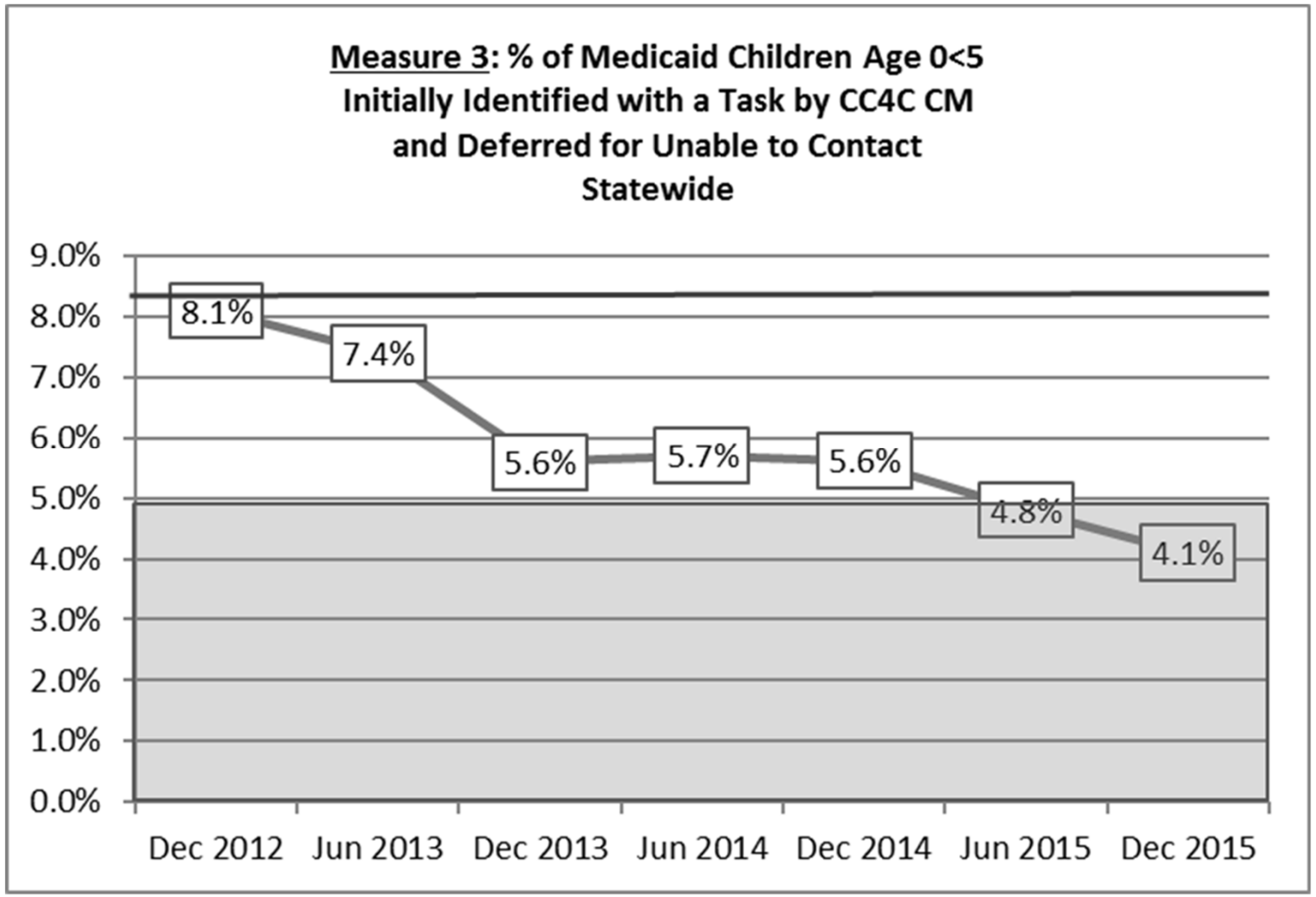
CC4C Data Dashboard Results



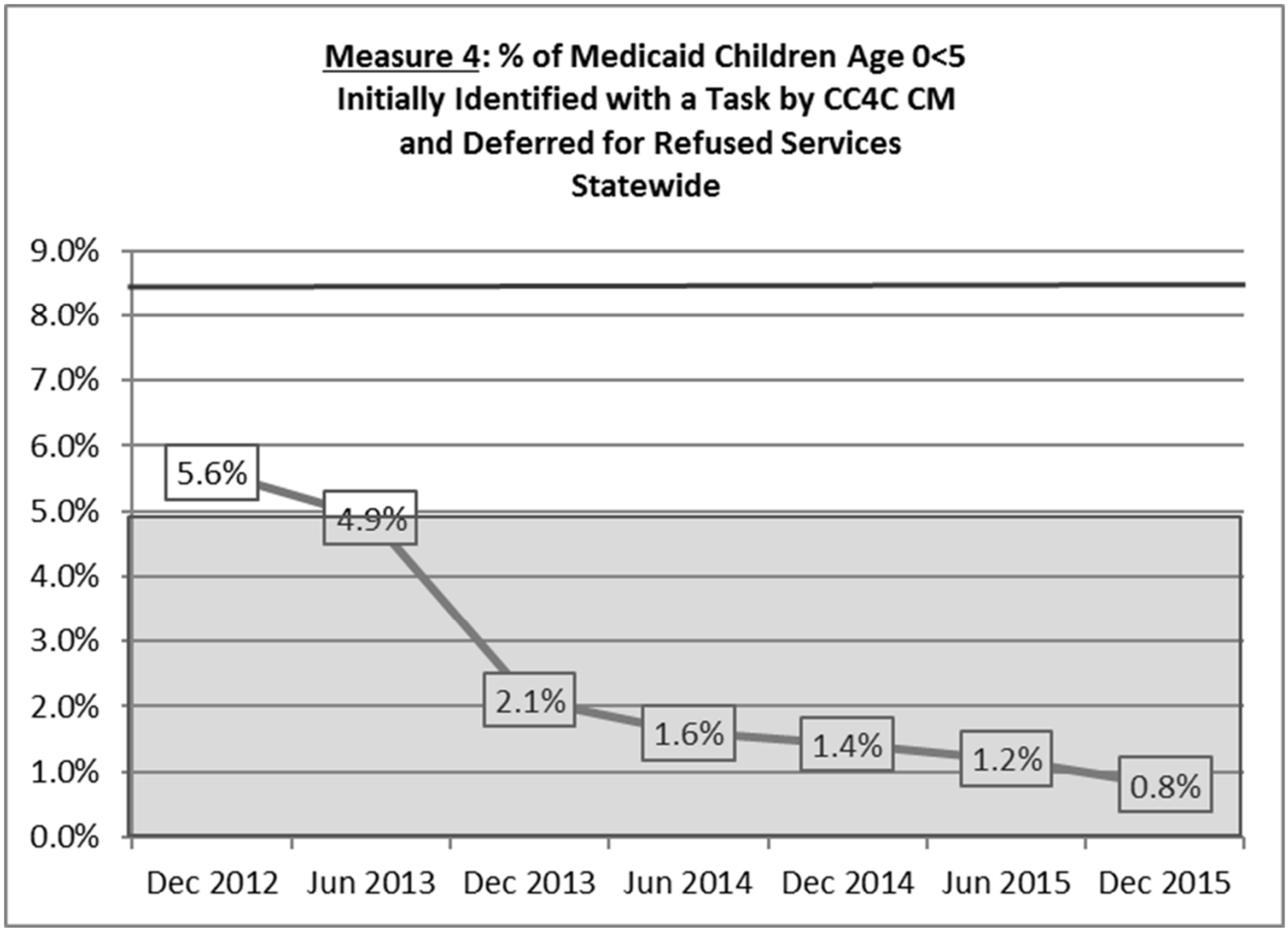
CC4C Data Dashboard Results



CC4C Data Dashboard Results



CC4C Data Dashboard Results



OBCM and CC4C contracts

- *Current contract ended June 30, 2016*
- *Next version will be released for local signature by end of June/beginning of July*
- *Minor modifications; scope of work is unchanged*
- *Performance measures updated to reflect CC4C Dashboard*

Patient Education - Healthwise

The following documents have been added/updated in the Section 15-Patient Education-Healthwise folder in the CC4C Toolkit:

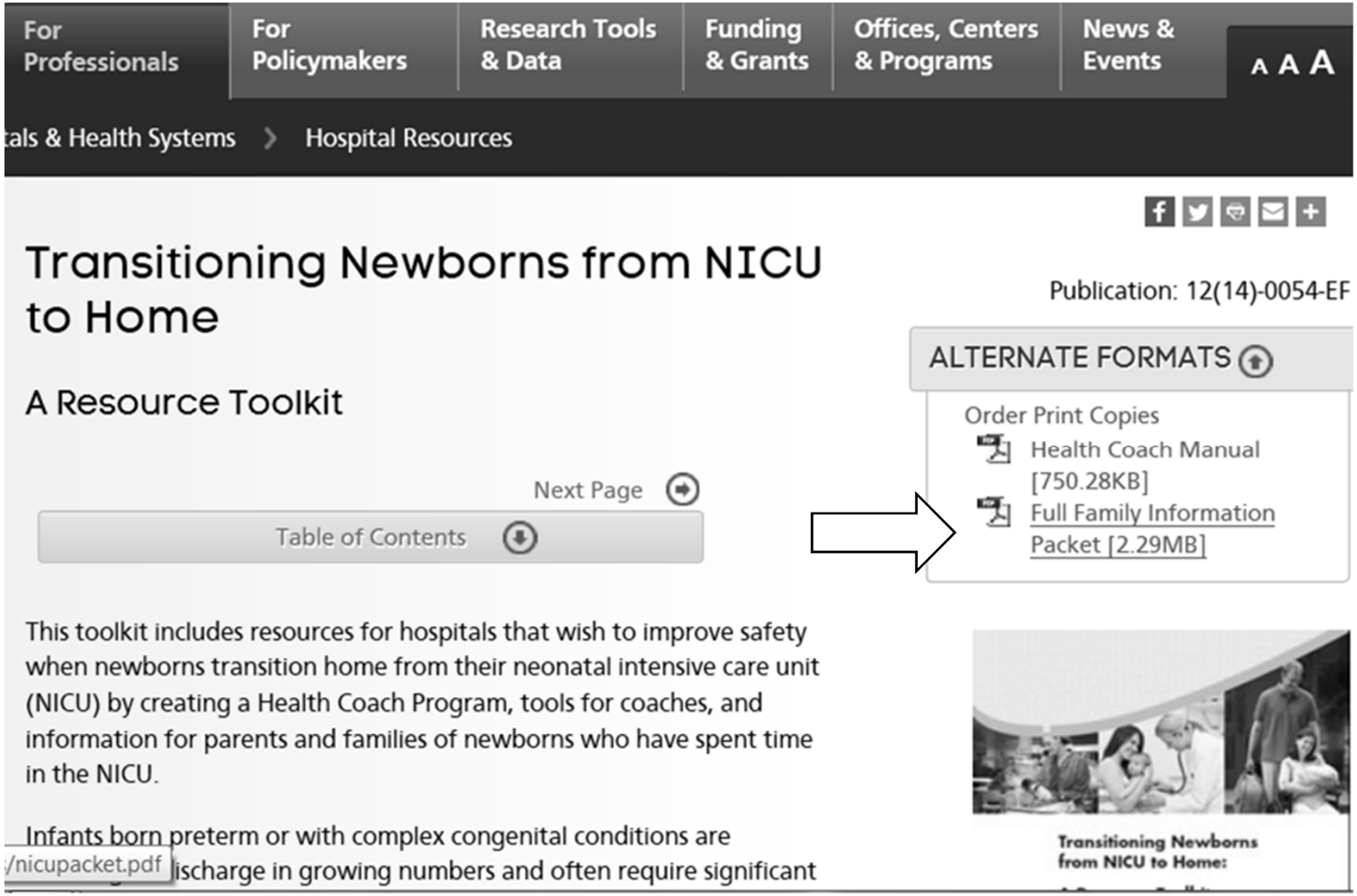
- *10.9 What's New Healthwise Care Support Pages (update)*
- *Care Support Pages Index 10.9 (update)*
- *10.9 What's New Notes Patient Instructions (update)*
- *Patient Instructions Index 10.9 (update)*

Patient Education - Healthwise

The updated Topical Index was provided as a webinar handout and has been posted in CMIS using the following path: Resources < Patient Education < CCNC Approved < Topical Index. Important updates include:

- *Rainbow Handouts (RECENTLY approved and added in English and Spanish)*
- *Keeping Children in Foster Care (RECENTLY approved and added in English and Spanish)*
- *Newborn After NICU*

Patient Education - Healthwise



Screen shot from http://www.ahrq.gov/professionals/systems/hospital/nicu_toolkit/index.html

Community Pharmacy Enhanced Services Network (CPESN)

- *Include community pharmacies that have volunteered to collaborate with CCNC to provide enhanced pharmacy services to Medicaid*
- *Provide a base of required services and may choose to provide optional services.*

If you have a child on medication who may benefit from CPESN services, you can learn more from:

- *Your local network*
- *The CPESN website at http://cpesn.com/program/*
- *The CCNC website at: https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/*

Women, Infants and Children (WIC)

Recent reports indicate the WIC enrollment has dropped in at least a few counties.

Please work with the WIC staff in your county to:

- *Promote the benefits of WIC services for all CC4C families with children who could be eligible for WIC*
- *Ensure that CC4C families know how to apply for WIC services.*

Case Review Tool

- *Thanks to the 56 staff who provided feedback on the Case Review Tool*
- *Detailed feedback was shared during the June 23, 2016 CC4C Work Group meeting*
- *A nine-member work group has been organized to make revisions to the CRT*
- *The revised CRT will hopefully be available in the next several weeks*

CC4C Training Plan

NEW *trainings have been added to both Phase One and Phase Two of the CC4C Training Plan*

The new trainings are reflected in two updated documents provided as webinar handouts and also posted in Section 13 in the CC4C Toolkit on the IC:

- *CC4C Training Plan July 2016*
- *CC4C Training Plan – Important Information for Supervisors July 2016*

It has become necessary for us to password protect all of the trainings <u>except</u> those posted in CMIS or other internet sites; the password is included in both of the above-listed documents

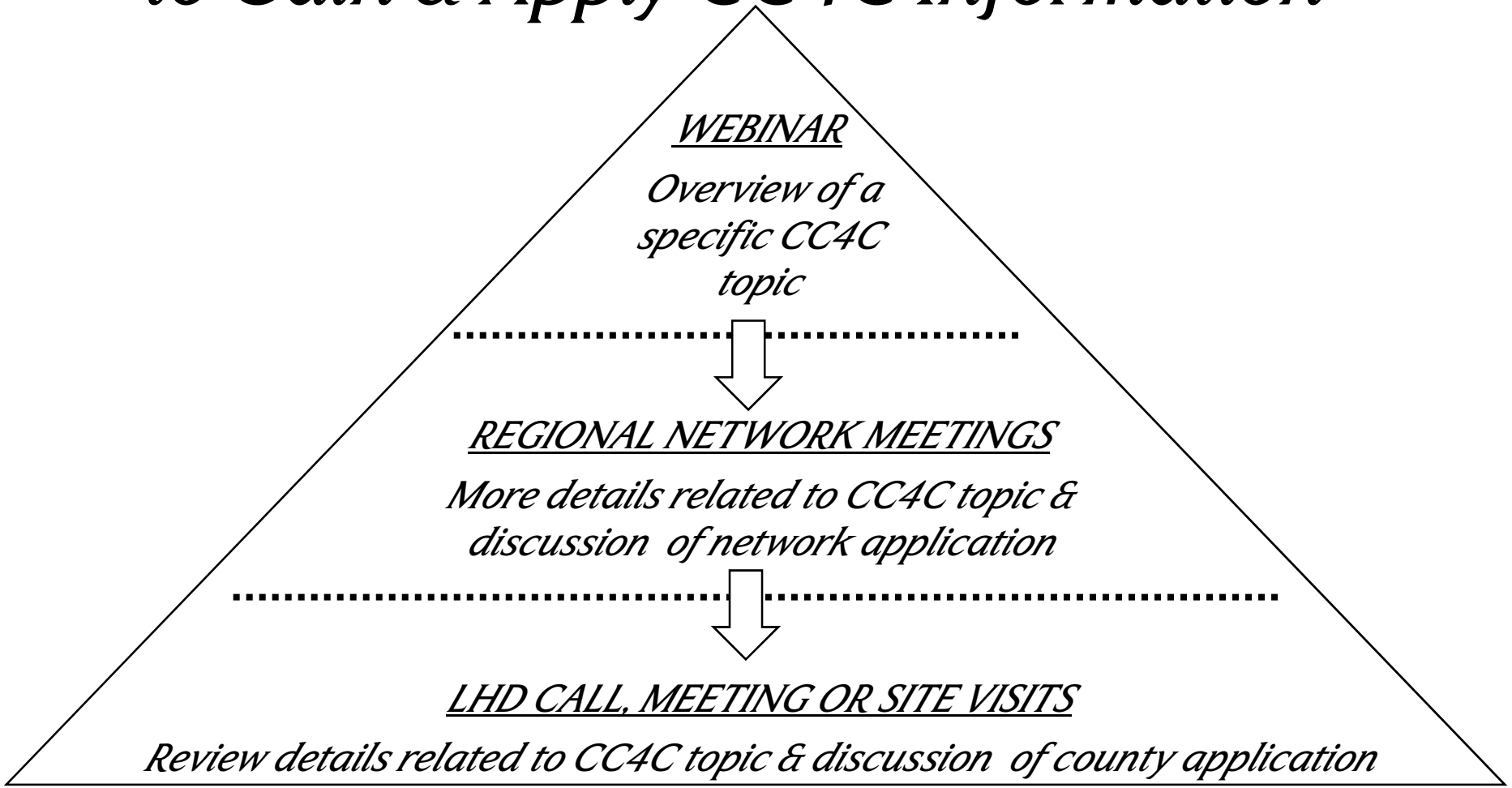
An email was sent on 07/05/16 at 8:16 a.m. with additional details

CC4C Toolkit

The following downloadable chapters, found in Section 14 of the CC4C Toolkit, have been recently updated:

- *Section 1-Important Guidance Documents: updated effective June 2016*
- *Section 2-Contracts and Agreements: updated effective July 2016*
- *Section 13-Training Plan – New Hire Orientation: updated effective July 2016*
- *Section 15-Patient Education-Healthwise: updated effective July 2016*

Tiered System to Gain & Apply CC4C Information



Goal:
Ensure info is understood & applied in order to improve health outcomes & decrease cost, thus meeting Performance Measures

Questions?

- *If you insert questions in the webinar evaluations, we are **not** able to follow up with you directly.*

- *Reach out to your:*
  - *Supervisor,*
  - *Regional child health nurse consultant, and/or*
  - *Local CC4C network lead*

PLEASE **register to demonstrate your participation in today's webinar and provide feedback by clicking on link below**

The registration /evaluation / survey link is:

http://www.surveygizmo.com/s3/2853665/CC4C-Webinar-Registration-July-2016

If it doesn't work the first time, give it a second & try again.

Key to success:
Promptly use Webinar Talking Points in Staff & Regional Meetings to apply info shared today

Next Webinar:

Thursday, September 1, 2016 at 9:30 a.m.