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1. For children under 2 months of age, are we just to do the Edinburgh on the infant? That is my understanding, but I do need clarification.

   The Edinburgh portion and family questions of the SWYC would be completed until the child reaches 2 months adjusted age. Be sure to remember to adjust the child’s age for prematurity until the child reaches age 24 months if the child was born before 37 weeks gestation.

2. The SWYC assessment has a Depression scale for the mother. Can we use the Edinburgh postnatal depression Scale adapted for Fathers is the FOB has custody and is primary caregiver?

   It is wonderful that you are working with fathers! We conferred with the DPH pediatric medical consultant regarding this great question. The Edinburgh for Fathers is a relatively new tool with limited testing of its reliability and validity. Until more is known about the validity of this tool, we are not promoting the use of this tool. For fathers with children > 6 months of age, the two PHQ-2 question in the Family Section of the SWYC can be answered by fathers and the scores documented on the SWYC scoring chart. For fathers with children < 6 months, the PHQ-2 questions can also be used, but the results would need to be documented in the record, as the PHQ-2 results for children < 6 months cannot be documented on the SWYC Scoring Chart. Follow the guidance in the Family Questions Scoring document in terms of scoring the PHQ-2 results, which indicates that a total score of 3 or greater on the PHQ-2 suggests a concern and need for further evaluation and action by the care manager.

3. For children older than 18 months at risk, we are told to repeat the SWYC every 2 months until risk or concern is resolved. What if child has developmental delays with unresolved issues - do we continue the SWYC every two months?

   For children older than 18 months, repeat SWYC every 2 months until either the:

   1. concern is resolved
   2. child is receiving appropriate services from other agencies or providers for the concern
   3. child is no longer receiving CC4C care management services

   It is important that a child with developmental delays or other issues that do not resolve still be followed using the SWYC tool. The CC4C care manager is unique in taking a whole-child approach in assessing the child, including looking at social determinants of health. Even if the developmental issues do not resolve, it is of value to continue to reinforce developmental activities and the need for the child to enroll or continue with Early Intervention or other therapies that may be recommended.

   Children with autism, genetic conditions or even parents who smoke benefit from being asked what can be offered to them to help or to just check in to see how things are going in a standardized way. Many parents and caregivers have difficulties navigating the health system and the CC4C care manager can help address issues.

   A referral to a service does not mean the service is received or that families understand why they are being referred and need to continue to go for the service.
Section 1: How to Use the SWYC Tool

4. Will the SWYC be required with families we have only limited phone contact with and do not meet in person?

The SWYC is required for all children engaged in heavy and medium. If you have a child engaged in heavy or medium but are not able to make a face-to-face contact for some extraordinary reason, the SWYC is still required and may be completed over the phone, if a relationship has been developed with the family. In this instance the CM should document the reason the SWYC was provided by phone and the issue of limited contact with the child and family.

However, you should evaluate the effectiveness of care management provided to a family with whom you only have limited contact. Providing impactful care management for children in heavy and medium case status that you have limited contact with would be difficult and would require consideration of the ability to impact the needs of the child and family with those restraints.

5. What to do when parents refuse to complete form because they feel it is a duplicate service.

The CM is not providing a duplicate service but providing additional screening and assessment to effectively identify needs and concerns of the child and family early in a standardized fashion. If the parent refuses to complete the SYWC after the care manager has explained the benefits of the screening (see Sample SWYC Scripts and Actions found in SWYC folder in Section 11 of the toolkit), the CM should document the interaction and the parent’s refusal but continue with CM services until the time that the care manager is unable to impact the needs of the child and family. See Question 31 on page 15 for another question and answer about duplication.

6. Most of our clients are enrolled less than 3-4 months so not seeing how SWYC results are impactful. Parents are often working, will tell you they don’t have time to talk and usually not happy if you show up for WCC/WIC appointment.

The SWYC does not require a score along a continuum and it is able to provide meaningful one-time screens and scores. Therefore, any screening is useful in determining the needs and concerns of the child and family. Again, this is a standardized way to assess and gain necessary knowledge about the needs and concerns of the child and family. If you are not able to engage the family for a sufficient amount of time to make an impact for the child, are you able to provide meaningful care management services in a heavy or light case status?

7. I'm concerned about what to do in situations for ex: that the child scores at risk for Autism...then what? I realize that we do not “diagnose " but that's a strong word for anything coming off a screening tool. If we refer them back to the pediatrician, most of the pediatricians are doing the MCHAT and I ’m concerned that the parents will present it as “that SW told me my child has Autism” due to the health literacy of the population that we work w/. It will not matter that we say that this is just a screening and not a diagnosis and these might just be signs.

Remember, this is simply a screening tool. The results from any screening tool should not be explained in term of a specific condition or a diagnosis. When using the POSI, you are looking for children who may be at risk for autism. They can have other developmental delays that are related to speech or social emotional issues other than autism. This is the same as when you use the ASQ-3. I would recommend not saying the child is at risk for autism but saying that the child is at risk for developmental delays in social and emotional interactions or how you child is interacting with you or other children around them.
Section 1: How to Use the SWYC Tool

We have developed some sample scripts for how to discuss the results of the various screening sections of the SWYC. The sample scripts related to POSI results can be found on page 2 in Sample SWYC Scripts and Actions document found in SWYC folder in Section 11 of the toolkit. Here are some suggestions for how to explain the POSI results:

*Compared to other parents with kids the same age, you are reporting more limited social interactions. It’s important that we understand that better to determine if s/he needs any special attention.*

_Tell me how he plays with his trains or what kinds of things does she try to imitate?_

_Do you want to discuss this concern with your child’s doctor? If not, we can plan to look at this skill when we complete the next SWYC at...._

8. **Please clarify if face-to-face contact must be made with family to complete SWYC or under which circumstances, it’s appropriate to complete by mail or by phone.**

As stated in slide 13 of the SWYC training, the SWYC can be:

- mailed to the parent prior to a contact,
- given to the parent during a face-to-face contact and independently completed by the family or
- it can read to the family if that best meets the need of the family – see the Sample SWYC Scripts and Actions document found in the SWYC folder in Chapter 11 of the toolkit for important instructions to be followed when reading the SWYC to families.

The SWYC can occasionally be completed by phone if a relationship has previously been established with the family has previously been established with the family.

9. **Webinar states SWYC should be completed within 30 days of child placed in medium/heavy status. Is this only for new referrals, effective 4/1/18? If so, what is the plan for existing cases?**

If the CM continues to complete the SWYC on new cases, eventually all cases would be receiving the SWYC through churn of the caseload. It was important to give care managers a chance to implement the tool without being overwhelmed. Even though, the CM is not required to complete the SWYC on existing cases, the CM may however choose to do the SWYC on all cases in their caseload.

10. **Can OBCM staff be trained to complete the SWYC during their PP patient contact, so to assess the patient’s status and/or determine CC4C needs as part of the CC4C warm hand-off? And if so would CC4C have to complete another within 30 days?**

If the OBCM has completed the Edinburgh portion of the SWYC, you may review those responses with the parent in completing the SWYC, as the timing and responses may change based upon the environment, timing and interviewer. However, no other portion of the SWYC is a component of the OBCM program.
Section 1: How to Use the SWYC Tool

11. Will there be additional training on the use of SWYC?

Additional training may be provided as needs are identified, but there are no plans at this time. A lot of resources to support SWYC implementation are available in the CC4C Toolkit:

- Individual handouts for scoring each section of the SWYC along with a PPT with scoring examples of all sections: available in Section 11 > SWYC > SWYC Scoring Resources.
- Links to tutorial videos for scoring each section of the SWYC are listed on pages 6 & 7 in the Instructions for Accessing SWYC Forms and Resources document in the SWYC folder in Section 11 of the toolkit.
- SWYC Manual in the SWYC folder in Section 11 of the toolkit.
- Archived recording of the SWYC training found in Phase One of the Training Plan.
- Agency supervisor, regional child health nurse consultant and/or local CC4C network lead.

12. My concern is that CCNC does not allow us to have any discretion in what is mailed out to our families.

CC4C does follow the CCNC Patient Education policy to ensure that health education materials provided to families meet health literacy standards. If literacy standards are not met, families may not be able to understand and/or benefit from the important information shared. Of the materials that have been determined to meet health literacy standards, CC4C CMs are expected to determine which materials can best meet the child/family’s needs.

13. I’m concerned about the liability that this is putting on the workers and that the workers are being asked to step into a box that is out of their scope of practice.

The SWYC is a screening tool and not a diagnostic tool. Use of a screening tool such as the SWYC, is a very appropriate care management action to ensure the child and family’s needs are identified. Use of the SWYC per program guidelines will not result in anyone working outside of their scope of practice.

The CC4C program is not expecting care managers to become social workers but to use motivational interviewing skills when issues or concerns are identified and assist parents to understand how these issues affect their children. The family questions are designed to assess for an issue important for the health and well-being of the child and determine what it is the best plan which may include a referral.

The care manager is not expected to be an expert in counseling related to domestic violence or substance use but is expected to know where to get the parent or caregiver additional support or services, if needed. Care managers need to have agency processes in place for referrals and for support when care managers have identified individual needs. Your agency should have a process that includes developing relationships to facilitate referrals to medical doctors, certified/licensed substance abuse counselor or domestic violence counselors.
Section 1: How to Use the SWYC Tool

14. I feel that it is not time efficient to complete a SWYC on every child we add to our caseload. It would seem more reasonable and time efficient to do the SWYC on children with specific needs/concerns.

We are implementing the SWYC as a general screening tool, as it is often difficult to determine which children and/or families may be experiencing challenges. The staff participating in the SWYC pilot acknowledge that initially the SWYC took more time, but they also found that using the SWYC helped them identify issues that would have taken much longer to identify without the use of the SWYC or that may not have been identified at all.

15. Since we will be doing the SWYC and most families will not mail back the SWYC and phone eval is not initially recommended we will be increasing OV/HV while continuing the CHA ad LSP (LSP results are used in no data collection we aware of and seems not appropriate)- will the caseload be reduced to give us time to complete all the requirements with families?

The CC4C program at the state level does not set caseload expectations, although some local agencies may have done so. When we first started the program, there was a lot of emphasis on increasing caseloads, which was appropriate at that time. When thinking about caseloads now, it is important to consider if your agency is above the benchmark for Data Dashboard Measure 2. There is no need to keep pushing caseloads higher if your agency is above that benchmark. We want to ensure that the desired population is touched by CC4C services, but we also want to ensure that the families receive quality services that positively impact the life of the child, which is why we use the SWYC, LSP and CHA.

Each tool has a different purpose:

- **LSP:**
  - Assesses the basic skills needed to live and parent well
  - Determines individual parent and infant/toddler progress

- **SWYC:**
  - Focuses on the importance of early identification and screening of infants and children at risk for developmental-behavioral disorders and social determinants of health that may lead to the child experiencing toxic stress

- **CHA:**
  - Allows users document assessment findings and the identified patient conditions
  - Only the sections that are pertinent to the child are completed

Although there may be slight overlap between tools, all three tools are necessary for a comprehensive assessment of the child.

You are correct that we have not distributed LSP data, but we continue to work with CCNC Data Analysts to see if LSP data can be generated. Even though data has not been distributed, CC4C CMs can review the LSP results with individual families and discuss any changes reflected in the scores.

We are making changes to the LSP requirements effective April 1, 2018 to assist CC4C CMs in completing the SWYC, LSP and the CHA.
Section 1: How to Use the SWYC Tool

16. It wasn’t clear to me that SWYC was used only yearly compared to at every encounter. I believe it would be every encounter like we use CHA now?

After April 1, 2018, the initial SWYC is to be completed within 30 days of a child being newly being engaged in heavy or medium case status. The frequency of subsequent SWYCs is dependent on the child’s age, as subsequent SWYCs are to be completed based on the periodicity schedule. There is a specific form available for each age-specific interval included in the Periodicity Schedule. A listing of each form along with a link to access the form are found in the Instructions for Accessing SWYC Forms and Resources document available in the SWYC folder in Section 11 of the toolkit.

17. If a patient remains at risk using the SWYC after several months but the parents have not made progress toward goals are unable to make progress due to income i.e. housing, transportation. Are we to leave the child open and if so for how long?

Also, if a child scores not at risk due to parent response do we close even though evidence such as PPL or CC4C referral indicate a need?

All our assessments (SWYC, LSP & CHA) are used to help you identify the needs of the child/family. We then discuss the information obtained with the family, share information about the importance of the needs identified and using their priorities, we develop goals. If goals are not reached, we try to determine the cause – we may need to develop some new strategies or revise the goal. If the goal continues to not be reached, we will need to talk with the family about the benefit of continuing in the program.

It is very possible that a child may not score at risk on the SWYC, but still may need CC4C services based on other assessments. The child should not be care managed simply because of the need to perform a SWYC or LSP but because they have care management needs.

18. I have concerns about the SWYC information as far as screening tools and the access/efficiency of getting screenings for appropriate ages. Right now, it seems like you have to search for the right screening for age, look up info for scoring and search for other parts that are time consuming to prepare for contact with family. Case managers with high numbers are not going to be able to have time to complete another assessment/screening.

The SWYC is an evidence-based validated screening tool. The SWYC has the ages listed on each tool and a tool to help with adjusting for age if the infant is premature. All of the scoring guidance is summarized on the Longitudinal Hand Scoring tool for you to refer to with each section. As you get experience with using the tool, the scoring gets easier. It may be easier to view this as a standardized and more effective way to do the assessment that you already need to do and not a new assessment. Care managers in the pilots shared the following:

“We have been using SWYC since the pilot and love it! It has really helped guide case management, gives a tangible way to explain patient needs to parent and better link them to services, and identifies needs/concerns earlier in the process.”
Section 1: How to Use the SWYC Tool

19. I'm not understanding the benefits of using the SWYC for the children who 's parents have no medical, developmental, and social/emotional concerns and are up to date on their well-being needs.

Children are being referred because someone felt that child was at risk for or had a special health care need or toxic stress. The SWYC should be used in child who are placed in heavy or medium status. Parents may or may not understand or want to understand the issues that may be going on for their child. That can be a big role for the care manager to work with the family to help better understand what the risks or needs are for the child. Children with special health care needs are at risk for social emotional and other issues and so asking the questions on a regular basis is important to monitor for changes. The goal is to find issues early, so they can be addressed, and health concerns prevented or reduced.

20. When you are not used to scoring the tool, how do you follow up with the family when you are not able to score the tool right away?

If the CM does not immediately feel comfortable in scoring the tool in front of the family, the CM can say to family that they will need time to score the tool and they will get with the family at a pre-determined time, but the results should be provided at the same encounter if possible or at a minimum the same day. The CM may need to practice scoring the tool in this period of time before implementation to become proficient in scoring the tool, so this is no longer a concern.

I would say that at any time in your experience with the tool, if you make a mistake with scoring, you are human and can make mistakes. It is always important to be honest with the family and say you wanted to get back with them to talk about the results again. I would also say to each family that first few times that you use the tool, that you are using a great new tool. You want to take your time to make sure you and the family use the tool the best way, so this visit may take a little extra time. I would make sure you do not leave the family until you are comfortable with scoring, if at all possible. You could also consider having your supervisor or a fellow care manager check over your results of the tool for the first few times during the time before implementation to make the CM feel more comfortable.

21. Confused about periodicity schedule. When next SWYC assessment is completed following this schedule and nothing has changed (i.e., Child has autism for example) what is the purpose of assessing again when we know there will be no change? By this time CC4C or medical home will have them linked to services.

The forms are based upon the periodicity schedule, when you access the forms, you will see the forms based upon the child’s periodicity schedule. Each of the Periodicity Schedule intervals are listed in the Instructions for Accessing SWYC Forms and Resources document in the SWYC folder in Section 11 of the toolkit.

As stated in slide 91 in the SWYC training, follow up for children whose SWYC scores indicate they are At Risk is as follows:

- **For children 2-18 months**, follow the recommended SWYC periodicity schedule to determine the next age to complete the tool (adjusting for prematurity)
- **For children older than 18 months**, repeat SWYC every 2 months until risk or concern is concern resolved or until determine child would not benefit further from care management
Section 1: How to Use the SWYC Tool

It is important that a child with developmental delays or other issues that do not resolve still be followed using the SWYC tool until the time the child is receiving services for that identified concern. Even if the developmental issues or conditions do not resolve, it is of value to continue to reinforce developmental activities and the need for the child to enroll or continue with Early Intervention and other therapies that may be recommended. Children with autism, genetic conditions or even parents who smoke benefit from being asked what can be offered to them to help or to check in to see how things are going in a standardized way. Many parents and caregivers have difficulties navigating the health system and the CC4C care manager can help address issues. A referral to a service does not mean the service is received or that families understand why they are being referred and need to continue to go for the service. The SWYC offers a standardized way to measure things and to use Motivational Interviewing techniques to see if parental motivation to make changes may change.

22. I have concerns regarding having to complete SWYC face to face on every child. If it is a goal to keep our numbers up, then this is just not a feasible task. Doing this face-to-face contact would take up a lot of time outside the office. Often, scheduled appointments are not kept by patient/parent. So that is an hour or so of unproductive more time. As far as completing these with home visits, it was my understanding that we were getting away from home visits and focusing more on meeting in the practice to be able to gain more information about the medical concerns of the child and to build a relationship with the physicians at our practices. These days home visits are a safety concern, and don't feel that it is in our best interest to go into every home of every child.

As stated in slide 13 of the SWYC training, the SWYC can be mailed to the parent prior to a contact, given to the parent during a face-to-face contact and independently completed by the family or it can read to the family if that best meets the need of the family – see the Sample SWYC Scripts and Actions document found in the SWYC folder in Chapter 11 of the toolkit for important instructions to be followed when reading the SWYC to families. The SWYC can occasionally be completed by phone if a relationship has previously been established with the family.

Home visiting is essential to identify concerns and know what barriers the child and family may be experiencing. CC4C has not moved away from home visiting and encourage home visiting when it is necessary to learn more about the child and family. It is not necessary to home visit every child or a child more than once, but it is necessary to assess the needs of the child and family and consider if a home visit is appropriate. Home visiting is an important part of care management since the care manager can learn more about the child and family by meeting with them in their natural environment. If, as a care manager you are not comfortable making visits to a child and family’s home, we encourage that you discuss these concerns with your supervisor for guidance as home visiting is essential for care management.

23. Do we follow the periodicity schedule? If unable to contact family and miss a milestone...what then...how to document?

If you are unable to complete the next required SWYC, move forward with the case and document your efforts in a task note. For example: “Attempted to complete SWYC but parent states she does not have time today. Will attempt again at next interval.”
Section 1: How to Use the SWYC Tool

If you continue to care manage the child, you would attempt to complete the SWYC at the next interval. However, if you are unable to meet the required screenings and gather the necessary information to move forward with a care plan for the family, you may need to consider the efficacy of your ability to meet the needs of the child. If you are not doing meaningful care management and working toward family-centered goals, you should consider if you are able to care manage the child effectively.

24. If we are going to defer a child but according to the schedule a SWYC would be due, are we required to complete a SWYC prior to deferring.

No, if you are planning to defer a child, do not keep the child in CM for the sole purpose of completing the SWYC. And, you are not required to complete a “closing” SWYC.

25. Why are there not exceptions to the SWYC? For example, you don ’t necessarily have to do an LSP on a foster family as they are licensed with the state. Or you don ’t have to do the ASQ on children who have already been evaluated by Preschool services or the CDSA. Why are we going to ask foster parents about their tobacco use, or their drinking, or how they “relate ” to their husbands? Similarly, if we know the child is involved in the CDSA, why would we do a developmental screening of any kind, especially if the family is not toxic stress?

The SWYC gathers information regarding the child’s development as well as social and emotional concerns. Screening and assessment is important for all children. The CM cannot assume that because the child has been screened by another agency or provider that they are having all their needs met. Similarly, the CM cannot assume that because the child is living in a licensed foster care home they are not experiencing toxic stress, exposure to smoke or other substances or other concerns.
**Section 2: Use with Families**

26. I am concerned that the form will not be completed by the families. We are already doing a LSP and ASQ with the family. I think mailing the form to a family and expecting them to complete it and get it back to us is farfetched. Most of the families I work with are in such chaos they can barely get their kid to the MD office. Also, our families have a hard time understanding all the alphabet soup already - CC4C, CDSA, CPS, POSC, ASQ etc. The form seems okay, but I am just going to do it via a conversation or observation or chart review and not overwhelm/scare off the family.

The SWYC must be completed by the parent themselves or the CC4C CM may read the tool to the family, if that best meets the family’s needs, but the CC4C must read the read the SWYC items and responses exactly as they are written – see page 1 of the Sample SWYC Scripts and Actions document in the SWYC folder in Section 11 of the toolkit for more guidance on reading the SWYC to families. In some cases, you may already have the information you need to complete the SWYC. In those cases, you may verify and discuss the answers with the parent to complete the SWYC.

The Sample SWYC Scripts and Actions document also contains multiple examples of how to explain the SWYC and discuss the results with the family.

27. When mailing SWYCs, if parents do not send back, can SWYC now be done over the phone? Are these screenings designed to best be completed via HV? Is the recommendation for them to be completed face to face, phone, or mailing?

You do not have to mail the SWYC, but you can still work with the family to complete the SWYC even if it was mailed and not returned. As with any screening, face-to-face contact is best but is not always possible for many reasons. You may compete the SWYC over the phone if a relationship has been established with the family. See the answer to Question above for more details.

28. CC4C is a voluntary program. We have a hard time contacting some our parents monthly. What do we do if they are not receptive to filling out SWYC form and returning it to Case managers?

If you are unable to complete the SWYC as with any part of the standardized plan, you should document the reasons why you cannot complete the tool and move forward. However, if this is a frequent occurrence, discuss with your supervisor the issues and see if some improvements can be made in the approach so that you are able to complete the necessary components.

29. Many of our families are busy and already have tight schedules. It is hard to get visits scheduled for the LSP for that reason. Some families are not going to want to complete a SWYC, wait for the score, and then have time to discuss everything plus do the required LSP and ASQ3. Time is limited.

If the benefits of the SWYC are explained that may encourage the parent to participate. We cannot assume the family will “not want to participate” until we have tried. Remember you have 30 days to complete the SWYC with the family after engaging a new child in heavy or medium case status. Refer to the Sample SWYC Scripts and Actions document found in the SWYC folder in Chapter 11 of the toolkit for more guidance.
Section 2: Use with Families

30. We have had parents with very limited understanding, is it OK to read to them but what if the reply is I don't understand all these questions?

Yes, the SWYC is designed so that it can be read to families, if that approach best meets the needs of families. If it is determined it would be best for the SWYC to be read to the parent, it is imperative that you read the SWYC items and responses exactly as they are written. If a parent asks you to explain an item they do not understand, please try to respond helpfully, but as neutrally as possible. If a parent asks your help in choosing a response option, just say something like “you should pick whatever response seems most accurate to you.”

If it is determined that English is not the primary language of the family, look at see if the SWYC is available in the family’s native language, and if so, that the family are able to read the form. If not, work you with interpreter services at your agency to assist you in ready the form to the family in their primary language.

31. How do we address all the “toxic stress” questions with families who are not referred to us for toxic stress? It seems insensitive to ask a new mom about her alcohol use, when she just brought home a baby from the NICU, in which she is probably already blaming herself and probably did nothing to contribute to the baby having issues and being premature, and then to ask all those questions about substance abuse, and domestic violence. This process seems really close to what Investigators do for Child Protective Services, except that they get a report with concerns, and we are a voluntary program. It’s a big difference. So how do we handle toxic stress questions with families who are likely not toxic stress and why they should answer them, or even want to continue with our program?

You cannot assume by looking at a parent, family or environment that the family is not experiencing family discord. Alcohol use, substance use and domestic violence exist in many families, not just those that are referred to CC4C for “toxic stress”. We can have a positive impact on the lives of children if we assist the family in identifying issues early, provide important information to the parent about the impact of these issues in a non-judgmental manner, and then link families to resources, when desired. You raise a good point in that we do not want to increase any feelings of guilt that a parent may have, which is why a non-judgmental approach is so important. How the family reacts to the SWYC questions can be dependent on how the SWYC is explained to the family – see the Sample SWYC Scripts and Actions document found in the SWYC folder in Chapter 11 of the toolkit. Most parents want the best for their child and will be happy to answer the questions if they know it may benefit their child. The questions contained in the SWYC are screening questions and are not designed to be part of an investigation. If a family refuses to complete the SWYC, this information should be documented in the task notes.

The SWYC questions are very different questions than CPS uses, and this program is proactive and not reactive. The family questions in the SWYC are for all levels of interaction and give parents choices to say there are not difficulties or tension. And, you have the ability as a care manager to celebrate that things are going well with those things.
Section 2: Use with Families

32. The SWYC seems to be a tool comprised of several other assessment tools, many of which are conducted by CC4C or other programs and offices with which we partner and share information, therefore mirroring somewhat of a duplication of services for the families we share. How does use of this tool benefit the program when we are already obtaining similar information from current tools, receiving like information from other programs, and developing goals and implementing strategies as a result?

We certainly do not want to ask the family to complete a SWYC or LSP if they have just completed one with another program or provided. Available information indicates that very few providers or programs are implementing the SWYC or LSP currently. But if this situation does occur, the CC4C CM would try to work with the family and other provider/program to either obtain their most recent results and/or share the CC4C results. If the results are obtained, the information should be verified with the parent as the answers can change often quickly based upon the interviewer and the environment where the questions are being asked. Collaboration is the key!

33. The LSP and parts of the SWYC are heavily focused on the parent. While we all understand how parents impact their children, these screenings conflict with us being told that we are the child’s care manager not the parents.

It is a great point, but we must remember the important role of the family in shaping the child’s environment, since the child is not old enough yet to shape their own environment. We can have a great impact in helping families understand the importance of the early years and ensure they have the information needed to ensure healthy outcomes for the child.

34. I am concerned about validity and the honesty of parent’s answers on family questions about effects of drug and alcohol on child and denial of possible outcomes.

The family questions used are evidence-informed and some are validated questions. This is a valid concern, but these questions are designed to be answered by parents and give good results. The care manager does have a role in discussing the answers and sharing the impact on the child using Motivational Interviewing strategies. Parents may or may not be in a stage of change to recognize an issue and we must meet families where they are at. There is also a role for care managers to assess safety and to make a report if there are immediate or urgent needs related to child well-being.

35. How have other counties educated PCP about SWYC Assessments?

A SWYC provider letter is available in the SWYC folder in Section 11 of the toolkit. The letter can be tailored to your needs. Also, CCNC developed a “one-pager”, which is actually two pages, that does a great job of explaining the SWYC and could be shared with providers. This document could be shared with PCPs are well. It would be great to discuss with your neighboring counties, possibly at a regional meeting, to see how they are educating providers.
Section 3: Children in Foster Care

36. I have concerns that foster parents will not want to complete the family questions.

Foster parents have challenges just like any parent or family. Being able to identify these challenges are important to assist the child and family and identify needs and concerns. Even though, DSS has already screened the parent, the family interactions of the foster family and their needs impact the child. Assuring the foster parent that you are addressing the needs of the child may encourage their participation. The foster parent and care manager have a common goal which is to impact the care and development of the child. The Sample SWYC Scripts and Actions document found in the SWYC folder in Section 11 of the CC4C toolkit provides talking points that can be shared with foster care parents to help them understand the purpose of completing the SWYC.

37. How should we handle and document the depression part for the mother if the child is in foster care?

Even if in foster care, depression of the care giver is important. Foster parents and kinship placements (mothers, fathers, grandparents etc.) need support in parenting the child just as the biological parent and may experience depression as well that could impact the child. You should document the results as with any other result but clarify to whom to whom the information pertains.

38. What are the benefits of using SWYC with children in foster care that have had multiple placements and no contact with the biological family since coming into care or the visits have stopped?

The SWYC is more important with this population as they are more at risk of developmental delays and behavioral concerns. This child has experienced toxic stress and are at greater risk because of this experience. The SWYC can be completed by any caregiver with knowledge about the child. If this is a new placement it may be best to not complete the SWYC at the first visit but to make use of the available 30 days to complete the SWYC, for example wait a week or two for the caregiver to gain knowledge about the child before completing the SWYC.

39. On slide 12 of the webinar, it states for children less than 2 months of age adjusted only the Edinburgh portion is completed.... what about if the person completing the SWYC is a foster parent? Should we have the foster parent answer these questions or can we wait to complete the SWYC at the next contact when child 's age is appropriate?

If the child is in foster care and under 2 months adjusted age, the CC4C CM will complete only the family questions sections of the 2-month SWYC.

*If there is reason to expect the foster parent is experiencing depression, the care manager could complete the PHQ2 located in CMIS or consult with the behavioral health coordinator at the local network for assistance.

40. Do foster parents have to answer all the questions?

All parents including foster parents should answer all the questions. These questions are important to identify the needs and concerns of the child. This includes children in foster care.
Section 4: SWYC Documentation and Scoring

41. Is there autonomy as to what must be uploaded into the chart, for instance can we say that only a copy of the communication sent to the PCP, or does the whole assessment need to be uploaded.

The completed SWYC Longitudinal Hand - Comprehensive Scoring Chart should be uploaded to the child’s record as a minimum. This sheet includes a summary of the child’s scores.

42. How should you document an attempted SWYC if the CM gets started and the caregiver runs out of minutes or says I will have to finish another day. Do you enter the results you found out that day? Or wait and what if it is over the 30-day mark. Sometimes the minutes run out on the phone and it is a few weeks before the parent gets minutes again and a HV is not possible.

You should continue to complete the incomplete SWYC at each encounter with the parent. There will be instances that you may not be able to complete the SWYC. In those cases, score the sections you have completed and document the results and the reason why you were not able to complete the tool. Documentation of effort is important to show the intent to complete the standard.

43. When we do the SWYC, and the scores indicate that there is not a concern/need for further investigation, can we use findings in SWYC (as well as personal observation) to complete development section of LSP (for those clients with toxic stress)? Obviously, if the score indicates that there is need for future investigation, then we will likely need to complete an ASQ-3 and/or ASQ-SE to refer accordingly.

Yes, the information gathered by the SWYC can be used to complete any further assessment or screenings.

Appropriate follow-up actions when scores indicate the child may be At Risk are included in the slide 91 of the SWYC training. Remember the ASQ 3 is completed as part of the LSP and the ASQ SE 2 is not part of our current services, but if your agency has access to the tool and policies that support its use, you are able to use the tool.

44. If the PCP routinely does autism and Edinburgh screen, can we document in CMIS and skip those forms.

You should complete the SWYC in a standardized fashion with all children. You can use available information from other sources after you have verified the response with the parent. Remember, the answer may change in a different environment or with a different interviewer. There is value even if the child was recently screened. The goal of screening is to gather the full picture of the child/ family which may necessitate repeated screening.
Section 4: SWYC Documentation and Scoring

45. In scoring some of the scores were reversed making it difficult to score. Can’t they all be in the same order from lowest to highest?

We are unable to change the tool since it an evidenced-based and standardized screening tool.

Slide 87 from the webinar give the following guidance.

- The SWYC Milestones measure developmental achievements. The more achievements that are reported the better. As such, a high score on the SWYC Milestones is good, and therefore not indicative of risk.

- All other SWYC components measure negative attributes (i.e., symptoms). As such, a high score on these components would mean more symptoms, which would indicate risk.

46. How can the responses be reflected in CMIS to be universal from county to county?

“How SWYC at risk” or “SWYC not at risk” should be check as the intervention as a standard in CMIS when a SWYC is completed with a family and the SWYC Longitudinal Hand - Comprehensive Scoring Chart is uploaded into the documents tab.

Following the examples provided in slides 92-98 in the SWYC training regarding documentation in the CHA would assist in standardizing documentation.

47. How do you score if parents do not complete the form entirely?

CM’s should consider the reason the parent cannot fully answer the form, then encourage and assist the parent to complete the entire form. If the parent does not complete the entire form, the CM should ask the parent to complete the questions missed. If the parent still does not complete the entire form after assistance is provided, then score the items that are available. This should however be a rare occurrence. Any items left blank, should be scored as “0” if the items request a numbered score. In general, if there are more than two “0” scores, the CM should consider the validity of the total score for that section. Again, this should be a rare occurrence.

Note: If it is determined it would be best for the SWYC to be read to the parent, it is imperative that you read the SWYC items and responses exactly as they are written. If a parent asks you to explain an item they do not understand, please try to respond helpfully, but as neutrally as possible. If a parent asks your help in choosing a response option, just say something like “you should pick whatever response seems most accurate to you”.
Section 4: SWYC Documentation and Scoring

48. I don’t understand the scoring for the autism section.

POSI resources are available including:

- Slides 42-45 in the January 2018 CC4C webinar
- The POSI Scoring Guide handout available in the CC4C Toolkit using the following path: Home > CC4C Tool Kit File Share > CC4C Toolkit Jan 2015 > Section 11 - Forms > SWYC > SWYC Scoring Resources > POSI Scoring Guide.pdf
- The POS Tutorial available at: https://youtu.be/tL3SjsuRgfY; note: additional scoring resources for the SWYC are available on pages 6 & 7 in the Instructions for Accessing SWYC Forms and Documents WORD document in the SWYC folder in Section 11 of the toolkit.
- Agency supervisor, regional child health nurse consultant and/or local CC4C network lead.

49. Is the abbreviation SWYC - approved?

Yes, the SWYC is approved and will be added to the abbreviation list.

50. Will the SWYC and ASQ be available in the new EMR?

The SWYC, ASQ 3 and LSP, as well as additional tools, have been proposed for implementation in the new documentation system, which is tentatively scheduled for implementation in late 2018.

51. Will additional languages be added?

The languages that are available are determined by the developer. If additional languages are needed, your language line resources available at the local health department are useful. We could reach out to the developer if there is a large need for a specific language. Please share any large language needs with your regional child health nurse consultant or CC4C network lead.

52. To confirm, the SWYC at-risk and SWYC no at-risk intervention is only selected at the time of administering (initial or follow-up) NOT for any other work that may be done to follow up on results?

Correct. The SWYC at risk or not at-risk intervention should be used only when completing the SWYC screening tool. Any follow up that is completed should be documented as follow-up, education or referral as appropriate for the work being done. See Slides 92-98 in the SWYC training provide guidance on documentation that should occur when a SWYC is administered.

53. Why have the interventions “SWYC-At Risk” and “SWYC-Not At Risk” been removed from the Case Load Activity Report? Will there be a way to monitor SWYC’s completed using a report?

In February 2018, CMIS support was working on the issue and you will be notified as soon as the issue has been corrected.
Section 4: SWYC Documentation and Scoring

54. We were under the impression that the SWYC was going to replace the LSP. Is that no the case? Do we complete both a SWYC and a LSP with a family? As well as an ASQ3?

No, the SWYC will not replace the LSP but will be used as an addition to the CC4C services. Remember, the ASQ3 is administered in order to complete page 5 of the LSP. Changes in LSP expectations have been made to assist staff in meeting expectations, and these changes will take place on April 1, 2018. See question 14 in this document for more on the benefits of the LSP and SWYC.

55. What would we do with the actual form once we have scored and uploaded the scoring form in CMIS?

Once you have assured the form is scanned into and available in CMIS, the form should be destroyed following your local agency’s policy. Or, if the PCP is interested in receiving the actual form, it could be sent to the PCP office following your agency’s policy on sharing patient information.

56. Will SWYC be required for all patients on light status or patients from CCNC priority or ADT reports?

The SWYC is required for all children engaged in heavy or medium status regardless of how they entered care management. We have no plans to implement the tool with children in light status currently.

57. Can you please consolidate the tool into 1 scoring pattern instead of taking 4-5 assessments and putting them on the same page with different scoring instructions? Does not seem to make scoring with efficiency currently, and leaves room for many mistakes.

The SWYC is an evidence-based tool developed for use as it was designed. We cannot adapt or change the tool which includes its scoring the SWYC Longitudinal Hand - Comprehensive Scoring Chart. The Instructions for Accessing SWYC Forms and Resources document provides links to resources to help assist in scoring. The scoring will become easier with use. Consider working with a colleague or supervisor for the first few times you use the tool, or we can offer practice scenarios.
Section 4: SWYC Documentation and Scoring

58. We did the SWYC with a co-worker’s child who is not on the spectrum and meeting developmental milestones, the way the questions/answers were on the SWYC this child was “at risk” in the autism section - it was not accurate- the child got negative marks for being active and climbing on things- most kids do that.

The SWYC tool was validated on thousands of children with good reliability, sensitivity and specificity. The tool is not meant to say a child has autism but identify risks. It is not 100% sensitive and specific for any child. It is meant to lead to conversation with parents and include parental observations to decide on a plan based on the concerns and risk identified. Here is an example of a good introduction from the Sample SWYC Scripts and Actions document found in Section 11 of the toolkit:

This questionnaire helps us keep track of (child’s name)’s development and behavior. Don’t worry if he or she is not doing all the things this questionnaire asks about – most children can’t do every skill described. The questions are just a way for us to get a sense of the skills or behaviors you may want to explore further.

Using the script to assist you in communicating the result will help in communication with the child and family.

Here is an example of how to address some concerns on the developmental milestones:

Based on your responses, it seems like it might be worth taking a closer look at your child’s development. Could you tell me more about…?

Here are examples of how to address some concerns from the tool:

Compared to other parents with kids the same age, you are reporting more --------. It’s important that we understand that better to determine if s/he needs any special attention.

Tell me how he plays with other children?

Do you want to discuss this concern with your child’s doctor? IF not, we can plan to look at this skill when we complete the next SWYC at....
Section 5: Confidentiality

59. Wouldn’t there be a violation of HIPPA to have the parent complete parts of the SWYC that pertain to depression, alcohol, drug abuse and then send that to the child 's PCP? The PCP is not treating the parent and would be a violation of HIPPA to share confidential information about the parent?

Documentation of answers to questions provided by the parent is not a violation of HIPPA. However, any documentation should be aimed at how the answer relates to and impacts the child. Reviewing questions 2, 3 & 4 in the CCNC-CC4C-OBCM Confidentiality Guidance document may be of help when considering this question. This document is found in Section 07 of the toolkit. Parents should also be notified that the CC4C CM works closely with the medical home and results of the SYWC for the child will be sent to the PCP.

60. Referrals for parents and/or caregivers for services or needs based on information gleaned from the SWYC - i.e. Quit line referral or referral for substance abuse treatment - the parent/caregiver is not our patient - where would the specifics of this be charted? Since this information should not be charted in the child 's CMIS chart?

Refer to the OBCM/ CC4C Confidentiality Guidance Document, located in the CC4C tool kit. Questions 2 and 4 address this issue and are copied below. The information obtained would be used to score the SWYC. Pertinent information obtained should be documented in the appropriate section of CMIS, many of which are about the parent or caregiver – see slide 94 of the SWYC training.

**Question 2: May the CC4C/OBCM care manager share medical information concerning a client’s family member with a health care provider, including another care manager for treatment purposes without the authorization of the client? For example, if the care manager, in the course of providing treatment, gathers or otherwise obtains medical information about the client’s parent that could impact the treatment of the client, may the care manager share the information with another care manager or the medical home primary care provider without the prior authorization of the client?**

**Answer to Question 2:** Yes, in the above scenario, the parent’s health information becomes a part of the client’s medical record and is treated as “protected health information” about the client. Under the HIPAA Privacy Rule, the care manager is permitted to use or disclose the protected health information (other than psychotherapy notes), including the parent’s health information, for treatment purposes without obtaining the client’s written authorization. HIPAA defines “health care provider” broadly to include most practitioners and organizations that are authorized to bill for services provided to Medicaid and Medicare beneficiaries. [45 C.F.R. §160.103

**Question 3:** If a family member self discloses to a care manager that they or another family member is currently receiving treatment or has received treatment from a drug and alcohol treatment facility, may the care manager record this information in the client’s record and share the record with another care manager or medical home provider without the client’s authorization?
**Section 5: Confidentiality**

**Answer to Question 3**: Yes, since the source of the information is the client’s family member, the care manager is permitted to record the information into the client’s record and then use or share the information for treatment purposes without client authorization as discussed in the above FAQs. If the information was disclosed by a federally assisted program that is publicly identified as providing drug or alcohol diagnosis, treatment or referral for treatment, (“Part 2 Program”), the federal laws governing Confidentiality of Alcohol and Drug Abuse Records and its implementing regulations, 42 C.F.R. Part 2 would apply. 42 CFR Part 2 Regulations place more stringent privacy protections, including specific patient consent requirements, on the use, disclosure and redisclosure of the information.

With respect to documenting self-disclosures by family members, the care manager should always consider the relevance of the Information on the client, and the long-term impact. Notwithstanding the fact that self-disclosures by family members may not be protected under federal or State privacy laws, care managers should protect such disclosures by family members as they do any information that is considered Protected Health Information under HIPAA.

61. If a family member self discloses to a care manager that they or another family member is currently receiving treatment or has received treatment from a drug and alcohol treatment facility, may the care manager record this information in the client's record and share the record with another care manager or medical home provider without the client’s authorization?

Yes, since the source of the information is the parent of the client’s family member, the care manager is permitted to record the information into the client’s record and then use or share the information for treatment purposes without client authorization as discussed in the above FAQs. If the information was disclosed by a federally assisted program that is publicly identified as providing drug or alcohol diagnosis, treatment or referral for treatment, (“Part 2 Program”), the federal laws governing Confidentiality of Alcohol and Drug Abuse Records and its implementing regulations, 42 C.F.R. Part 2 would apply. 42 CFR Part 2 Regulations place more stringent privacy protections, including specific patient consent requirements, on the use, disclosure and redisclosure of the information.

With respect to documenting self-disclosures by family members, the care manager should always consider the relevance of the Information on the client, and the long-term impact. Notwithstanding the fact that self-disclosures by family members may not be protected under federal or State privacy laws, care managers should protect such disclosures by family members as they do any information that is considered Protected Health Information under HIPAA. Please reference the OBCM/ CC4C Confidentiality Document located in the CC4C toolkit.
Section 6: SWYC Follow Up

62. If there are certain things that require a CM's attention but a CM cannot address such as things that are out of our reach, then how do we assist this family with that issue?

CC4C CM’s are not expected to be experts in every area, as with any identified need. Linking the family to any available services that they may need is crucial and remains the focus for the CM. The resource spreadsheet located in the CC4C toolkit may help in locating a service or resource to assist the family. If resources cannot be found to meet an identified need, the CM should consult with their supervisor and other sources about resources to meet the identified need.

63. What are the next steps specifically for each area of concern?

As indicated in slide 91 of the SWYC training, appropriate actions for a child determined to be At-Risk based on the SWYC scores include:

- Discuss the concerns identified with the family and determine the family’s priorities
- Provide parent with appropriate child development education materials; resources are available in Section 15-Patient Education in the CC4C Toolkit, including Books Build Connections & Learn the Signs-Act Early.
- Link families to desired services; use the Resources for Linking Families to Needed Support spreadsheet, as needed
- Notify the medical home
- For children 2-18 months, follow the recommended SWYC periodicity schedule to determine the next age to complete the tool (adjusting for prematurity)
- For children older than 18 months, repeat SWYC every 2 months until risk or concern is resolved

The next steps with the SWYC, as with any assessment, is to determine appropriate resources. The resource spreadsheet available in Section 17 of the toolkit may assist the CM in identifying appropriate community resources.

64. There is one pediatrician office, where the only referrals that we get from them are (+) scores on the Edinburgh Postnatal Depression Screening, so we get this referral, we do yet another Edinburgh on them, they come up (+), then what? We can’t refer them back to the Pediatrician's office, they are the ones who just sent us the referral for the (+) score.

The Edinburgh is being completed by the child’s PCP, not the mother’s PCP in this case. The mother may be encouraged to reach out to their prenatal care provider or primary care provider for assistance and follow up as well as other community resources as appropriate such as the local mental health resource. Any urgent concerns should receive immediate follow up for the mother such as mobile crisis and immediate follow up. To simply refer a mother with a positive Edinburgh score is not adequate. (reference the resource spreadsheet in the tool kit.)

Working with your local network ABCD/ Pediatric lead would be beneficial to assist the pediatrician's office in determining appropriate follow up for mothers with a positive Edinburgh score as well as engaging community resources to assist parents and families. Your local OB Care Manager could also be a good resource to assist in locating further assistance for the mother.
Section 6: SWYC Follow Up

65. Regarding the questions about parental relationships and arguments: Will training on domestic violence/interpersonal violence be given to all CC4C CMs?

If resources allow, we will provide statewide domestic violence training. Local staff can also seek out local continuing education trainings, when possible. And, you can check out the North Carolina Coalition Against Domestic Violence Training Calendar at https://nccadv.org/our-work/training/training-calendar. Trainings are free to members, so it would be important to check out if your agency is a member of this coalition. Also, the following training is available FREE online and has great information about the importance screening of all families and strategies for supporting families with identified needs:


66. CMs need to know how to work with parents who are experiencing domestic violence. Not everyone has been trained and it needs to be uniform/standardized. It is imperative that they understand that coaching women to leave the relationship is not appropriate and some may not know that. I feel strongly we need to arm our CMs with the best weapons—knowledge and education.

Good point. We do not want staff providing guidance to women experiencing domestic violence without appropriate training. Until we can provide training the CC4C staff, CC4C CMs can use the resources listed on the Domestic Violence tab in the Resource Spreadsheet found in Section 15 of the toolkit. Staff associated with these resources can provide women with the needed information and guidance.

67. Regarding the Family questions box that appears in each SWYC screen: These questions require some training based on how the parent answers the question. Will there be more detailed training for CMs on how to respond to the answers, what they should say, how to phrase their answers, what resources they should know about in advance? These are some heavy questions and I feel the CMs need more support prior to embarking on the SWYC with all new patients.

Care managers should utilize available resources to assist in locating services to assist children and families. Care managers should also utilize available resources and policies located in the local health department regarding what to do if they identify domestic violence. We have developed a detailed script to respond to maternal depression screenings that is available in the SWYC toolkit located under the tabs in the resource spreadsheet. We can develop additional sample scripts for substance use and domestic violence.
Section 6: SWYC Follow Up

68. Not sure if any part of the SWYC needs follow up considers the child to be at risk

We are not clear on the exact question, but we wonder if you were asking about actions that may be needed when any of the scores indicate the child is at risk. Slide 91 in the SWYC training indicate the following actions may be appropriate for a child/family whose has a score indicating that they may be at risk:

- Discuss the concerns identified with the family and determine the family’s priorities
- Provide parent with appropriate child development education materials; resources are available in Section 15-Patient Education in the CC4C Toolkit, including Books Build Connections & Learn the Signs-Act Early
- Link families to desired services; use the Resources for Linking Families to Needed Support spreadsheet, as needed
- Notify the medical home
- For children 2-18 months, follow the recommended SWYC periodicity schedule to determine the next age to complete the tool (adjusting for prematurity)
- For children older than 18 months, repeat SWYC every 2 months until risk or concern is resolved

69. Not all mothers will have insurance and will need post-partum care. CMs will need to know what to do when this happens.

This is true. It is important to explore collaborations in your county to provider health care visits for uninsured which do exist. There are safety net providers in almost all counties or at least the neighboring county such as an FQHC or Community Health Center. Many women do qualify for emergency Medicaid and I believe that includes a postpartum visit at 6 weeks. Almost 60% of mothers who qualify for Medicaid for Pregnant Women do qualify for regular Medicaid. Therefore, it is important to discuss having mom explore her options for ongoing coverage through Medicaid or through the ACA Marketplace. There are also options available through the local mental health agencies for patients that are uninsured. Building the resource list for your county and contacting these resources to discuss how to address those needs is important so you will know what is available for the population.

70. On slide 12 of the webinar, it states for children less than 2 months of age adjusted only the Edinburgh portion is completed. What about if the person completing the SWYC is a foster parent? Should we have the foster parent answer these questions or can we wait to complete the SWYC at the next contact when child’s age is appropriate?

If the child is under 2 months of age, the Edinburgh and family questions should be completed as a minimum.

If the child is in foster care and under 2 months adjusted age, the CC4C CM will complete only the family questions sections of the 2-month SWYC.