

JUST HEALTH

by Apex Data: Administration Guidelines

Overview of Apex Data

Apex Data is an application that was developed and is maintained by Apex Education. The application is downloaded to a mobile device and includes several standardized adolescent screening and assessment tools. Providers can select from the menu of tools depending on the specific needs of the individual taking the survey. Apex Data also includes youth and parent satisfaction and experience of care surveys that can be administered in a variety of settings.

Overview of the Just Health Questionnaire

Just Health is a comprehensive health behavior screening tool originally developed for use in school-based health centers, but may also be used by independent school health professionals, standalone clinics, or other healthcare providers. Just Health, like similar screening tools, is used to identify health, safety, mental health, and substance use risks as well as protective factors among youth ages 11 to <21 years. Just Health is also under development to serve elementary-school aged populations. This tool is based on the American Academy of Pediatrics' Bright Futures guidelines.¹ Just Health includes questions about the following:

- Depression, anxiety, and suicidality
- Violence and abuse
- Tobacco and other substance use^{2, 3}
- Living situation
- School experiences
- Relationships with family, friends, and peers

¹ Bright Futures. (2017). American Academy of Pediatrics:

² The validated CRAFFT substance abuse screening tool is embedded within Just Health. A pop-up score for the CRAFFT is part of the provider alert report and a message on the provider review will advise the provider if additional evaluation is indicated, including substance use counseling.

³ Knight et al (2002), Validity of the CRAFFT substance screening test among adolescent clinic patients. *Arch Pediatr Adolesc Med.* 156(6):607-614.

- Psychosocial stressors and protective factors
- Gender identity and sexual orientation
- Sexual behavior and risk for pregnancy and sexually transmitted diseases (STDs)
- Health: eating behaviors, weight, exercise, etc.
- Future plans

The PHQ-9 Modified for Teens and GAD-7 (for anxiety) are embedded in the Just Health questionnaire. The PHQ-9 Modified for Teens and the GAD-7 will queue up if either the GAD-2 or PHQ-24 screening results are positive.

Just Health also includes a comprehensive sexual history. The additional sexual health questions are based on the Centers for Disease Control and Prevention 5 “P”s of sexual health: Partners, Practices, Protection from STDs, Past History of STDs, and Prevention of Pregnancy.⁵

Just Health also includes the CRAFFT 2.1, a validated substance use screening tool.⁶ The individual is asked how many days in the past 12 months he/she used alcohol, marijuana or other illicit substances. If the individual answers yes to any of the three CRAFFT pre-screener questions, the full CRAFFT is queued up. If the individual answers no to the three CRAFFT pre-screeners, only the CAR question is asked. Beginning in 2018-19, Just Health includes a comprehensive list of substances individuals might be using to get high. Individuals who answer yes to any of the three CRAFFT pre-screeners will be asked to complete the full CRAFFT, after which they will be asked to check which specific substances they have used in the past 30 days to get high.

The Just Health screening tool helps determine who needs further individual assessment and guides prevention and intervention efforts to improve health outcomes.

Administration of Just Health

Who is qualified to administer and review Just Health?

⁴ The first question of the PHQ-2/9 was modified with permission from Pfizer in 2019-20 to read: “Little interest or pleasure in doing things (that you usually like to do).”

⁵ US Department of Health and Human Services. (2011). A Guide to Taking a Sexual History. Atlanta, GA: Centers for Disease Control and Prevention, National Center for HIV Viral Hepatitis STD and TB Prevention: <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

⁶ The CRAFFT pre-screener answer options were modified with permission from Boston Children’s Hospital, the developers of the tool.

Clinic coordinators, assistants, and clerks may give the Apex Data app with screening tools to individuals to complete while waiting to see a provider. However, only physicians, mid-level providers (nurse practitioners and physician assistants), or qualified mental health providers should review the results of Just Health and discuss them with the individual the same day the questionnaire is administered. Registered nurses may also review Just Health in collaboration with physicians and/or mid-level providers.

When is Just Health administered?

Just Health should be administered at an individual's first visit to the clinic or on an annual basis. In addition, Just Health should be reviewed and updated or administered if applicable as part of the individual's annual well-exam or physical.

Caution: If the provider determines that there is insufficient time to review Just Health with an individual the day it is taken, Just Health should NOT be administered.

How is Just Health administered?

Individuals complete the Just Health tool on a mobile device via the Apex data app. The provider and/or other healthcare staff should assist individuals who have difficulty reading or understanding any aspect of Just Health. Both English and Spanish versions of Just Health are available. Individuals are entitled to understand the extent and limits of confidentiality for all aspects of the care they receive, including Just Health. Please see below.

Confidentiality

It is presumed that the answers to Just Health will be kept confidential. Providers should consult their legal counsel for advice on this issue as it pertains to Just Health.

Frequently, healthcare staff and providers may assume that individuals understand confidentiality, but conversations often reveal otherwise. Just Health includes a screen that informs individuals about confidentiality before they begin to complete the questionnaire. This screen includes the following language:

"Please tell us if you don't understand some questions, or if this makes you feel uncomfortable in any way. The provider will review your answers and talk them over with you. This information is confidential (private) and will not be shared with anyone else unless there is a concern about safety (yours, or someone else's). Thank you for helping us to know you a bit better!"

Due to the potentially sensitive nature of the questions asked in Just Health and the fact that many students may not read this screen in its entirety, healthcare staff and providers are encouraged to offer individuals verbal explanations about confidentiality before administering and reviewing Just Health. Below is an example of a verbal explanation that may be given by providers or support staff:

“To help us take better care of you, we want to ask you some questions about your life. Let us know if you don’t understand any of the questions on the device. Your answers to these questions are private. We will not share your answers with anyone unless we are concerned about your safety or someone else’s. Do you have any questions about this?”

Providers are encouraged to explore approaches to discussing confidentiality with individuals as part of their quality improvement efforts. The examples offered above are simply a starting point. Providers may prefer to write their own “scripts” based on knowledge of their patient populations and standards of practice.

Review and Documentation of Just Health Answers, including Provider Review Features

Using the Provider Review feature on the device, healthcare staff can print or review an alert report for Just Health immediately after the individual completes the survey. The Provider Review feature is available on every device but can only be accessed by the clinical staff. The alert report is color-coded to highlight answers of concern that require immediate action on the part of the provider and other answers that require additional discussion but are not of an urgent nature.

The provider should then review the Just Health answers with the individual. The Provider Review feature for the Just Health allows providers to comment on each question if they choose to and the comments are displayed on the reports.

- The provider reviewing the Just Health Report should be present and allow enough time to review, interpret, and respond during the visit.
- Providers should ask additional questions when reviewing the Just Health Report with the individual. Comprehensive risk determination requires perspective gained from reviewing risk determined for each section of Just Health.
- If the provider finds that the individual didn’t understand a question and therefore answered it incorrectly or wants to change an answer, the provider may change the answer with the individual’s permission.
 - **To change an answer**, the provider can click on the individual’s record in the admin area of Apex Data. The same sub-menu that providers use to

review the Alert Report will pop up. Click on Edit. This will open up the individual's assessment. The provider can then go through the answers and correct responses. The provider has to go through the entire assessment and click Submit in order for the results to update.

- Providers should determine risk using clinical judgment that balances potentially problematic risk factors with understanding of resilience and protective factors individuals report.
- The Just Health Report should be stored in the confidential section of the individual's medical record.
- Additional information the individual provides concerning risk behaviors, assessment of risk, and counseling provided should all be documented in the confidential section of the medical record. The plan, including referrals if indicated, and follow-up, should be discussed with the student and documented in the confidential section of the medical record as well.
- The provider must sign and date the Just Health Report at the time it is reviewed.
- Case consultation with other providers may be needed, within the limits of confidentiality. Beginning in 2018-19, there is an **option for** other providers (e.g., behavioral health provider), to **co-sign** the Just Health Report to indicate that they have also reviewed the results with the individual.

Please note: Colorado SBHCs participating in the SBIRT Project and/or the CASBHC STEPPS Project are required to complete additional fields on the Provider Review. This additional data collection requirement is described at the end of this document.

Other Stand-Alone Tools Available

In addition to the Just Health screening tool, providers can select from a menu of standardized screening and assessment tools, depending on the specific needs of the individual. These include the following:

PHQ-9 Modified for Teens

The PHQ-9 Modified for Teens is a depression assessment tool that is available as a stand-alone tool. After the individual takes the PHQ-9 Modified for Teens, a severity score and clinical guidance will be displayed on the provider report.

GAD7⁷

⁷ Spitzer R.L., Kroenke K., Williams J.B.W., & Lowe B. (2006) A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 166, 1092-1097.

The Generalized Anxiety Disorder 7-item (GAD7) scale is a brief measure for assessing generalized anxiety disorder. The total score as well as scores by diagnosis (mild, moderate, or severe anxiety) are displayed to assist the provider in determining next steps.

SCARED⁸

The SCARED Anxiety Assessment is a stand-alone tool available. The total score as well as scores by diagnosis are displayed to assist the provider in determining next steps.

ACE Questionnaire⁹

The Adverse Childhood Experiences (ACE) Questionnaire measures sources of stress that a child might have or is experiencing. These stressful experiences can be associated with unhealthy behaviors and impact health and well-being. A score and clinical guidance are displayed on the provider report.

CRAFFT 2.1 + Substance Specific Follow-up

The CRAFFT is a validated substance use screening tool embedded in Just Health but also available as a stand-alone tool. After the individual takes the CRAFFT, a score and clinical guidance will be displayed on the provider report. A comprehensive list of substances individuals might be using to get high follows the CRAFFT. Individuals who answer yes to any of the CRAFFT pre-screeners will be asked to check which specific substances they have used in the past 30 days to get high.

VIPRS & IVPIS^{10, 11} Screens

The Violence Injury, Protection and Risk Screen (VIPRS) is a validated fourteen-question violence risk prediction tool. It strongly predicts which individuals are likely to perpetuate future violence. The Interpersonal Violence Perpetration and Injury Scale (IVPIS) is a 7-item scale that was used in the National Longitudinal Study of Adolescent

⁸ Menga S., Birmaker B., Chiappetta L., Brent D., Kaufman J., & Bridge J. (2000). Screen for Child Anxiety-Related Emotional Disorders (SCARED): Convergent and Divergent Validity. *Depression and Anxiety*, 12, 85-91.

⁹ Adverse Childhood Experiences: The ACE Study. (2017). Center for Youth Wellness: <http://www.centerforyouthwellness.org/adverse-childhood-experiences-aces/>

¹⁰ Sigel, E., Harpin, S., & Tung, G. (2014). Increasing Documentation and Referral for Youth at Risk for Violence Through the Primary Health Care Setting. *Clinical Pediatrics*, 54(5), 451-457.

¹¹ Resnick, M.D., Ireland, M., Borowsky, I. (2004). Youth violence perpetration. What protects? What predicts? Findings from the National Longitudinal Study of Adolescent Health. *J Adolescent Health*, 35, e1-10.

to Adult Health (Add Health) to define serious violence perpetration. It assesses the youth's involvement in serious violent activities in the past year.

Storage of the Screening and Assessment Reports

Although the answers to all of the screening and assessment tools are part of the medical record, the answers are confidential. Providers are responsible for segregating confidential and non-confidential information in the medical record. This is to avoid breaching individual confidentiality in the event that parents/legal guardians request access to health information. Please see the Apex Data User Guide for information on uploading the screening and assessment results to Box.com and managing the screening and assessment records.

Syncing the Screening and Assessment Tools, and Use of Quarterly Aggregate Reports

The results of each individual's Just Health and other assessment tools are automatically synced to Apex. The transmission of this identifiable data to Apex is allowable under HIPAA. Apex and participating providers sign a HIPAA Business Associate Agreement (BAA) before implementing the use of Apex Data.

Once Apex receives the synced results, Apex is able to send quarterly aggregate reports. The quarterly aggregate reports can serve as a quick reference for providers to identify patterns of health behaviors across their patient populations, as well as assist healthcare staff in program planning, including health education activities.

Additional Information for CO SBIRT and STEPP Project Participants Only

Tobacco/Vaping Provider Review Requirements and Instructions

Beginning in 2019 – 2020, providers participating in the Screening, Brief Intervention, Referral to Treatment (SBIRT) Project or CASBHC's STEPP Project will be required to complete additional fields as part of the provider review on every individual who is administered Just Health and thus is also screened for tobacco use and vaping.

Introduction Screen on Just Health for Tobacco Provider Review:

Would you like to add tobacco/vaping use or exposure details for this patient? (It must be filled out if participating in STEPP and/or SBIRT projects.)

No **END OF TOBACCO PROVIDER REVIEW**

Yes

Was health education provided for secondhand smoke and/or vape exposure?

Yes

No

Was tobacco/vaping cessation counseling needed?

Yes

No **END OF TOBACCO PROVIDER REVIEW**

Did you provide? (check all that apply)

Tobacco/nicotine cessation counseling

How long was the cessation counseling session?

Greater than 3 up to 10 minutes

Greater than 10 minutes

Internal referral for tobacco cessation counseling

What type of internal referral for cessation counseling? (check all that apply)

Primary care provider

Behavioral health provider

Health educator

Other (enter text field)

External referral

What type of external referral? (check all that apply)

Colorado QuitLine (available for ages 12 or older)

Not on Tobacco (NOT) program

Smokefree Teen

Truth Initiative E-cigarette and Vape Text program

Other external referral **END OF TOBACCO PROVIDER REVIEW**

SBIRT Provider Review Requirements & Instructions

SBHC providers participating in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Project will be required to complete additional fields as part of the provider review on every individual who is administered the Just Health or CRAFFT stand-alone tool. Logic has been incorporated. *SBHCs not participating in the SBIRT*

Project are welcome to complete these additional fields if they so desire or are also free to disregard completely. The additional data fields include the following:

Introduction Screen on Just Health for BIRT Provider Review

Would you like to add BIRT (Brief Intervention and Referral to Treatment) details to the substance abuse section?

No **END OF BIRT PROVIDER REVIEW**

Yes

Brief Intervention/Advice needed?

No: Negative pre-screen and Negative CAR

Was positive reinforcement provided? Yes/No

END OF BIRT PROVIDER REVIEW

Yes: Brief Advice (Positive pre-screen, but negative CRAFFT or Positive CAR only)

What is the status of the brief advice?

Brief advice provided

Brief advice postponed

Brief advice not provided

END OF BIRT PROVIDER REVIEW

Yes: Brief Intervention (Positive CRAFFT)

Brief Intervention Status

Brief intervention provided

Under 15 minutes

15-30 minutes

Greater than 30 minutes

Brief intervention postponed

Brief intervention not provided

Follow-Up Visit Status Indicate if follow-up related to the CRAFFT screening results/substance use is scheduled. This includes scheduling follow-up for an additional brief intervention.

No follow-up

Follow-up scheduled/set EHR tickler

Patient refused follow-up

Other (enter text field)

Referral (check all that apply) for services and/or programs based on the CRAFFT screening and substance use assessment, including referrals to mental health and social services.

This includes referrals for assessment/treatment of behavioral health concerns that may be contributing to substance use and also for services and programs that are not treatment.

- No referral. Check “no referral” if referral not indicated.
- Patient refused referral
- Already in treatment
- Internal referral (within the SBHC, including warm handoff. Example: SBHC BHP) *This also includes referral made by the SBHC BHP to the SBHC PCP for substance use or behavioral health concerns, for example referral to the SBHC PCP for an anti-depressant prescription.*
- External (host school provider, medical sponsor, community clinic, or BHO office)
- Community Referral: *for programs or services that are not treatment for substance use or mental health issue, ex. food bank, shelter, mentoring program, community resource center, etc.*
- Other (enter text field) *Describe any other action taken related to the CRAFFT screening and substance use assessment. This would include scheduling an appointment with the health educators for health education/motivational interviewing related to substance use.*

END OF BIRT PROVIDER REVIEW