

The Safe Environment for Every Kid (SEEK) Mini Manual

SEEK's Mission

- Support parents and parenting
- Strengthen families
- Promote children's health, wellbeing, development and safety
- Prevent child maltreatment

Welcome to the Safe Environment for Every Kid (SEEK) Model!

Thank you for your interest in the SEEK model. We hope this will be an excellent experience for you and your practice. This mini manual will help you implement SEEK. And we're always happy to help.

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Background on the SEEK Model

The Importance of Preventing Child Maltreatment (CM)

Preventing child abuse and neglect (i.e., maltreatment) fits well with the goals and scope of pediatrics, as expressed by the American Academy of Pediatrics' commitment to "prevention, early detection, and management of behavioral, developmental, and social problems as a focus in pediatric practice." The prevention of CM benefits the child, the family, the community, and society at large. Preventing the physical, cognitive, behavioral, emotional, and social harm associated with CM is intuitively and morally preferable to intervening "after the fact".

The prevention of CM has at its heart the goal of supporting parents and parenting, strengthening families, and promoting children's health, wellbeing, development, and safety. Effective interventions should achieve much more than just preventing CM, by enhancing children's cognitive, emotional, and social development, guiding their behavior, improving parental health and relationships with their children, as well as decreasing involvement in public assistance and the criminal justice system. CM has enormous costs, human and economic, that must be weighed against the cost of prevention. Finally, the moral imperative to protect children and prevent CM is compelling.

Social Determinants of Health (SDH) and Child Maltreatment

SDH are defined by the World Health Organization (WHO) as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life".¹ SDH lead to disparities in health outcomes through increased risk for illness, decreased access to health care, and fewer opportunities for health promotion and disease prevention. While the WHO has focused on community and societal-level issues and social and cultural norms, others include individual and family-level factors that may also contribute to poor health.^{2,3}

The U.S. National Academies of Sciences⁴ has stated that SDH should be integral to health professional education to better understand the context of a patient's illness. In addition, health professionals should understand a community's circumstances and needs before identifying and intervening in SDH. The Academies added that action should take place within the context of "well thought-out partnerships" between medical professionals and others in the community.

This topic is not new to child health professionals. Child health has long been viewed in the context of family and community.⁵ There has been mounting interest in the health sector in recent years to help address SDH to promote health and wellbeing, and to prevent children from being abused or neglected. This is due, in part, to the extensive literature on how SDH contribute to poor outcomes. Another factor concerns evidence-based interventions that have successfully ameliorated some of the adverse effects of SDH on children and families. Addressing CM requires an understanding of the risk and protective factors involved. Ecological-developmental theory posits multiple and interacting contributors to CM, as well as both risk and protective factors, involving the individual and the surrounding environment.

Social Determinants of Health (SDH) and Adverse Childhood Experiences (ACEs)

ACEs and SDHs are conceptually similar. Many ACEs and SDH are overlapping, with some differences and their definitions vary. The CDC defines ACEs as "potentially traumatic events that occur in childhood, and aspects of the child's environment that can undermine their sense of safety, stability, and bonding."⁶ The family and home environment are the critical social context, especially for young children. Exposure to domestic violence, for example, is both part of that context and likely traumatic. In practice, the main task is to prioritize which of many possible SDH/ACEs to help address, regardless of varying taxonomies.

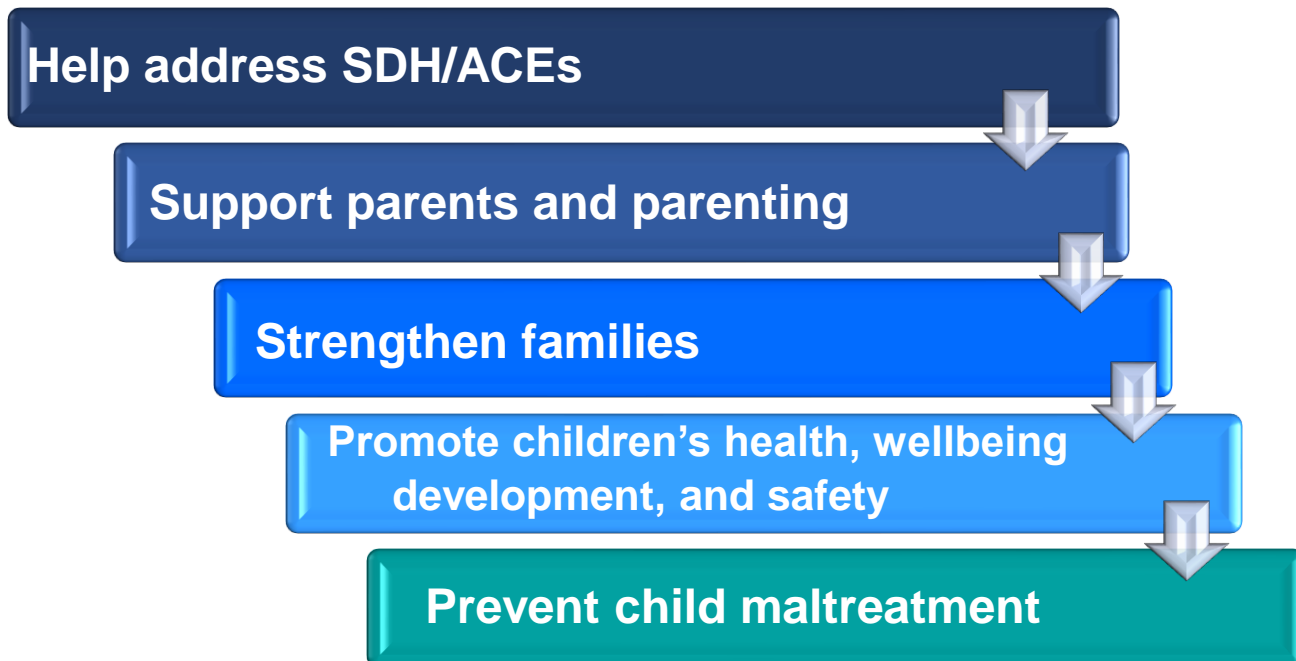
A Role for Child Health Professionals

Pediatric practice has focused primarily on identifying abuse and neglect, providing medical care, referring CM to the public agencies, and facilitating referrals for assessment and treatment. To meet their responsibility to promote children's

health and wellbeing, child health professionals should also prioritize preventing CM.⁷ They can do so by identifying and helping address child and family risk and protective factors, referring families to effective community-based services, and advocating for policies, programs and practices that promote child and family wellbeing.

Primary care offers an excellent opportunity to play this role. It is well institutionalized; most parents accept the need to bring their children in for checkups. There is no need to build a new infrastructure. There are many visits especially in the first few years of life and health professionals generally enjoy excellent relationships with children and families. They are usually trusted and perceived as credible and caring. This relationship offers a remarkable entre into families' lives, enabling the sharing of sensitive information and opportunities to intervene. Thus, there is a responsibility to help when needed.

The Conceptual Underpinning of the SEEK Model



SDH/ACEs Prioritized in SEEK

After reviewing the literature, we prioritized problems that are: 1) prevalent, 2) often associated with CM, and 3) where there are usually some services available. If we can make a dent in these problems, we can 'move the needle' and help achieve the above cascade of benefits to children and families. In addition, we are flexible and can include other priorities health professionals may wish to help address. SEEK focuses on:

- Parental depression
- Severe parental stress
- Parental substance use
- Domestic violence
- Food insecurity
- Harsh punishment

Core Components of the SEEK Model

- **SEEK training** of child health primary care professionals (PCPs) - two hours of videos on the SEEK website, as well as supplemental materials and webinars. See below for more info.
- The **SEEK Parent Questionnaire-R (PQ-R)**. Evidence-based, brief, easy to read and interpret.

- **Brief assessment** of identified problems. The efficient approach includes motivational interviewing and incorporating strengths. See the SEEK Algorithms and Responses to Barriers.
- **Initial help** addressing a family's problems. Ideally, this is done by a medical professional and/or a social worker or behavioral health professional.
- Knowledge of and referrals to **community resources**.
- **SEEK Parent Handouts**. These convey key messages and are customized with info on local resources.

How does SEEK work?

- At the start of visit, parent is given the PQ-R, usually by a medical assistant or electronically
- Parent completes it in ~2 minutes, in privacy
- Parent gives PQ-R to their PCP
- PCP \pm a social worker or related professional assesses possible problem(s)
- SEEK Parent Handout or an alternative handout
- Possible referral
- Possible follow-up by child's and/or parent's PCP

Evidence Supporting the SEEK Model

Two large randomized controlled trials evaluating SEEK were conducted. The 1st study was in pediatric training clinics serving a very low-income urban population.^{8,9} The 2nd was in 18 suburban private pediatric practices serving a mostly middle-income, relatively low risk population.^{10,11} In both trials, health professionals significantly improved in their level of comfort, perceived competence, and practice behavior with regard to addressing the targeted problems. Some improvements were sustained for up to 36 months beyond the initial training. In the 1st study, SEEK families benefited by having significantly less child abuse and neglect - assessed three ways: by parental report of how they handled conflict with their child, by review of medical records for abuse or neglect, and by referrals to child welfare. In the 2nd study, SEEK mothers reported less harsh physical punishment and psychological aggression, reasonably considered as CM, compared to controls. SEEK did **not** require additional time on average for health professionals to address SDH/ACEs. In the 2nd study, SEEK cost \$3.59 per child per year and saved \$305.58 per case of psychological aggression or physical assault averted.¹²

SEEK was favorably mentioned in two systematic reviews.^{13,14} SEEK is being implemented in 27 U.S. states, Sweden, and Italy. It has been shown to be a practical model and has been well received by professionals and parents. Feedback involving hundreds of thousands of checkups contributes to continuous improvement of the SEEK model. In addition, SEEK is a well-recognized approach to addressing SDH/ACEs.

Recognition of SEEK

SEEK is recognized as an effective approach to prevent child maltreatment by:

- US Centers for Disease Control and Prevention (CDC)
- The US Agency for Healthcare Research and Quality
- The American Academy of Pediatrics
- The California Evidence-Based Clearinghouse on Child Welfare

SEEK is currently being implemented in 27 U.S states, Sweden and Italy.

Preparing to Implement the SEEK Model: First Steps

This checklist is a guide for completing these first steps; for detailed descriptions scroll to page 8.

1. Decide who will be the SEEK practice champion, and ideally, the co-champion.
2. Decide which PCPs will be implementing SEEK.
3. Decide which personnel will complete the SEEK training.
4. Choose the approach for SEEK training - independent online or as an MOC 4/Performance Improvement (PI) Activity, approved by the Boards of Pediatrics and of Family Medicine.
5. What to do for CME and/or MOC 4 or PI credits?
6. Decide if your practice would like a demo of SEEK-related software to consider implementing the model electronically.
7. Decide whether you will use the paper and pen or an online approach for completing the SEEK PQ-R.
8. Consider adding other issues to the PQ-R.
9. Decide at which well child visits you will administer the PQ-R.
10. Decide who will flag 'SEEK visits' in advance so that parents are given the PQ-R.
11. Decide which staff member(s) will introduce the PQ-R to parents, and how.
12. Decide when/where will parents be given the PQ-R to complete.
13. Decide whether you would like the SEEK waiting area poster (English and/or Spanish versions) to help introduce SEEK to parents.
14. Decide whether you will use the SEEK parent video in your waiting area to help introduce SEEK to parents.
15. Decide whether you will use the SEEK Parent Pamphlet to introduce SEEK to parents.
16. PCPs should review the SEEK Algorithms and Responses to Barriers.
17. Decide whether you will use the SEEK Parent Handouts or alternatives or a combination. If using the SEEK Parent Handouts, it's best to customize these with info on local resources, perhaps in addition to national ones.
18. Consider whether you have a good process for facilitating referrals in place.

19. Decide whether your practice will bill CPT code 96160 or 96161 each time the SEEK PQ-R is completed and responses addressed.
20. Decide how your practice will record information from the SEEK PQ-R in a child's EHR, if you're not using an electronic version of the PQ-R.
21. Decide what your practice will do with info from the PQ-Rs.
22. Set a start date for implementing SEEK – at a time when you anticipate the above steps should be completed.
23. Review the Checklists in the Appendix for more information on implementing SEEK optimally.

Implementing SEEK: First Steps – The Details

1. Who will be the SEEK champion and co-champion in the practice?

- It is important to decide on a champion and ideally a co-champion to lead the implementation of SEEK in your practice; this is critical for any innovation.
- The champion may be the practice leader or another PCP. We recommend that the co-champion represent administration and/or nursing.

2. Which PCPs will implement SEEK?

- Decide which PCPs in the practice will implement SEEK. It's ideal but not essential if all do – for logistical reasons. Be sure they complete the online SEEK and perhaps the MOC 4/PI training, have access to the SEEK Algorithms and Responses to Barriers and the Parent Handouts (or alternatives), and know local resources and the referral process. See below for more info on these steps.

3. Which practice personnel will complete the online SEEK training?

- The [online SEEK training](#) was developed for pediatricians, family medicine physicians, nurse practitioners, physician assistants, and residents in pediatric and family medicine primary care settings. Professionals in other settings may also find it useful.
- It is helpful if social work or behavioral health professionals and perhaps other staff also view the videos.

4. Choose the approach for SEEK training.

- Decide whether to independently do the online SEEK training, or, via a Board approved MOC 4 or Performance Improvement Activity (PI). Details are [here](#). CME, MOC 2 and 4 or PI credits are available; the fees are listed on the website.
- The online SEEK training consists of 7 modules on these topics: introduction to SEEK, parental depression, severe parental stress, substance use, intimate partner (or domestic) violence, food insecurity and harsh punishment/discipline. In addition, 2 modules address the medical and mental healthcare team in primary care settings and include: relationship building, Motivational Interviewing, addressing barriers to engagement, and probing suicidality. It takes ~ 2 hours.
- The SEEK website also recommends other optional training material, such as on Motivational Interviewing and the Quality Improvement process.

5. What to do for CME and/or MOC 4 or PI credits?

- Before starting the online SEEK training, [see instructions](#).
- Note that after registering on the website, one needs to indicate which if any credits are desired.
- There are instructions for submitting payment.

6. Would your practice like a demo of SEEKonline software?

- Please visit our [SEEK Software page](#) to learn more about the electronic versions of the SEEK PQ-R.

7. Will your practice use paper PQ-Rs or SEEK-related software?

- Decide how your practice will offer the PQ-R to parents and caregivers. If you're interested in more information about the electronic versions of the PQ-R, visit our [SEEK Software page](#).

8. Do you wish to tweak the PQ-R?

- We are flexible regarding tweaks to the PQ-R. While it is important to be practical and recognize it is not possible to address all possible problems, you may add questions to the PQ-R. We have optional common questions to add to the PQ-R on the SEEK website [here](#) (see the SEEK Parent Questionnaire – R section).
- Please run by us any proposed changes (if not using the optional questions listed). Email Dr. Howard Dubowitz (hdubowitz@som.umaryland.edu).

9. At which visits will you administer the PQ-R?

- The PQ-R should be administered several times between 0-5 years of age, such as at: 2, 9, 15, 24, 36, 48 and 60 months. We don't suggest giving it at the first visit if you're newly establishing rapport with a parent. The schedule needs to fit with other screens in your practice. Parents have not complained about completing the PQ-R repeatedly.
- We don't recommend giving parents the PQ-R at "sick" visits.

10. Flagging 'SEEK visits'

- You need to develop a system to flag in advance the children who are coming for a 'SEEK visit' to facilitate the workflow.

11. How to introduce parents to the PQ-R?

- Decide which staff member(s) will introduce parents to the PQ-R. For example, an MA or nursing assistant should provide a brief introduction and encouragement when rooming the family, such as "we're trying to improve the care we give to kids and families. Please fill this out and give it to your doctor/nurse at the start of the visit." If using paper and pen, best to have it on a clipboard with an attached pen.
- Also available is the [SEEK Parent Pamphlet](#) which gives brief info on the SEEK model and PQ-R.

12. When/where will parents be given the PQ-R to complete?

- Parents should be given the PQ-R to complete prior to seeing their PCP, in an exam room while waiting for the PCP. This ensures privacy in contrast to the waiting area. Alternatively, the PQ-R can be sent to parents electronically ahead of the visit.

13. Would you like copies of the SEEK waiting area poster (English, Spanish or both) to help introduce the idea underpinning SEEK to parents – why addressing SDH is important?

- Download the SEEK waiting area posters [here](#).

14. Would you like the SEEK parent video for your waiting area to help introduce SEEK to parents?

- Download the SEEK parent video [here](#).

15. Would you like the SEEK Parent Pamphlet to help introduce SEEK to parents?

- The SEEK Parent Pamphlet with information about SEEK can be given to parents before they've completed the Parent Questionnaire-R (PQ-R). The pamphlet briefly describes SEEK, the PQ-R, what happens after a parent completes the PQ-R, and there's a QR code leading to the SEEK parent video. Download the SEEK Parent Pamphlet [here](#).

16. PCPs should review the [SEEK Algorithms and Responses to Barriers](#).

- The SEEK Algorithms help address the targeted problems efficiently by prioritizing the most important questions to briefly clarify key aspects of the problem.
- There are also suggested responses to possible barriers, such as a parent who is resistant to help for substance use.

17. Will you use the SEEK Parent Handouts or alternatives or a combination?

- It's good for families to have info on resources to take home after their visit. If you have handouts with local resources that you already use – it's OK to keep using what works.
- Develop a plan for the handouts to be readily available to PCPs and behavioral health professionals.
- Best to customize the SEEK Parent Handouts with info on local resources. For help finding local resources, click [here](#).
- Consider placing the parent handouts on your practice website and/or send to parents via your care portal.

18. Optimize your referral system.

- You'll need a process for PCPs or other staff to make referrals to community resources. You likely already have this in place.
- Please check – “Helpful Hints to Improve the referral process” [here](#).

19. Can I bill for administering the SEEK Parent Questionnaire-R?

- Yes, use CPT codes 96160 or 96161 each time the SEEK PQ-R is completed and responses addressed.
- 96160 covers the administration of a patient-focused health risk assessment. 96161 covers a parent or caregiver-focused health risk assessment to benefit the patient (i.e., child)
- We recommend using CPT Code 96160 as it is more commonly paid by insurers. Reimbursement varies by state and insurer; please check with your payers.
- Guidance for Behavioral Health Professionals: CPT codes 96160 and 96161 describe services a healthcare provider has performed. When billing for these, they require some involvement from a PCP. For practices implementing SEEK, a behavioral health professional or social worker may conduct a brief assessment and make a referral. These services are not billable, but behavioral health professionals working with PCPs can bill indirectly using CPT codes 96160 or 96161.

20. How will you record the information from the PQ-R in a child's EHR, if you're not using an electronic version of the SEEK PQ-R?

- Here are some strategies:
 - Describe what was disclosed and done in the visit note
 - Get the SEEK PQ-R programmed into your EHR and have staff record parents' responses
 - Scan the PQ-R into the EHR
- You need to decide what to do with the completed paper PQ-Rs

21. What can I do with the information from the PQ-Rs?

- Completed PQ-Rs are useful for QI purposes:
 - Aggregated data from the PQ-R over a given period can be used as a needs assessment of problems facing the families you serve. This could be useful for a QI project, such as the SEEK Maintenance of Certification (MOC) Part 4 and Performance Improvement (PI) Activities approved by the American Boards of Pediatrics and of Family Medicine.
 - This information can make a valuable contribution, building knowledge on whether and how SEEK works in different settings.

22. When will your practice start implementing SEEK?

- Pick a date convenient for your practice when steps in this checklist have been completed. Please contact the SEEK team with any questions.

23. Review the Checklists in the Appendix for more information on implementing SEEK optimally.

- Review the Preparing to implement SEEK – Checklist and Implementing SEEK Optimally: Practice-Level Self-Assessment located on pages 20 and 22.

Administrative Steps

1. Download, complete and return the SEEK License Agreement

- If you're interested in implementing SEEK, this requires a signed License Agreement which confers the right to use all the copyrighted SEEK materials in your practice for 3 years. Please download [here](#), complete & return to Dr. Howard Dubowitz (hdubowitz@som.umaryland.edu). Please note that the SEEK License may include a fee to help sustain the SEEK Project and disseminate the model. Your practice may qualify for a fee waiver. For more information contact Dr. Howard Dubowitz (hdubowitz@som.umaryland.edu).
- The license agreement enables us to track where SEEK is being implemented and it protects the copyrighted material. Most importantly, it involves providing us with feedback every 6 months to help improve the model.

2. Download complete and return the SEEK Practice Information Form

- This information helps us learn about the kinds of practices implementing SEEK. In addition, it will enable us to send folks our free SEEK quarterly newsletter; it's a good way to keep abreast of new developments. The information will not be used for any other purpose. Find the SEEK Practice Info Form [here](#). Please complete and return to Stacey Newton (snewton@som.umaryland.edu).

3. Remember to complete and return the SEEK Feedback Form every 6 months

- There is a requirement to provide feedback on SEEK in your practice - every 6 months - to help improve the model. Please download the SEEK Feedback Form [here](#). Please complete and return to Dr. Howard Dubowitz (hdubowitz@som.umaryland.edu).

For more info on the materials below, please visit www.SEEKwellbeing.org

- The online SEEK training
 - The SEEK Parent Questionnaire-R (PQ-R)
 - The SEEK Algorithms and Responses to Barriers
 - The SEEK Parent Handouts
 - The SEEK Parent Video
 - The SEEK Posters (in English and Spanish)
 - The SEEK Parent Pamphlet
-
- Please sign up for the free quarterly SEEK Newsletter. It's valuable for keeping abreast of new developments related to SEEK. Email Stacey Newton (snewton@som.umaryland.edu) to be added to the listserv.
 - Remember to follow SEEK on Twitter [@Safe4EveryKid](https://twitter.com/Safe4EveryKid). This is another good way to stay abreast of updates and other news.
 - We recommend periodically visiting www.SEEKwellbeing.org.
 - The SEEK team is available to help with any questions or concerns. See the beginning of this mini manual for our contact info. Please don't hesitate to contact us!

SEEK is Being Implemented: Optimizing the Model

- 1. Use the SEEK materials below in your practice. More info is on the [SEEK website \(www.SEEKwellbeing.org\)](http://www.SEEKwellbeing.org)**
 - The online SEEK training
 - The SEEK Parent Questionnaire-R (PQ-R)
 - The SEEK Algorithms and Responses to Barriers
 - The SEEK Parent Handouts
 - The SEEK Parent Video
 - The SEEK Posters (in English and Spanish)
 - The SEEK Parent Pamphlet

- 2. Remember to complete and return the SEEK Feedback Form every 6 months**
 - There is a requirement to provide feedback on SEEK in your practice - every 6 months - to help improve the model. Please download the SEEK Feedback Form [here](#). Please complete and return to Dr. Howard Dubowitz (hdubowitz@som.umaryland.edu)

- 3. Keep abreast of SEEK-related developments**
 - Stay up to date with the latest on SEEK:
 - Sign up for the free quarterly SEEK Newsletter. It's valuable for keeping abreast of new developments related to SEEK. Email Stacey Newton (snewton@som.umaryland.edu) to be added to the listserv
 - Follow SEEK on Twitter [@Safe4EveryKid](#). This is another good way to stay abreast of updates and other news
 - Periodically visit www.SEEKwellbeing.org

- 4. Consider evaluating SEEK**
 - The two randomized controlled trials of the SEEK model yielded promising findings with lower rates of child abuse and neglect and harsh parenting. There remains an ongoing need, however, to further evaluate SEEK in different settings. And, the MOC 4 process requires demonstrating how SEEK has improved the care you provide in your practice. [Click here](#) to learn more about evaluating SEEK
 - Email Dr. Howard Dubowitz with questions (hdubowitz@som.umaryland.edu)

- 4. Periodically review the Checklists in the Appendix to be sure you're implementing SEEK optimally**
 - Review the Preparing to implement SEEK – Checklist and Implementing SEEK Optimally: Practice-Level Self-Assessment on pages 20 and 22

- 5. The SEEK team is available to help with any questions or concerns. See the beginning of this mini manual for our contact info. Please don't hesitate to contact us!**

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Appendices

The SEEK Model - Roles and Responsibilities

Practice Leader or Champion/Co-champion

What is a practice champion?

- He or she is the medical professional championing the introduction of SEEK into the practice; this is critical for any innovation
 - a. The champion may be the practice leader, or another PCP may play this role
 - b. We recommend also having a co-champion, preferably representing nursing or admin to help lead SEEK's implementation

Training

- Complete the SEEK training and a brief online evaluation. There are two options:
 - c. Independent Online Training: 2-3 hours online videos
 - d. Structured MOC 4/PI: 2-3 hours online videos, three 1-hour webinars over a 2-month period, Quality Improvement (QI) project including reviewing 10-15 charts 3 times
 - e. More info is available on the [SEEK website](#)

Implementation

- Facilitate implementation of the SEEK model in your practice
 - f. You'll need to decide between:
 - i. Using the SEEK PQ-R on paper or SEEK software
 - g. Administering the PQ-R at or before selected checkups
 - h. Briefly assessing and initially helping address identified problems – PCPs ± a behavioral health professional
- Practices will identify local resources, such as a food pantry and a substance abuse treatment program, and customize the SEEK Parent Handouts, or use similar handouts
 - i. Ensure that the SEEK Parent Handouts are customized, accessible and periodically updated
- Optimize the referral process
 - j. Optimize the referral process
 - k. Info on this is available [here](#)
- Periodically (e.g., every 6 months) assess whether SEEK is being well implemented. See the Checklists on pages 20 and 22

Primary Care Professionals (PCPs) – Roles and Responsibilities

Training

- Complete the SEEK training and a brief online evaluation. There are 2 options:
 - a. Independent: 2-3 hours online videos
 - b. MOC 4/PI: 2-3 hours online videos, three 1-hour webinars over a 2-month period, Quality Improvement project including reviewing small samples of charts three times
 - c. Indicate online whether you would like CME and MOC 2 and/or 4 or PI credits; pay the fee via the website
 - d. More info is available on the [SEEK website](#)

Implementation

- Facilitate implementation of the SEEK model in your practice
 - e. You'll need to decide between:
 - ii. Using the SEEK PQ-R on paper or SEEK software
 - f. Administering the PQ-R at or before selected checkups
 - g. Briefly assessing and initially helping address identified problems – PCPs ± a behavioral health professional
 - h. Using the SEEK Parent Handouts customized with information on local resources such as a food pantry and a substance use treatment program, or, similar handouts

Behavioral Health Professionals (BHPs) – Roles and Responsibilities

Training

- We recommend viewing the online SEEK training prior to implementation to learn about the SEEK model and your role. This takes ~2 hours. This should help staff understand the importance of addressing SDH. More info is available on the [SEEK website](#)

Implementation

- Help implement the SEEK model:
 - a. The practice will choose whether to use paper for the PQ-R or SEEK software
 - b. Implementing the SEEK model involves providing parents the SEEK Parent Questionnaire-R (PQ-R) in advance of selected checkups. PCPs may briefly assess identified problems and initially address them including facilitating a referral to you or a community resource. Alternatively, a PCP may enlist your help in assessing and addressing problems
 - c. The practice will need to identify local resources for the targeted problems and customize the SEEK Parent Handouts with this information, or, alternative handouts may be used. Your help doing this may be needed
 - d. Ensure Parent Handouts are accessible and periodically updated

Office Staff – Roles and Responsibilities

Training

- We recommend that all staff view the online SEEK training videos prior to implementation of the model to be familiar with SEEK. This takes ~2 hours. This should help staff understand the importance of addressing SDH. More info is available on the [SEEK website](#)
- Coordinate with other practice staff for implementation of SEEK including:
 - a. Training front desk or office staff to flag which families should receive the SEEK PQ-R according to your selected well child visits
 - b. Training staff who will facilitate parent completion of the SEEK Parent Questionnaire-R (PQ-R)

Implementation

- Help implement the SEEK model:
 - c. The practice will choose between using paper for the PQ-R or SEEK software
 - d. Implementing the SEEK model involves providing parents the PQ-R before selected checkups
 - e. PCPs ± behavioral health professionals briefly assess problems and initially help address them, including referrals to community resources
 - f. Office staff will likely assist with the referral process. SEEK should lead to increased referrals to community resources. It's important that a smooth process be in place
 - g. The practice needs to identify local resources for the targeted problems and customize the SEEK Parent Handouts with this information. The practice may choose to use alternative handouts
 - h. Ensure Parent Handouts are accessible and periodically updated

Medical Assistants (MAs) and Nurses – Roles and Responsibilities

Training

- We recommend that all staff view the online SEEK training videos prior to implementation of the model to be familiar with SEEK. This takes ~2 hours. This should help staff understand the importance of addressing SDH. More info is available on the [SEEK website](#)
- Coordinate with other practice staff for implementation of SEEK including:
 - a. Training front desk or office staff to flag which families should receive the SEEK PQ-R according to your selected well child visits
 - b. Training staff who will facilitate parent completion of the SEEK Parent Questionnaire-R (PQ-R)

Implementation

- Help implement the SEEK model:
 - c. The practice will choose between using paper for the PQ-R or SEEK software
 - d. Implementing the SEEK model involves providing parents the PQ-R before selected checkups
 - e. Briefly assessing and initially helping address identified problems – PCPs ± behavioral health professionals
 - f. Medical assistants and nurses might assist with the referral process. SEEK will likely lead to increased referrals to community resources. It's important that a smooth process be in place
 - g. The practice needs to identify local resources for the targeted problems and customize the SEEK Parent Handouts with this information. The practice may choose to use alternative handouts

Preparing to implement SEEK – Checklist

Please use the following Checklist to develop the Implementing SEEK workflow plan for your practice:

1. Administering the PQ-R

- A. Do you plan to tweak the PQ-R?
 - 1) If yes, please run proposed changes by us the SEEK team at UMB
- B. Decide how your practice will administer the PQ-R:
 - 1) Paper & pen, an electronic version (e.g. via portal), other
- C. Decide when you'll administer the SEEK PQ-R (e.g. 2, 9, 15, 24, 36, 48 and 60 months),
 - We refer to these as "SEEK" visits
- D. Decide how your practice will flag those visits
- E. When and where will parents be given the PQ-R to complete?
 - We recommend in exam rooms
- F. Decide who will introduce parents to the PQ-R
 - Usually an MA when showing a family into an exam room
- G. Decide what your practice will do with completed PQ-Rs

2. Parent Handouts

- A. Decide if your practice will use the SEEK Parent Handouts, an alternative or a combination
- B. Customize the Parent Handouts with info on local resources
 - Contact - Stacey Newton newton@som.umaryland.edu, our SEEK Study social worker for assistance with this
- C. If you have onsite behavioral health/social work – develop your plan for working collaboratively for addressing family's needs / referrals
 - 1) If no onsite / in-house behavioral health / social work develop your plan for referring to community agencies / organizations to address family's needs
 - Stacey Newton can help with this as well.
- D. Determine if you'll be reimbursed for **CPT code 96161 or 96160** for administering the SEEK Parent Questionnaire-R
 - 1) Billing CPT codes 96160 or 96161 each time the SEEK PQ-R is completed and responses addressed
 - 96160 covers the administration of a patient-focused health risk assessment.
 - 96161 covers a parent or caregiver-focused health risk assessment to benefit the patient (i.e., child).

*We recommend using CPT Code 96160 as it is more commonly paid by insurers.

- Reimbursement varies by state and insurer; please check with your payers
- E. Decide if your practice will use the SEEK waiting area poster (English, Spanish or both) and/or the SEEK parent video to help introduce SEEK to parents? ([click here](#) to view).
- F. We recommend your practice prepare to begin implementing SEEK between Webinar #1 and Webinar #2

Helpful hints:

The SEEK PQ-R can be used for children beyond age 5

Although the research was done regarding children 0 - 5, the targeted problems are relevant to families with children of all ages. Teens may be physically punished, and, they may attempt suicide. Thus, addressing discipline may be needed as well as having the poison control number. We encourage those using the screener regarding older children to evaluate its use. Please [contact us](#) for help.

How to use the SEEK PQ-R when more than one child is brought in for a well-child visit?

We recommend that parents complete **only one** PQ-R when bringing in more than one child in for a well-child visit. The introduction asks the parent to respond positively if a question pertains to **any** of their children. After the assessment, we suggest adding the name of the child(ren) with that issue. The form or information can then be inserted to each child's medical record.

Implementing SEEK Optimally: Practice-Level Self-Assessment

Please use this form to assess your implementation of the SEEK model.

Practice Name: Click or tap here to enter text. **Date:** Click or tap to enter a date.

Person completing this form: Click or tap here to enter text.

Role in the practice (click arrow to choose from the drop-down menu): Choose an item.

Date SEEK was started in the practice: Click or tap to enter a date.

Visits when parents complete the SEEK Parent Questionnaire – R (PQ-R):

- 1 mo. 2 mo. 4 mo. 6 mo. 9 mo. 12 mo.
 15 mo. 18 mo. 24 mo. 30 mo. 36 mo. 48 mo. 60 mo.
 Other: Click or tap here to enter text.

Does your practice have:

- A system to identify parents for SEEK screening in advance of selected well child visits? Yes No
 A procedure for giving parents the PQ-R, with brief instructions? Yes No
 A plan for what you'll do with the completed PQ-Rs after visits? Yes No

Completed PQ-Rs are: Compiled for a needs assessment Scanned into EHR
 data entered into EHR Discarded but use documented

Do your PCPs implementing SEEK regularly administer the screener at the selected visits?

- Probably Possibly Don't know

Modalities used: Paper and pen SEEKonline CHADIS Other: Click or tap here to enter text.

If not already implementing SEEK electronically, would you like info on this option? Yes No

Do you think your PCPs and behavioral health professionals (BHPs)/social workers (if applicable) generally:

- Are aware of the SEEK Algorithms & Response to Barriers? Probably Possibly Don't know
- Have ready access to these documents (paper or digital)? Probably Possibly Don't know
- Use this info in addressing problems? Probably Possibly Don't know

Has your practice identified community resources to address SEEK problems? Yes No Don't know

Do you have a binder or digital folder with the resources? Yes No Don't know

Do you have parent handouts on the targeted problems? Yes No Don't know

Are the handouts customized with info on local resources? Yes No Don't know

Do you periodically update the info on community resources? Yes No Don't know

Do you think your PCPs and BHPs (if applicable) generally:

- Are aware of the parent handouts? probably possibly Don't know
- Have easy access to these? probably possibly Don't know
- Give parents the handouts? probably possibly Don't know

Does your practice have procedures for:

- In-house referrals (if applicable)? Yes No Don't know N/A
- Community referrals? Yes No Don't know

Do you have agreements or established procedures with community-based organizations?

Yes No Don't know

Do you think your PCPs and BHPs generally:

- Know your referral procedures? probably possibly Don't know
- Have easy access to this info? probably possibly Don't know
- Follow the procedures? probably possibly Don't know

Thank you very much for completing this survey!