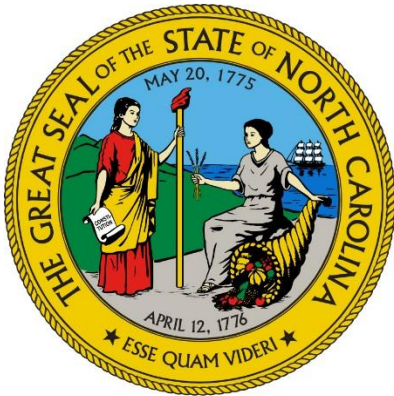


NC Department of Health and Human Services

Division of Child and Family Well-Being

**Supporting Success: Well Child Visits and
Immunizations**



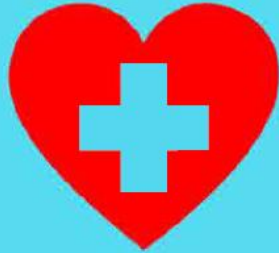
**Gerri Mattson, MD, MSPH, FAAP
Senior Medical Director
Division of Child and Family Well-Being**

June 2022

Objectives

- **After this session participants will be able to describe all of the general evidence-based components of a well child visit**
- **After this session participants will be able to use one new strategy to provide depression screening during the well child visit**
- **After this session participants will be able to use one new strategy to address challenges to providing vaccines to infants, children and adolescents**

Community Health Centers



AMERICA'S HEALTH CARE SAFETY NET

Providing care to 1 in 9 children in the US
in 11,000 communities across the country

WIDE RANGE OF SERVICES

All Community Health Centers provide
primary and preventative care, and many
offer dental, mental health and substance
abuse care as well as pharmacy access



HEALTHY COMMUNITIES

Focused efforts through
population based health to
improve the health of not
only individual patients,
but entire communities

With Permission from the Council on Community Pediatrics Prevention and Public Health Special Interest
Group FQHC Work Group

Importance of Well Child Visits

- Assesses whole child for physical, social and emotional **strengths and needs**
- Supports and monitors growth and development
- Focuses on prevention, screening and health promotion to intervene early if any medical and non-medical risks or issues are present
- Based on national evidence-based and/or expert consensus recommendations: Bright Futures Recommendations for Preventive Pediatric Health Care



<https://pixabay.com/illustrations/superhero-girl-speed-runner-534120/>

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

COVID-19 Pandemic: Developmental Delays and Disabilities

- Early childhood programs and systems report that early identification of developmental delays and disabilities among children from birth to age 5 years have been greatly impacted by the COVID-19 pandemic
- Well child visits represent an important venue to screen for and refer for resources to address developmental concerns
- Check out CDC Learn the Signs Act Early Resources:

https://www.cdc.gov/ncbddd/actearly/pdf/Healthcare-Provider-Primer_English-508.pdf

<https://www.cdc.gov/ncbddd/actearly/pdf/impact-covid-developdisabil-508.pdf>

COVID-19 Pandemic, Weight and the Well Visit

- **Increase in eating disorders and weight gain due to social disruption and stressors**
 - Loss of routines or coping issues impact sleep, nutrition, physical activity, sedentary time, screen time and use of social media
 - Crossing percentiles with significant weight gain and more becoming obese or overweight
 - Increase in eating disorders and limited specialists to meet need
 - Well child visits present as opportunities to monitor, screen and try to address



<https://pixabay.com/photos/scale-diet-fat-health-tape-weight-403585/>

Importance of Immunizations

“When you get a vaccine, your immune system responds...We now have vaccines **to prevent more than 20 life-threatening diseases, helping people of all ages live longer, healthier lives.** Immunization currently prevents 3.5-5 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza and measles....

Immunization is a key component of primary health care and an indisputable human right. It's also one of the best health investments money can buy.”

Source: World Health Organization



https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1 and <https://pixabay.com/photos/syringe-vaccine-medical-needle-5904302/>

Periodic Increases in Young Children Missing Well Child Visits and Immunizations in US During the Pandemic

- The Rapid Assessment of Pandemic Impact on Development in Early Childhood (RAPID-EC) survey of households with children and of child care providers
 - Survey has been gathering essential information continuously regarding the needs, health-promoting behaviors, and well-being of children under 6 years of age and their families and important adults in their lives from August 2020 to April 2022
- RAPID collects data monthly now from 1000 caregivers and child care providers in all 50 states
- See more missed well-visits among low-income children and children who are Black or Latinx/Hispanic



<https://www.uorapidresponse.com/latest-data-and-trends> and <https://pixabay.com/photos/early-childhood-education-kid-4457561/>

Missed and Delayed Preventive Health Care Visits Among US Children Due to the COVID-19 Pandemic (Lebrun-Harris, et al) in Public Health Reports

- **This occurred in 1 in 4 households from the US Census Household Pulse Survey (April-May 2021)**
- **More likely if household experienced housing difficulties, food insufficiency and difficulty paying expenses**
 - Among children aged ≤ 5 years, missed visits were more common among lower income, Black, and Latinx households than among higher income and White households
- **Missed opportunities to identify developmental delays and mental health concerns, address social drivers, assess BMI and sexual health, assess oral health, provide fluoride varnish and give immunizations**

<https://journals-sagepub-com.libproxy.lib.unc.edu/doi/pdf/10.1177/00333549211061322>

COVID-19 and Immunizations in the US and NC

- National vaccination coverage for kindergarteners during the 2020-2021 school year fell below the nationwide target of 95% coverage (MMWR April 2022)
- In NC there were increased COVID-19 case rates and viral transmission caused by the Delta variant which limited providers' abilities to schedule immunization and health assessment visits in the summer and fall of 2021 and so there was a suspension of the deadline for vaccines (and health assessments) required for school



<https://www.cdc.gov/mmwr/volumes/71/wr/mm7116a1.htm> and <https://pixabay.com/photos/syringe-vaccine-medical-needle-5904302/>

NC Health Check Program in Medicaid

- The Health Check Program Guide (HCPG) is created by NC Medicaid to describe preventive health services/ periodic screenings for infants, children and adolescents up to age 21 years of age
- North Carolina's recommended schedule for Health Check Early Periodic Screens reflects the evidence-based principles of preventive care set forth by the American Academy of Pediatrics (AAP) in their most current landmark publication, Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents

NC HCPG: <https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html> and Bright Futures: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

Health Choice Guidance

- **This Health Choice program is equivalent to the Children's Health Insurance Program (CHIP) as mandated under Title XXI of the Social Security Act**
- **Health Choice is a grant program separate from NC's Medicaid State Benefit Health Plan**
 - **Health Choice provides a health insurance option for uninsured children living in low-income families whose income is too high to qualify for Medicaid, but at or below 211% of the Federal Poverty Level**
 - **Health Choice beneficiaries are ages 6 through 18 years of age**

Pediatric Performance Measures:

- **NCQA: Well-child Visits for Children Under 30 months of age**

The percentage of members who had the following number of well-child visits *during the last 15 months*:

- Children who turned 15 months old during the measurement year with six or more well child visits
- Children who turned 30 months old during the measurement year with two or more well-child visits

- **NCQA: Childhood Immunization Status (Combination 10)**

- Percentage of children two years of age who had four DTaP; three IPV; one MMR; three Hemophilus influenza type B (HiB); three HepB; one varicella (VZV); four pneumococcal conjugate (PCV); one HepA; two or three rotavirus (RV); and **two influenza vaccines** by their second birthday

<https://medicaid.ncdhhs.gov/media/10632/download?attachment> and
<https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/> and
<https://www.ncqa.org/hedis/measures/childhood-immunization-status/>



Used with permission on file from parent

North Carolina's Periodicity Schedule and Coding Guide for Early Periodic Screening

Components / Screening Services	Within 1st Month	2 month	4 month	6 month	9 month	12 month	15 month	18 month	24 month	30 month
Length/Height and Weight ¹	*	*	*	*	*	*	*	*	*	*
Head Circumference ¹	*	*	*	*	*	*	*	*	*	
Weight for Length ¹	*	*	*	*	*	*	*	*		
Body Mass Index ¹									*	*
Blood Pressure ¹	*	*	*	*	*	*	*	*	*	*
Vision Screen	*	*	*	*	*	*	*	*	*	*
Hearing Screen ⁴	*	*	*	*	*	*	*	*	*	*
Maternal Depression ² (96161)	*	*	*	*						
Developmental Screenings ² (96110)				*		*		*	*	
Autism Screenings ² (96110)								*	*	
Psychosocial Assessment ² : (96160)/ (96127)	*	*	*	*	*	*	*	*	*	*
Oral Health Screenings ⁵				*	*	*		*	*	*
Fluoride Varnish ⁵	Once teeth are present, fluoride varnish may be applied up to 6 times by age 3 ½, every 3-4 months with a minimum of 60 days between procedures									
Fluoride Supplementation				*	*	*		*	*	*
Anemia ⁶			*			*	*	*	*	*
Lead Screen ⁷						*			*	
TB Testing	*			*		*			*	
Dyslipidemia									*	
Immunizations	Follow Advisory Committee on Immunization Practices recommendations for age appropriate immunization guidelines and Centers for Disease Control and Prevention Child, Adolescent and Catch-Up Immunization Schedules found at: http://www.cdc.gov/vaccines/schedules/index.html Refer to the North Carolina Immunization Branch for additional information.									

Key: • = to be performed * = risk assessment to be performed ←•→ = range during which a service may be provided

Pediatric Performance Measures (cont.)

- **NCQA Child and Adolescent Well Child Care**
 - At least one comprehensive well child visit for children 3-21 years of age) during the measurement year
- **NCQA Immunizations for Adolescents**
 - Percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine; one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine; and have **completed the human papillomavirus (HPV) vaccine series** by their 13th birthday



<https://medicaid.ncdhhs.gov/media/10632/download?attachment> and <https://pixabay.com/photos/woman-young-smile-curly-hair-girl-6600772/> and <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits> and <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>

North Carolina's Periodicity Schedule and Coding Guide for Early Periodic Screening

Components / Screening Services	3 Yr	4 Yr	5 Yr	6 Yr	7 Yr	8 Yr	9 Yr	10 Yr	11 Yr	12 Yr	13 Yr	14 Yr	15 Yr	16 Yr	17 Yr	18 Yr	19 Yr	20 Yr
Length/Height and Weight	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Body Mass Index ¹	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Blood Pressure ²	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Vision Screenings	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Hearing ⁴ Screenings	*	*	*	*	*	*	*	*	← • →				← • →			← • →		
Developmental Screen (96110)	*	*	*															
Psychosocial Assessment ³ : (96160)/ (96127)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Tobacco, Alcohol, or Drug Use Assessment ³									*	*	*	*	*	*	*	*	*	*
Depression Screening (96127)										*	*	*	*	*	*	*	*	*
Oral Health Screenings ⁵	*	*	*	*														
Fluoride Varnish ⁵	*																	
Fluoride Supplementation	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Anemia ⁶	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lead Screening ⁷	*	*	*	*														
TB Testing	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia		*		*		*	← • →				*	*	*	← • →				
STP ⁸									*	*	*	*	*	*	*	*	*	*
HIV ⁹											← • →							
Immunizations	Follow recommendations of the Advisory Committee on Immunization Practices for age appropriate immunization guidelines and the Centers for Disease Control and Prevention (CDC) Child, Adolescent and Catch-Up Immunization Schedules found at: http://www.cdc.gov/vaccines/schedules/index.html Refer to the North Carolina Immunization Branch for additional information.																	

Key: • = to be performed * = risk assessment to be performed ← • → = range during which service may be provided

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

Billing ICD-10 Codes

Early Periodic Screening ICD-10-CM Codes

ICD-10- CM Code	Descriptor
Well Child Exams	
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.110	Newborn check under 8 days old
Z00.111	Newborn check 8 to 28 days old
Z00.00	Encounter for general adult medical exam (pt > 18 years) without abnormal findings
Z00.01	Encounter for general adult medical exam (pt > 18 years) with abnormal find
Routine Interperiodic Screening Encounters	
Z02.89	Encounter for other administrative exams
Interperiodic Visits Following a Failed Vision or Hearing Screen	
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z01.110	Encounter for hearing examination following failed hearing screening
Z01.10	Encounter for examination of ears and hearing without abnormal findings
Z01.118	Encounter for examination of ears and hearing with other abnormal findings
ACIP/VFC Immunizations	
Z23	Encounter for immunization
Z28.3	Under-immunized status
Lead Screens and follow Up of Positives	
Z13.88	Encounter for screening for disorder due to exposure to contaminants
Z77.011	Contact with and (suspected) exposure to lead.
Tuberculosis Screens	
Z11.1	Encounter for screening for respiratory tuberculosis

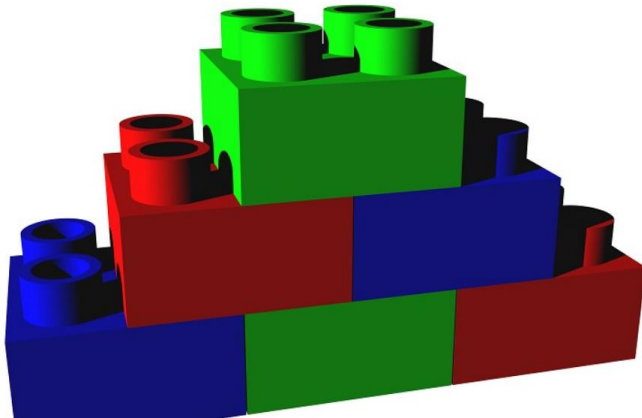
Age-Appropriate Components & Screening Services

- Comprehensive health history
- Unclothed physical assessment and measurements
- Nutritional Assessment
- Vision Screenings
- Hearing Screenings
- Dental Screenings and Risk Assessments
- **Immunizations**
- Anticipatory Guidance and Health Education
- Follow Up and Referral
- Laboratory Procedures and Screenings completed based on Risk Assessments:
 - Newborn Metabolic/Sickle Cell Screenings
 - Tuberculin Risk Assessment*
 - Sexually Transmitted Infections/Diseases Risk Assessment*
 - Dyslipidemia Risk Assessment*
 - Anemia Risk Assessment*
 - Lead Risk Assessment*

* These risk assessments may require laboratory testing

Age-Appropriate Components and Screening Services (cont.)

- **Developmental Surveillance**
(includes screening for adolescent health risks)
- **Screening for Healthy Development**
- **Screening for Autism Spectrum Disorders**
- **Screening for Maternal Postpartum Depression**
- **Screening for Emotional/Behavioral Health Risks**
- **Screening for Social Determinants of Health**
- **Depression Screening for Adolescents**
- **Smoking Cessation Screening/Intervention**
- **Alcohol/Substance Use Structured Screening/Intervention**



<https://pixabay.com/illustrations/brick-building-toy-design-plastic-685015/>

“Vaccines don’t save lives; vaccination saves lives.”

Dr. Walter Orenstein:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6930108/>



<https://pixabay.com/photos/syringe-vaccine-medical-needle-5904302/>

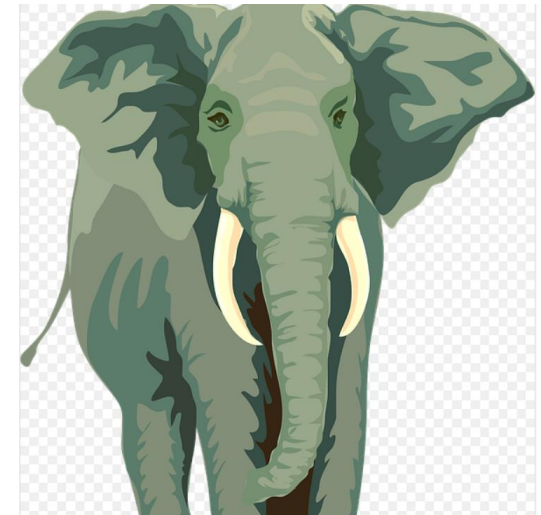
Recommended child and adolescent immunization schedule for age 18 years and young, United States, 2022:

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

The Elephant in the Room

Vaccine Hesitancy and Refusal

- **Parents ultimately want to do what is best for their children**
- **Providers need to make strong recommendations to vaccinate and address questions and concerns: build relationships and trust**



<https://pixabay.com/vectors/elephant-animal-wildlife-mammal-24722/>

Definition of Vaccine Hesitancy by the World Health Organization (WHO)

“Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place, and vaccines. It includes factors such as complacency, convenience, and confidence.”

WHO Strategic Advisory Group of Experts (SAGE) Vaccine Hesitancy Working Group report



<https://pixabay.com/vectors/world-earth-globe-planet-153534/>

Categories of Parental Attitudes Towards Vaccines

- **Immunization advocate**
 - Parents agree that vaccines are necessary and **trust** provider
- **Go along to get along**
 - Parents do not question vaccines, would like to vaccinate, but may lack detailed knowledge of vaccines; want info and **trust** provider
- **Cautious acceptor** (a little hesitant)
 - Parents may have minor concerns about vaccines but ultimately vaccinate (**trust**)
- **Fence-sitter** (more hesitant and create undervaccination)
 - Parents have significant concerns about vaccines and tend to be knowledgeable; they may vaccinate their child or may refuse or delay; they may have significant concerns and may have a **neutral** relationship but want info
- **Refuser** (low percentage)
 - Parents refuse all vaccines for their child; reasons for refusal may include **distrust** in the medical system, safety concerns, and religious beliefs

Leask, et al *BMC Pediatr.* 2012 and Gust, et al *Am J Health Behav* 2005 and Edwards, et al *Pediatrics* 2016

Vaccine Hesitancy

Parental Concerns about Vaccines

Vaccine safety

- Too many vaccines
- Development of autism
- Vaccine additives (thimerosal, aluminum)
- Overload the immune system
- Serious adverse events
- Potential for long-term adverse events
- Inadequate research performed before licensure
- Painful
- May make the child sick



Vaccine Hesitancy (cont.)

Necessity of vaccines

- Disease is more “natural” than vaccine
- Parents do not believe diseases being prevented are serious
- Vaccine-preventable diseases have disappeared
- Not all vaccines are needed
- Vaccines do not work

Edwards, et al, Pediatrics, 2016

Vaccine Hesitancy (cont.)

Freedom of choice

- Parents have the right to choose whether to vaccinate
- Parents know what's best for their child
- Believe the risks outweigh the benefits of vaccine
- Do not trust organized medicine, public health
- Do not trust government health authorities
- Do not trust pharmaceutical companies
- Ethical, moral , or religious reasons



<https://pixabay.com/photos/yes-no-opportunity-decision-woman-3100993/>

Edwards, et al, Pediatrics, 2016

Strategies: **Presumptive** vs Participatory

Participatory:

- "Do you want to vaccinate your child today?"
- "What do you think about vaccines?"
- "Would you like to hear about the vaccines we offer for today's visit?"

Presumptive:

- "Today your child is due for 2 vaccines. We will be giving MMR and Varicella."
- "It's time for an annual influenza vaccine. Your child is old enough to receive either the inactivated shot or the live nasal spray."

CASE Model: Corroborate, About Me, Science, Explain/Advise

- **Example of a response to a parent's question: "do vaccines cause autism"**
- **Corroborate:** I understand why you might think this. There is a lot of information online and in the news about vaccines and autism.
- **About Me:** I like to make sure that I always have the most up-to-date information on this topic so I can inform families about what we do know about vaccines and autism, so I've researched this thoroughly.

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/vaccine-hesitant-parents.aspx>

CASE Model: Example (cont.)

- **Science:** The scientific evidence does not show any link between vaccines and autism. There have been several studies that have looked for a connection, but none has been seen. The CDC, the AAP, the National Institutes for Health, and the Institute of Medicine agree that vaccines do not cause autism.
- **Explain/Advise:** But vaccines are critical to maintaining health and wellbeing. They prevent diseases that cause real harm. Choosing not to vaccinate does not protect children from autism but does leave them open to diseases. I would recommend that your child receive these vaccines today.

CASE was developed by Alison Singer, MBA, Autism Science Foundation

Videos using the model can be found at: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Communication-Aids.aspx#Risk>

Seriously, IMMUNIZE YOUR PATIENTS.

JUST 27
WORDS
CAN MAKE A
DIFFERENCE

ANNOUNCE

- “I reviewed your record.”
- “It’s time for shots.”

MOTIVATE

- “Your situation puts you at risk.”
- “This vaccine can prevent disease.”

RECOMMEND

- “I strongly recommend this vaccine.”
- “Let’s vaccinate today.”

**Your patients rely on your expertise;
make a strong recommendation to vaccinate**



NC Department of Health and Human Services • Division of Public Health • Epidemiology Section • Communicable Disease Branch • <https://epi.publichealth.nc.gov/cd/> • NCDHHS is an equal opportunity employer and provider. • XXXX copies were printed at a cost of \$XXXXXX or \$XXXXXXXXX each. • 3/2019

Using the Reminder/Recall Report

NC Immunization Registry's (NCIR) Reminder/Recall Report allows you to generate letters for patients who are due or overdue for vaccines. It can also be used to find eligible patients when your office has short-dated vaccine.

- Under Reports, click Request Reminder.
- Under “Indicate the Tracking Schedule ...” select Use Tracking Schedule Associated with Each Client.
- Under “Select the Vaccine Group(s) ...” select the vaccine groups you wish to review by adding vaccines from the left column to the right or removing unneeded vaccines.
- Selecting a School & Primary Care Provider or Additional Demographic Criteria are generally not needed.



<https://pixabay.com/images/search/reminder/>

Using the Reminder/Recall Report (cont.)

- Under “Enter the Date Criteria” enter your chosen Birth Date Range. Other options are available here to adjust report results.
- Click Generate.
- At the Reminder Request Status page, click Refresh to check the status of the report.
- Once the report is complete, click the blue link in the Started column. A summary of the report results will be displayed.
- Proceed to the Reminder Report Output Options.
- Selecting Reminder Letter will generate a pdf file of letters addressed to parents encouraging them to return for needed vaccinations. Additional messages can be added in the Free Text box.
- For more detailed client information, including a summarized immunization record and responsible person information, click the Client Query Listing.

https://immunization.dph.ncdhhs.gov/providers/ncip/pdf/provider_resource_guide_ncir_2_26_2018.pdf

Resources

- **Communication about Vaccination in the United States: A Frameworks Strategy Brief:**
https://www.frameworksinstitute.org/wp-content/uploads/2021/09/aap-vaccine-SBFINAL_3.pdf
- **American Academy of Pediatrics: Communicating with Families and Promoting Vaccine Confidence:**
<https://www.aap.org/en/patient-care/immunizations/communicating-with-families-and-promoting-vaccine-confidence/>
- **American Academy of Family Physicians:**
https://www.aafp.org/search/?q=vaccine+hesitancy&first_search=0&search=Entire+Site
- **CDC: Provider Resources for Vaccine Conversations with Parents**
<https://www.cdc.gov/vaccines/hcp/conversations/index.html>

Upcoming Webinar: *Weathering the Vaccine Vortex*

FREE virtual seminar on June 21, 2022 from 9:00 a.m. – 12:00 p.m. (CDT)

- **Training about how to counter vaccine misinformation and disinformation that circulates online and into your clinic**
- **AAP-commissioned research from The FrameWorks Institute on how to discuss immunizations in a way that furthers understanding and acceptance**
- **Report from Stanford University about the Virality Project's real-time monitoring of anti-vaccine narratives about COVID-19 vaccines**
- **Perspectives from a parent influencer who took on vaccine advocacy in her community**
- **Practical training on specific tactics to counter harmful vaccine narratives**

You can get CME credits and register at:

https://us06web.zoom.us/webinar/register/WN_Q8ceBIM2T0iyw2uC39vJFg

Adult Performance Measure (Includes Teens) Related to Depression

- **Screening for Depression and Follow-Up Plan**
 - Percentage of patients ages 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter.

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

American Academy of Pediatrics, American Academy of Child and
Adolescent Psychiatry and Children's Hospital Association

Protecting Youth Mental
Health

The U.S. Surgeon General
Advisory

<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf> and
<https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

Mental Health Crisis in Children: Pre-Pandemic

- About 1 in 5 adolescents had a diagnosed mental health condition which affected their functioning at home, school and/or with friends
- About half of the children with a treatable mental health condition did not receive adequate treatment
- Access to mental health services was limited and there were significant disparities by race, ethnicity, economic status and geography



<https://pixabay.com/illustrations/consulting-mental-health-health-1739639/>

<https://www.aap.org/en/patient-care/mental-health-initiatives/>

Mental Health Crisis in Children: During COVID-19 Pandemic

- There have been global reports of twice the depressive and anxiety symptoms
- About 25% of youth are experiencing symptoms of depression
- About 20% of youth are experiencing symptoms of anxiety
- More than 200,000 children have lost a parent or caregiver
 - There are more losses of caregivers among Hispanic, Black, American Indian and Alaskan native populations
- Stresses due to the pandemic have created many challenges: isolation, missed events, separation, economic and work losses
- Missed connections and visits with medical homes and telehealth was not available to help with access for many

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2782796> and <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf> and <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Signs-your-Teen-May-Need-More-Support.aspx#:~:text=may%20show%20signs%20of%20distress,stepping%20back%20from%20personal%20relationships>

Child Fatality Task Force

Annual Report to the Governor
and General Assembly

2022 Legislative Recommendations (abbreviated)

Highlighted Data and Information Supporting Recommendations

Launch and fund a statewide firearm safe storage awareness initiative [\$155K minimum for two-year initiative]

- The firearm death rate doubled between 2019 & 2020; by far the highest rate this decade.
- 105 children died from firearms in 2020 and hundreds more were injured by guns.
- Firearms were used in 55% of youth suicides and 73% of homicides in 2020.
- More than half of gun owners store at least one gun unsafely.
- Studies show that safe storage saves lives.

HB 427 is Pending

Timely and appropriate funding to address the significant youth mental health crisis

- The suicide rate for 2020 is the highest of a decade with 56 youth suicides in 2020.
- Almost 550 hospitalizations and 2700+ emergency visits by youth for self-inflicted injury in 2020 alone.
- National leaders have declared a youth mental health emergency in urgent need of resources.
- School supports for mental health are critical & currently insufficient to meet expanding needs.

Strengthen and restructure the statewide Child Fatality Prevention System [funding per DHHS determinations]

- Restructuring the system is critical to optimize its strengths and address multiple challenges.
- NC needs to join 47 other states in using a national data system that will dramatically improve data collection, analysis, and reporting to inform prevention/policy initiatives.
- These recommendations are supported by NCDHHS and were adopted in a 2019 state child welfare reform plan submitted to the legislature.

SB 703 is Pending

Funding to enable comprehensive toxicology testing in all Medical Examiner jurisdiction child deaths [\$550K one-time & \$110K/year]

- Resources are lacking to conduct comprehensive toxicology testing in all child deaths under Medical Examiner jurisdiction.
- Comprehensive toxicology testing can identify information about the circumstances of a death that may be relevant to inform prevention strategies and have value to various stakeholders.

Funding to expand efforts to prevent infant deaths related to unsafe sleep environments [\$250K/year]

- From 2015 – 2019, there were 664 infant deaths in North Carolina that were associated with unsafe sleep environments (621 deaths) or Sudden Infant Death Syndrome (43 deaths).
- Current spending of \$45,000/year is insufficient to implement effective strategies to reach parents and caregivers of over 120,000 newborns born each year to prevent these deaths.

Strengthen the infant safe surrender law

This law, created in 2001, needs to be strengthened in 4 areas to make it more likely the law will be used in circumstances for which it was intended to protect a newborn infant at risk of abandonment or harm.

HB 473 is Pending

Require ignition interlocks for all alcohol impaired DWI offenders, including first-time offenders

- Of 18,000+ children involved in 11,000 alcohol-related crashes from 2011 to 2020 in NC, 123 were killed and 344 had serious injuries.
- Ignition interlocks reduce repeat offenses for driving while intoxicated by about 70%.
- The CDC recommends requiring interlocks for all DWI offenders and most states do, but NC only requires them for a subset of offenders.

Eliminate law prohibiting the use of state transportation funding for independent pedestrian and bicycle infrastructure projects

- From 2010 – 2019, almost 150 child pedestrian deaths occurred in North Carolina.
- Studies show that pedestrian and bicycle infrastructure projects prevent deaths and injuries.
- A law passed in 2013 has created a barrier to completing pedestrian and bicycle infrastructure projects intended to create safer conditions, especially in smaller, more rural communities.

Increase funding for programs to prevent harm to youth and infants caused by tobacco and nicotine use [\$17 million/year]

- One in five high school students uses e-cigarettes, which can contain high doses of nicotine.
- Nicotine is highly addictive and can harm adolescent brain development and is also toxic to developing fetuses.
- The dramatic increase in e-cigarette use during the past decade has corresponded with a dramatic decrease in North Carolina's sustained spending on tobacco use prevention programs.

Administrative Efforts: In addition to the nine legislative recommendations above, the Task Force has ten administrative efforts on its 2022 Action Agenda through which it seeks to further examine or advance an issue through non-legislative efforts. These efforts address the following issues: suicide prevention and youth mental health; infant mortality and infant well-being; motor vehicle-related deaths and injuries; child abuse and neglect reporting; water safety.

Depression Screening in Adolescents

- **How many of you are doing depression screening at well visits? At sick visits?**
- **Which tool?**
- **Does the tool ask questions related to risk for suicide?**
- **Who/what are your resources? Your concerns?**



<https://pixabay.com/photos/people-emotion-dramatic-female-1492052/>

Depression Screening in Adolescents

- The United State Preventive Services Task Force (USPSTF) and Bright Futures recommend annual screening of adolescents for depression as part of well visits starting at 12 years of age
- There are several formal depression screening tools for adolescents
 - Several of the tools include questions to assess risk of suicide risk and some do not
 - There are additional screening tools that just assess for risk for suicide
 - There is an Adolescent Depression Toolkit from Community Care of NC which contains an algorithm and additional guidance:
<https://www.communitycarenc.org/what-we-do/clinical-programs/pediatrics/tools/adolescent-depression>

Updates Coming to Bright Futures Recommendations

- On December 30, 2021, HRSA accepted an update to the current version of the Bright Futures Periodicity Schedule for purposes of Section 2713 of the Public Health Service Act (42 U.S.C. § 300gg-13) and 45 CFR Part 147).
- The updates to the Periodicity Schedule will be effective in 2023 and will include:
 - **Updates to two existing category updates:**
 - **Add screening for suicide risk for ages 12-21 to the current Depression Screening category**
 - Change the Psychosocial/Behavioral Assessment to the Behavioral/Social/Emotional Screening for newborn to 21 years of age
 - **Adding two new categories:**
 - An assessment for risks for cardiac arrest or death in ages 11-21 years
 - An assessment for hepatitis B virus infection in newborn-21 years of age

Preparing for Screening for Depression and Risk for Suicide

- Identify resources at your CHC and in your community
 - Mobile crisis and Medicaid Standard Plan resources for urgent issues
 - Explore how to build a collaborative care model
 - This is a team-based care approach that leverages psychiatrists and provides evidence-based management of behavioral health conditions in the primary care setting
<https://www.ncpsychiatry.org/cocm>
- Remember the National Suicide Prevention Lifeline Resources
 - In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline, replacing the current phone number of 1-800-273-TALK (8255)

<https://suicidepreventionlifeline.org/>

CRISIS SOLUTIONS NORTH CAROLINA



AN INITIATIVE OF THE NC DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

HOME ▾

NC CRISIS SERVICES

FOR INDIVIDUALS AND FAMILIES

Do You or Someone You Know Need Help with a Crisis?

CALL 911 if this is a medical or life-threatening emergency.

If you need the police, ask for a CIT officer. They have received extra training in handling these situations.

If this is NOT a medical or life-threatening emergency, look in the directory below for resources in your county.

FIND HELP FOR A MENTAL HEALTH OR SUBSTANCE USE CRISIS IN YOUR COUNTY

Select County ▾

[Crisis Solutions North Carolina | An Initiative of the NC Department of Health and Human Services Crisis Solutions North Carolina \(crisissolutionsnc.org\)](https://crisissolutionsnc.org)

Mental Health Assistance in Standard Plans in Medicaid

- If a patient with a Standard Plan needs time-sensitive/urgent mental health assistance (and you used to get help from your LME), you will need to call a Medicaid Plan/PHP using one of the numbers below:
 - **AmeriHealth**: 1-833-712-2262
 - **Carolina Complete Health**: 1-855-798-7093
 - **Healthy Blue**: 1-844-594-5076 (TTY 711)
 - **United**: 877-334-1141
 - **WellCare**: 1-833-207-4240

Patient Health Questionnaire-2 (PHQ-2) and PHQ-3

- Over the past two weeks, how often have you been bothered by the following problems?
 - Little interest or pleasure in doing things
 - Feeling down, depressed or hopeless
- PHQ-3: Uses an additional question: Thoughts that you would be better off dead or of hurting yourself in some way?

Choices of responses for all three questions:

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Total point score: 0-6

PHQ-9 Modified for Teens

- Two questions from PHQ-2 and 7 additional questions (that are scored based on responses to assess depression severity)
 - Trouble falling asleep, staying asleep, or sleeping too much
 - Poor appetite, weight loss or overeating
 - Feeling tired or having little energy
 - Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down
 - Trouble concentrating on things like school work, reading or watching TV?
 - Moving or speaking so slowly that other people could have noticed?
 - Or the opposite- being so fidgety or restless that you were moving around a lot more than usual?
 - **QUESTION 9: Thoughts that you were better off dead or of hurting yourself in some way?**

Choices of responses:
0 = Not at all
1 = Several days
2 = More than half the days
3 = Nearly every day

https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf

PHQ-9 Modified for Teens (cont.)

- In the past year have you felt depressed or sad most days, even if you felt okay sometimes? Yes No
- If you are experiencing any of the problems asked about, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all, Somewhat difficult, Very difficult, or Extremely difficult

- Has there been a time in the past month when you have had serious thoughts about ending your life? Yes No
- Have you EVER in your whole life, tried to kill yourself or made a suicide attempt? Yes No

https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf

Screening Guidance and Scoring

Screening Guidance

For the PHQ-9, a score ≥ 10 suggests MDD (Major Depressive Disorder), but requires clinical validation by the PCC.

- score of 5-9 , supportive self-care, common factors, monitoring
- score of 10-14, moderate
- score of 15-19, moderately severe
- score of 20-27, severe

WHEN DEPRESSION SCREEN IS POSITIVE

	Score 5-9	Score 10-14	Score 15-19	Score 20-27
PCC call/increase visit frequency	Consider	All patients	All patients	All patients
Referral: Therapy	Consider	All patients	All patients	All patients
Referral: Psychiatry		See criteria pg.4	All patients	All patients
Co-management		All patients	All patients	All patients
Medication (see PCC guidelines)	N/A	See criteria pg.5	All patients	All patients

Source: <https://www.communitycarenc.org/what-we-do/clinical-programs/pediatrics/tools/adolescent-depression>

Assessing Risk for Suicide

- **It is important to assess for depression AND risk for suicide**
- **Equates to a sign of “distress” that can go unnoticed if specific questions about suicide risk are not asked**
- **Providers need to develop competencies with a tool and interview skills and collaborative care relationships with behavioral health care managers and psychiatrists**
 - **Need to be prepared for mental health emergencies just like you are for physical health emergencies**

ASQ (Ask Suicide-Screening Questions)

- **Suicide risk screening tool (four yes or no questions) with a toolkit available from the National Institute of Mental Health**
 - 1) In the past few weeks, have you wished you were dead?
 - 2) In the past few weeks, have you felt that you or your family would be better off if you were dead?
 - 3) In the past week, have you been having thoughts about killing yourself?
 - 4) Have you ever tried to kill yourself?

****If the patient answers yes to any of the above four questions, ask the following fifth acuity question:**

 - 5) Are you having thoughts of killing yourself right now?

If yes, please describe:

https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit.pdf

ASQ: Next Steps

- If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary
 - *Clinical judgement can always override a negative screen
- If patient answers “Yes” to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity

ASQ: Next Steps (cont.)

- **If yes to question #5, acute positive screen (imminent risk identified)**
 - Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
- **If no to section #5, non-acute positive screen (potential risk identified)**
 - Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.
 - Alert physician or clinician responsible for patient's care
- **Provide resources to all patients**

Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)

- 1) Identify risk factors: note those that can be modified to reduce risk**
- 2) Identify protective factors: note those that can be enhanced**
- 3) Conduct suicide inquiry: suicidal thoughts, plans, behavior and intent**
- 4) Determine risk level and intervention: choose appropriate intervention to address and reduce determined risk**
- 5) Document: assess risk, rationale, intervention and follow up**

<https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432>

Columbia Suicide Severity Rating Scale: C-SSRS or Columbia Screen

- 6 item scale that assesses the risk among adolescents with depression; full range of ideation and behavior including intensity, frequency, and changes over time
- Items are Yes/No
- Various versions are available that assess for lifetime and recent behavior as well as initial visit vs “since last visit
- Available in over 100 languages
- Validated and evidence-based for use with people of all ages in any setting

NC Mental Health Consultation and Education Resource

- **NC Psychiatry Access Line (NC PAL)**
 - Provider-to-provider consultation on pediatric behavioral health
- **Website:** <https://ncpal.org>
- **Email:** ncpal@duke.edu
- **Phone:** 919-681-2909 ext. 1
- **Hours:** Monday-Friday 8am-5pm
- **Please note, NC-PAL is not a crisis line**
- **For questions about NC-PAL, please contact Chelsea Swanson chelsea.swanson@duke.edu**



If you are **feeling overwhelmed** with emotions such as **sadness, depression, and anxiety**, **Hope4NC Helpline (1-855-587-3463)** connects individuals to mental health and resilience supports that help with **coping skills** and **building resilience** during times of crisis. Hope4NC is available **24 hours per day, seven days a week** to speak to a live person.

Additional resources:

Hope4Healers Helpline: 919-226-2002

National Suicide Prevention Lifeline:
1-800-273-TALK or 1-800-273-8255

Alcohol and Drug Council of NC (ADCNC):
TEXT: 919-908-3196 • CALL: 800-688-4232

Problem Gambling Hotline: 877-718-5543

NC4Vets: 844-NC4-VETS or 844-624-8387

NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services:
PHONE: 984-236-5300
TOLL FREE: 855-262-1946
SPANISH: 800-662-7030
EMAIL: dmh.advocacy@dhhs.nc.gov

**Get the
SCOOP on
managing
stress.**

Stay connected to family and friends.
Compassion for yourself and others.
Observe your use of substances.
Ok to ask for help.
Physical activity to improve your mood.

NC Department of Health and Human Services • Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
www.ncdhhs.gov/divisions/mhddsas • Call 984-236-5000 • NCDHHS is an equal opportunity employer and provider. • 11/20

<https://www.ncdhhs.gov/media/10241/download>

Wellness & Mental Health Resources in NC

<https://covid19.ncdhhs.gov/information/individuals-families-and-communities/wellness-resources>

COVID-19 has changed our lives and the possible impacts of uncertainty, stress, anxiety, or depression can be overwhelming. The following resources are available to help you cope.

ORGANIZATION	CONTACT	ABOUT
Hope4NC Helpline	1-855-587-3463	Connects individuals to mental health and resilience supports that help with coping skills and building resilience during times of crisis. Hope4NC is available 24 hours a day, seven days a week, with access to 711/TTY and interpreters, to everyone in North Carolina's 100 counties during the COVID-19 crisis.
Hope4Healers Helpline	919-226-2002	New initiative in partnership with the NC Psychological Foundation. Provides mental health and resilience supports for health care professionals, emergency medical specialists, first responders, other staff who work in health care settings, as well as teachers and school personnel.
Optum	866-342-6892	Toll-free 24-hour Emotional Support Help Line for people who may be experiencing anxiety or stress.
National Disaster Distress Helpline	1-800-985-5990	Crisis counseling and emotional support 24 hours a day.
Hopeline	919-231-4525 1-877-235-4525	Support available 24 hours a day. Hopeline's mission is to support people and save lives during times of crisis through caring, confidential conversations.
NC Alcohol and Drug Council	1-800-688-4232 Text 919-908-3196	If you or a loved one is struggling with alcohol or drug addiction, support is available 24 hours a day via the hotline. Learn more at www.alcoholdrughelp.org .
National Suicide Prevention Hotline	1-800-273-TALK	The National Suicide Prevention Hotline offers free and confidential support for people in distress, prevention and crisis resources and best practices for professionals.
The Trevor Project	www.thetrevorproject.org/	The Trevor Project provides 24/7 crisis support services to LGBTQ young people. Text, chat, or call anytime to reach a trained counselor.
NC Coalition Against Domestic Violence	1-800-799-7233 https://nccadv.org/get-help	Visit NC's Coalition Against Domestic Violence for a list of domestic violence service providers in your county.

<https://covid19.ncdhhs.gov/media/4278/download?attachment>

NC Coalition Against Sexual Assault	1-800-656-4673 https://nccasa.org/get-help/	Visit NC's Coalition Against Sexual Assault for a list of crisis centers.
NC Children with Special Health Care Needs Help Line	1-800-737-3028 CYSHCN.Helpline@dhhs.nc.gov	Free information and referral resource for parents, caregivers of and professionals who work with children and youth who have or are at risk for chronic physical, developmental, behavioral or emotional conditions, needing health services beyond the care that a child typically needs.
Crisis Text Line	Text HOME to 741741	Crisis Text Line is a global not-for-profit organization providing free mental health texting service through confidential crisis intervention via SMS (text) message. The organization's services are available 24 hours a day, every day, throughout the United States. Help is available for anxiety, depression, isolation, and eating disorders, among other crises.
QuitlineNC	1-800-QUIT-NOW (1-800-784-8669) American Indian Quitline: 888-7AI-QUIT (888-724-7848) Text READY to 200-400 to register via text	Provides free services to any North Carolina resident who needs help quitting commercial tobacco use. Special tailored help for: 1) people with mental health issues or substance use disorders 2) young people who want to quit vaping 3) pregnant women 4) African Americans, American Indians, Latinx and Asian and Pacific Islanders.
NCCare360	https://nccare360.org/request-assistance/	NCCARE360 is the first statewide coordinated care network to better connect individuals to local services and resources.
Community Health Workers	www.ncdhhs.gov/media/10809/download	A Community Health Worker is a frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This worker serves as a liaison/link/intermediary between health/social services and the community. They connect North Carolinians affected by COVID-19 with needed services and support.
Pandemic Electronic Benefit Transfer (P-EBT) Program	https://covid19.ncdhhs.gov/media/3717/download?attachment	Pandemic EBT (P-EBT) is a food assistance program that helps families with children who are unable to access free or reduced-price meals at school when they are not physically present because of COVID-19. Benefits are provided on a debit-like card and can be used to buy food at stores that accept EBT.
Local Management Entity/Managed Care Organization (LME/MCO)	www.ncdhhs.gov/providers/lmemco-directory	LME/MCOs manage publicly funded services for individuals with mental disorders, substance use disorders, intellectual and developmental disabilities, and traumatic brain injuries. Visit the link to determine which LME/MCO supports services in each county.
NC Problem Gambling Helpline	1-877-718-5543 https://morethanagame.nc.gov/ Text 'morethanagamenc' to 53342 for text assistance	24/7 no cost confidential helpline in English, Spanish and 250 other languages. Call, text or chat online with a licensed clinician trained to provide support and diagnose gambling disorder. Helpline staff can refer those experiencing problem gambling or the effects of problem gambling to a variety of no-cost treatment options.

Key Points

- Many infants, children and adolescents are behind on well child visits and at risk for unmet needs
- Vaccine hesitancy can be addressed using the CASE model, building trust, and strong presumptive recommendations
- Consider using the NCIR Reminder/Recall Report
 - Also use the Benchmark Report
- Screen adolescents for depression & suicide risk during well and consider during sick visits



Picture with permission from parents on file

Thank You!

Questions?

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Gerri Mattson, MD, MSPH, FAAP



<https://pixabay.com/photos/woman-young-smile-curly-hair-girl-6600772/>