School-age & Adolescent Screening Toolkit
(Psychosocial Risks and Strengths)
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Child and Adolescent Behavioral Health Screening Toolkit

This toolkit is designed to assist pediatric and primary care providers in screening patients for behavioral health and psychosocial concerns as well as for strengths. The screeners in this kit include broad screens for primary surveillance as well as targeted screens for follow-up. **There is a separate toolkit for Adolescent Depression Screening done routinely at well-visits.**

**Toolkit Contents:**

- Rationale for Screening
- Clarification of Terms
- Example Workflow
- Screening Grid by Age and Clinical Target
- Screening Survey
- Screening Tools
- Link to Adolescent Depression Screening Toolkit

Your network QI and Behavioral Health Departments can support your practice’s programmatic implementation of behavioral health screening tools for your child and adolescent populations. Please contact us with your questions and needs or complete the short survey which will let us know which tools you are using and any areas you would like to learn more about. Our behavioral health team can provide individualized support and training at your pace.

**Contact** (Examples)

QI Specialist

Integrated Care Manager

Pediatric Program Coordinator

Network Psychiatrist
Engaging Adolescents: Healthcare for Teens

Video series available at: www.communitycarenc.org/population-management/pediatrics/engaging-adolescents/

CCNC Pediatrics: Social/Emotional Development

“Of children that receive mental health treatment, 47% receive care in a Medical Home.”

Get the Facts:

> Just one-third of all adolescents with mental illness are identified and receive services.
> [Screenings] offer the potential to intervene early and, in some cases, to prevent fully developed mental, emotional, and behavioral disorders.
> Screening for mental illness with an evidence-based tool in primary care settings has proven effective and is significantly more accurate than the informal interview method.
> Early intervention does not always require referral to mental health services.
> Pediatricians and other primary care providers regularly manage mild to moderate mental health disorders within their practice.
> Approximately 20% of adolescents suffer from a mental disorder.

What Teens Think:

“...most issues are mental like anxiety, stress, worry, and overthinking. They do all not need to be treated with medicine; they need someone to say these feelings are normal and give ways to cope.”

“...My doctor never has asked me about depression or anxiety issues, which I think could help…”

“I didn’t know depression was something that is normal to talk to your doctor about.”

“I would like more alone time with my doctor.”

“...ask us things so we don’t have to take the first step.”

CCNC National Survey of Teenagers ages 13-18

Additional reimbursement is available for Social/Emotional Screenings of school age and adolescent children ages 6 through 20.

- For PSC or PSC-Y billing code: Medicaid - 96127 EP  Health Choice - 96127TJ
- For Bright Futures/GAPS billing code: Medicaid - 96160 EP  Health Choice - 96160TJ

FREE validated screening tools and guidance regarding the use of screenings are available through your local QI Coordinator.
Clarification of Terms:

Surveillance:
- Routine elicitation of family/patient concerns about development, behavior, or learning.
- Generally accomplished by conversation and observation.

Screening:
- Primary screening - formal screening done with the total population to identify those who are at risk.
  - Examples include PSC, SDQ, Bright Futures Adolescent Supplemental, GAPS, and HEADSSS
  - These are tools with validation and cutoff scores, except the adolescent screens that are formal surveillance tools.

Social-emotional screening:
- More specific screening done when risk is identified on a primary screen.
- Examples include the SCARED, CDI, CES-DC, PHQ-Modified for Adolescents, Vanderbilt, Conners…
- Note that a specific screen may be used as a primary screen if there is known risk in a given population.
  - Examples include PHQ-9 Modified for Adolescents, CRAFFT

Evaluation/Assessment:
- Goes beyond screening to ascertain diagnosis and develop recommendations for intervention or treatment.
- This is generally not done by the primary care medical home, unless co-located or integrated professionals are in the practice.
  - For example, evaluation is done in the schools, by a developmental & behavioral pediatrician, a psychologist, a psychiatrist, a geneticist, etc.

Role of the Medical Home:
- Develop a reliable system for integration of surveillance, screening, referral, follow-up, and linkage to resources into the office workflow.
- Develop relationships with specialists & community agencies to include standardized referral and feedback processes.
- Follow criteria for referral after a positive screen. There is no rationale for a “wait and see” approach as it delays early intervention.

Billing & Coding (if these codes are used at a Well Visit, must add EP modifier):

96160:
- Can code two per visit
- Code pays $7.91 (at well visit and at E+M visit)
  - Examples: Bright Futures Adolescent Supplemental Questionnaire, GAPS, HEADSSS

96127:
- Can code two per visit
- Code pays $4.10 (at well visit and at E+M visit)
  - Examples: PSC, SCARED, CDI, CES-DEC, PHQ-9 Modified for Adolescents, Vanderbilt, Conners

99408:
- May be reported in addition to E/M or Health Check
- Code pays $30.73 (only code if screen is positive & counseling is documented from 3-15 minutes)
  - Examples: CRAFFT for Substance Use/Abuse
# How to Implement School-Age & Adolescent Social-Emotional Screenings in Your Practice

## Choose Appropriate Screening Tools

- Review school age and adolescent screening tools
- Choose a general screen to be used at Well Care Visits
- Choose condition-specific screening tools for areas of concern

## Implement screening tools into practice workflow

- Identify current process for screening patients (PSC, GAPS, etc.)
- Opportunities for improvement?
- Test changes with 1 MA/provider team
- Train staff and implement

## Consider:

- Using MAs to support provider (ie: scoring)
- How to input screening into EHR
  - Enter results and document discussion
  - Scanned into EHR (not mineable)
- Billing for screenings – 96160 or 96127 - up to 2 per visit
- How to interpret screens
  - Seek support from local network pediatric team if needed
- When to refer/when to treat
  - Consider consultation with a Developmental and Behavioral Pediatrician or a Child and Adolescent Psychiatrist

To learn more, or to schedule an in-service, contact:

QI Specialist name and contact info:

____________________________________________________________________________________
**HEALTHY CHILD AND ADOLESCENT DEVELOPMENT PROMOTION AND SCREENING FOR RISK**

<table>
<thead>
<tr>
<th>Visit</th>
<th>Primary Screen/Surveillance</th>
<th>Concern</th>
<th>Follow-up Screen</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE 6-10 YEARS</strong> every well visit</td>
<td>PSC/SDQ</td>
<td>Depressive symptoms</td>
<td>CES-DC CDI*</td>
<td>CBT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anxiety</td>
<td>SCARED</td>
<td>CBT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Learning/School Behavior Problems</td>
<td>Vanderbilt, Conners* school records</td>
<td>IEP for OHI/LD</td>
</tr>
<tr>
<td><strong>AGE 11-20 YEARS</strong> every well visit</td>
<td>Bright Futures Tools/GAPS/PSC-Y And PHQ-9, Modified for Adolescents</td>
<td>function</td>
<td>SDQ</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Learning/School Behavior Problems</td>
<td>Vanderbilt, Conners* school records</td>
<td>IEP for OHI/LD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anxiety</td>
<td>SCARED</td>
<td>CBT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Depression</td>
<td></td>
<td>CBT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Substance Use/Abuse</td>
<td>CRAFFT</td>
<td>E-B Therapy</td>
</tr>
</tbody>
</table>

*Note: Some screens may need to be purchased and are not provided in this toolkit.*

**LEGEND**

E-B – evidence-based (see AAP toolkit: Addressing Mental Health Concerns in Primary Care)

EI – Early Intervention

Part C of IDEA – Early Intervention for 0-3 year olds

Part B of IDEA – Early Intervention for 3-5 year olds

CBT – Cognitive Behavioral Therapy

IEP – Individualized Education Plan

LD – Learning Disability

SCHOOL AGE AND ADOLESCENT SOCIAL/EMOTIONAL SCREENING SURVEY:

Thank you for completing this survey! Your responses will help us to support you in individualizing which screening tools are best for your practice.

Please fax your completed survey to your network QI Specialist at ________________________

Practice Name: ____________________________________________________________

Your Name and Role: _______________________________________________________

Contact Information: _______________________________________________________

Assess current protocols: Developmental Screening and Surveillance.

1A) Please enter your screening activities by age group on the chart below.

<table>
<thead>
<tr>
<th>We have School Age and Adolescent Risk Assessment Screening/Formal Surveillance Tools for our general patient population. (circle yes or no)</th>
<th>6-10 years old</th>
<th>11-20 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please write in which tools you use: (i.e. PSC, Bright Futures Adolescent Supplemental, GAPS, Bright Futures, informal checklist, etc)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>We have Targeted Screening tools to use when suspect for specific conditions (circle yes or no)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please write in which tools you use: (i.e. Vanderbilt/Conners (ADHD), CRAAFT (Substance use), etc)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1B) When do you commonly screen school age and adolescents for developmental and social/emotional status? (Please circle all that apply)

- Routinely at all Well Care Visits
- Upon Concern
- Upon Parental Request

1C) Do you have a referral process for positive screenings (Please circle Yes/No):

- Yes
- No

OVER PLEASE →
SCHOOL AGE AND ADOLESCENT SOCIAL/EMOTIONAL SCREENING SURVEY (continued):

Assessing current protocols: Comfort with Treating in Your Practice.

2A) For mild/moderate diagnoses, please note which conditions below you currently treat for at your practice: (Please circle Yes/No)

<table>
<thead>
<tr>
<th>Condition</th>
<th>6-10 years old</th>
<th>11-20 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Depression</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

2B) For mild/moderate diagnoses, please note which conditions below you routinely refer out of office? (Please circle Yes/No)

<table>
<thead>
<tr>
<th>Condition</th>
<th>6-10 years old</th>
<th>11-20 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Depression</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Other (ie. ODD, Bipolar, substance abuse)</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

3) A Practice Champion is the “voice” of the quality improvement initiative. Are you interested in being the Champion for your practice? (Please circle Yes/No)

Yes    No

4) Is your practice a certified Patient Centered Medical Home (PCMH)? (Please circle Yes/No)

Yes    No

4A) If your practice is PCMH certified or is currently working on PCMH, please list your 3 chosen conditions.

<table>
<thead>
<tr>
<th>Condition 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition 2</td>
</tr>
<tr>
<td>Condition 3</td>
</tr>
</tbody>
</table>

THANK YOU!

Please fax your completed survey to your network QI Specialist at _____________
Child and Adolescent Behavioral Health Screening Toolkit

Provider,

Please feel free to contact the local network team below regarding use and programmatic implementation of this toolkit. You may also start the process by taking the survey included in this packet. If you would like an electronic version of this toolkit, as well as access to the screening tools, please browse to this address:  https://www.communitycarenc.org/population-management/pediatrics/

Link to Adolescent Depression Toolkit

We look forward to working with you and your practice to benefit children and adolescents in our community.

Warm Regards,
Local network

Contact Examples

QI Specialist

Integrated Care Manager

Pediatric Program Coordinator

Network Psychiatrist