



Community Care
OF NORTH CAROLINA

Child & Adolescent Behavioral Health Screening Toolkit

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Introduction

This toolkit is designed to assist pediatric and primary care providers in screening patients for behavioral health and psychosocial concerns. The screeners in this kit include broad screens for primary surveillance as well as targeted screens for follow-up.

Toolkit Contents:

- Rationale for Screening
- Clarification of Terms
- Example Workflow
- Screening Grid by Age and Clinical Target
- Screening Survey
- MOC IV Certification - Free
- Screening Tools

Your local network's 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

CCNC Pediatrics: Surveillance & Screening

2019: 2019-2020: 2020-2021

“Of children that receive: 2ntal 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.

See www.AAP.org/mentalhealth for more information.



What Teens Think:

“...most issues are mental like anxiety, stress, worry, and over-thinking. 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

Engaging Adolescents: Healthcare for Teens

Video series available at: <https://www.communitycarenc.org/what-we-do/clinical-programs/pediatrics/engaging-adolescents-videos>.

NC DMA has responded to the need for Social/Emotional Screenings in children

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.

CCNC Pediatrics: Surveillance & Screening

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, GAPS, and HEADSSS.
- These are tools with validation and cutoff scores, except the adolescent screens that are formal surveillance tools.

Secondary screening:

More specific screening done when risk is identified on a primary screen.

Examples include the SCARED, CDI, CES-DC, PHQ-A, 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 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:

99420 + EP:

Can code two per visit

Code pays \$7.90 (at well visit and at E+M visit)

- Examples: PSC, BF, GAPS, HEADSSS, SCARED, CDI, CES-DC, PHQ-A, Vanderbilt, Conners

99408 + EP:

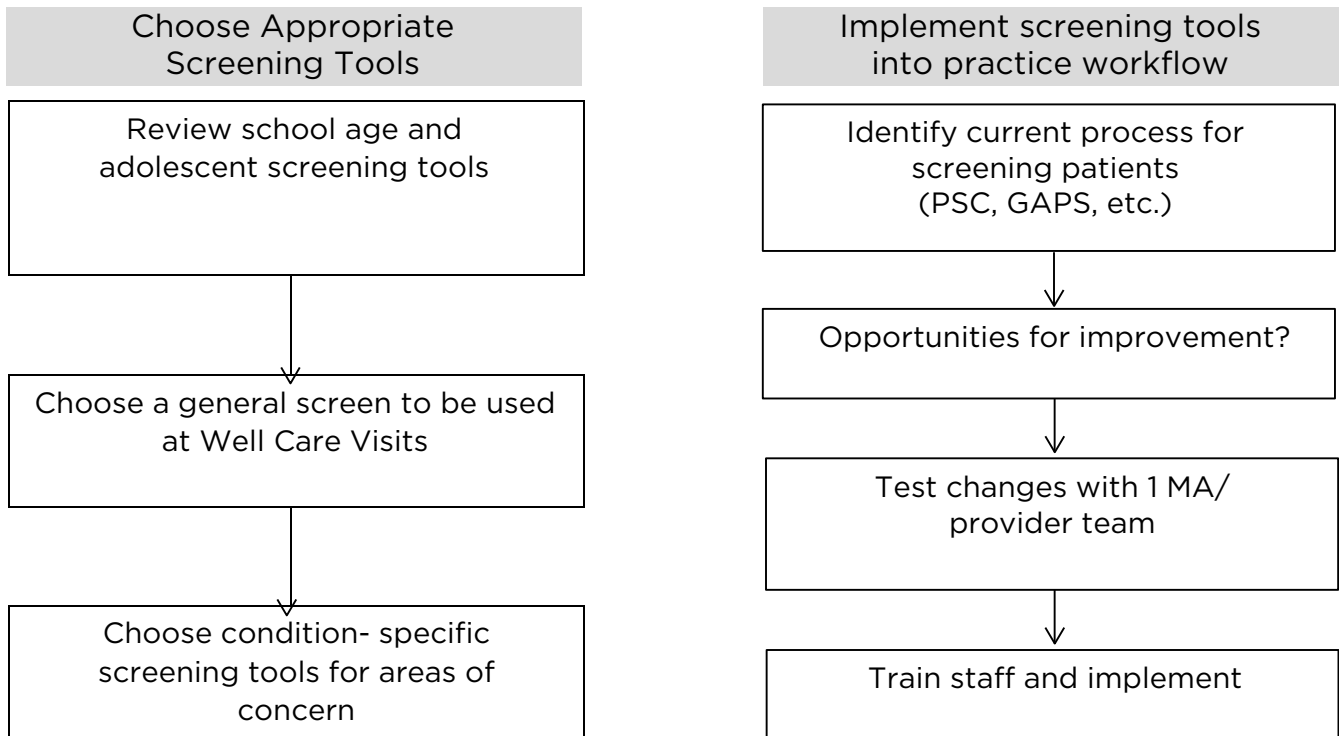
May be reported in addition to E/M or Health Check

Code pays \$30.73 (only code if screen is positive & counseling is documented from 3-15 minutes)

- Examples: CRAFFT for Substance Use/Abuse

CCNC Pediatrics: Surveillance & Screening

How to Implement School-Age & Adolescent Social-Emotional Screenings in Your Practice



Consider:

- Using MAs to support provider (ie: scoring)
- How to input screening into EHR
 - Enter in EHR (so answers can be mined for tracking)
 - Scanned into EHR (not mineable)
- Billing for screenings - 99420 - \$7.90 (up to 2 per visit)
- How to interpret screens
 - Seek support from local network behavioral health staff if needed
- When to refer/when to treat
 - Consider an in-service from your Network Psychiatrist

To learn more, or to schedule an in-service, contact:
[QI Specialist enter contact info](#)

CCNC Pediatrics: Surveillance & Screening Healthy Child and Adolescent Development Promotion and Screening for Risk

Visit	Primary Screen/Surveillance	Concern	Follow-up Screen	Intervention
AGE 6-10 YEARS every well visit	PSC17/SDQ	Depressive symptoms	CES-DC CDI*	CBT
		Anxiety	SCARED	CBT
		Learning/School Behavior Problems	Vanderbilt, Conners* school records	IEP for OHI/LD
AGE 11-20 YEARS every well visit	Bright Futures Tools/GAPS/PSC-Y	Function	SDQ	
		Depressive symptoms	PHQ-9 Adol	CBT
		Anxiety	SCARED	CBT
	Learning/School Behavior Problems	Vanderbilt, Conners* school records	IEP for OHI/LD	
	CRAFFT	Substance Use/Abuse		E-B Therapy

Download Tools at <http://tinyurl.com/child-adolescent-BH-toolkit>

**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

Adapted from Earls, M, "Developmental Surveillance and Intervention," Textbook of Pediatric Care, Thomas McNerny, MD et al (ed.), American Academy of Pediatrics, 2009.

CCNC Pediatrics: Surveillance & Screening

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 [enter QI Specialist contact info](#)

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.

	6-10 years old	11-20 years old
We have School Age and Adolescent Risk Assessment Screening/Formal Surveillance Tools for our general patient population. (circle yes or no)	Yes/No	Yes/No
Please write in which tools you use: (i.e. PSC, PSC 17, GAPS, Bright Futures, informal checklist, etc)		
We have Targeted Screening tools to use when suspect for specific conditions (circle yes or no)	Yes/No	Yes/No
Please write in which tools you use: (i.e. PHQ-9a (adolescent depression), Vanderbilt/Conners (ADHD), CRAAFT (Substance use), etc		

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:

Yes

No

CCNC Pediatrics: Surveillance & Screening

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)

Condition	6-10 years old	11-20 years old
ADHD	Yes/No	Yes/No
Depression	Yes/No	Yes/No
Anxiety	Yes/No	Yes/No

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

Condition	6-10 years old	11-20 years old
ADHD	Yes/No	Yes/No
Depression	Yes/No	Yes/No
Anxiety	Yes/No	Yes/No
Other (ie. ODD, Bipolar, substance abuse)		

3) A Practice Champion is the “voice” of the quality improvement initiative. Are you interested in being the Champion for your practice?

Yes No

4) Is your practice a certified Patient Centered Medical Home (PCMH)?

Yes No

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

Condition 1	
Condition 2	
Condition 3	

THANK YOU!

Please fax your completed survey to [enter QI Specialist contact info](#)

CCNC Pediatrics: Surveillance & Screening

MOC Part IV Activity

Comprehensive Adolescent Health Screening

The NC Pediatric Society and the NC Academy of Family Physicians partnered with Community Care of North Carolina to develop and pilot test this activity module.



Activity Overview

As you embark on the MOC IV certification process, you will be happy to know that North Carolina has developed and received approval for the “*Comprehensive Adolescent Health Screening*” module that you can select for your Performance in Practice quality improvement activity. This activity, approved by both the ABFM and ABP, is intended for family physicians and pediatricians (*other providers also are welcome*), and has been approved for 20 AAFP Prescribed CME credits. This activity has been piloted with a group of 30 providers from around the state.

Beginning November 1, 2012, interested providers may register and complete this activity at their convenience, depending on when you need to complete your MOC IV requirements. An estimated time-frame for completion of this activity is 5-6 months.

Activity Goal

The aim of this project is to improve the delivery of care for adolescent patients in pediatric and family practices. This intervention will assess the various practices and protocols in place for working with the adolescent population.

Registration

Beginning November 1, 2012, you may register for the activity here: <http://mociv.ncafp.com/>. Additionally, please send an email to Cameron Graham at cgraham@communitycarenc.org, to notify her of your intention to complete this activity. Cameron is the MOC IV Activity Director, and consultant to the NC Pediatric Society and the NC Academy of Family Physicians. For additional questions, please contact your CCNC QI Specialist, enter **QI Specialist contact info**.

Participant Expectations

During the activity, the Physician will:

1. Assess the policies and procedures currently in place regarding the intake and screening of adolescents utilizing the **pre/post assessment**.
2. Enter **at least 3 separate chart extractions** into activity database from 10 retrospective patient charts from adolescent well check visits. If you do not have enough unique adolescent charts, you may pull charts from other providers in your practice.
3. Audit the 6 learning collaboratives archived on the activity website.
4. Implement revised policies and procedures.
5. Evaluate the activity model using **activity evaluation** at the end of activity period.

Learning Collaboratives That You Will Need To Audit *(Located on Activity Website)*

- o *Session 1: Adolescent Wellcare and Confidentiality Protocols*
- o *Session 2: Identifying Risky Behaviors: Use of Appropriate Screening Tools*
- o *Session 3: Depression Screening*
- o *Session 4: Changing Behavior: Use of Motivational Interviewing Techniques*
- o *Session 5: Improving Adolescent Immunization Rates*
- o *Session 6: Provider/ Practice Showcase and Evaluation*

Activity Completion

Upon activity completion, the Activity Director, Cameron Graham, will complete a Physician Attestation form on your behalf regarding your completion of the activity in order to receive full MOC IV credit. Participants will need to utilize standard self-report procedure to attain CME credits and will receive a CME certificate. Please contact her with any questions about this MOC IV Activity by email at cgraham@communitycarenc.org. You can peruse the activity website here: <http://mociv.ncafp.com/>.

Activity Fee

The NC Pediatric Society and the NC Academy of Family Physicians received funding from Community Care of North Carolina's (CCNC) federal CHIPRA grant to develop and pilot test this activity. This funding will end after 3 years, and a nominal registration fee for participation in this activity may be incurred at that time. Providers who register between 2012-2014 can still participate for free due to the CHIPRA funding.

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/what-we-do/clinical-programs/pediatrics/tools/adolescent-screening>.

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