Remind me why we’re talking about this?

From the grant:

“Behavioral health is fully integrated into our demonstration grant as Category C which specifically focuses on the integration of behavioral health care within the medical home…”

**Pediatric Visits**

*Pediatrics*, 2006...24% of pediatric primary care visits involve behavioral, emotional or developmental concerns

**Suicide**

3rd leading cause of death - 15-24 yr olds
4th leading cause of death - 10-14 yr olds
It's a Jungle out there!

MADAME D. MENSONGES
FORTUNE TELLER

I see a bright future, a transformation:
Beauty, wings, elegance...

Hagen Cartoons: http://www.hagencartoons.com
You’ll never get me up in one of those things!

Artwork – Luke Hobbs, 8 yr old

http://kids.niehs.nih.gov/games/jokes/jokes_galore.htm
A butterfly has to break out of its cocoon and a bird has to tear and claw its way out of the shell. They don’t get to the next stage of their lives passively. And unfortunately, neither do adolescents.

—James Lehman
Adolescents in South Carolina

Mental health data for South Carolina

Positive social skills, ages 12-17, 2007

<table>
<thead>
<tr>
<th>Percent of adolescents ages 12-17 who:</th>
<th>South Carolina</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently exhibit positive social skills (according to parent)</td>
<td>88%</td>
<td>98%</td>
</tr>
</tbody>
</table>

Positive social skills is a composite measure of four positive social skills. Positive social skills are reported by parents and include respect for teachers and neighbors, getting along well with other children, trying to understand other people’s feelings, and trying to resolve conflicts with classmates, family, or friends.

Depressive symptoms among high school students (grades 9-12), 2011

<table>
<thead>
<tr>
<th>Percent of high school students who:</th>
<th>South Carolina</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless (during the 12 months before the survey)</td>
<td>30%</td>
<td>28%</td>
</tr>
<tr>
<td>Male</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>Female</td>
<td>38%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey.

Depressive episode, ages 12-17, 2009-2010

<table>
<thead>
<tr>
<th>Percent of adolescents ages 12-17 who:</th>
<th>South Carolina</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had at least one major depressive episode (during the 12 months before the survey)</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

According to the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV), a person is defined as having had major depressive episode in the other lifetime if he or she had at least five or more of the following nine symptoms nearly every day in the same two-week period, where at least one of the symptoms is a depressed mood or loss of interest or pleasure in daily activities (APA, 1994): (1) Depressed mood most of the day; (2) markedly diminished interest or pleasure in all or most activities most of the day; (3) significant weight loss when not dieting or weight gain when not pregnant or growing, or decrease or increase in appetite; (4) insomnia or hypersomnia; (5) psychomotor agitation or retardation; (6) fatigue or less of energy; (7) feeling of worthlessness; (8) difficulty in thinking or concentrating or decision making; and (9) recurrent thoughts of death or suicidal ideation. Respondents who have had a major depressive episode in their lifetime are asked if, during the past 12 months, they had a period of depression lasting 2 weeks or longer while also having some of the other symptoms mentioned. Those reporting that they have are defined as having had major depressive episode in the past year.

South Carolina (Mental health data continued)

Suicidal thoughts, attempts, and injuries among high school students (grades 9-12), 2011

<table>
<thead>
<tr>
<th>Percent of high school students who:</th>
<th>South Carolina</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriously considered attempting suicide (during the 12 months before the survey)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Male</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td>Female</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>Attempted suicide one or more times (during the 12 months before the survey)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Male</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Female</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Male</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Female</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Data notes and sources

All percentages have been rounded to the nearest whole number.

N/A: data do not exist on this measure for this state.

---

Office of Adolescent Health | Adolescent Health Facts
**SC – Kids and Suicide?**

### Leading Causes of Injury Deaths among Children by Age Group, SC 2006 to 2010

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1 years</td>
<td>Other and unspecified nontransport accidents and their sequelae (73%)</td>
<td>Homicide (17%)</td>
<td>Motor vehicle accidents (5%)</td>
</tr>
<tr>
<td>1 to 4 years</td>
<td>Motor vehicle accidents (28%)</td>
<td>Homicide (23%)</td>
<td>Accidental drowning and submersion (21%)</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>Motor vehicle accidents (46%)</td>
<td>Homicide (19%)</td>
<td>Accidental drowning and submersion (13%)</td>
</tr>
<tr>
<td>10 to 14 years</td>
<td>Motor vehicle accidents (48%)</td>
<td>Suicide (12%)</td>
<td>Accidental drowning and submersion (11%)</td>
</tr>
<tr>
<td>15 to 17 years</td>
<td>Motor vehicle accidents (57%)</td>
<td>Homicide (15%)</td>
<td>Suicide (11%)</td>
</tr>
</tbody>
</table>

1. **South Carolina Child Suicides**

For South Carolina children ages 10 to 14, suicide is the second leading cause of injury deaths. For South Carolina children ages 15 to 17, suicide is the third leading cause of injury deaths.

Data Source: SC Department of Health and Environmental Control
**MSW** may stand for **must save the world**, but remember, **MD stands for my decision!**
## Mental Health Practice Readiness Inventory

<table>
<thead>
<tr>
<th>Community Resources</th>
<th>Health Care Financing</th>
<th>Support for Children and Families</th>
<th>Clinical Info Systems/Delivery Systems Redesign</th>
<th>Decision Support for Clinicians</th>
</tr>
</thead>
</table>
| • Inventory of available providers  
• Knowledge needed to access cores services  
• Collaborative relationships with key providers | • 3rd party payers – providers, authorizations, payers  
• Coding – to capture payment | • First contact – feel welcome  
• Culturally effective MH care  
• Mental health promotion  
• Confidentiality  
• Adolescents – MH/SA  
• Engage patient in MH dialogue  
• Self and family management – self-care  
• Referral assistance  
• Care coordination for MH needs  
• Special populations  
• Family centeredness  
• QI – for kids with MH needs | • Registry to id kids with MH/SA issues  
• Recall and reminder for kids on the registry  
• Med Management  
• Emergency – plan in place for handling psychiatric emergencies  
• Information exchange related to community resources  
• Tracking systems to monitor progress  
• Care plans – interdisciplinary  
• Collaborative models of care for kids with MH needs  
• Interactive web-based tools  
• Screening and assessment | • Functional assessment – how does the MH /SA issue affect functioning  
• Clinical Guidance – training areas  
• Protocols for kids with MH issues and to help foster self-mgmt  
• Psychiatric Consultation – access to psychiatrist  
• Screening and surveillance – to elicit MH/SA problems and identify family strengths and risks |
2012 and 2013 QTIP Averages and Total Possible Points for each AAP Mental Health Practice Readiness Inventory Dimension

<table>
<thead>
<tr>
<th>Dimension</th>
<th>QTIP Average 2012</th>
<th>QTIP Average 2013</th>
<th>Total Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Resources</td>
<td>6.7</td>
<td>6.5</td>
<td>9</td>
</tr>
<tr>
<td>Health Care Financing</td>
<td>4.8</td>
<td>4.1</td>
<td>6</td>
</tr>
<tr>
<td>Support For Children &amp; Families</td>
<td>25.4</td>
<td>24.3</td>
<td>36</td>
</tr>
<tr>
<td>Clinical Info/Systems Redesign</td>
<td>17.3</td>
<td>18.4</td>
<td>30</td>
</tr>
<tr>
<td>Decision Support for Clinicians</td>
<td>9.8</td>
<td>9.8</td>
<td>15</td>
</tr>
</tbody>
</table>
The Butterfly Effect

the phenomenon whereby a small change at one place in a complex system can have large effects elsewhere

e.g., a butterfly flapping its wings in Rio de Janeiro might change the weather in Chicago

http://www.thefreedictionary.com/butterfly+effect
“One of the benefits of QTIP is that you have started a community dialogue.”

~Ken Fenchel, Sandhills Pediatrics
We are but small butterflies in the garden of life. ~Carston D. Roach

Community Resources

• Inventory of available providers

• Knowledge needed to access cores services

• Collaborative relationships with key providers
Community Resources

- Inventory of available providers
- Knowledge needed to access cores services
- Collaborative relationships with key providers

Community Visits...

11 practices with 10 DMH centers (10 of the 17)
6 practices with 3 family groups and
11 practices with 11 other local resource/providers

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>DMH</th>
<th>Family Groups</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>AnMed Health Children's Healthcare Center</td>
<td>Family Connection July '12</td>
<td>Marshall I Pickens, May '12</td>
<td></td>
</tr>
<tr>
<td>Barnwell Pediatrics PA</td>
<td>Polly Best DMH July '12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beaufort Pediatrics</td>
<td>Coastal Empire DMH May '13</td>
<td>NAMI - Feb '12</td>
<td>Beaufort Alliance - Fall '11; First Steps March '12</td>
</tr>
<tr>
<td>BJHCHS</td>
<td>Coastal Empire DMH May '13</td>
<td>Beaufort Alliance - Fall '11</td>
<td></td>
</tr>
<tr>
<td>Carolina Pediatrics (Cheraw)</td>
<td></td>
<td>First Steps Mar '12 (not present)</td>
<td></td>
</tr>
<tr>
<td>Carolina Pediatrics (Columbia)</td>
<td>Columbia DMH March '12; Lex DMH Psychiatrist May '13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center for Pediatric Medicine</td>
<td>Piedmont DMH Sept '12; Greenville DMH Mar '13</td>
<td>Marshall I Pickens, May '12</td>
<td></td>
</tr>
<tr>
<td>CHOC</td>
<td>Lexington DMH 10/11; Columbia DMH March '12; Lex DMH April '13; Lex DMH Psychiatrist May '13</td>
<td>PASOs Jan '13; PASOs Health Fair May '13</td>
<td></td>
</tr>
<tr>
<td>Eastern Carolina Pediatric Associates</td>
<td></td>
<td>First Steps Mar '12</td>
<td></td>
</tr>
<tr>
<td>Little River Medical Center</td>
<td>NAMI - Oct '12</td>
<td>DMH - TTI Grant Oppt.</td>
<td></td>
</tr>
<tr>
<td>MUSC Pediatric Primary Care</td>
<td>Charleston DMH Fall '11; Berkeley Jan '12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPAC</td>
<td>Lexington DMH 10/11; Columbia DMH March '12; Lex DMH Psychiatrist May '13</td>
<td>NAMI - June '12</td>
<td>DMH - TTI Grant Oppt.</td>
</tr>
<tr>
<td>PPLC</td>
<td>Catawba DMH Feb '12</td>
<td>Cabarrus County Integration Fall '11; DHHS Prior Auth Dec '12</td>
<td></td>
</tr>
<tr>
<td>Rock Hill Pediatric Associates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sandhills Pediatrics</td>
<td>Lexington DMH 10/11; Columbia DMH March '12; Kershaw DMH Aug '12; Lex DMH April '13; Lex DMH Psychiatrist May '13</td>
<td>Family Connection Aug '12</td>
<td>Three Rivers July '12; DHHS - credentialing Oct '12</td>
</tr>
<tr>
<td>Stono Pediatrics</td>
<td>Charleston DMH Fall '11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sumter Pediatrics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Children's Center of Carolina Health Centers</td>
<td></td>
<td>DMH - TTI Grant Oppt.; Home visiting &amp; ECCS</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>11 Practices/ 10 DMH Centers</td>
<td>6 Practices/ 3 Family Groups</td>
<td>11 Practices/ 11 Other Opportunities</td>
</tr>
</tbody>
</table>
Lists of MCO providers

Outreaching to providers on list using AAP Toolkit Letters
Referral and Feedback Forms...

Stono Pediatrics
Proper St. Francis Physicians
Helen R. Bertrand, M.D., F.A.A.P.
325 Folly Rd Suite 103
Charleston, SC 29412
Phone: 843-795-9179
Fax: 843-795-5889

PRIMARY CARE FEEDBACK FORM
Mental Health update

Date: _ (Initial) _ (Follow-up)
Patient’s Name: __________________ DOB: ___________ phone: ___________
Address: ____________________ Parent’s Name: __________________
Date(s) Patient Seen: ____________________ Address: __________________
Reason(s) for Referral: ____________________ Phone: ___________
Specific Questions/Requests: ____________________

Consultant’s Report

Date(s) Patient Seen:
1. Patient did not keep appointment.
   2. Patient not seen within 60 days.
Initial Diagnoses:
1. ____________________
2. ____________________

Recommendations:

Medications prescribed:
1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________

Name (type or print) ____________________ Signature ____________________
Fax to 843-795-5889

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or legally privileged information. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message. Any unauthorized review, use, disclosure, or distribution is prohibited. Thank you.
Community Resources

- Inventory of available providers
- Knowledge needed to access cores services
- Collaborative relationships with key providers

“Teaching a child not to step on a caterpillar is as valuable to the child as it is to the caterpillar.”

~ Bradley Millar
Health Care Financing

- 3rd party payers – providers, authorizations, payers
- Coding – to capture payment

“In my world, everyone's a pony and they all eat rainbows and poop butterflies!” — Dr. Seuss
Health Care Financing

• 3\textsuperscript{rd} party payers – providers, authorizations, payers
• Coding – to capture payment
Still work to be done...

- DHHS is working on the policies around authorizations
- MCOs have different authorization policies
- System of Care Grant
- CMS/SAMSHA bulletin published May 7, 2013 – Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Concerns
Support for Children and Families

• First contact – feel welcome
• Culturally effective MH care
• Mental health promotion
• Confidentiality
• Adolescents – MH/SA
• Engage patient in MH dialogue
• Self and family management – self-care
• Referral assistance
• Care coordination for MH needs
• Special populations
• Family centeredness
• QI – for kids with MH needs

Just living is not enough, said the butterfly. One must have sunshine, freedom and a little flower.

Hans Christian Andersen
Support for Children and Families

- First contact – feel welcome
- Culturally effective MH care
- Mental health promotion

Beaufort’s Bulletin Boards
Pal Peds – started giving out informational handouts at 6-10 yr WCC to set the stage for MH screenings later
Support for Children and Families

- First contact – feel welcome
- Culturally effective MH care
- Mental health promotion
- Confidentiality
- Adolescents – MH/SA
- Engage patient in MH dialogue
- Self and family management – self-care
- Referral assistance
- Care coordination for MH needs
- Special populations
- Family centeredness
- QI – for kids with MH needs

TEEN WELLNESS

At LRMC, our physicians and nurses are trained to respect and protect the special health needs and confidentiality of their teen patients. We provide a well-coordinated, multi-disciplinary approach to the treatment of medical, social, emotional, sexual, educational and nutritional concerns confronting youths 12 to 18 years old.

Teens face a number of barriers to accessing quality health care services, including lack of knowledge about places in the community where they can access information about reproductive health care as well as questions about their rights, privacy, and confidentiality. Our specially-trained staff provides confidential services for teens including:

- Physicals and sports physicals
- Immunizations for school or college
- Pap tests
- Pregnancy testing
- Abstinence counseling
- Birth control, including emergency birth control
- STD testing and treatment
- HIV/AIDS testing and counseling

In South Carolina, a minor under the age of 18 has the right to:

- Confidential access to contraceptive services
- Confidential prenatal care, including pregnancy testing and ultrasound services
- Confidential testing and treatment for HIV/AIDS
- Confidential testing and treatment for sexually transmitted diseases (STD’s) or sexually transmitted infections (STIs)
Support for Children and Families

• Culturally effective MH care
• Engage patient in MH dialogue
• Self and family management – self-care
• Referral assistance
• Care coordination for MH needs
• Special populations
• Family centeredness
• QI – for kids with MH needs

CHOC and Families...

• Hispanic Families Health Fair...
• Asking families when they leave the office about their experiences that day...
Support for Children and Families

- Culturally effective MH care
- Engage patient in MH dialogue
- Self and family management – self-care
- Referral assistance
- Care coordination for MH needs
- Special populations
- Family centeredness
- QI – for kids with MH needs

Referral Assistance/Care Coordination
- 10 have Parent Partners though QTIP and Family Connection partnership
- 2 of you have Community Health Workers

BJHCHS
- NAMI of Beaufort leading to Family Classes at their location

Carolina Peds of Cheraw
- Connected to their First Steps
- Connected a child with grief camp after the parent died
“Adding wings to caterpillars does not create butterflies, it creates awkward and dysfunctional caterpillars. Butterflies are created through transformation.”

~Stephanie Marshall
Multiple Visits....
Clinical Info Systems/Delivery Systems Redesign

- Registry to id kids with MH/SA issues
- Recall and reminder for kids on the registry
- **Med Management**
- Emergency – plan in place for handling psychiatric emergencies
- Information exchange related to community resources
- Tracking systems to monitor progress
- Care plans – interdisciplinary
- Collaborative models of care for kids with MH needs
- Interactive web-based tools
- Screening and assessment

Dr. Edwards has started Group ADHD visits
Barnwell provides following handout to patients and parents....

**Medication Guide**

**About Using Antidepressants in Children and Teenagers**

What is the most important information I should know if my child is being prescribed an antidepressant?

Parents or guardians need to think about 4 important things when their child is prescribed an antidepressant:

1. There is a risk of suicidal thoughts or actions
2. How to try to prevent suicidal thoughts or actions in your child
3. You should watch for certain signs if your child is taking an antidepressant
4. There are benefits and risks when using antidepressants

*handout goes on to explain each of these four statements*...

Barnwell provides following handout to patients and parents....

**Antidepressant Contract Between Parent/Patient/Provider**

A handout has been given to me and explained on the risks and benefits of using an antidepressant. I am fully aware there have been instances of increased suicidal thoughts and attempts of patients who are taking antidepressants. I am also aware that if I do not adhere to the counseling schedule set by my provider, antidepressants will no longer be prescribed for me.

**Patient Signature** _______________ **Date** _______________

A handout has been given to me and explained on the risks and benefits of my child using an antidepressant. I am fully aware there have been instances of increased suicidal thoughts and attempts by patients who are taking antidepressants. I am also aware that if my child does not adhere to the counseling schedule set by their provider, antidepressants will no longer be prescribed. I would like to start my child on an antidepressant at this time being fully aware of the explained risks and benefits. I agree to monitor the administration and attitude of my child while he/she is taking the antidepressant and will report any questionable behavior to their provider immediately.

**Parent Signature** _______________ **Date** _______________

**Provider Signature** _______________ **Date** _______________
Beaufort Peds – added consent to top of Edinburgh

Clinical Info Systems/Delivery Systems Redesign

- Registry to id kids with MH/SA issues
- Recall and reminder for kids on the registry
- Med Management
- Emergency – plan in place for handling psychiatric emergencies
- Information exchange related to community resources
- Tracking systems to monitor progress
- Care plans – interdisciplinary
- Collaborative models of care for kids with MH needs
- Interactive web-based tools
- Screening and assessment

EDINBURGH POSTNATAL DEPRESSION SCALE

Healthy Mommies make Healthy Babies and we want to ensure the best possible care for our family. I, _________________ (mother’s name) give permission to share this information with my OB or general practitioner if my pediatrician/healthcare provider at Beaufort Pediatrics feels it is in the best interest for me or my infant/children.

EDINBURGH POSTNATAL DEPRESSION SCALE

Today’s Date: __ / __ / ___  Weeks pregnant: ____  or weeks postnatal: _____

Baby Name: ___________________  Given Name(s): _______________  TOTAL SCORE __

INSTRUCTIONS:
Please colour in one circle for each question that is the closest to how you have felt in the past seven days.

1. I have been able to laugh and see the funny side of things:
   o As much as I always could
   o Not quite as much now
   o Definitely not so much now
   o Not at all

2. I have looked forward with enjoyment to things:

3. I have not felt like I have had the energy to:

4. I have been feeling down and blue:

5. I have been having trouble sleeping:

6. Things have been getting on top of me:
   o Yes, most of the time I haven’t been able to cope at all
   o Yes, sometimes I haven’t been coping as well as usual
   o No, most of the time I have coped quite well
   o No, I have been coping as well as ever

7. I have been so unhappy that I have:

8. I have thought more about death or ending my life than I used to:
   o Yes, most of the time
   o No, most of the time
Other ideas...

- Many of you have set up recall and reminder systems for your children on ADHD medications
- AnMed – did PDSA cycles looking at depression medication management
- Three of our Midlands practices are working with their local DMH center on feedback loops
- We are continuing to offer and have practices participate in UMASS training
- Several of you are still considering your options around co-located behavioral health providers
Integration - a balancing act...
“Grown-ups love figures. When you tell them that you have made a new friend, they never ask you any questions about essential matters. They never say to you, What does his voice sound like? What games does he love best? Does he collect butterflies...”

~Antoine de Saint-Exupéry, The Little Prince, 1943
# SC QTIP Recommended Routine Screening Protocol

<table>
<thead>
<tr>
<th>Babies and Preschoolers</th>
<th>Elementary School</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Developmental Screening</strong> ALL:</td>
<td><strong>All:</strong></td>
<td><strong>All:</strong></td>
</tr>
<tr>
<td>ASQ-3 or PEDS MCHAT</td>
<td>PSC – parent report</td>
<td>PSC-Y 11+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychosocial/Environmental Risk Factors - ALL</th>
<th>If indicated:</th>
<th>If indicated or desired:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edinburgh Post-Partum depression screen for moms SEEK-PSQ</td>
<td>SCARED – 8+ Vanderbilt</td>
<td>Modified PHQ-9 CRAFFT SCARED Vanderbilt</td>
</tr>
</tbody>
</table>
## Routine or Pilot Screenings
### All QTIP Practices

<table>
<thead>
<tr>
<th></th>
<th>Data as of 5/31/2013</th>
<th>Developmental Screen - ASQ or PEDS</th>
<th>MCHAT</th>
<th>Postpartum Depression Screen</th>
<th>SEEK Screen</th>
<th>Elementary MH Screen</th>
<th>Adolescent MH Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td>15 routine</td>
<td>11 routine</td>
<td>9 routine</td>
<td></td>
<td>4 routine</td>
<td>10 routine</td>
</tr>
<tr>
<td>Practices</td>
<td></td>
<td>1 pilot</td>
<td>2 pilot</td>
<td>5 pilot</td>
<td>1 pilot</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Screenings refer to routine and pilot practices as of 5/31/2013.
### Examples practices have developed...

#### Health Screenings for Carolina Pediatric Patients and Families

<table>
<thead>
<tr>
<th>Screenings:</th>
<th>Ages:</th>
<th>Given:</th>
<th>Yearly Office Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CRAFFT</strong></td>
<td>11-18 years of age</td>
<td>At Well Checks or if Parent/Child expresses a concern (mental, social, etc)</td>
<td>Yearly Well Exams</td>
</tr>
<tr>
<td><strong>PSC-Y</strong></td>
<td>11-18 years of age</td>
<td>At Well Checks or if Parent/Child expresses a concern (mental, social, etc)</td>
<td>Yearly Well Exams</td>
</tr>
<tr>
<td><strong>PHQ-9</strong></td>
<td></td>
<td>Only if above screenings “flag” for PHQ-9</td>
<td></td>
</tr>
<tr>
<td><strong>SCARED</strong></td>
<td></td>
<td>Only if above screening “flag” for SCARED</td>
<td></td>
</tr>
<tr>
<td><strong>Postpartum</strong></td>
<td>At 2 weeks and 2 months</td>
<td>Given to mother at 2 week well exam for newborn and 2 month well exam.</td>
<td>HIPAA for consent to share with OB/GYN</td>
</tr>
<tr>
<td><strong>PEDS</strong></td>
<td>9, 18, 24 Months (unless a screening is missed during that time).</td>
<td>At well checks: see Ages column. 3 screenings can be given by the age of 36 months.</td>
<td></td>
</tr>
<tr>
<td><strong>Ages and Stages</strong></td>
<td></td>
<td>If PEDS screening is positive</td>
<td></td>
</tr>
</tbody>
</table>
Decision Support for Clinicians

• Functional assessment – how does the MH/SA issue affect functioning
  • Clinical Guidance – training areas
  • Protocols for kids with MH issues and to help foster self-mgmt
  • Psychiatric Consultation – access to psychiatrist
  • Screening and surveillance – to elicit MH/SA problems and identify family strengths and risks
Decision Support

AAP Clinical Guidelines

Academic Detailing

Motivational Interviewing

HELP
H - Hope
E - Empathy
L - Language, Loyalty
P - Permission, Partnership, Plan
Decision Support for Clinicians

- Functional assessment – how does the MH / SA issue affect functioning
- Clinical Guidance – training areas
- Protocols for kids with MH issues and to help foster self-mgmt
- Psychiatric Consultation – access to psychiatrist
- Screening and surveillance – to elicit MH/SA problems and identify family strengths and risks

- Psychiatric consultation
  - USC Neuropsychiatry
  - DSS Medical Consultant
  - Lexington County DMH child psychiatrist meeting with local doctors
  - DHHS talking about models

- Screening Protocols – already talked about that
Decision Support for Clinicians

• Functional assessment – how does the MH/SA issue affect functioning
• Clinical Guidance – training areas
• Protocols for kids with MH issues and to help foster self-mgmt
• Psychiatric Consultation – access to psychiatrist
• Screening and surveillance – to elicit MH/SA problems and identify family strengths and risks

“It's all right to have butterflies in your stomach. Just get them to fly in formation.”
~Rob Gilbert
“We delight in the beauty of the butterfly, but rarely admit the changes it has gone through to achieve that beauty.”

— Maya Angelou