Developmental Screening in A Lead Exposed Population: What Every Provider Should Know (Part II)

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Host:  
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Objectives

• Review the rationale for, and benefits of screening for mental and behavioral health problems in youth and teens

• Familiarize audience with Michigan Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines and screening tools in older youth and teens

• Familiarize audience with Michigan Child Collaborative Care (MC3) program potential to support implementation of screening in office practices
• The information in this webinar is subject to change.
• This information is what is known of risks and outcomes as of May 11, 2016.
• For an overview of behavioral issues in lead exposed youth see webinar March 30, 2016
• For Developmental Screening Part I see webinar April 13, 2016
• [michigan.gov/flintwater](http://michigan.gov/flintwater) for the most updated information on lead exposure
Rationale for Screening Youth in Flint

- Lead is one exposure in a series of adverse childhood events (trauma, poverty, separation, parental illness) for many children in Flint/Genesee
- Screening identifies behavioral conditions early (autism, depression, ADHD, anxiety/trauma) and identifies those at risk for suicide
- Screening enables connection to services in the school and community being made available to youth
- This may fundamentally change these children’s life trajectory!
AAP Position Statement

• No other illnesses so damage so many children so seriously. On the other hand, early identification and treatment of children with mental health problems has the potential to reduce the burden of mental illness and its many consequences.
  • Pediatrics vol. 123, Number 4, April 2009
Developmental and Behavioral Screening

- Developmental and behavioral health screening part of well child EPSDT visits in pediatric practices for Medicaid children
  - EPSDT: Early and Periodic Screening, Diagnostic, and Treatment
- Validated, age appropriate tools
- Screening will occur for the age range of children 1 month to 21 years
EPSDT

- EPSDT is a federal Medicaid benefit that provides comprehensive and preventative health care services for children under age 21.
- Services include the screening of children and youth to identify physical, developmental and behavioral health issues.
- The Michigan Medicaid Provider Manual formalizes the implementation of EPSDT.
- The EPSDT section on Developmental/Behavioral Health provides guidance for the administration of validated, standardized screening tools based on the AAP Periodicity Schedule.
• MDHHS is developing an L-Letter communication for Genesee County and Flint primary care practitioners that summarizes the guidance for developmental and behavioral health screening tools delineated in the Medicaid Provider Manual for children 1 month to 21 years of age.

• The April 13 Webinar focused on the screening tools for children less than 6 years of age. It should be noted that for this age range there are currently several organizations in Flint who are performing developmental screenings (generally the ASQ 3) for very young children. Efforts are currently underway through the CHAP partnerships to coordinate and identify a data/web based system to assist with reporting screenings and avoid duplication.
PURPOSE OF WEBINAR

• Today’s Webinar is to provide the background for and review of the screening tools for children over 6 years of age.

• Information will also be provided about the Michigan Child Collaborative Care Program (MC3) and support of screening
Screening Tools

• Young Children Under Age 6
  – ASQ and ASQ-SE (SE screener to 72 months of age)
  – M-Chat (Autism)
  – SCQ (4 years/older - Autism)

• School-Age Children through Adolescents
  – Pediatric Symptoms Checklist (SE screener)
  – Strength and Difficulties Questionnaire (SE screener)
  – SCQ (4 years and older - Autism)

• Teens and Young Adults
  – PHQ (depression)
  – CRAFFT (Substance Abuse)
We Will Cover Today Children Over 6 Years...

- Social Communication Questionnaire (SCQ)
- Social Emotional Screening Options
  - Pediatric Symptom Checklist (PSC)
  - Strength/Difficulties Questionnaire (SDQ)
- Depression Screening (PHQ-2 and PHQ-9 for teens)
- Substance Abuse Screening (CRAFFT)
Developmental Screening
AAP Recommendations

• The American Academy of Pediatrics (AAP) recommends that screening for psychosocial-behavioral assessment occur at every well-child preventive care visit throughout infancy, childhood and adolescence.

• The American Academy of Pediatrics (AAP) recommends that screening for depression and substance abuse occur at every well-child preventive care visit between 11 and 21 years.

http://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html
# Recommendations for Preventive Pediatric Health Care

**Bright Futures/American Academy of Pediatrics**

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidelines by age listed in Bright Futures guidelines (Hagan JF, Shaw JC, Duncan PB, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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## Table: Periodicity Schedule

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<th>INFANCY</th>
<th>PRESCHOOL</th>
<th>SCHOOL-AGE CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
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**MEDICATIONS**

- **Weight:**... (continued)

**SENSORY SCREENING**

- **Vision:**... (continued)

**DEVELOPMENTAL/BEHAVIORAL ASSESSMENT**

- **Cognitive Development:**... (continued)

**PROCEDURES**

- **Neonatal screening:**... (continued)

**ANTIGENIC GUIDELINES**

- **Rabies:**... (continued)

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Pediatric Symptom Check List

• A broad screen for social-emotional functioning
• Available free of charge
• Relatively brief
• Parent report until through age 18; child self-report begins at age 13
• It is available in multiple language as well as pictorial version
Pediatric Symptom Check List

• Broad social-emotional screener
• Relatively brief with both a full length (35 item) and shortened (17 item) option.
• No expense
• Ages 4-18 years
Strengths and Difficulties Questionnaire

- Broad social-emotional screener for 3-16 year olds
- Relatively brief (25 items)
- No expense
- Parent report
- Several versions available for different ages
- Available in multiple languages
Strength and Difficulties Questionnaire (SDQ)

Problem Subscales:
- Emotional
- Conduct
- Hyperactivity
- Peer Relationships

Scores of 6-10 considered clinical range

Positive Subscale:
- Prosocial

Scores 6-10 considered normal range (parent/teacher report)
Social Communication Questionnaire

• Many children are not recognized in toddler years; and frequently autism is missed
• Sometimes symptoms become more apparent as children move into school
• Critical to continue to screen; using the SCQ for children above 4 years (mental age >2 years); in which suspicion is raised.
Social Communication Questionnaire

• Parent questionnaire, 40 items based on the Autism Diagnostic Interview
• Scores 13-15 raise concern for autism; with scores greater than 15 signaling clear need for additional testing (ADOS)
• Refer for evaluation at Genesee Health System (GHS) (Community Mental Health) at 810-257-3740
CRAFFT

- Substance use screener
- CRAFFT is an acronym made from the questions on the screener
- Self-report form for adolescents

C - Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

R - Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

A - Do you ever use alcohol or drugs while you are by yourself, alone?

F - Do you ever forget things you did while using alcohol or drugs?

F - Do your family or friends ever tell you that you should cut down on your drinking or drug use?

T - Have you ever gotten into trouble while you were using alcohol or drugs?
Scoring of CRAFFT

Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score

DSM-IV Diagnostic Criteria (Abbreviated)

Substance Abuse (1 or more of the following):
- Use causes failure to fulfill obligations at work, school, or home
- Recurrent use in hazardous situations (e.g., driving)
- Recurrent legal problems
- Continued use despite recurrent problems

Substance Dependence (3 or more of the following):
- Tolerance
- Withdrawal
- Substance taken in larger amount or over longer period of time than planned
- Unsuccessful efforts to cut down or quit
- Great deal of time spent to obtain substance or recover from effect
- Important activities given up because of substance
- Continued use despite harmful consequences

© Children’s Hospital Boston, 2009.
PHQ-2 Initial Screening Option

• Over the past 2 weeks how often have you been bothered by any of the following problems: little interest or pleasure in doing things
• Feeling Down Depressed or Hopeless

Key:
0 – not at all
1 - Several days
2 – More than half the days
3 - Nearly every day
PHQ-9 Modified for Teens

- 9 item self report questionnaire
- Depression screen
- Takes 5 minutes to take and score
- Incorporates 2 key suicide questions.
  - Has there been a time in the past month when you have had serious thoughts about ending your life?
  - Have you ever, in your whole life, tried to kill yourself or made a suicide attempt?
PHQ-9 Modified

1. Feeling down, depressed, irritable or hopeless?
2. Little interest or pleasure in doing things
3. Trouble falling asleep, staying asleep, or sleeping too much?
4. Poor appetite, weight loss, or overeating?
5. Feeling tired, or having little energy
6. Trouble concentrating on things like school work, reading or watching TV?
7. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?
8. 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?
9. Thought that you would be better off dead, or of hurting yourself in some way?
Scoring the PHQ-9

Key:
0 – not at all
1 - Several days
2 – More than half the days
3 - Nearly every day

Total Score Interpretation:
1-4 minimal depression
5-9 mild depression
10-14 moderately severe depression
20-27 severe depression
Scoring the PHQ-9 Modified

- A score of 10 or higher is a positive
- Regardless of the PHQ-9 total score, serious suicidal ideation or past suicide attempt should be considered a positive screen worthy of your attention
Positive Social-Emotional Screens

• PCP may utilize the Behavioral Health Clinician in or linked to the practice for further assessment or determination of referral sources.

• If provider does not have access to a BHC, they should contact Genesee Health System (Community Mental Health) Access Center at (810) 257-3740 for those children with a positive screen to learn more about resources available or to arrange for an assessment.
Suicide Prevalence

• Suicide is a significant public health issue \(^1\)
  – 3\(^{rd}\) leading cause of death 10-14 year olds
  – 2\(^{nd}\) leading cause of death 15-24 year olds

• NY Times April 22, 2016-Suicide has surged to the highest levels in nearly 30 years with increases in every age group except older adults.

• Psychiatric illness is as contributing factor
  – Up to 90 percent of suicide victims suffer from a mental or emotional disorder at the time of death \(^2\)

• People who die by suicide are frequently experiencing undiagnosed, undertreated, or untreated depression.

• Contact with primary care providers in the time leading up to suicide is common \(^3\)
Detecting Suicide Risk

1. Review each patient’s personal and family medical history for suicide risk factors.

2. Screen all patients for suicide ideation, using a brief, standardized, evidence-based screening tool.

3. Review screening questionnaires before the patient leaves the appointment or is discharged.

(Sentinel Event Alert The Joint Commission, February 24, 2016)
Take Action

• Patients in acute suicidal crisis
  – Keep in a safe health care environment under one-to-one observation. Do not leave these patients by themselves. Provide immediate access to care through an emergency department, inpatient psychiatric unit, respite center, or crisis resources.

• Patients at lower risk of suicide
  – Make personal and direct referrals and linkages to outpatient behavioral health and other providers for follow-up care within one week of initial assessment, rather than leaving it up to the patient to make the appointment.

(Sentinel Event Alert The Joint Commission, February 24, 2016)
For All Patients with Suicide Ideation and Family Members

• Crisis and support resources
  – National Suicide Prevention Lifeline, 1-800-273-TALK (8255), as well as to local crisis and peer support contacts

• Conduct safety planning
  – Collaboratively identify possible coping strategies with the patient and by providing resources for reducing risks

• Restrict access to lethal means
  – Assess whether the patient has access to firearms or other lethal means, such as prescription medications and chemicals, and discuss ways of removing or locking up firearms and other weapons during crisis periods.

(Sentinel Event Alert The Joint Commission, February 24, 2016)
Implementing Screening

In-office Preparation

• Provide in-service for staff
• Identify who will administer and score the screen
• Review time needs and appointment types for screening
• Code for services rendered
• MC3 can assist with this
  – We will further discuss
Remember

• Behavioral concerns are the third reason children come to your offices
• In areas of high concentration of poverty such as Genesee Co. rates may be as high as 50%
• As many as 2 in 3 depressed youth are not identified by their primary care clinicians and do not receive any kind of care
• Mental illness is treatable and early intervention may prevent a suicide
• If you ask they will tell!
Trauma and Children

• Adverse Childhood Events (ACEs) including interpersonal violence, exposure to gun violence, poverty, incarceration, loss of loved ones, parental mental illness, physical and sexual abuse, neglect adversely affect young children.

• Trauma screening may help identify youth at risk for psychosocial and behavioral sequelae of adverse childhood events.

• An upcoming webinar will further address trauma in children (date, June 2016).
The Michigan Child Collaborative Care Program (MC3) and Support of Screening
Why Is Child Psychiatry Access A Problem?

• Supply and Demand: A Perfect Storm
• Common Illnesses: Up to 20% of children and 50% of impoverished children
• Far too few child psychiatrists especially in rural areas
• This is how programs like MC3 got their start
Michigan: Practicing Child and Adolescent Psychiatrists

2012 Rate per 100,000 children age 0-17
Who Does MC3 Serve?

- Infants and children ages infancy through 26
- High risk women during pregnancy and postpartum
What Is MC3

- Telephone Access: “Answers in real time” to PCPs
- Tele psychiatry = 90 Minute Assessment/Child/Dyad
- Embedded Care: Placing BHCs in offices or available remotely
- Support For Screening
- Education: webinars, ongoing case consultations and panel reviews
- Outcomes: clinical, adherence, service utilization
Screening

• MC3 can assist with
  – Implementation of screening into PCP workflow (along with PCP and clinic staff)
  – Triaging positive screens (BHC)
  – Identifying local resources for referral for children who are identified through the screening process (BHC)
  – Diagnostic clarification (BHC/Psychiatrist)
  – Medication consultation/telepsych (Psychiatrist/CAP)
Create a Plan of Action: Role of MC3

- Assist in diagnostic clarification for positive screens
- Identify mental health resources for therapy and school-based services (BHC)
- Consultation with psychiatrist as desired
  - Individual phone calls from PCP and panel reviews with BHC
- Consider medication
  - MC3 psychiatrists can support PCP with decision making; and ongoing care
For Further Information on MC3

Contact Anne Kramer at University of Michigan
(ack@med.umich.edu)
or 734-764-7179

THANK YOU!

QUESTIONS?
Resources

- AAP Mental Health Toolkit
- Pediatrics June 2010 Supplement – Mental Health
- Bright Futures
- Teenscreen.org
- MentalHealthCheckups@childpsych.columbia.edu
- The REACH Institute
- US Preventive Services Task Force April 2009 Recommendation Statement: Screening and Treatment for Major Depressive Disorder in Children and Adolescents
