NC DHHS K-12 COVID-19 Response Updates

DPI/NC DHHS Monthly Meeting
May 3, 2022
Agenda

- Introduction & Remarks
- Statewide COVID-19 Updates, Data Trends & Vaccination
- K-12 COVID-19 Testing
- Recovery and Priorities for the Future
- COVID Impact on Youth Behavioral Health
- Q & A
Statewide COVID-19 Updates, Data Trends and Vaccination

Dr. Betsey Tilson
State Health Director & Chief Medical Officer
NCDHHS

NC DHHS- DPI Monthly Webinar
May 3, 2022
**Early Warning Indicators**

**11.3 Million**  
Previous Week 5.1 Million  
COVID-19 Virus Particles Found in Wastewater

COVID-19 virus particles appearing in wastewater can signal how quickly the virus is spreading, even if people don’t get tested or have symptoms.

**2%**  
Previous Week 2%  
Emergency Room Visits for COVID Symptoms

The percentage of all emergency department visits that are for COVID-like symptoms can signal how much illness there is in a community.

Source: [https://covid19.ncdhhs.gov/dashboard](https://covid19.ncdhhs.gov/dashboard)
Health System Capacity

COVID-19 Reported Cases by Week of Specimen Collection

Number of new cases reported to the state each week, shown by the date specimen was collected. More info

Source: https://covid19.ncdhhs.gov/dashboard
0/100  Previous Week 0/100

Counties with a high risk of illness and strain on the health care system

The Centers for Disease Control assign a community risk level for every county. More info or find your county.
Educational Clusters per Week by Type

Child Care, Schools, & Higher Education

- Child Care
- Camp
- K_12_School
- College_or_University
Surveillance of Variants

What variants are being detected in North Carolina?

Last Two Weeks
Apr 03, 2022 - Apr 16, 2022

<table>
<thead>
<tr>
<th>Category</th>
<th>Type</th>
<th>Sequenced Cases</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omicron</td>
<td>BA.2</td>
<td>389</td>
<td>87.81%</td>
</tr>
<tr>
<td></td>
<td>BA.1</td>
<td>46</td>
<td>10.38%</td>
</tr>
<tr>
<td>Other</td>
<td>All Others</td>
<td>8</td>
<td>1.81%</td>
</tr>
</tbody>
</table>

Percentage of variants reported each week by laboratories that sequence to identify COVID-19 variants. (Most cases and tests are not identified by variants; this is a smaller sample.) More info

Source: https://covid19.ncdhhs.gov/dashboard
Vaccines and Boosters

53% Boosted
Percent of Total Vaccinated Population with at Least One Booster or Additional Dose

76% Adults Vaccinated
Percent of Total Adult Population Vaccinated with at Least One Dose

38% Children and Teens Vaccinated
Percent of Population Ages 5-17 Vaccinated with at Least One Dose

Percent of Total Vaccinated Population with at Least One Booster or Additional Dose
North Carolina Still Leading Southeastern US with Pediatric Vaccination
STATUS OF PEDIATRIC VACCINE AND BOOSTER AUTHORIZATIONS

• Pfizer has submitted data to the FDA for EUA of a COVID-19 booster for children 5-11 years.
• Moderna has submitted data to FDA review for primary series for children 6m - 4 years.
• Pfizer has plans to submit data to FDA review for children 6m - 4 years of age.
• It is expected that both will seek an EUA amendment in late May/early June.
• Distribution isn’t expected until mid-June.

• Planning underway for a Summer ‘22 launch.
  • 609k individuals statewide would be eligible for vaccination for those under 5.
  • It is projected that 16-19% of this population will seek vaccination within the first 3 months.
K-12 COVID-19 Testing Updates
Sulianie Mertus, MPH, CHES
K12 Testing Lead

NC DHHS- DPI Monthly Webinar
April 5, 2022
Program Current State – Testing Status as of March 25th

**3,537 total schools in North Carolina**

- **2,365 (66%)** schools have opted in (89 LEAs of 115 in NC)
- **1,787 (75%)** schools participating in state vendor program
- **578 (25%)** schools participating in independent testing
- **1,172 (35%)** schools have not opted in

**Stage 1**
- 275 are developing their plan
  - Including 8 LEAs (247 schools)

**Stage 2**
- 51 are onboarding
  - Including 3 LEAs (43 schools)

**Stage 3**
- 0 have a planned go-live date
  - Including 0 LEA (0 schools)

**Stage 4**
- 1,441 are live
  - Including 56 LEAs (1,304 schools)

- 998 diagnostic +/- screening
  - 540 rapid on-site antigen
  - 443 screening only

- 257 schools requested 148K antigen tests
  - Including 12 LEAs (310 schools)
  - Including 10 LEAs (216 schools)

- 321 schools in planning stage
  - Including 47 LEAs (893 schools)

NC DHHS COVID – 19 Response
StrongSchoolsNC K-12 COVID-19 Testing Program: 2021-22 Testing Reporting

Key Reporting Statistics

- 56% (812 of 1,441 schools who have gone live) are performing tests on an as-needed basis (i.e., diagnostic testing), reporting only symptomatic and close-contact cases among students and staff. These schools **may not perform and report tests on a weekly basis**
- 13% (186 schools of 1,441 schools who have gone live) are performing both diagnostic and screening testing
- 31% (443 schools of 1,441 schools who have gone live) are only performing weekly screening testing
  - We continue to follow up with these schools to encourage them to implement diagnostic testing

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1Positivity Rate is based on past 7 days of data and should not be compared to percent positive on the public NC COVID dashboard, which is based only on ELR PCR tests
2Schools reporting are lower than number of schools live due to lag for recent go-lives and some districts using a phased go-live approach
3Drop in number of schools reporting is due to schools who perform diagnostic testing that did not have any tests to report in the past week
As NCDHHS procures additional test types, we have been able to provide the opportunity to receive federal BinaxNOW to some of our schools participating in our independent testing program. **This program ends in July 2022.**

**Federal distribution program process:**
1. NCDHHS may submit school districts to the CDC every week for a 4-week order period
2. CDC reviews submissions and will notify schools of their shipment
3. Schools will receive tracking information from Abbott (manufacturer of BinaxNOW) and receives tests

**Schools currently receiving (or have received) federal distribution of BinaxNOW tests:**

- Buncombe County Schools
- Mount Airy City Schools
- Halifax County Schools
- Rutherford County Schools
- Catawba County Schools
- Gaston County Schools
- Cherokee County Schools
- Lincoln County Schools

**REMINDE**r

Schools should continue to order antigen tests to have a stockpile on hand in preparation for any COVID-19 surges and to best support students and staff. The next order closing deadline is **10am 5/2** for tests to ship out the week of 5/9
NCDHHS has sent out a survey to all schools who have opted into the program inquiring about their summer testing plans. If your school/district did not receive this, please email K12COVIDTesting@dhhs.nc.gov. This will help us to better support your schools during the summer months.
Links to Key Resources

Check back often as files are regularly updated (links stay the same):
https://covid19.ncdhhs.gov/guidance#schools

For a summary of all key K12 updates, please see the link below:
https://covid19.ncdhhs.gov/k-12-public-health-guidance-key-updates/download

- Strong Schools NC K-12 Public Health Toolkit
- CDC Guidance for Expanded Screening Testing
- Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 (K-12)
- Abbott BinaxNOW training modules
- NCDHHS Find My Testing Site (for PCR testing)
- StrongSchoolsNC FAQ
- K12 Communications Toolkit

Questions? Email K12COVIDTesting@dhhs.nc.gov
Recovery and Priorities for the Future

Dr. Betsey Tilson
State Health Director & Chief Medical Officer
NCDHHS

NC DHHS- DPI Monthly Webinar

May 3, 2022
Next Phase of NC’s COVID-19 Response

Moving Forward Together: The Next Phase of North Carolina’s COVID-19 Pandemic Response

In March 2020, the first case of COVID-19 was identified in North Carolina. North Carolina built its response to the global pandemic with equity in mind, using the latest available scientific knowledge and real-time data. This approach identified and described the underlying disparities that were exacerbated by the pandemic. Through community input, stakeholder expertise, and building robust partnerships, NCDHHS worked to put health equity at the center of all efforts. We created new programs to deliver significant resources – stockpiles of personal protective equipment, hundreds of “fast and fair” testing and vaccine sites, community health workers to connect individuals to services, and the technology and communication tools necessary to monitor and inform the public. And most importantly, North Carolinians came together to practice the 3 Ws – Wear, Wait, and Wash, and get vaccinated to protect themselves, their loved ones, and their communities.

Early in the pandemic when less was known about the virus, people did not have immunity, and treatment was not available, blunter tools were needed to save lives and preserve hospital capacity. As tools became available and the impacts of the virus shifted, our response molded to meet the moment. From the beginning, Governor Cooper has used data and the best scientific information available to drive our response which has allowed the state to avoid many of the worst effects of COVID-19.

With the change in our trends and the tools now available, we can adapt our response for the current stage of the pandemic – moving from crisis response to disease management. Equity will remain at the center of our work, ensuring the right tools reach those most at risk for severe disease from COVID-19. And we will remain vigilant and respond to changes in the virus, ensuring the public is well informed. North Carolina has worked hard to get to this moment and NCDHHS will continue to work to support a strong recovery that supports health and wellbeing for all North Carolinians.

https://covid19.ncdhhs.gov/media/3913/open

Changing Context

• More tools readily available
  – Vaccine and boosters
  – Testing
  – Treatment
  – Personal Protective Equipment

• More immunity in the population

• Key trends are down
Next Phase
Move from Crisis Response to “Living with COVID”
Focus on recovery while staying prepared for future variants

Core Principles
- Empowering individuals
- Prioritizing Equity
- Maintaining Health System Capacity
- Collaborating with Local Partners

Operational Preparedness
- Data Transparency
- Health System Capacity
- Vaccines, Testing, Treatment Availability
- Outbreak Management with a focus on high priority settings
We need to offer services further upstream to build resiliency, invest in coordinated systems of care that make mental health services easy to access when and where they are needed and reduce the stigma around accessing these services.

We will work to ensure that North Carolina’s children grow up safe, healthy and thriving in nurturing and resilient families and communities. Investing in families and children’s healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.

We will work to strengthen the workforce that supports early learning, health and wellness by delivering services to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

The health insurance coverage gap coupled with insufficient access to affordable care disproportionately impacts Historically Marginalized Populations who have also experienced worse outcomes than others under COVID-19. Medicaid expansion would help close the health insurance coverage gap.
COVID-19 Impact on Youth Behavioral Health

Dr. Charlene Wong
Assistant Secretary for Children and Families
NCDHHS

NC DHHS- DPI Monthly Webinar

May 3, 2022
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Key Strategy

Increase access to children’s mental health services by expanding mental health services in schools, primary care, and specialty care.

DHHS will work with partners to improve coordination among the County Department of Social Services, LME-MCOs, schools, and Medicaid — including through Medicaid transformation efforts — to expand access to mental health services in educational settings. It will also work to enhance provider expertise through statewide psychiatric consultation for primary care. It will work with providers to pilot new models of care, including specialized assessment for children with the most complex needs, and expand enhanced mobile crisis services for children and families.

https://www.ncdhhs.gov/media/13331/download?attachment
### Student Mental Health Challenges Have Been Increasing Over the Last Decade

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Suicidal Ideation</th>
<th>Use of Emergency Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 2009-2019: Proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%</td>
<td>- 2009-2019: Students seriously considering or attempting suicide increased by 36%</td>
<td>- 2011-2015: 28% increase nationally of youth going to emergency department for depression, anxiety, and behavioral health challenges</td>
</tr>
</tbody>
</table>
THE COVID-19 PANDEMIC WORSENED AN ALREADY GROWING CHALLENGE FOR YOUTH

National Trends

- 37% Experienced poor mental health during COVID-19
- 44% Experienced persistent feelings of sadness or hopelessness during the past 12 months

Females & LGBTQ+ youth experienced worse mental health threats during COVID-19

North Carolina Trends

- ~3,600+ NC children have lost a parent/caregiver to COVID-19
- 46% ↑ in youth with 1+ major depressive episode during pandemic (2020-21)
- Rate of children discharged from emergency departments with a behavioral health condition increased by ~70% in pandemic

Resources:
https://www.cdc.gov/healthyyouth/data/abes.htm;
https://www.mhanational.org/issues/state-mental-health-america
https://www.northcarolinahealthnews.org/2021/06/25/behavioral-health-emergency-nc-health-organizations-ask-state-leaders-for-help/;
FEELING CLOSE TO PEOPLE AT SCHOOL PROVIDES CRITICAL PROTECTION FOR STUDENTS

<table>
<thead>
<tr>
<th>Students who felt close to people at school</th>
<th>Students who didn't feel close to people at school</th>
</tr>
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<tbody>
<tr>
<td>35%</td>
<td>53%</td>
</tr>
<tr>
<td>Experienced persistent feelings of sadness or hopelessness during the past 12 months</td>
<td></td>
</tr>
<tr>
<td>14%</td>
<td>26%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide during the past year</td>
<td></td>
</tr>
<tr>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Attempted suicide during the past year</td>
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For more information, visit [cdc.gov/nchhstp/newsroom](https://www.cdc.gov/nchhstp/newsroom)
NORTH CAROLINA IS TAKING SEVERAL ACTIONS TO ADDRESS THE CHILD BEHAVIORAL HEALTH CRISIS

The Coordinated Action Plan Outlines 13 Strategies to Pursue as a Starting Point

<table>
<thead>
<tr>
<th>Expand treatment services that prevent children from being removed from their homes or experiencing multiple placements</th>
<th>Connect children to expanded care placement options more quickly</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expand High-Fidelity Wraparound Services Pilots Statewide</td>
<td>• Establish Placement First Pilots</td>
</tr>
<tr>
<td>• Launch START Substance Use Treatment Pilots in 10 Counties</td>
<td>• Establish Crisis, Inpatient and Residential Bed Tracking and Crisis Referral System</td>
</tr>
<tr>
<td>• Expand MORES Mobile Crisis Intervention Teams Statewide</td>
<td>• Establish Emergency Respite Pilots for Caregivers</td>
</tr>
<tr>
<td>• Strengthen Care Coordination for Children and Youth in DSS Care and for Former Foster Youth</td>
<td>• Build Professional Foster Parenting Programs</td>
</tr>
<tr>
<td>• Expand the NC-PAL Program Statewide</td>
<td>• Strengthen the NCDHHS Rapid Response Team (RRT)</td>
</tr>
<tr>
<td>• Implement the “988” Statewide Crisis Hotline</td>
<td>• Develop a Plan to Increase Supply of Appropriate Treatment and Residential Placements for Children Needing Behavioral Health Services</td>
</tr>
<tr>
<td></td>
<td>• Use Administrative Flexibilities and Enforcement to Create New Placement and Service Options for Children</td>
</tr>
</tbody>
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WORKING WITH MULTI-SECTOR PARTNERS TO SUPPORT STUDENT BEHAVIORAL HEALTH

https://unsplash.com/s/photos/school-children

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
<table>
<thead>
<tr>
<th>Landscape</th>
<th>Gap Analysis</th>
<th>Solutioning</th>
<th>Unified School Behavioral Health Strategic Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify key leaders, partners, stakeholders</td>
<td>Identification of deficits and gaps</td>
<td>ACEs and Resiliency</td>
<td>Prioritize strategies</td>
</tr>
<tr>
<td>Policies governing school-based health service provision</td>
<td>Identifying new partners from public and private sector</td>
<td>Data Driven Action</td>
<td>Engage Stakeholders</td>
</tr>
<tr>
<td>Existing/potential funding streams</td>
<td></td>
<td>Comprehensive Mental Health Approach – MTSS</td>
<td>Development and Tracking of Key Performance Indicators (KPIs)</td>
</tr>
<tr>
<td>Active programs and projects</td>
<td></td>
<td>Medicaid School Health Services- SPA Implementation</td>
<td></td>
</tr>
<tr>
<td>Identification of shared goals/outcomes</td>
<td></td>
<td>Telehealth</td>
<td>Work Plan Formulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Funding</td>
<td></td>
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<td></td>
<td></td>
<td>Workforce Capacity</td>
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</tr>
</tbody>
</table>
Child/youth behavioral health is a shared priority, which can be seen in increased state support and investments in school mental health (e.g., social/emotional learning programs)

Strong partnerships to address school-based behavioral health exist throughout state and community levels (e.g., cross-sector partnerships addressing suicide prevention among youth)

Emphasis on trauma and resiliency in many projects with opportunities to expand existing work in school settings

Multi-Tiered System of Supports (MTSS) framework: Great foundation to build upon for addressing youth mental health in schools

System of Care: Community-based services and supports to meet the needs of children involved with multiple systems is also an initiative to build upon
GAP ANALYSIS: EARLY INSIGHTS ON SCHOOL-BASED BEHAVIORAL HEALTH

- No centralized repository of partners, programs, funding, services, and outcomes exists

- Limited workforce capacity of behavioral health providers and other school staff impacts students' access to school-based behavioral health prevention, screening and treatment services

- Funding challenges limit the reach of prevention programs, including resiliency/trauma-informed care, hiring and retaining staff, and reimbursing for behavioral health services provided in schools

- Many partners working in silos sometimes missing opportunities for collaboration

- Telehealth services were newly expanded during COVID but lack of clarity, alignment or evidence on how to best offer moving forward

- Lack of centralized data source, challenging to track progress and make data-driven decisions
**Components**
- Policy Development
- Workforce Development
- Family Engagement

**Tiered Approach**
- Promotion
- Prevention
- Intervention

**Staffing**
- DPI Co-Director
- DHHS Co-Director
- District Level Site Directors

**Impact:**
- 2 Cohorts
- 6 Districts
- 124 schools
- 59,648 students

SAMHSA-funded, national program of coordinated, behavioral health initiatives in schools

Promoting equitable access to high quality, school-based behavioral health and substance use services
NC Department of Health and Human Services will receive $5 million of GEER funds to expand Youth Mental Health First Aid (MHFA) training.

Youth MHFA training teaches adults who work with youth, including teachers and school staff, how to identify and support youth ages 12-18 who are experiencing mental health and substance use challenges and how to help in crisis situations.

WHAT MENTAL HEALTH FIRST AID COVERS:
• Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD)
• Common signs and symptoms of substance use challenges
• How to interact with a child or adolescent in crisis
• How to connect the youth with help
• Expanded content on trauma, substance use, self-care and the impact of social media and bullying
WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC) MODEL

- CDC’s framework for addressing health in schools
- Adopted by the NC State Board of Education
- Emphasizes
  - Student-centered
  - Role of community in supporting school
  - Connections between health and academic achievement
- Importance of evidence-based school policies and practices

Healthy Children Learn Better

https://www.cdc.gov/healthyschools/wscc/index.htm
LOOKING AHEAD

Implementation
- Recognize the urgency of implementing prioritized strategies ASAP
- Assessing resourcing needs during landscape, gap analysis, and solutioning

Monitoring and Measuring Impact
- Sharing accountability across partners will be critical to success
- Emphasis on equitable access and positive outcomes
Wrap-up

Dr. Betsey Tilson
State Health Director & Chief Medical Officer
NCDHHS

NC DHHS- DPI Monthly Webinar

May 3, 2022
Thank You for the Partnership!