

NC DHHS K-12 COVID-19 Response Updates

DPI/NC DHHS Monthly Meeting
May 3, 2022

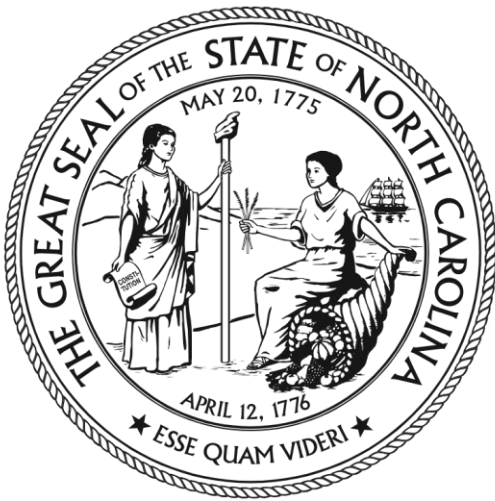


NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



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**



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Statewide COVID-19 Updates, Data Trends and Vaccination

Dr. Betsey Tilson

State Health Director & Chief Medical Officer
NCDHHS

NC DHHS- DPI Monthly Webinar

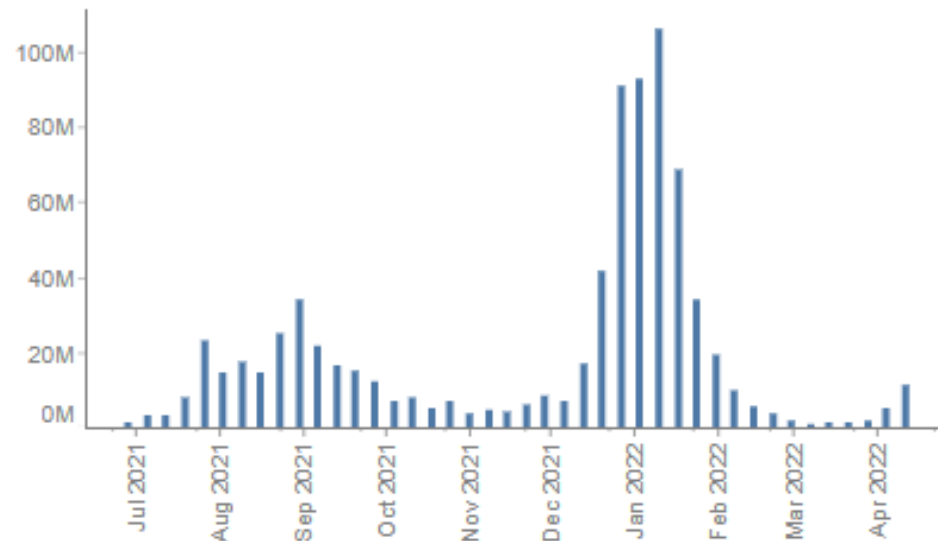
May 3, 2022

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.

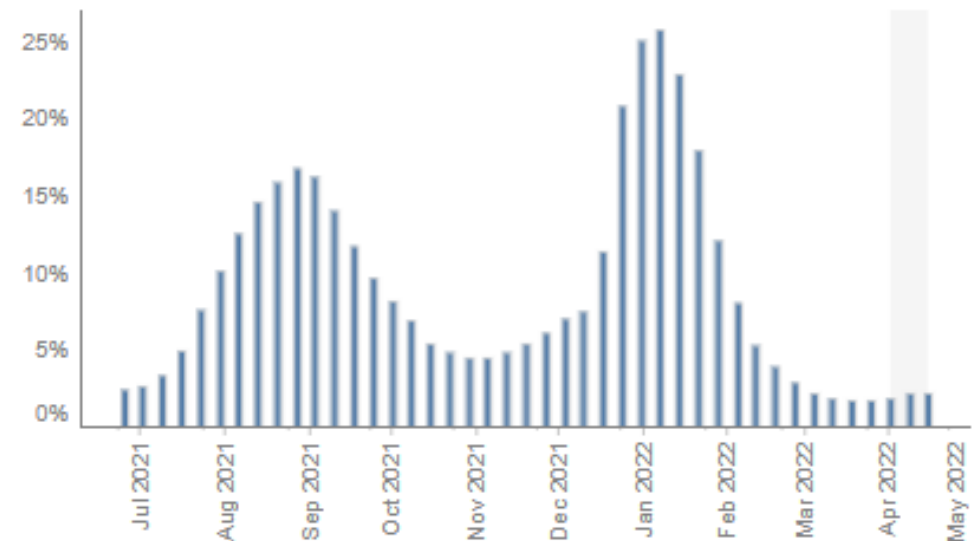


Average COVID-19 virus copies found per person per week from participating North Carolina wastewater treatment plants. [More Info](#)

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.



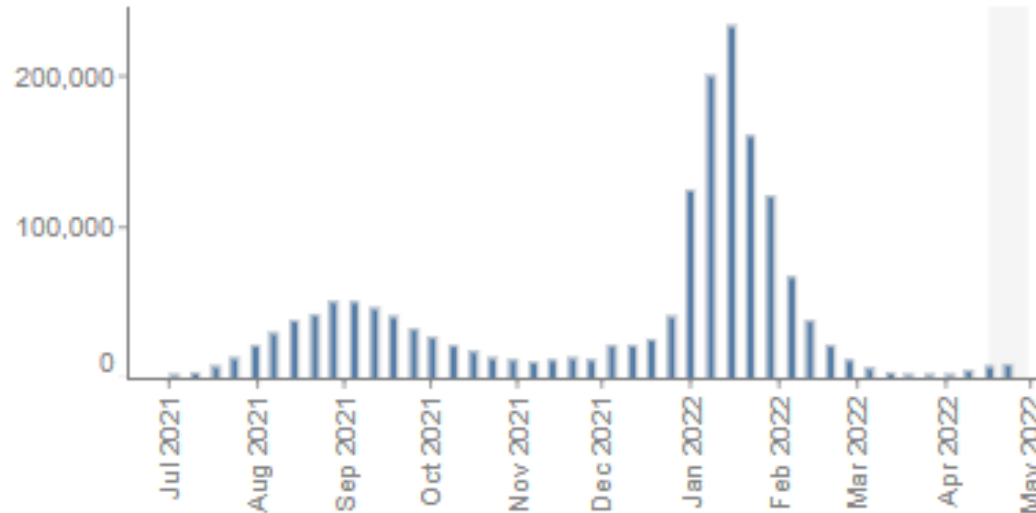
Emergency department visits that are for COVID-like illnesses (CLI). [More Info](#)

Source: <https://covid19.ncdhhs.gov/dashboard>

Health System Capacity

9,431 → Previous Week 7,587

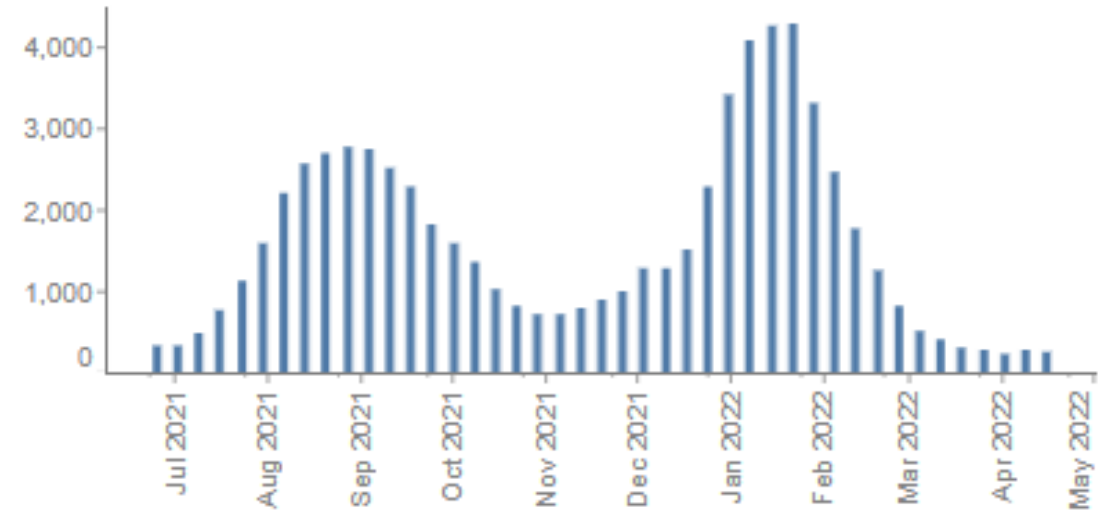
COVID-19 Reported Cases by Week of Specimen Collection



Number of new cases reported to the state each week, shown by the date specimen was collected. [More Info](#)

254 → Previous Week 277

Hospital Admissions - COVID-19 Patients by Week



Number of confirmed COVID-19 patients admitted to hospitals each week. [More info](#)


Source: <https://covid19.ncdhhs.gov/dashboard>

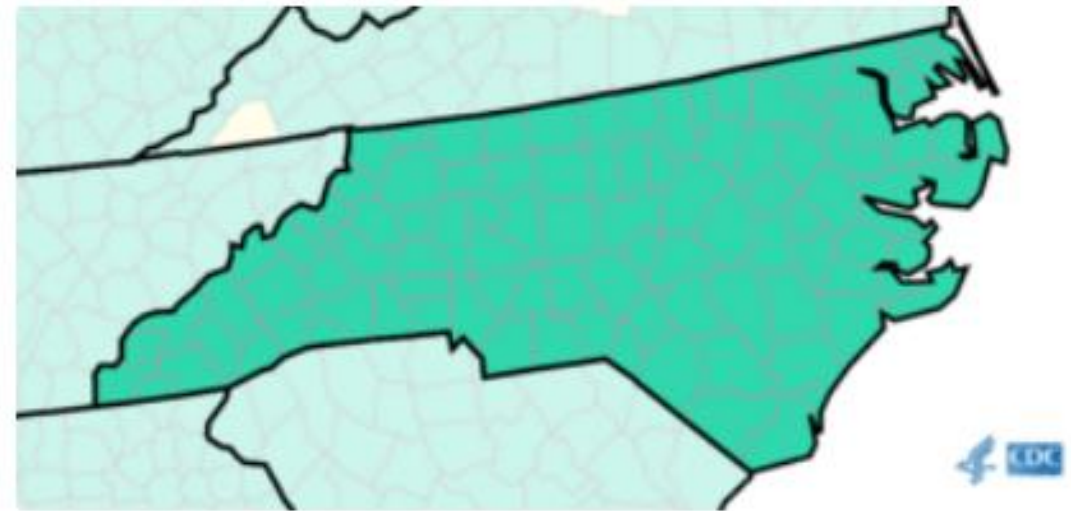
CDC COVID-19 Community Levels by County

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](#) 



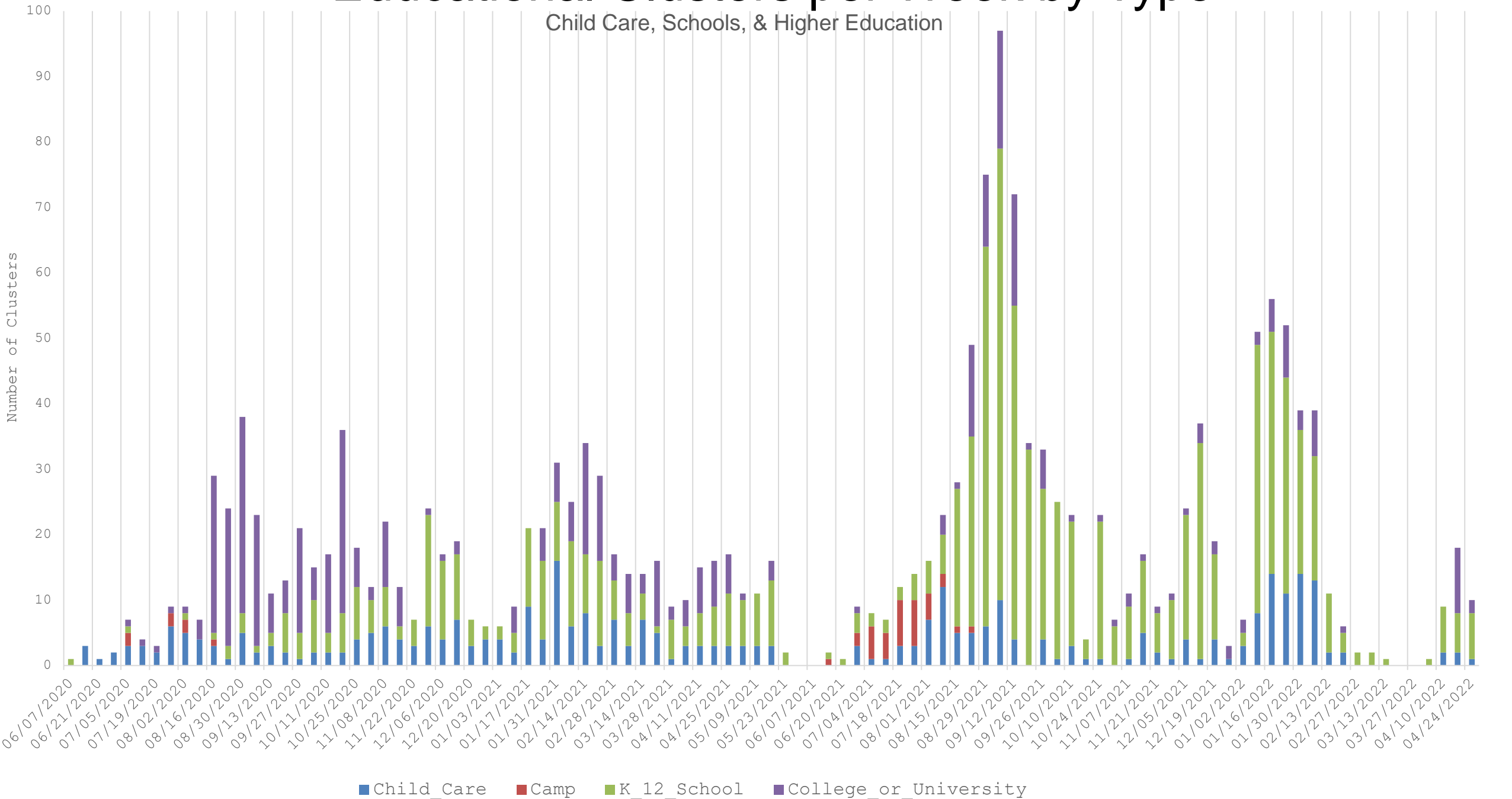
High

Medium

Low

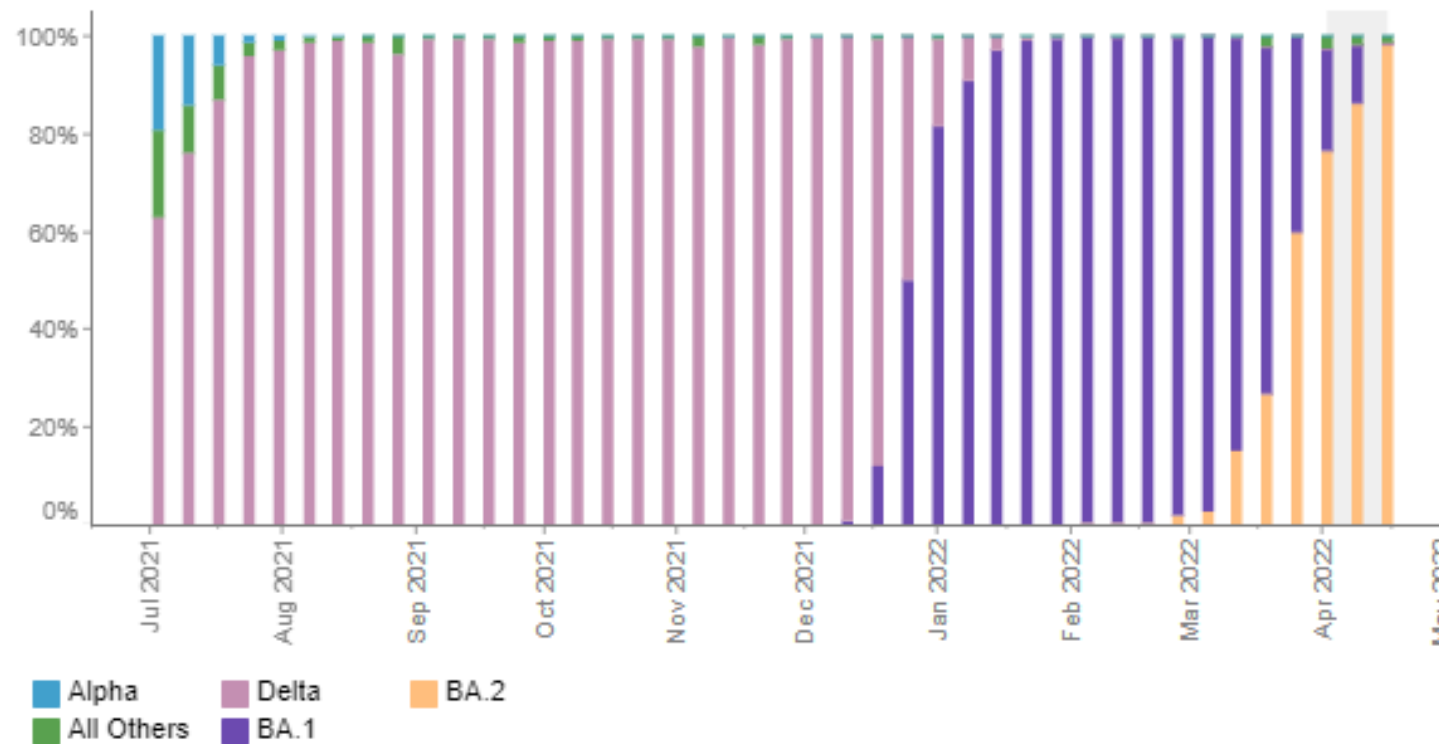
Educational Clusters per Week by Type

Child Care, Schools, & Higher Education



Surveillance of Variants

What variants are being detected in North Carolina?



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

Category	Type	Sequenced Cases	% of Total
Omicron	BA.2	389	87.81%
	BA.1	46	10.38%
Other	All Others	8	1.81%

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](#)

Vaccines and Boosters

53%

Boosted

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

76%

Adults Vaccinated

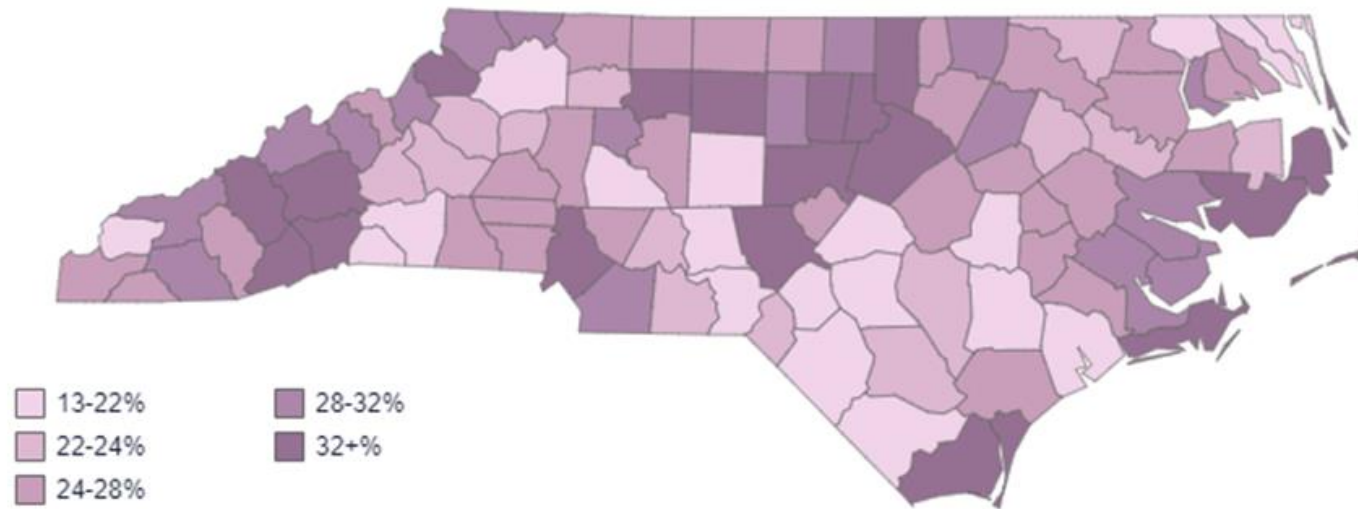
Percent of Total Adult Population Vaccinated with at Least One Dose

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



So

North Carolina Still Leading Southeastern US with Pediatric Vaccination

Region IV Pediatric COVID-19 vaccine trends, as of 20Apr22

Persons aged 5-11

Proportion of population with at least one vaccine dose (pink) or fully vaccinated (dark pink)

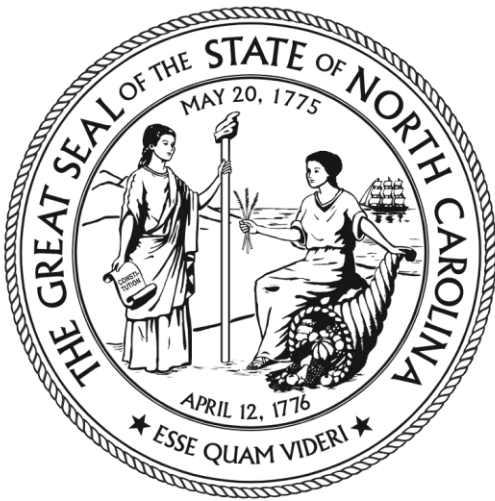


SOURCE: CDC COVID Data Tracker

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



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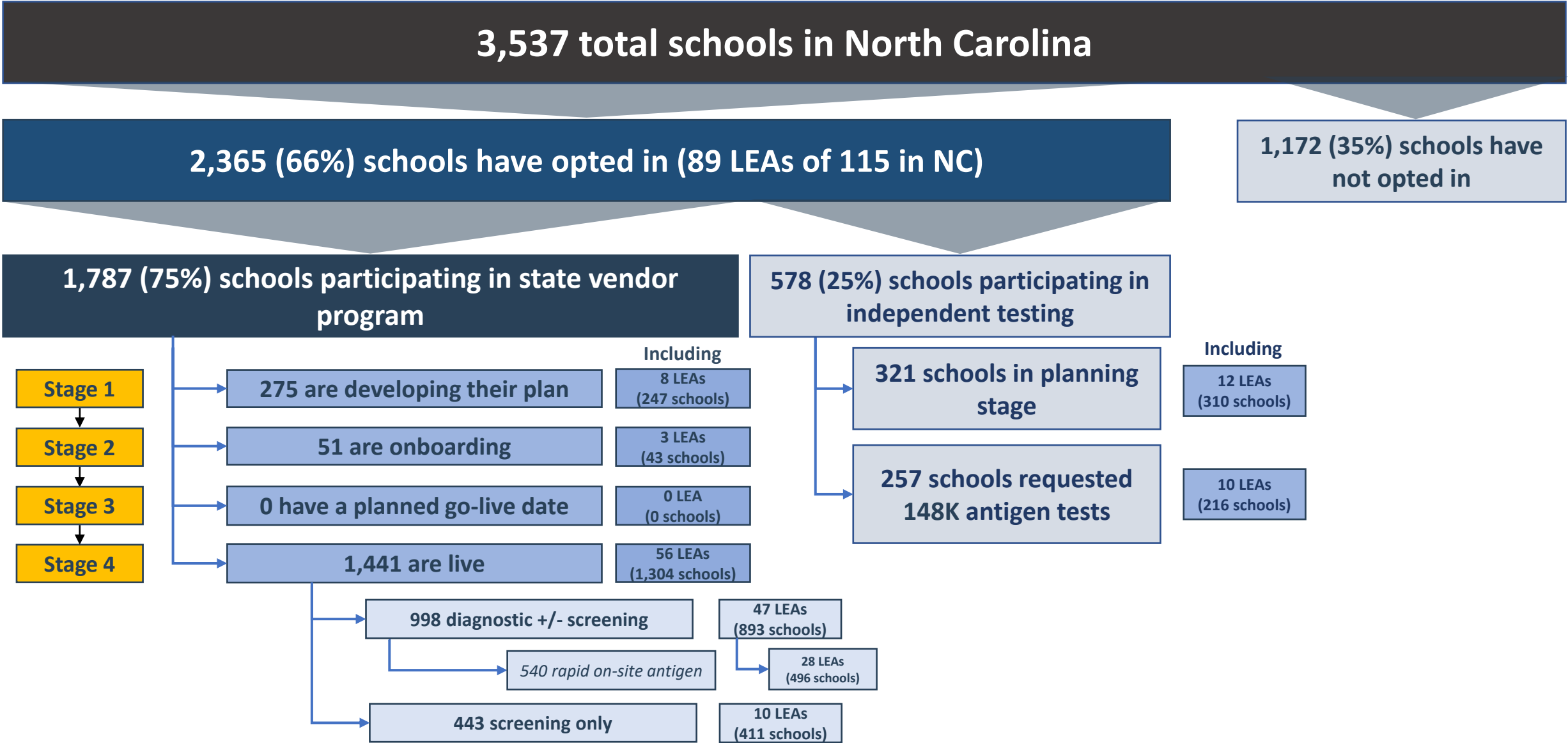
K-12 COVID-19 Testing Updates

Sulianie Mertus, MPH, CHES
K12 Testing Lead

NC DHHS- DPI Monthly Webinar

April 5, 2022

Program Current State – Testing Status as of March 25th



StrongSchoolsNC K-12 COVID-19 Testing Program: 2021-22 Testing Reporting

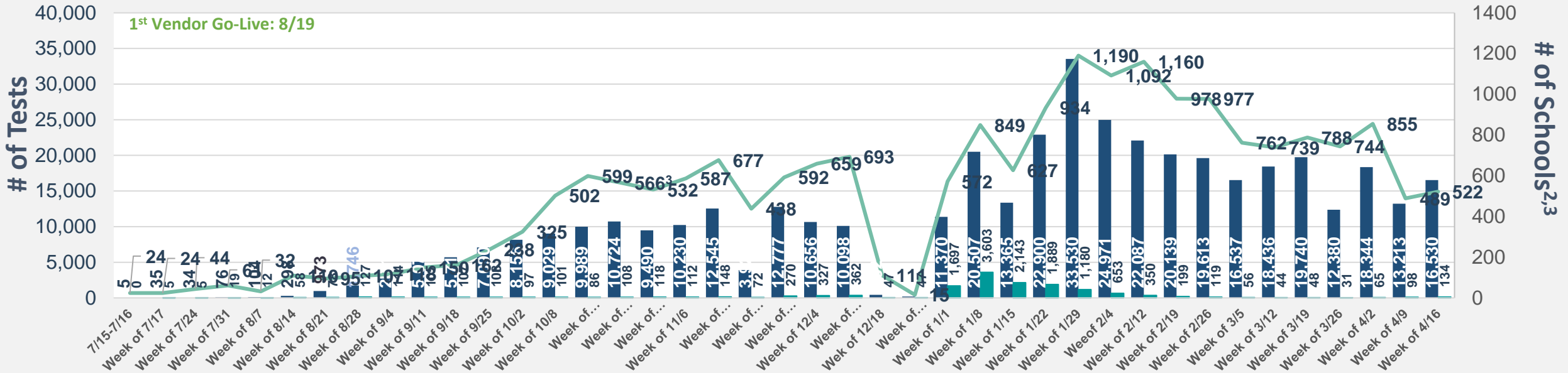
Test Result Reporting (as of 4/26)

525,449
Total tests
(Jul 15 – Apr 22)

0.81% (↑0.70%)
Positivity Rate¹
(Week of 4/16)

■ Total Tests ■ Positive Tests — # of Schools

1st Vendor Go-Live: 8/19



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

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

NCDHHS Continues to Provide Opportunities for Schools to Maintain BinaxNOW Supply

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

REMINDER

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 Summer Testing Plans

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.



REMINDER

Links to Key Resources

Check back often as files are regularly updated (links stay the same):

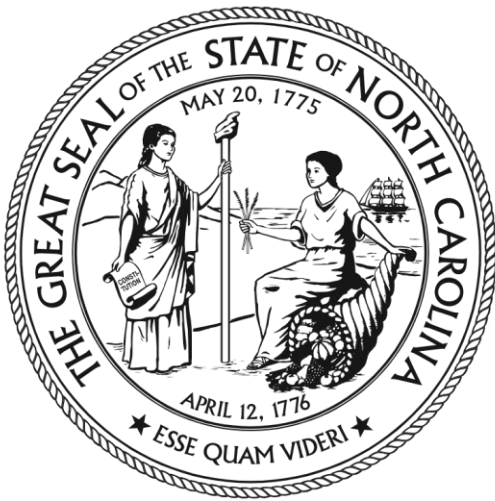
<https://covid19.ncdhhs.gov/guidance#schools>

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



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Recovery and Priorities for the Future

Dr. Betsey Tilson

State Health Director & Chief Medical Officer
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Next Phase of NC's COVID-19 Response

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

APRIL 2022

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>



North Carolina had the **lowest per capita deaths in the southeast and among the lowest in the nation.**



Statewide hospital capacity has **never exceeded 91%.**



Statewide ICU capacity has **never exceeded 89%.**

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

Recover Stronger

*These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.*

Behavioral Health & Resilience



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.

Child & Family Wellbeing



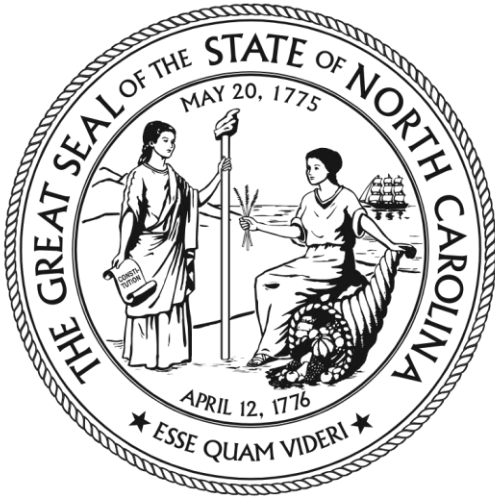
We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. **Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.**

Strong & Inclusive Workforce



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.



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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

CHILDREN'S BEHAVIORAL HEALTH IS A TOP PRIORITY FOR NCDHHS

Behavioral Health & Resilience



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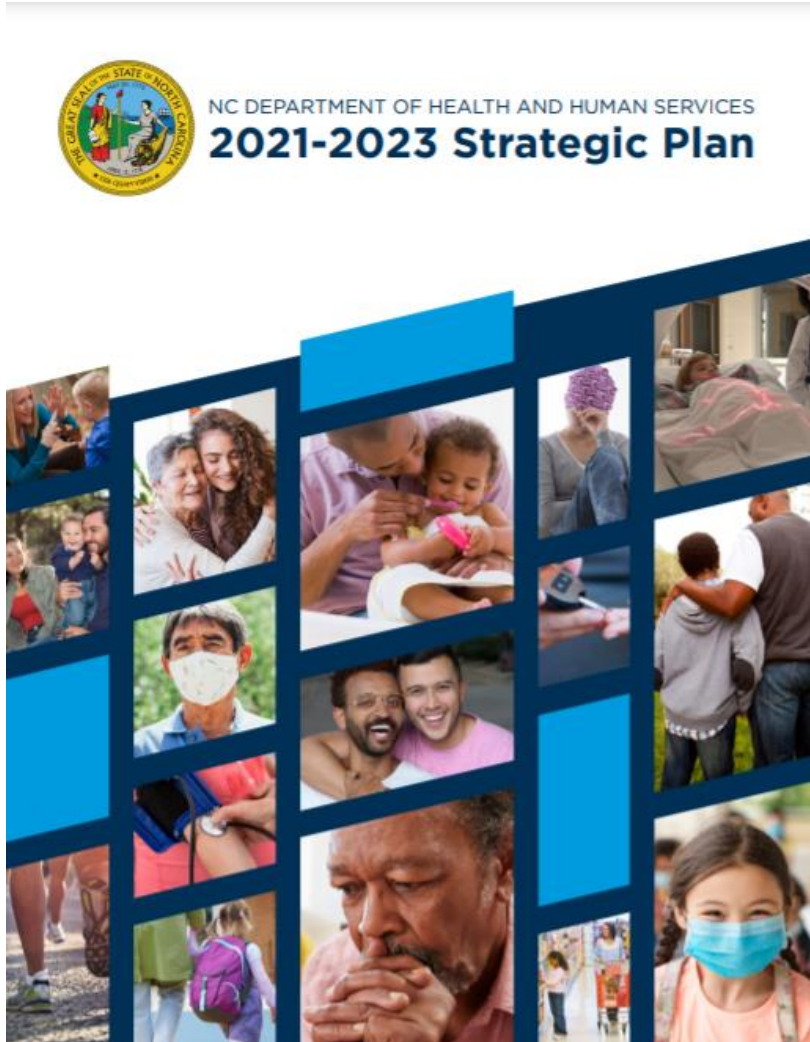
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CHILDREN'S BEHAVIORAL HEALTH & SCHOOLS IN OUR STRATEGIC PLAN



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

Symptoms

- 2009-2019: Proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%

Suicidal Ideation

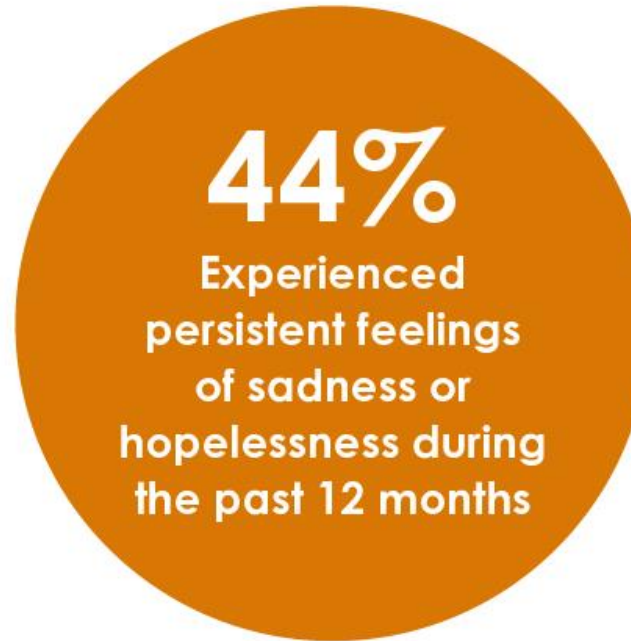
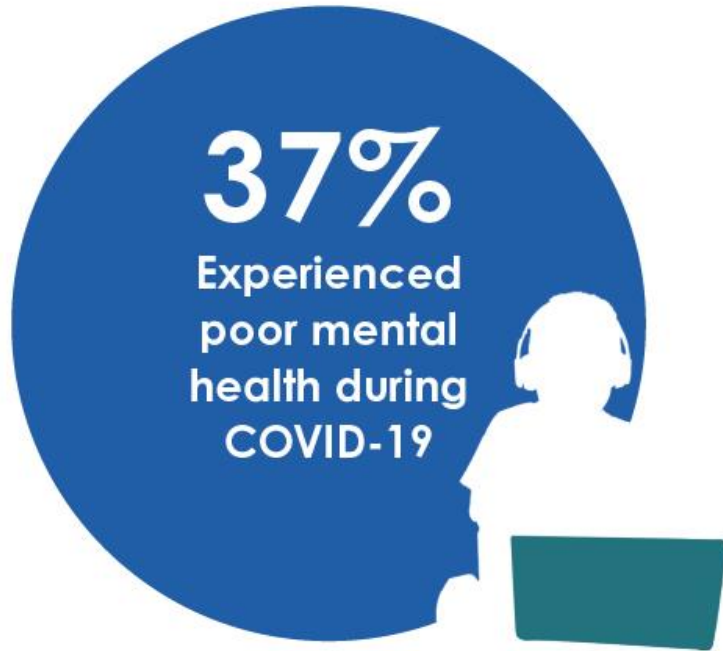
- 2009-2019: Students seriously considering or attempting suicide increased by 36%

Use of Emergency Departments

- 2011-2015: 28% increase nationally of youth going to emergency department for depression, anxiety, and behavioral health challenges

THE COVID-19 PANDEMIC WORSENERD AN ALREADY GROWING CHALLENGE FOR YOUTH

National Trends



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

<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/>;

<https://www.covidcollaborative.us/assets/uploads/img/HIDDEN-PAIN-FINAL.pdf>

FEELING CLOSE TO PEOPLE AT SCHOOL PROVIDES CRITICAL PROTECTION FOR STUDENTS

Students who felt close to people at school

Students who didn't feel close to people at school

35%

53%

Experienced persistent feelings of sadness or hopelessness during the past 12 months

14%

26%

Seriously considered attempting suicide during the past year

6%

12%

Attempted suicide during the past year




For more information, visit cdc.gov/nchhstp/newsroom




U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

NORTH CAROLINA IS TAKING SEVERAL ACTIONS TO ADDRESS THE CHILD BEHAVIORAL HEALTH CRISIS



Transforming Child Welfare and Family Well-Being Together:

A Coordinated Action Plan for Better Outcomes



A coordinated effort dedicated to creating prevention and treatment solutions that help every child and family experiencing adversity to cope, repair and heal.

North Carolinians have always sought to bring out the tremendous potential in every child. We share a common vision that every child grows up in a safe, nurturing family and community with the opportunity to achieve their full potential.

Families play the primary role in nurturing their children, supported with services provided in their communities. These services are especially important for families experiencing crises with children who have complex behavioral health needs. The right care at the right moment can help them overcome adversity, heal, and live productive lives—the kind of lives we want for each child.

North Carolina's Department of Health and Human Services is determined to continue efforts to dramatically improve the way we support children and families in crisis who have come to the attention of child welfare services. These improvements require transforming how our child welfare, direct care and well-being agencies work together to strengthen families and meet the behavioral health, social, educational and physical health needs of children.

Good work to support children and families in crisis is happening every day in North Carolina, delivered by state and county social services, health and other public agencies, nonprofits and community partners. However, the services often lack the coordination and resources to effectively protect and care for these children, strengthen their families and produce better outcomes for all. North Carolina ranks last

among similar states in child welfare investment per child across public funding sources. Most importantly, we must ensure that the same level of high-quality services is equitably available in every community, rather than the patchwork of uneven supports that currently exists across the state.

Recognizing that we can and should do better to work together across sectors, we created the multi-sector Child Welfare and Family Well-being Transformation Team to collaborate on solutions. The Transformation Team includes leaders across NCDHHS Divisions (Medicaid, public health, behavioral health, social and economic services) and multiple external stakeholders (hospitals, private agencies, Local Management Entities, county DSS, practitioners, attorneys and people with lived experience). The Transformation Team is focused on how to care for these children in a way that works and is as easy and seamless as possible for families to navigate.

The Transformation Team is committed to addressing a full array of services that help families reduce and cope with adversities and repair and heal. **This paper represents the first part of a series of proposed prevention and treatment solutions that will be released by the Transformation Team in 2022 and is focused on addressing the urgent crisis of the growing number of children with complex behavioral health needs who come into the care of child welfare services. These children and families require our immediate attention through better coordination and increased resources for services that close gaps in care.**

1

The Coordinated Action Plan Outlines 13 Strategies to Pursue as a Starting Point		
Expand treatment services that prevent children from being removed from their homes or experiencing multiple placements		Connect children to expanded care placement options more quickly
<ul style="list-style-type: none">• Expand High-Fidelity Wraparound Services Pilots Statewide• Launch START Substance Use Treatment Pilots in 10 Counties• Expand MORES Mobile Crisis Intervention Teams Statewide• Strengthen Care Coordination for Children and Youth in DSS Care and for Former Foster Youth• Expand the NC-PAL Program Statewide• Implement the “988” Statewide Crisis Hotline		<ul style="list-style-type: none">• Establish Placement First Pilots• Establish Crisis, Inpatient and Residential Bed Tracking and Crisis Referral System• Establish Emergency Respite Pilots for Caregivers• Build Professional Foster Parenting Programs• Strengthen the NCDHHS Rapid Response Team (RRT)• Develop a Plan to Increase Supply of Appropriate Treatment and Residential Placements for Children Needing Behavioral Health Services• Use Administrative Flexibilities and Enforcement to Create New Placement and Service Options for Children

WORKING WITH MULTI-SECTOR PARTNERS TO SUPPORT STUDENT BEHAVIORAL HEALTH



NCDHHS

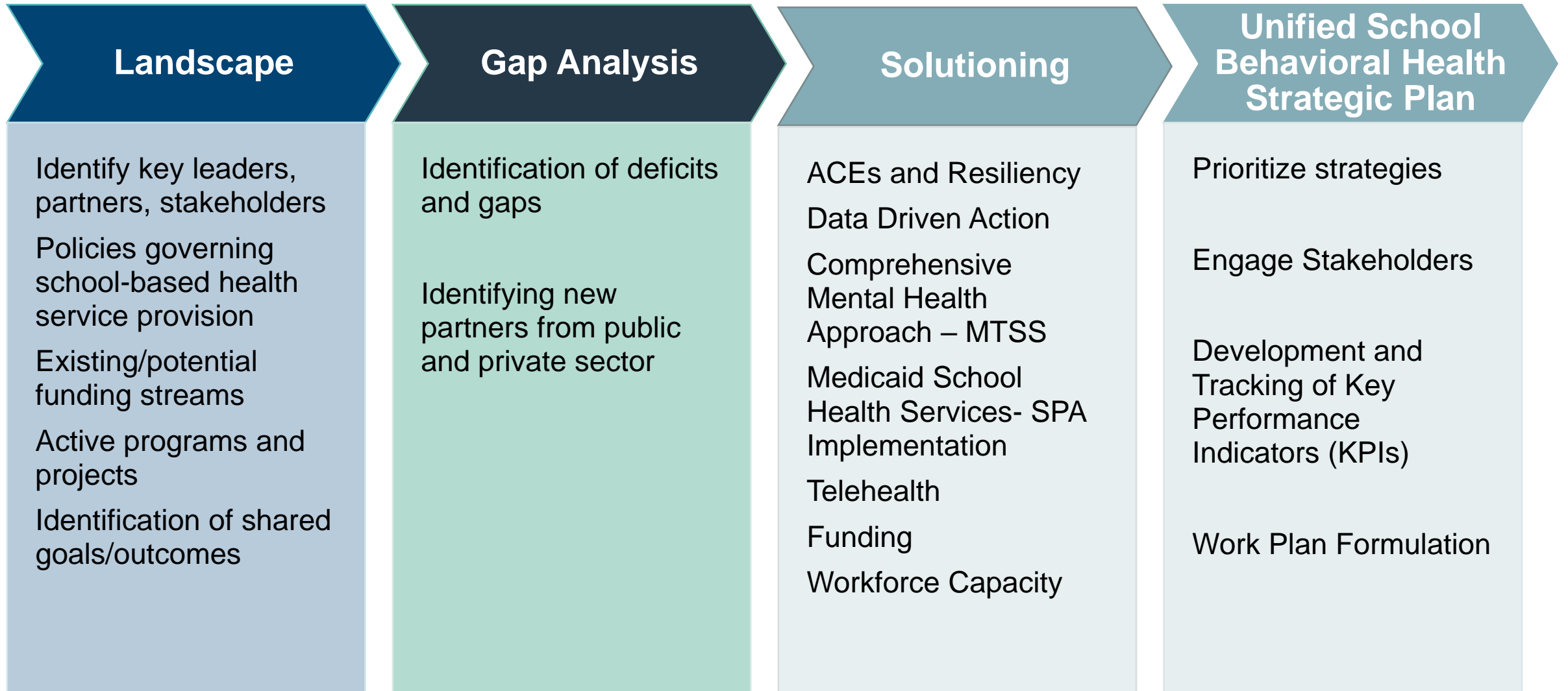


North Carolina Department of
PUBLIC INSTRUCTION



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

SCHOOL BEHAVIORAL HEALTH ROADMAP



LANDSCAPE: EARLY INSIGHTS ON SCHOOL-BASED BEHAVIORAL HEALTH

- **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

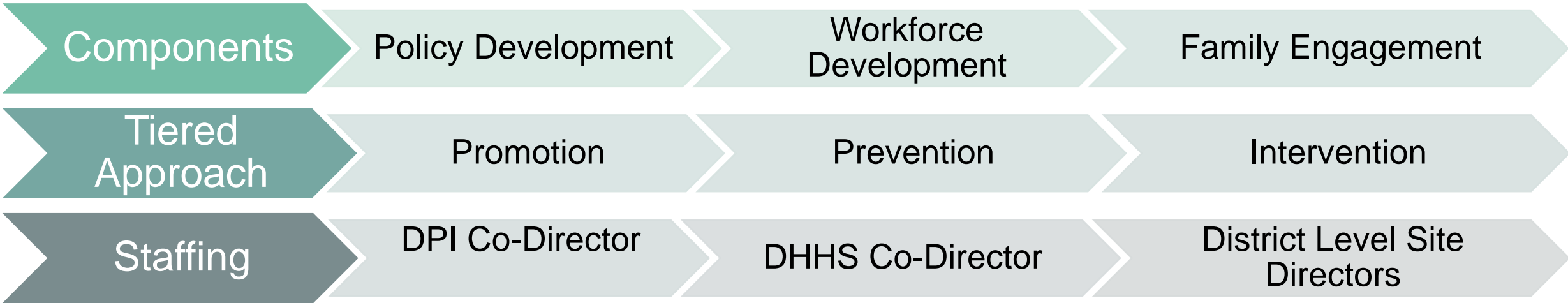
GAP ANALYSIS: EARLY INSIGHTS ON SCHOOL-BASED BEHAVIORAL HEALTH

- **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

DPI AND DHHS PARTNERSHIP SPOTLIGHT: PROJECT AWARE / NC PROJECT ACTIVATE

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



Impact:

2 Cohorts
6 Districts
124 schools
59,648 students



North Carolina State Board of Education Districts



Cohort 1 (2018-2023)

Northeast District: Beaufort County Schools
Southwest District: Cleveland County Schools
Piedmont-Triad District: Rockingham County Schools

Cohort 2 (2021-2026)

Western District: Jackson County Schools
North Central District: Nash County Schools
Sandhills District: Sampson County Schools



PROGRAM SPOTLIGHT: YOUTH MENTAL HEALTH FIRST AID

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**



LOOKING AHEAD

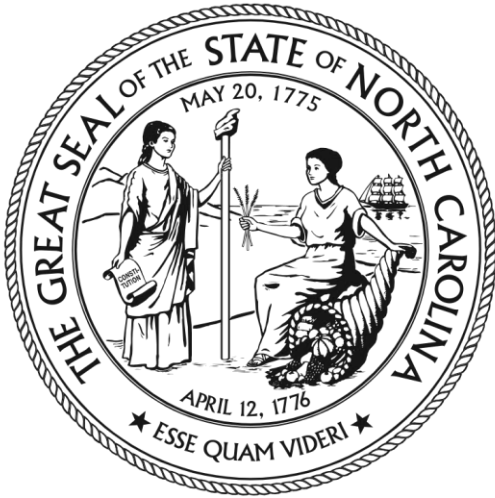


Implementation

- 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



NC DEPARTMENT OF
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Wrap-up

Dr. Betsey Tilson

State Health Director & Chief Medical Officer
NCDHHS

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