Access the entire webinar series here:
https://files.asprtracie.hhs.gov/documents/aspr-tracie-pediatric-lessons-learned-from-covid-19-immediate-and-future-implications.pdf
Access this recording here: https://attendee.gotowebinar.com/recording/4679431744453901579

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Pediatric Lessons Learned from COVID-19: Immediate and Future Implications- Speaker Series

July 2021

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Unclassified//For Public Use

Access speaker bios here: https://files.asprtracie.hhs.gov/documents/aspr-tracie-returning-to-school-speaker-bios.pdf

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Merritt Schreiber, Ph.D., Lead, Mental Health Working Group- ASPR WRAP-EM Pediatric Disaster Center of Excellence
Department of Pediatrics, Lundquist Institute at Harbor-UCLA Medical Center,
Professor of Clinical Pediatrics, David Geffen School of Medicine at UCLA

Tona McGuire,Ph.D., Co-Lead, Mental Health Working Group- ASPR WRAP-EM Pediatric Disaster Center of Excellence
Co-Lead, Behavioral Health Strike Team, State of Washington, Department of Health

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Unclassified//For Public Use

WRAP-EM Mental Health Working Group:

So, now what ?

Tools for Coping with School During COVID-19

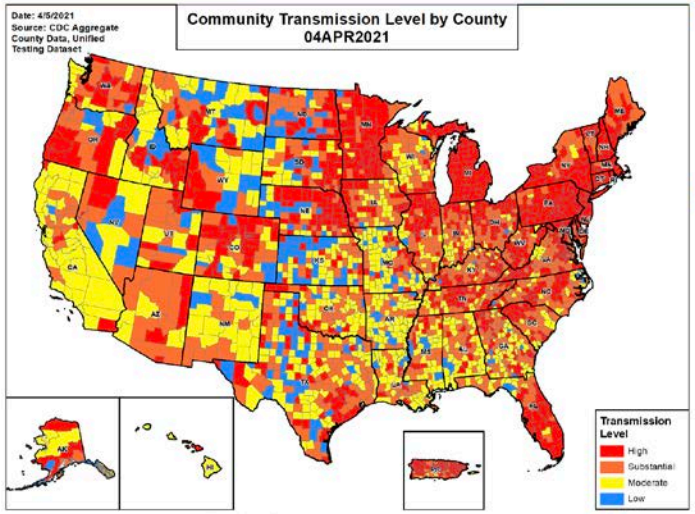
Merritt Schreiber, PhD
WRAP-EM MH Workgroup

Department of Pediatrics
Harbor-UCLA Medical Center
David Geffen School of Medicine at UCLA

Tona McGuire, PhD
Behavioral Health Strike Team
State of Washington Department of Health

Meet Gen C, the Covid generation

COMMUNITY TRANSMISSION LEVEL

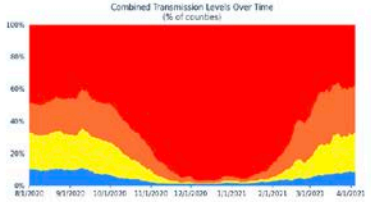


Counties by Community Transmission Indicator

Cases per 100k	0 to 9	10 to 49	50 to 99	100 +
# of counties (change)	273 (↑9)	852 (↑49)	1023 (↑8)	1072 (↓66)
% of counties (change)	8.5% (↑0.3%)	26.5% (↑1.5%)	31.8% (↑0.2%)	33.3% (↓2.0%)
Test Positivity	**0.0% to 4.9%**	**5.0% to 7.9%**	**8.0% to 9.9%**	**10.0% +**
# of counties (change)	1785 (↓26)	653 (↓66)	279 (↑11)	503 (↑81)
% of counties (change)	55.4% (↓0.8%)	20.3% (↓2.0%)	8.7% (↑0.3%)	15.6% (↑2.5%)

Counties by Combined Transmission Level

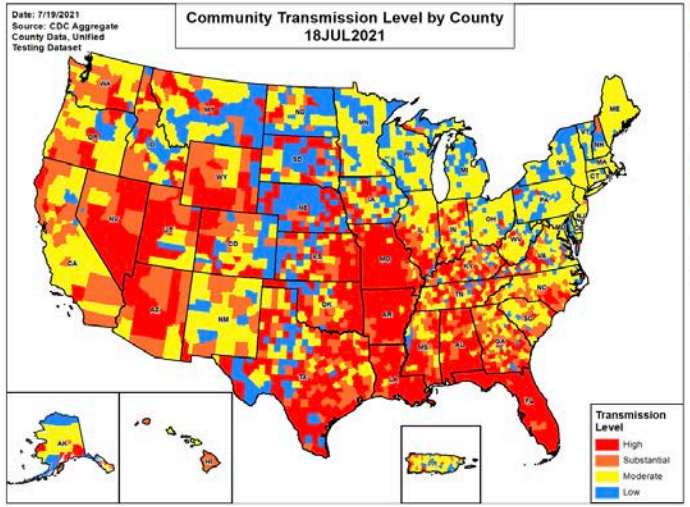
Category	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
# of counties (change)	248 (↑4)	797 (↑80)	939 (↓21)	1236 (↓63)
% of counties (change)	7.7% (↑0.1%)	24.8% (↑2.5%)	29.2% (↓0.7%)	38.4% (↓2.0%)



Source: CDC Aggregate County Dataset (cases), Unified Testing Dataset (tests)
Notes: Combined Transmission Level is the higher threshold among cases and testing thresholds.

INITIAL PUBLIC RELEASE // SUBJECT TO CHANGE

COMMUNITY TRANSMISSION LEVEL

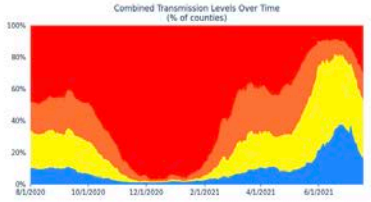


Counties by Community Transmission Indicator

Cases per 100k	0 to 9	10 to 49	50 to 99	100 +
# of counties (change)	652 (↓293)	1323 (↓130)	669 (↑166)	576 (↑257)
% of counties (change)	20.2% (↓9.1%)	41.1% (↓4.0%)	20.8% (↑5.2%)	17.9% (↑8.0%)
Test Positivity	**0.0% to 4.9%**	**5.0% to 7.9%**	**8.0% to 9.9%**	**10.0% +**
# of counties (change)	1719 (↓266)	483 (↑23)	244 (↑20)	774 (↑223)
% of counties (change)	53.4% (↓8.3%)	15.0% (↑0.7%)	7.6% (↑0.6%)	24.0% (↑6.9%)

Counties by Combined Transmission Level

Category	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
# of counties (change)	516 (↓281)	1184 (↓111)	547 (↑106)	973 (↑286)
% of counties (change)	16.0% (↓8.7%)	36.8% (↓3.4%)	17.0% (↑3.3%)	30.2% (↑8.9%)



Source: CDC Aggregate County Dataset (cases), Unified Testing Dataset (tests)
Notes: Combined Transmission Level is the higher threshold among cases and testing thresholds.

INITIAL PUBLIC RELEASE // SUBJECT TO CHANGE

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

Challenges for Parents and Kids

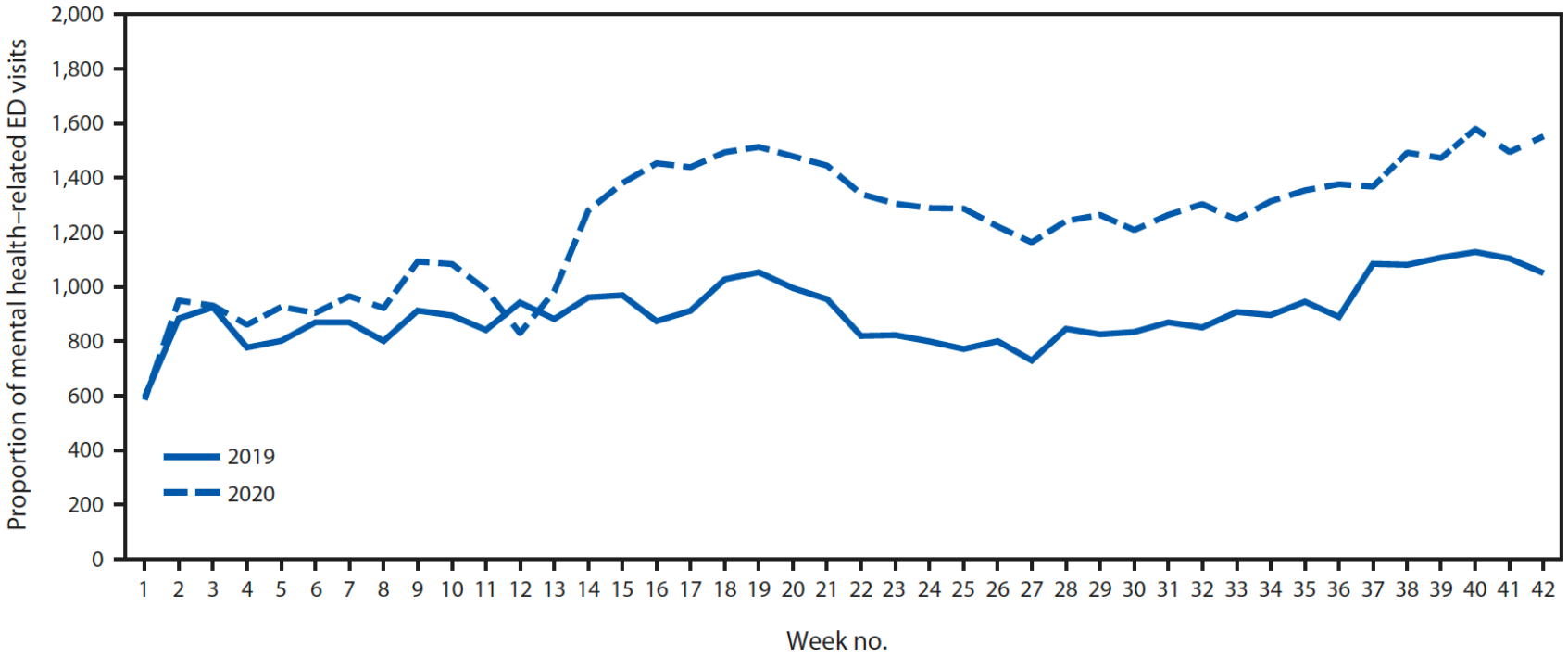
- Lost academic and social experiences
  - In some areas impacted by wildfire evacuations, some students have lost more than one year of school
- Concerns about full time return to in-person school
  - Child to parent transmission (UK data)
    - What if my child wears a mask and peers don't?
    - Concern about transmission to high risk or older parents or other high risk family members
  - Rapidly changing information on variants and public health implications
  - Mental health issues for frontline provider parents
  - Other disasters (fires, floods, hurricanes, tornados) continue and complicate public health response to COVID-19 (sheltering)

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report

Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020

Rebecca T. Leeb, PhD[1]; Rebecca H. Bitsko, PhD[1]; Lakshmi Radhakrishnan, MPH[2]; Pedro Martinez, MPH[3]; Rashid Njai, PhD[4]; Kristin M. Holland, PhD[5]

B. Proportion of mental health–related ED visits per 100,000 pediatric ED visits per week



portion of mental health–related ED visits = number of ED visits for children's mental health/total number of pediatric ED visits x 100,000.

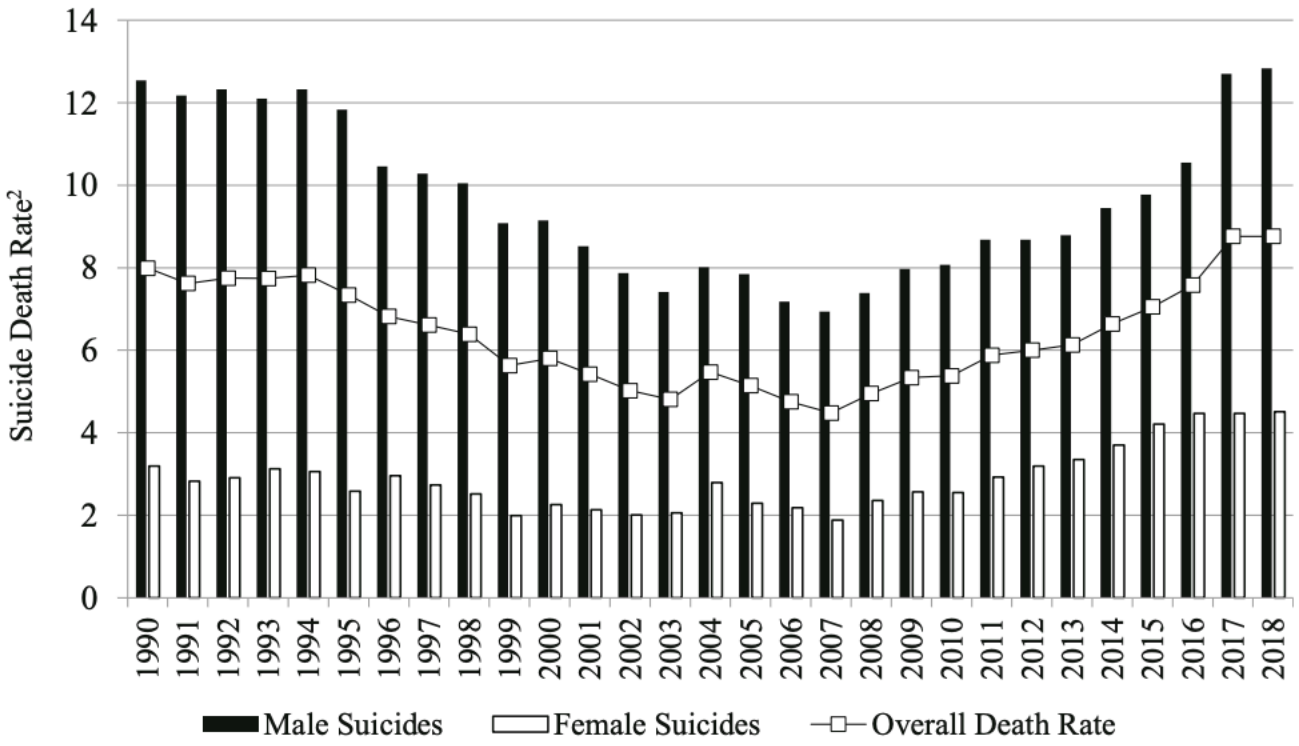
WRAP-EM Western Regional Alliance for Pediatric Emergency Management AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

Suicide Rate Trending Pre-Covid 13-18 years 1991-2018

(CDC,2020)

Fig. 1 Youth ages 13 to 18 years suicide death rates—1991 to 2018[1]. [1]Data from CDC (2020a). [2]Deaths per 100,000 in the population

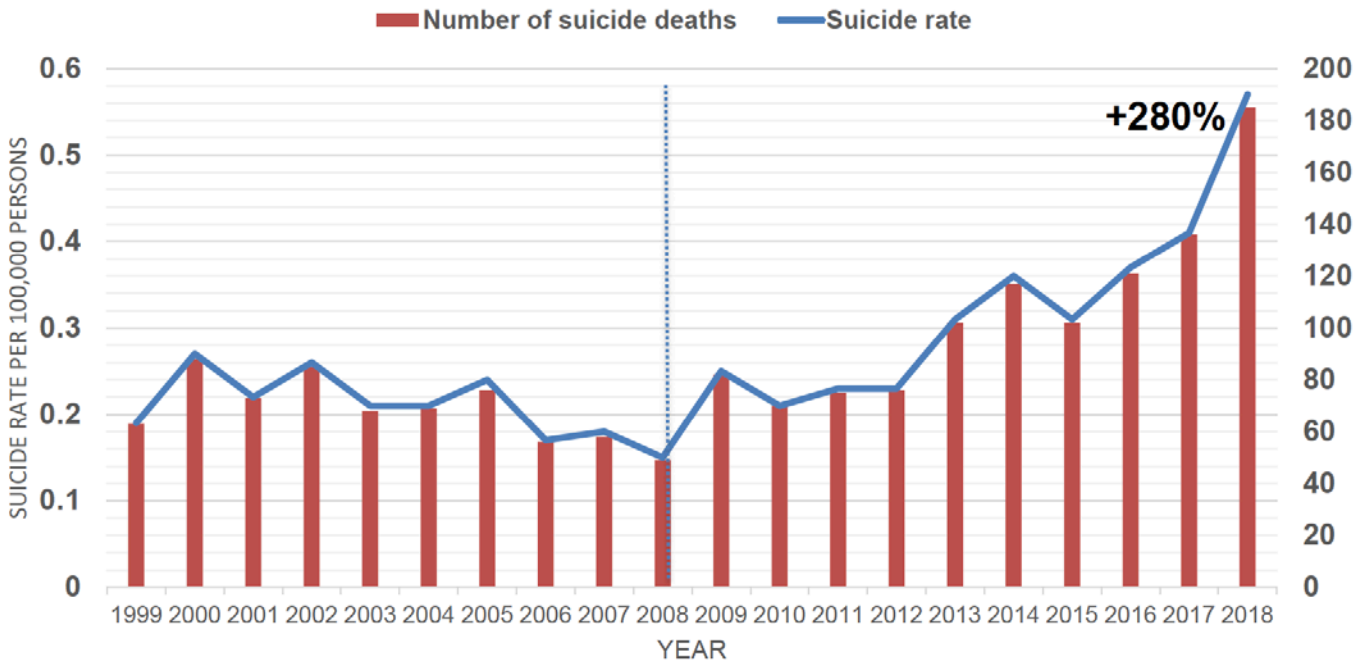


Note. [1]Data from CDC (2020a). [2]Deaths per 100,000 in the population.

WRAP-EM Western Regional Alliance for Pediatric Emergency Management AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

Suicide Rates in US Youth Aged 5-12 Years, 1999 to 2018



Data from CDC WISQARS

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.™

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

Adverse MH and COVID-19 Impacts

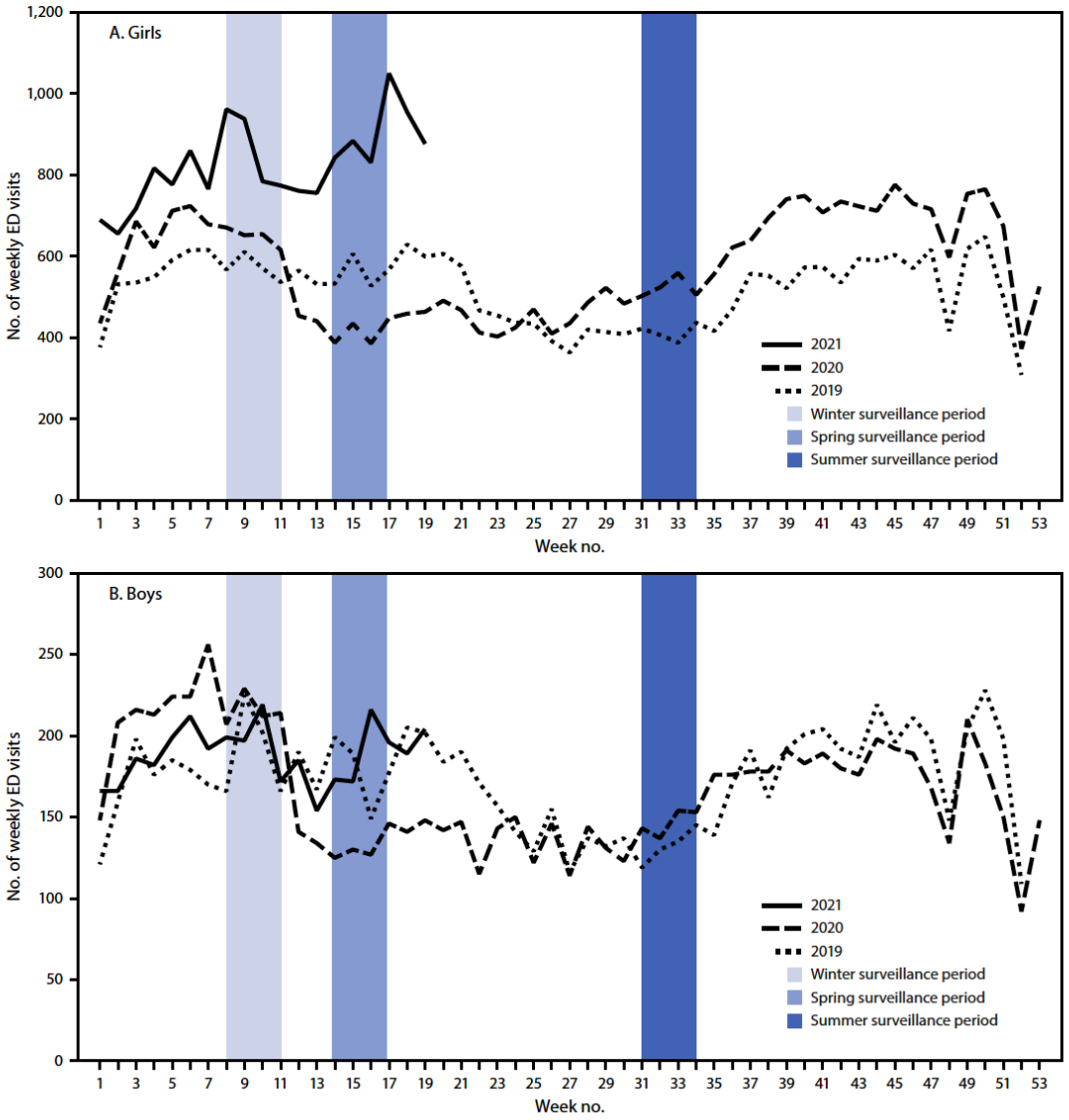
TABLE 1. (*Continued*) Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020

Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted* no. (%)	Weighted %*						
		Conditions				Started or increased substance use to cope with pandemic-related stress or emotions¶	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
		Anxiety disorder†	Depressive disorder†	Anxiety or depressive disorder†	COVID-19–related TSRD§			
Know someone who had positive test results for SARS-CoV-2								
Yes	1,109 (20.3)	23.8	21.9	29.6	21.5	12.9	7.5	39.2
No	4,361 (79.7)	26.0	25.0	31.3	27.5	13.4	11.5	41.3
Knew someone who died from COVID-19								
Yes	428 (7.8)	25.8	20.6	30.6	28.1	11.3	7.6	40.1
No	5,042 (92.2)	25.5	24.7	31.0.	26.1	13.4	10.9	41
Receiving treatment for previously diagnosed condition								
Anxiety								
Yes	536 (9.8)	59.6	52.0	66.0	51.9	26.6	23.6	72.7
No	4,934 (90.2)	21.8	21.3	27.1	23.5	11.8	9.3	37.5
Depression								
Yes	540 (9.9)	52.5	50.6	60.8	45.5	25.2	22.1	68.8
No	4,930 (90.1)	22.6	21.5	27.7	24.2	12.0	9.4	37.9
Posttraumatic stress disorder								
Yes	251 (4.6)	72.3	69.1	78.7	69.4	43.8	44.8	88
No	5,219 (95.4)	23.3	22.2	28.6	24.2	11.8	9.0	38.7

WRAP-EM Western Regional Alliance for Pediatric Emergency Management AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

FIGURE 1. Numbers of weekly emergency department visits* for suspected suicide attempts† among adolescents aged 12–17 years, by sex — National Syndromic Surveillance Program, United States, January 1, 2019–May 15, 2021



Abbreviations: ED = emergency department; NSSP = National Syndromic Surveillance Program.

* ED visits for suspected suicide attempts were identified by querying an NSSP syndrome definition developed by CDC in partnership with state and local health departments (https://stacks.cdc.gov/view/cdc/106694). NSSP ED visit data include approximately 71% of the nation's EDs in 49 states (all except Hawaii) and the District of Columbia.

† Visits for suspected suicide attempts include visits for suicide attempts, as well as nonsuicidal self-harm.

WRAP-EM Western Regional Alliance for Pediatric Emergency Management AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020

Lela R. McKnight-Eily, PhD[1]; Catherine A. Okoro, PhD[2]; Tara W. Strine, PhD[1]; Jorge Verlenden, PhD[1]; NaTasha D. Hollis, PhD[2]; Rashid Njai, PhD[1]; Elizabeth W. Mitchell, PhD[1]; Amy Board, DrPH[3]; Richard Puddy, PhD[1]; Craig Thomas, PhD[1]

TABLE. Weighted prevalence estimates of current depression,* suicidal thoughts/ideation,† and substance use increase or initiation§ among adults aged ≥18 years, by race/ethnicity — Porter Novelli View 360 survey, United States, April and May 2020

Race/Ethnicity	Unweighted no. of persons	Weighted % (95% CI)		
		Current depression	Suicidal thoughts/Ideation	Substance use increase or initiation
Total	**1,004**	**28.6 (25.6–31.5)**	**8.4 (6.6–10.2)**	**18.2 (15.7–20.7)**
White, NH	657	25.3 (21.9–28.7)	5.3 (3.6–6.9)	14.3 (11.6–17.0)
Black, NH	100	27.7 (18.7–36.7)	5.2 (0.7–9.7)	15.6 (8.4–22.7)
Hispanic/Latino	118	40.3 (31.3–49.3)	22.9 (15.2–30.6)	36.9 (28.1–45.7)
Other, NH¶	129	31.4 (22.8–40.0)	8.9 (3.6–14.1)	15.1 (8.4–21.7)

Abbreviations: CI = confidence interval; DSM-IV = *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*; NH = non-Hispanic/Latino.

* Defined as a score of ≥10 on the eight-item Patient Health Questionnaire (PHQ-8). The PHQ-8 is adapted from the nine-item PHQ (PHQ-9), which is based on the nine criteria for diagnosis of depressive disorders in the DSM-IV.

† Defined as an affirmative response to the question "At any time in the past 30 days, did you seriously think about trying to kill yourself?"

§ Defined as an affirmative response to the question "Have you started or increased using substances to help you cope with stress or emotions during the COVID-19 pandemic? Substance use includes alcohol, legal or illegal drugs, or prescriptions drugs that are taken in a way not recommended by your doctor."

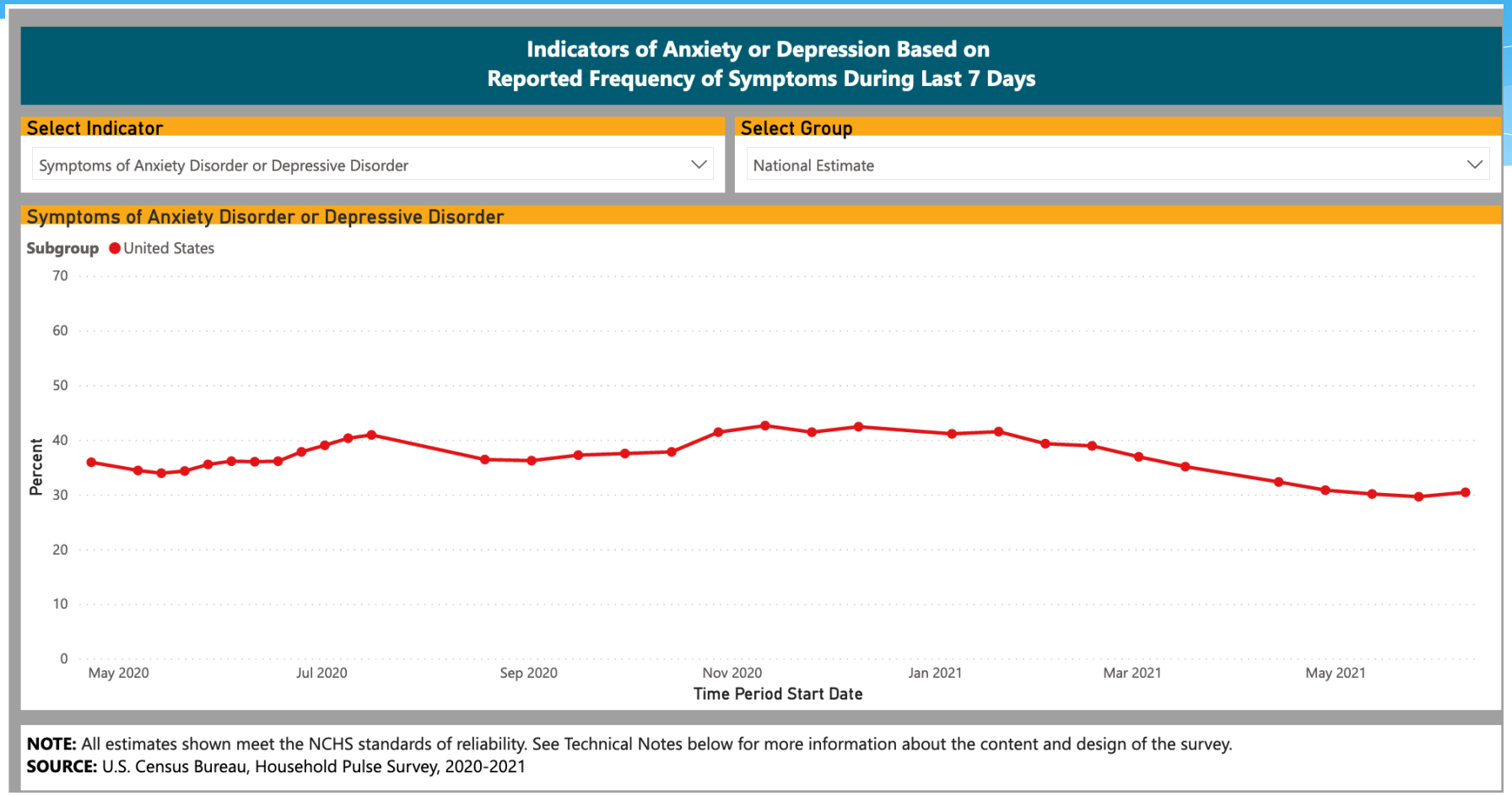
¶ Includes participants who identified as Native American/Alaska Native, Asian, multiracial, or another race/ethnicity.

WRAP-EM Western Regional Alliance for Pediatric Emergency Management AZ CA NV OR WA UT

Unclassified//For Public Use

HARBOR-UCLA PEDIATRICS

CDC Household Pulse Survey

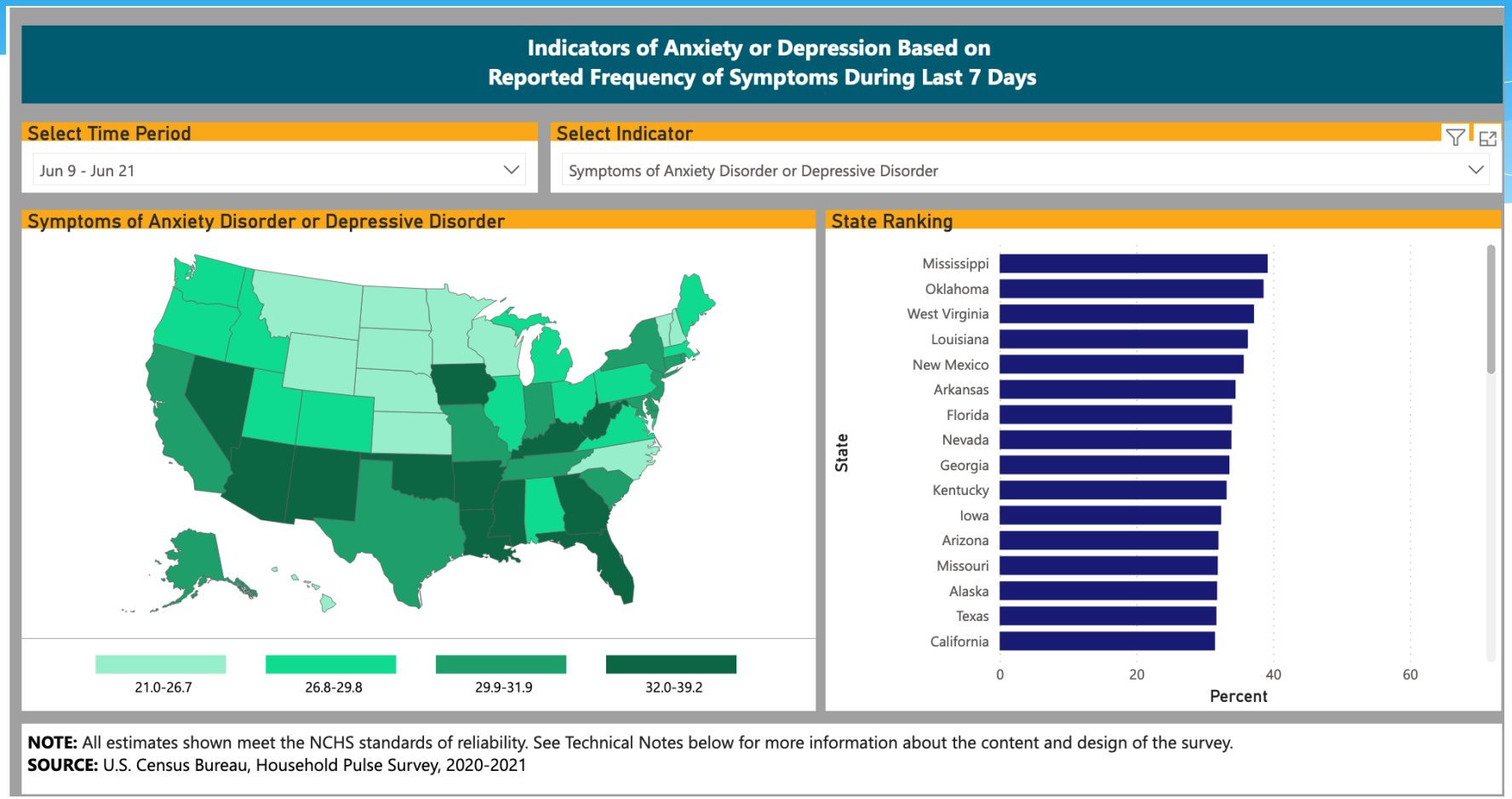


https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

CDC Household Pulse Survey



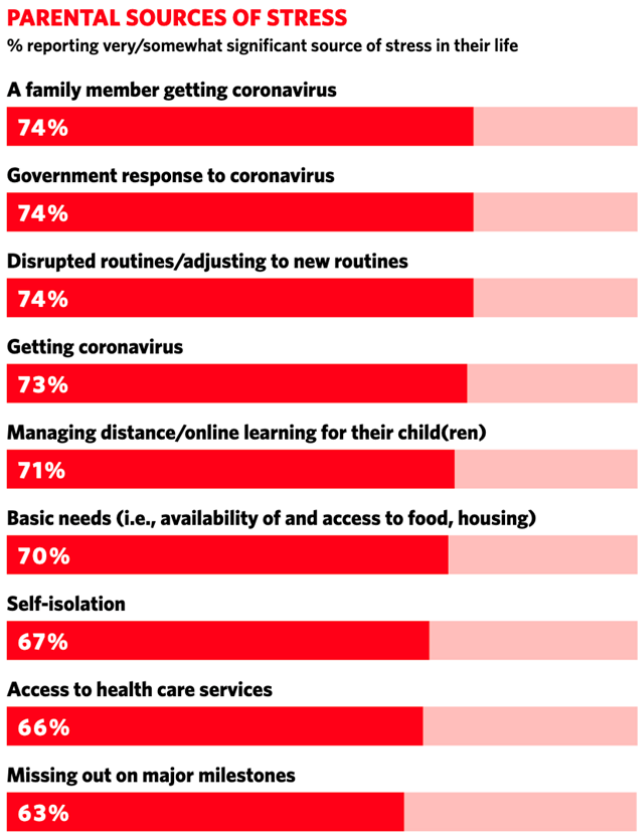
In 2019, 8.1% of adults aged 18 and over had symptoms of anxiety disorder, 6.5% had symptoms of depressive disorder, and 10.8% had symptoms of anxiety disorder or depressive disorder

WRAP-EM Western Regional Alliance for Pediatric Emergency Management AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

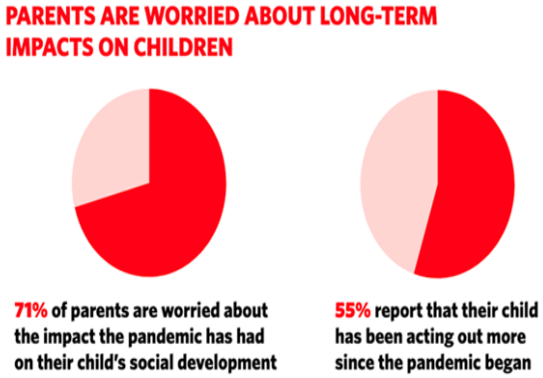
anticipate.

changing and chronic stress for parents challenge to manage



Nearly half of parents (48%) said the level of stress in their life has increased compared with before the pandemic. More than 3 in 5 parents with children who are still home for remote learning (62%) said the same.

You are not alone in your worries about your child.



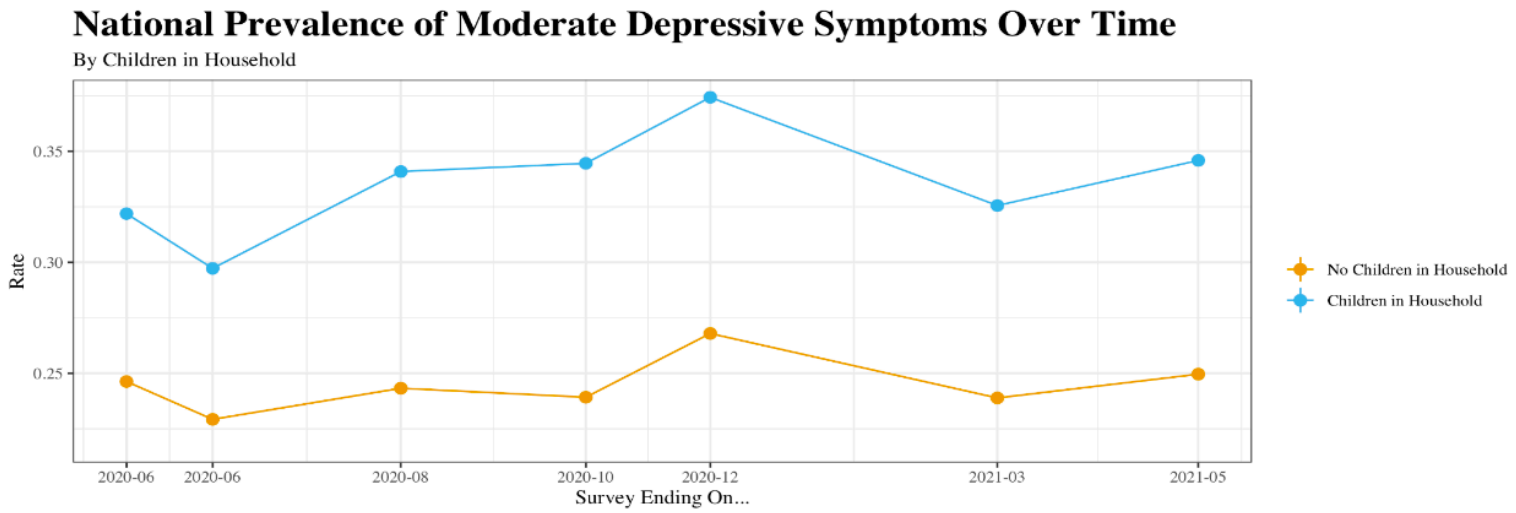
https://www.apa.org/news/press/releases/stress/2020/stress-in-america-covid-june.pdf

© copyright 2020

WRAP-EM Western Regional Alliance for Pediatric Emergency Management AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

- **Parents with children at home have consistently experienced elevated rates of depression, with a gap of about 10% between parents and nonparents - currently 35% versus 25%**. Some of this difference likely reflects age - that is, parents are generally younger than nonparents. The remainder may reflect such additional stresses as remote education.



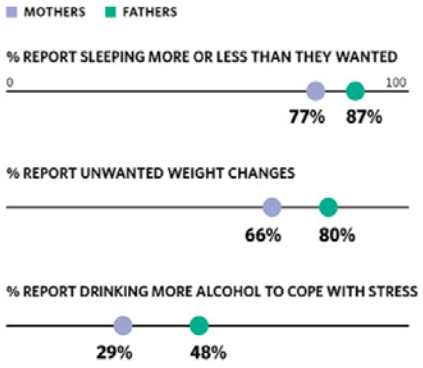
The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States 5

PANDEMIC SURVEY

Parents' Mental, Physical Health Impacted Since Start of Pandemic

AMERICAN PSYCHOLOGICAL ASSOCIATION

Mothers are more likely than fathers to say their mental health has worsened compared with before the pandemic (39% vs. 25%), but fathers are more likely to report behavioral and physical changes:



STRESS IN AMERICA™

© American Psychological Association

In this infographic from APA's Stress in America™ pandemic survey, 75% of parents say they could have used more emotional support than they received, 32% received treatment from a mental health professional, and 24% were diagnosed with a mental health disorder since the pandemic started.

Mothers are more likely than fathers to say their mental health has worsened compared with before the pandemic (39% of mothers vs. 25% of fathers), but fathers are more likely to report behavioral and physical changes:

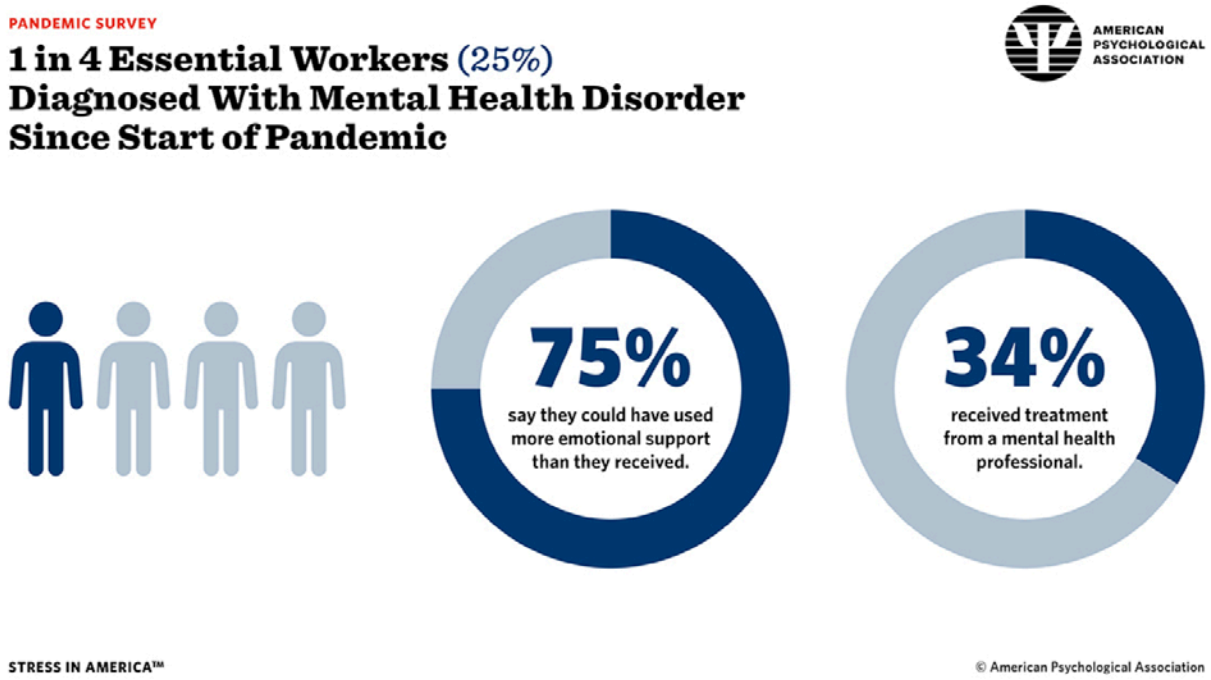
- • 77% of mothers and 87% of fathers report sleeping more or less than they wanted.
- • 66% of mothers and 80% of fathers report unwanted weight changes.
- • 29% of mothers and 48% of fathers report drinking more alcohol to cope with stress.

WRAP-EM Western Regional Alliance for Pediatric Emergency Management AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

What About Parents who are Essential Workers?

1 in 4 Essential Workers (25%) Diagnosed With Mental Health Disorder Since Start of Pandemic



In this infographic from APA's Stress in America™ pandemic survey, 75% of essential workers say they could have used more emotional support than they received, 34% received treatment from a mental health professional, and 1 in 4 (25%) was diagnosed with a mental health disorder since the start of the pandemic.

© 2021 American Psychological Association

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

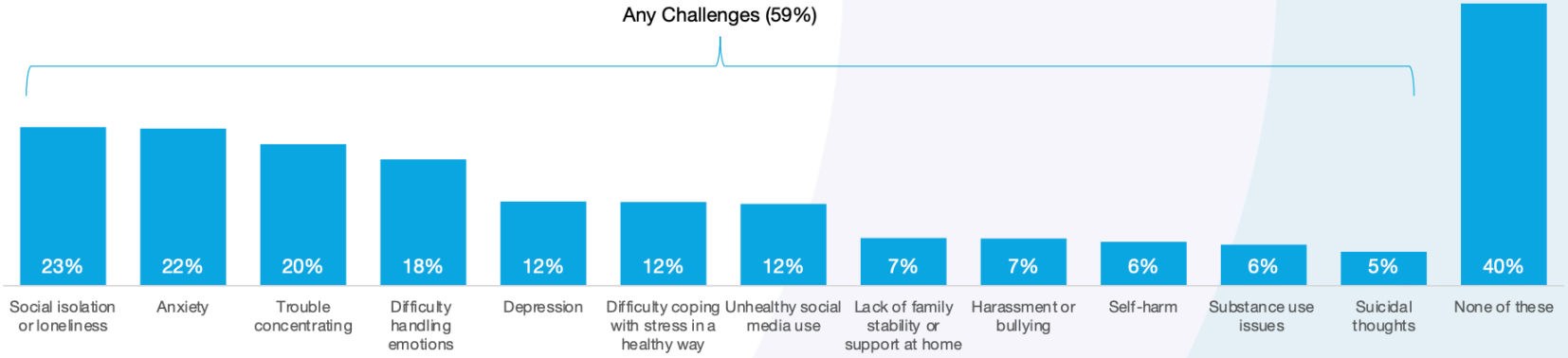
HARBOR-UCLA PEDIATRICS

Overall, six in 10 parents report that their child has experienced mental or emotional health challenges in the past month.

Most commonly social isolation/loneliness, anxiety, and trouble concentrating.

Five percent of parents report that their child has had suicidal thoughts in the past month. Eight percent of parents of 9-12 year-olds report that their child has had suicidal thoughts in the past month, the highest level among the age groups.

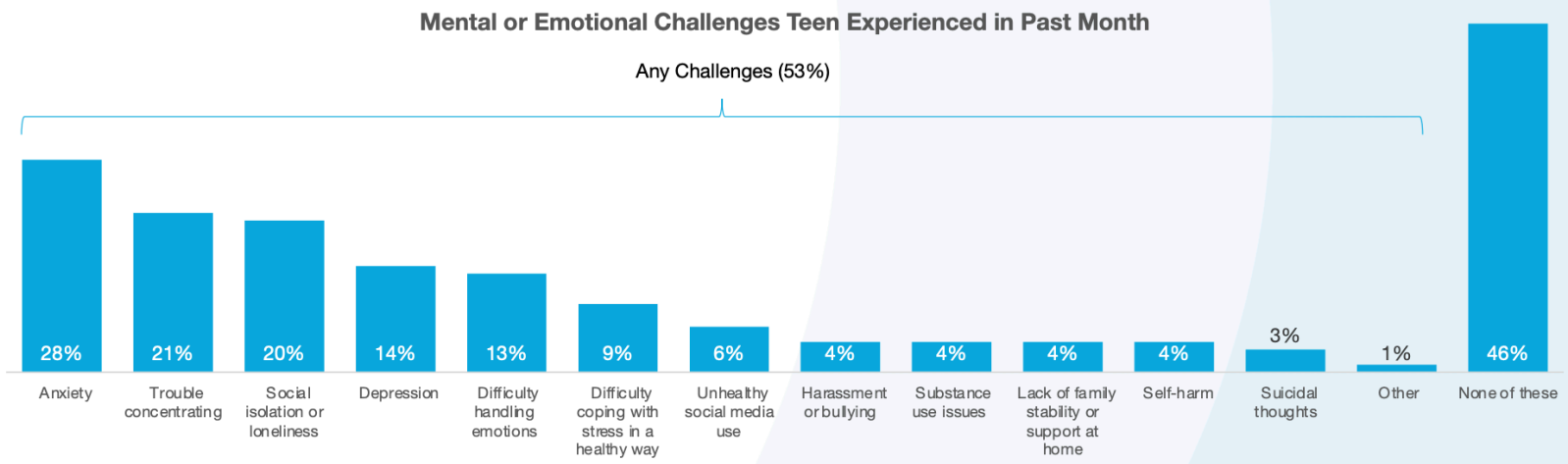
Mental or Emotional Challenges Child Experienced in Past Month



Q25. Which of the following mental or emotional challenges would you say your child has experienced in the past month? Please select all that apply.(Base: All qualified parents)

Overall, half of teens report that they have experienced mental or emotional health challenges in the past month, most commonly anxiety, trouble concentration and social isolation/loneliness.

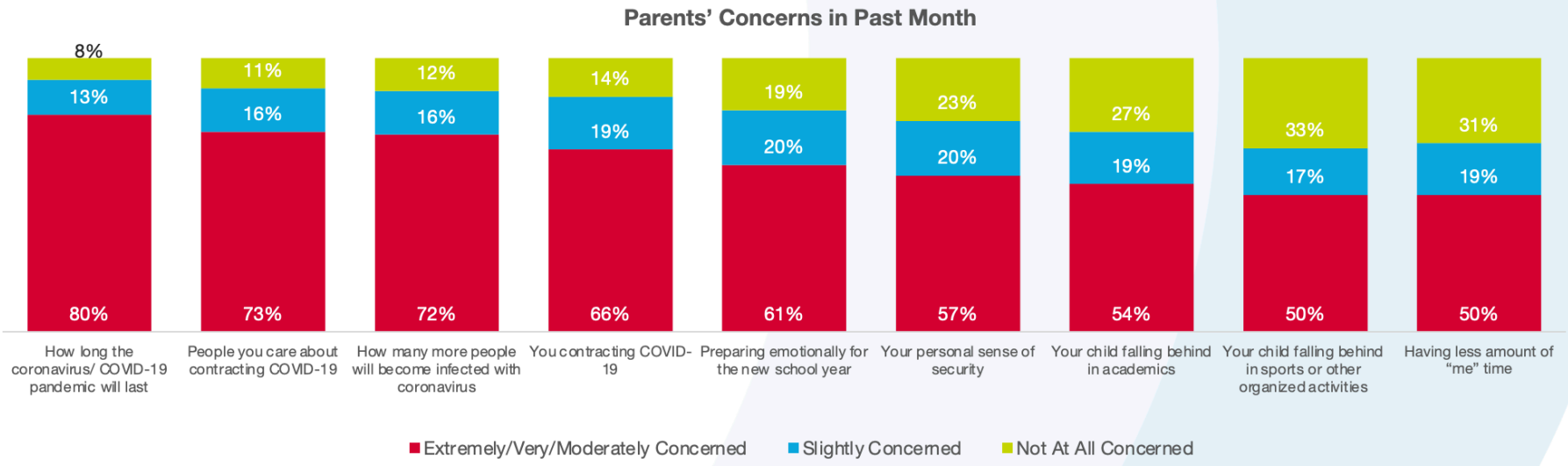
Three percent of teens report that they have had suicidal thoughts in the past month.



Q110. Which of the following mental or emotional challenges have you experienced in the past month? Please select all that apply. (Base: All qualified teens)

Parents' top concerns are how long the pandemic will last, people they care about contracting COVID-19, and how many more people will become infected with the coronavirus.

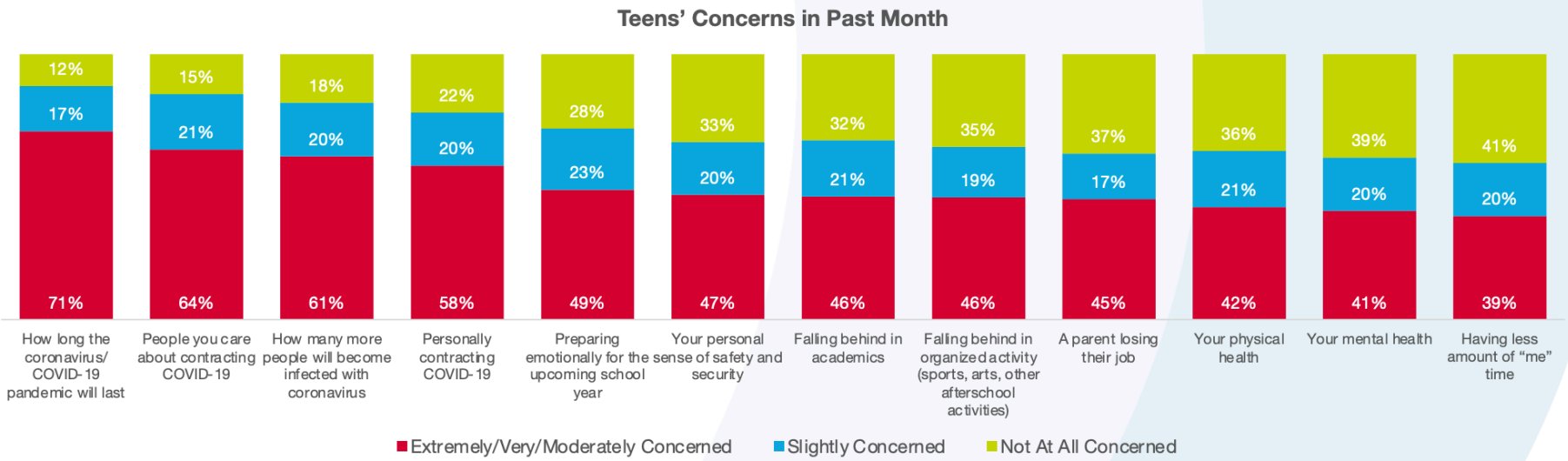
More parents are concerned about preparing emotionally for the new school year than are concerned about their child falling behind in academics (61% vs. 54% at least moderately concerned)



Q27. How much have you been concerned with the following in the past 30 days? 5-point scale (Base: All qualified parents)

Teens' top concerns are how long the pandemic will last, with 71% at least moderately concerned.

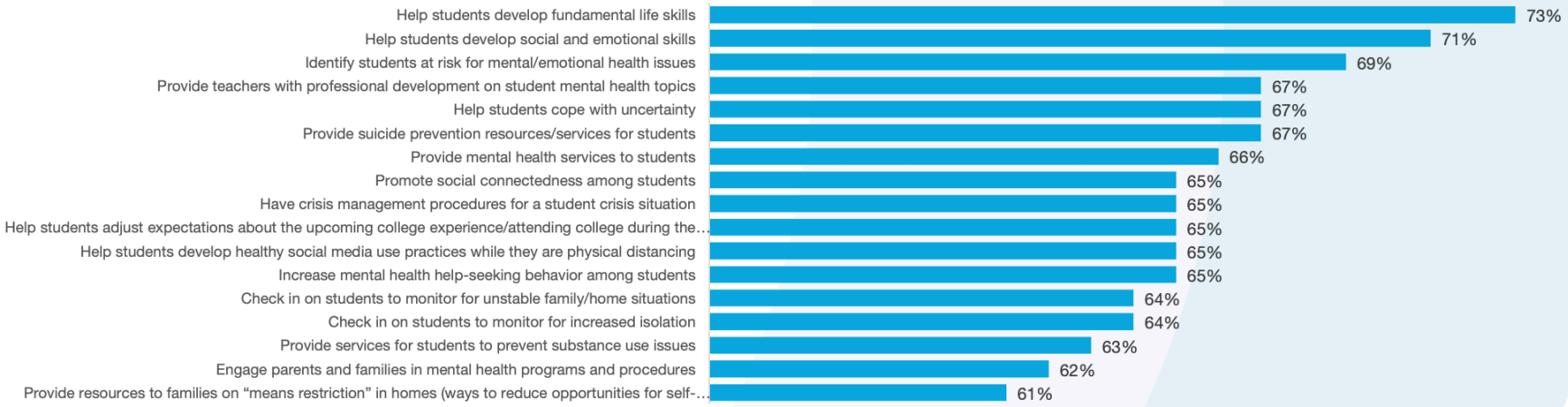
The majority are also at least moderately concerned about people they care about contracting COVID, how many people will become infected and personally contracting COVID. Four in 10 teens are **not at all concerned** about their mental health.



Q111. How much have you been concerned with the following in the past 30 days? 5-point scale (Base: All qualified teens))

Parents are most likely to say that it is absolutely essential or extremely important for schools to help students develop fundamental life skills, to develop social and emotional skills and to identify students at risk for mental/emotional health issues.

Importance of School Efforts Related to Mental and Emotional Health
(% Absolutely Essential/ Very Important)



Q60. How important do you think it is for schools to do each of the following this school year? 5-point scale (Base: All qualified parents)

New Online Views 23,371 | Citations 0 | Altmetric 3498 | Comments

Research Letter

ONLINE FIRST FREE

April 5, 2021

Estimates and Projections of COVID-19 and Parental Death in the US

Rachel Kidman, PhD[1,2]; Rachel Margolis, PhD[3]; Emily Smith-Greenaway, PhD[4]; et al

» Author Affiliations | Article Information

JAMA Pediatr. Published online April 5, 2021. doi:10.1001/jamapediatrics.2021.0161

Table. Estimated Number of Children Aged 0 to 17 Years Who Will Lose a Parent Owing to the COVID-19 Pandemic Under Various Scenarios

Characteristic	Estimated children experiencing parental loss, median (range)[a]		
	Age 0-17 y	Age 0-9 y	Age 10-17 y
Bereavement multiplier	0.078 (0.059-0.126)	0.021 (0.016-0.054)	0.057 (0.043-0.071)
Morality owing to the COVID-19 pandemic			
Current mortality estimates from February 2020 to February 2021[2]			
479 000 Recorded COVID-19 deaths	37 337 (28 195-60 119)	9863 (7717-25 923)	27 474 (20 478-34 196)
552 000 Estimated excess deaths[b]	43 027 (32 492-69 281)	11 366 (8893-29 873)	31 661 (23 599-39 408)
Future mortality scenarios			
1 500 000 COVID-19 deaths	116 922 (88 295-188 264)	30 887 (24 167-81 177)	86 035 (64 128-107 086)

[a] Estimates are based on the mediar of 40 simulations with the ranges simulation results given in parentheses.

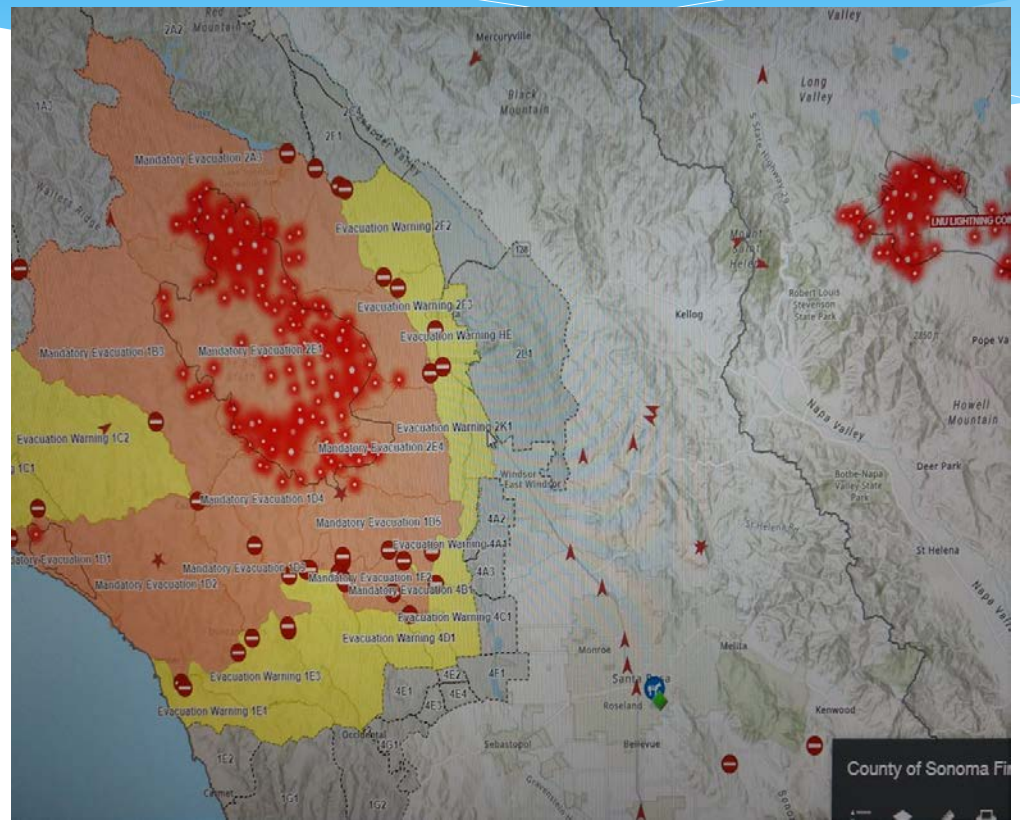
[b] Excess deaths refer to the difference between the number of observed deaths and the number expected deaths for the same time period, and thus captures all-cause mortality that is both directly and indirectly due to the pandemic.

WRAP-EM Western Regional Alliance for Pediatric Emergency Management AZ CA NV OR WA UT

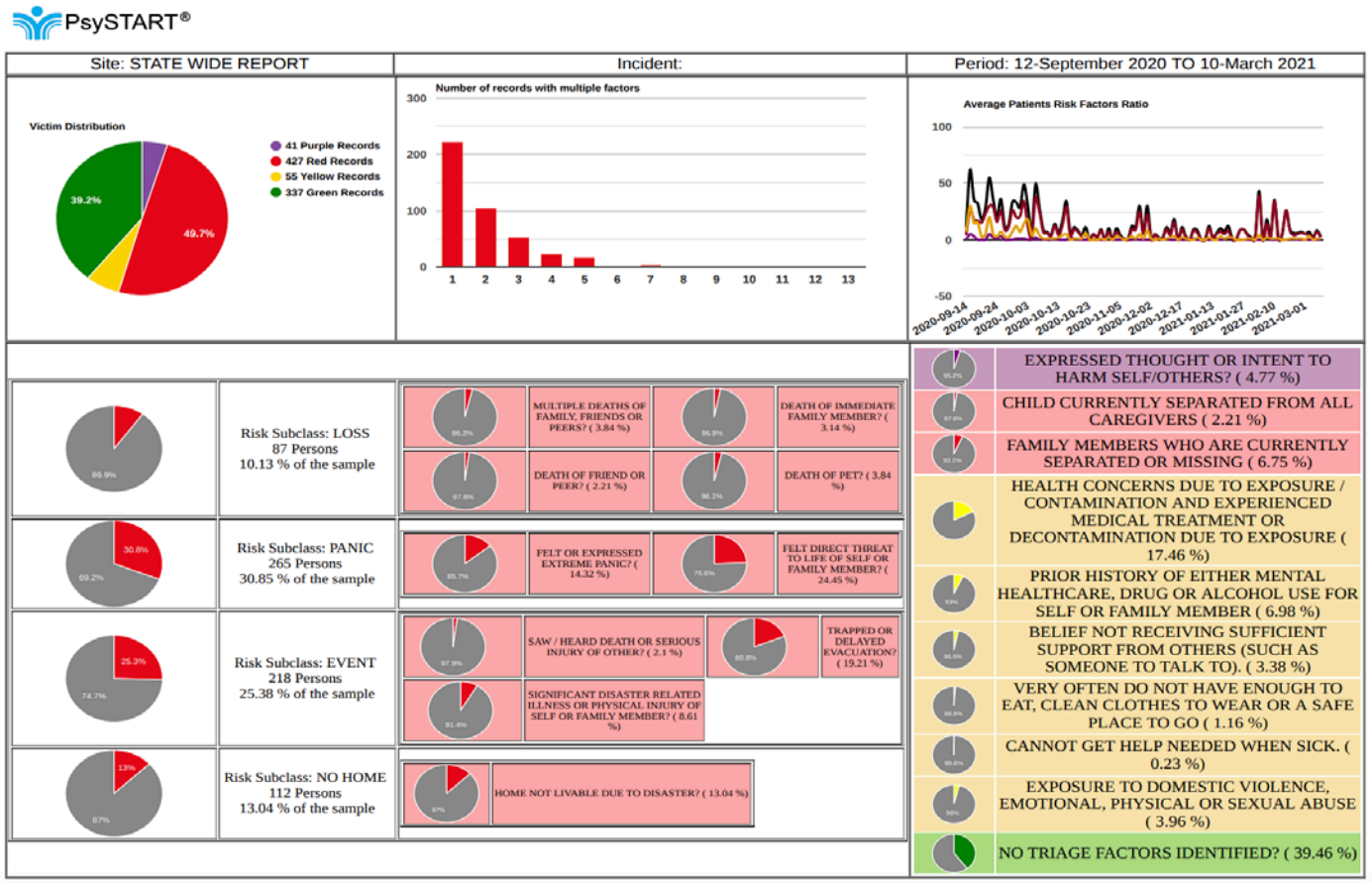
HARBOR-UCLA PEDIATRICS

Stepped Triage to Care Support… Sonoma County

- Situational Screener
  - PsySTART
- Direct Training and Resources to Schools, Staff, and Students immediately after the crisis
- Additional Screener
  - CPSS-V
- Implement TF-CBT Services for students in need



PsySTART Countywide Pediatric Risk Surveillance: Sonoma Stepped Triage to Care System



WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

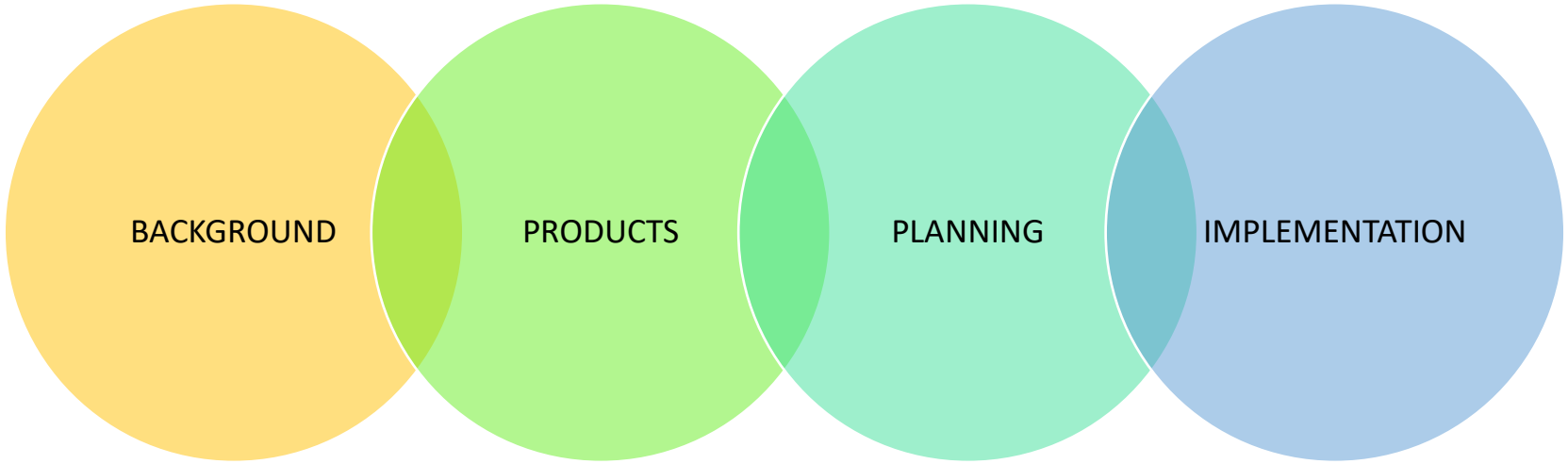
Sonoma County- PsySTART/ Rapid Disaster MH Triage System

- Allows for a single, real time “common operating picture” across local health care coalitions: schools, hospitals, behavioral health
  - Real-time situational awareness: risk types, levels, locations and resource gaps across disaster systems of care
- Geo-coded “risk mapping”
- Floating “cut off” score permits targeted high-risk outreach
- Integrated acute danger, disaster/active shooter-terrorism, COVID-19 risk and prior trauma risk indicators in one tool
- Parent and student “self-triage” pilot model
- WRAP-EM version available at no cost in WA,OR,CA,NV,AZ,UT

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

Standing Up a Data-Informed Statewide Behavioral Health Response to COVID



Unclassified//For Public Use

Background: Initial Activation & Expansion

Initial Activation (Mid-March 2020):

- Mission: Inform other functions with behavioral health considerations, staff support
- Team: Behavioral Health Group Supervisor, Behavioral Health Strike Team
- Informed existing functions with expertise, activated Behavioral Health System Specialist, started to develop expanded mission proposal

Expanded Mission (Early April):

- Expanded mission to “lead and coordination the “whole of state” response to behavioral health impacts of COVID-19” including expanded public health functions
- Expanded team: Impact & Capacity Assessment Task Force Leader (TFL), Guidance & Education TFL, Behavioral Health Epidemiologist, in addition to initial team members
- Team began to develop functional areas within the team, establish a “battle rhythm,” and develop foundational products and services of the team

Unclassified//For Public Use

COVID-19 Behavioral Health Group Framework

Work was divided into broad functional areas to support the assigned mission and to facilitate a response informed by data, expertise, and partner engagement

Functional areas:

Response Coordination- Coordinate across response functions and state/local agencies

Impact & Capacity Assessment- Establish situational awareness of behavioral health impacts and current capacity

Access to Behavioral Health Care- Increase access to behavioral health care by helping organizations stay open and expanding available services (professional and non-professional)

Guidance & Education- Provide public messaging, training, and resource documents to inform the public and partners about behavioral health impacts, considerations, and resources

-All work supported and informed by Behavioral Health Strike Team!

Unclassified//For Public Use

Function Overview: Impact & Capacity Assessment

Purpose: To identify, collect, maintain, and share behavioral health situational awareness related to the mental health impacts and behavioral health system continuity/capacity challenges. Information is presented in a format that is actionable for response and behavioral health system partners.

Major products, outcomes, or successes:

- Collected, refined, and developed behavioral health metrics:
  - Syndromic surveillance, call lines, tax revenue, social media sentiment analysis, and more
- Statewide Behavioral Health Impact Forecasts (Monthly)
- Behavioral Health Impact Situational Report (Weekly)
- Youth Behavioral Health Impact Situational Report (Monthly)
- Collaborations: routinely collaborated with internal and external groups around data and impacts, informed response leadership regarding trends and concerns

Unclassified//For Public Use

Statewide Behavioral Health Impact Forecast

Background:

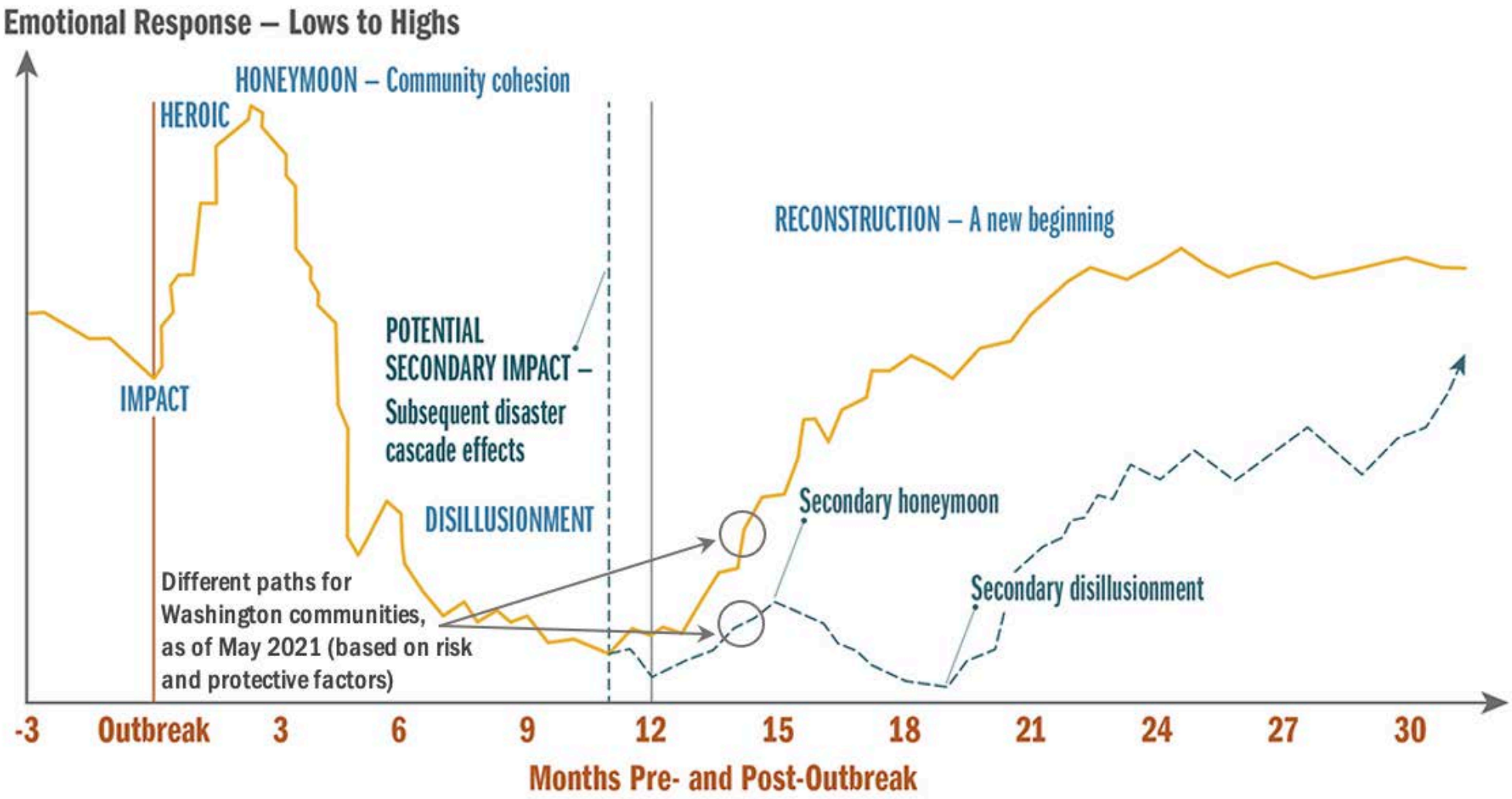
- Developed by combining academic literature, a wide variety of data sources, and the expertise of the DOH Behavioral Health Strike Team
- Highly subject to future waves, government actions, societal trends, social and economic impacts
- Continually informed by new research and data sources

Content:

- Bottom Line Up Front (Key things to know)
- Phase related considerations, trends in data or research
- Hot topics or items of concern (e.g., vaccines, return to work, etc.)

Unclassified//For Public Use

Reactions and Behavioral Health Symptoms in Disasters



Unclassified//For Public Use

Weekly Behavioral Health Situational Report

Purpose: Provide a concise source of weekly information on behavioral health trends

How was it made?

Drafted by the Impact & Capacity Assessment Task Force (data and epidemiology), informed by Behavioral Health Strike Team (disaster behavioral health insights)

Things to know:

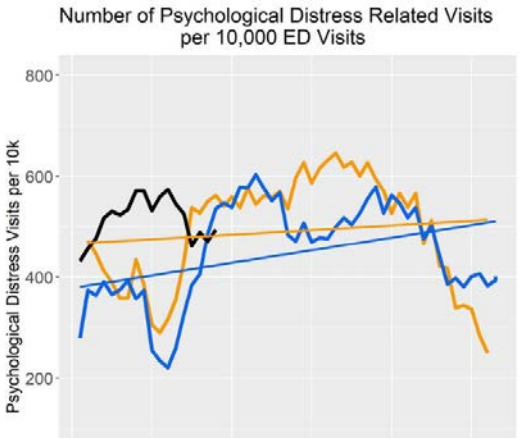
- Includes data sources from a wide variety of sources (syndromic surveillance, social media sentiment, tax revenues, call line data FBI, sheriffs and police chiefs)
- Analysis of year over year trends difficult due to significant changes in care seeking behavior over the course of the pandemic
- Situational report became more refined over time in terms of sources and analysis

Unclassified//For Public Use

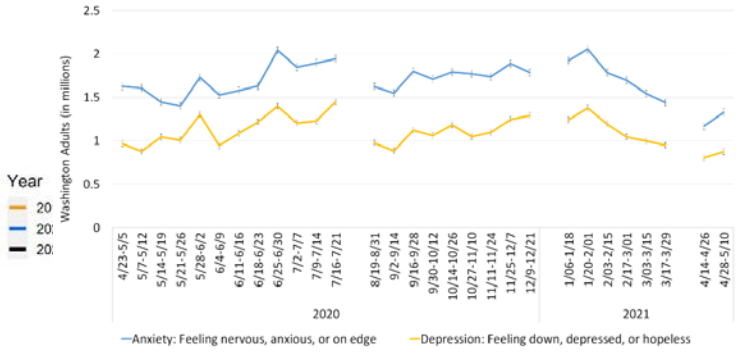
Weekly Behavioral Health Situational Report

Broad spectrum of data to capture state level trends for behavioral health

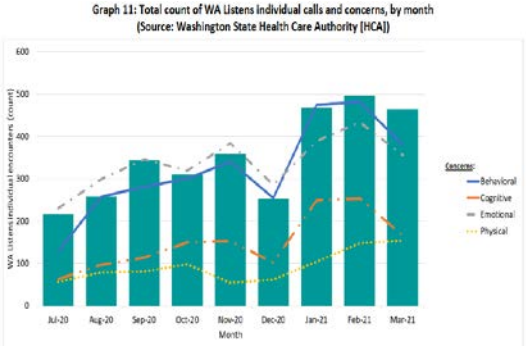
Syndromic Surveillance



Pulse Survey (Census Bureau)



Call Lines



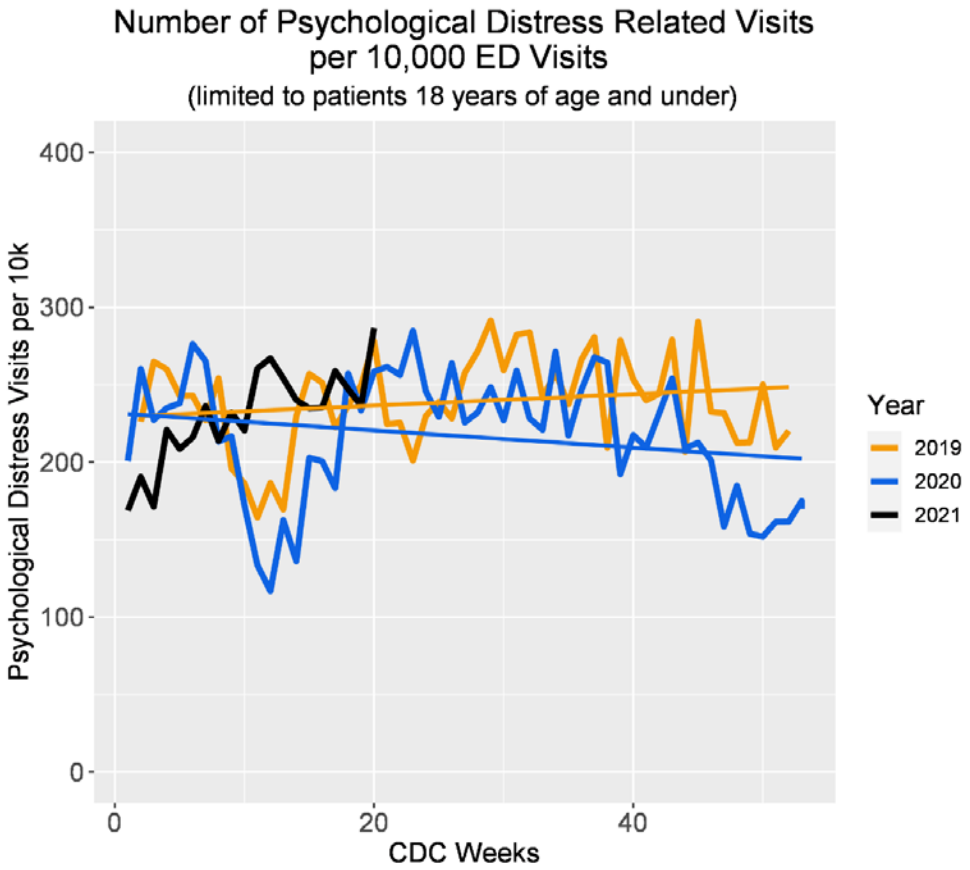
Unclassified//For Public Use

Development of Monthly Youth Situational Reports Starting April 2021

- ED visits for Behavioral Health Symptoms and Drug OD
- Access to physical and behavioral health care
- Educational settings, criminal offenses, CHARS discharge diagnoses

Unclassified//For Public Use

Psychological Distress ED Visits – 18 & Younger

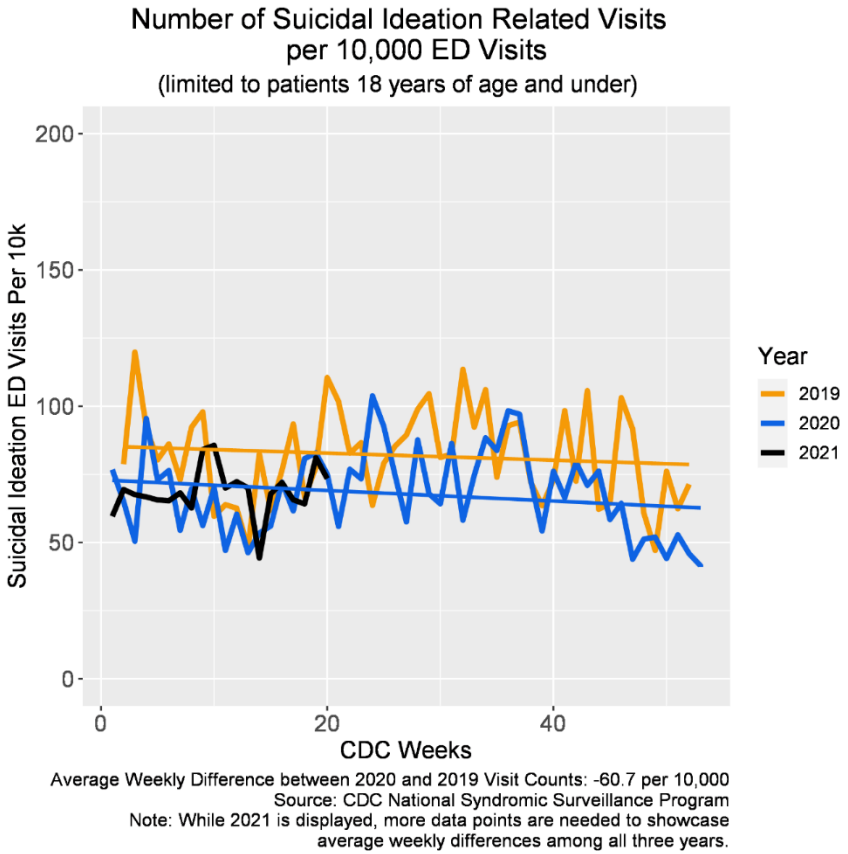


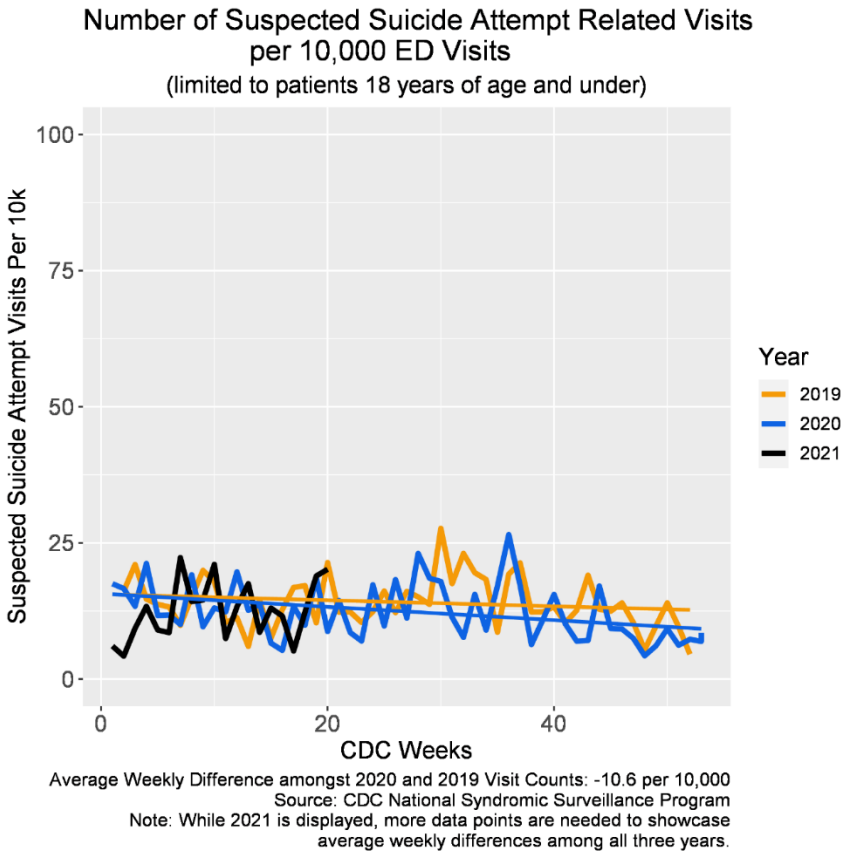
Average Weekly Difference between 2020 and 2019 Visit Counts: -171.5 per 10,000
Source: CDC National Syndromic Surveillance Program
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

Source: CDC ESSENCE

Unclassified//For Public Use

Suicidal Ideation and Suicide Attempt ED Visits – 18 & Younger

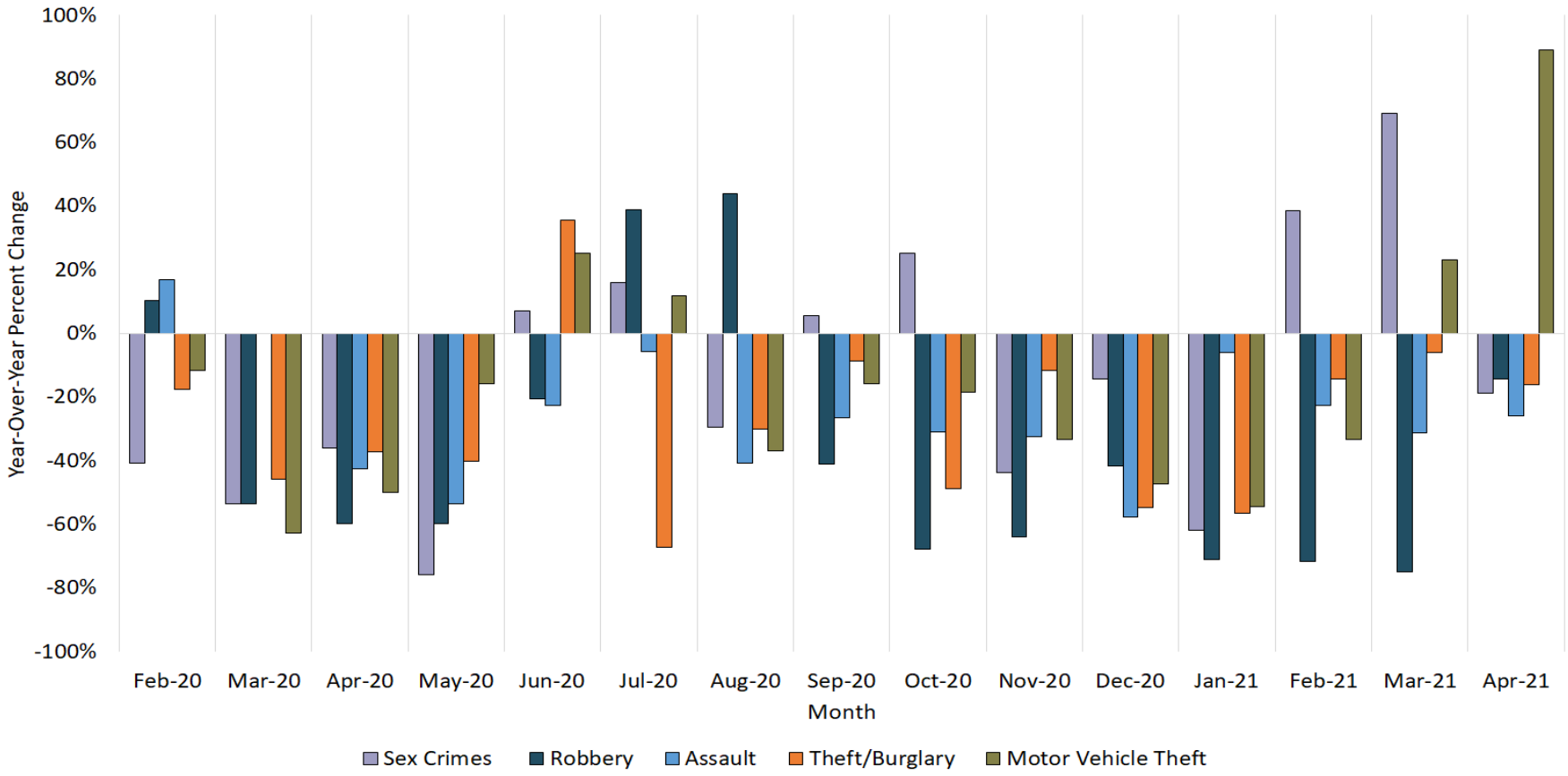




Source: CDC ESSENCE

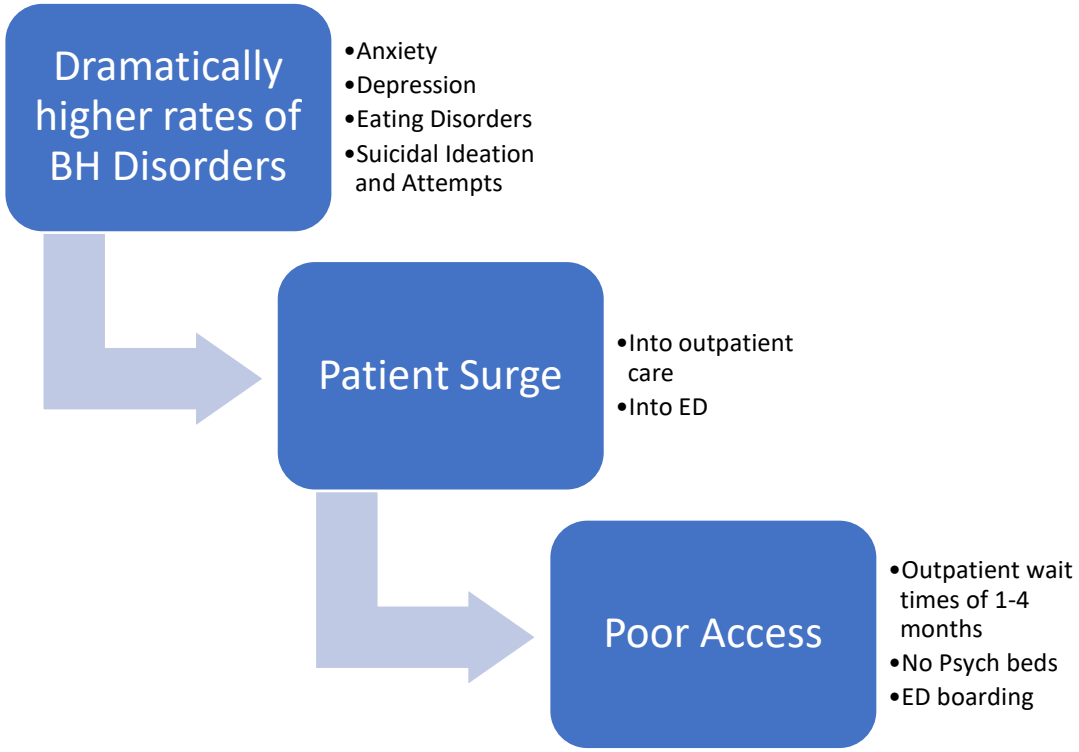
Unclassified//For Public Use

Graph 12: Percent change of juvenile offender filings, by charge and month (Source: AOC)



Unclassified//For Public Use

Governor's Emergency Declaration



Unclassified//For Public Use

Putting it all Together: Youth Behavioral Health Surge Management

Background: Like many other states, Washington State is seeing a disturbing increase of severe behavioral health impacts on youth. This has led the Governor to issue a proclamation related to the youth mental health crisis which required state agencies to develop recommendations to mitigate the surge.

The Behavioral Health Group, in response to this need, has developed a youth behavioral health surge management mission by engaging response and behavioral health partners.

This mission package was developed by engaging partners across behavioral health state agencies, healthcare and behavioral health system partners, educational system partners at state and local levels, and response organizations.

Unclassified//For Public Use

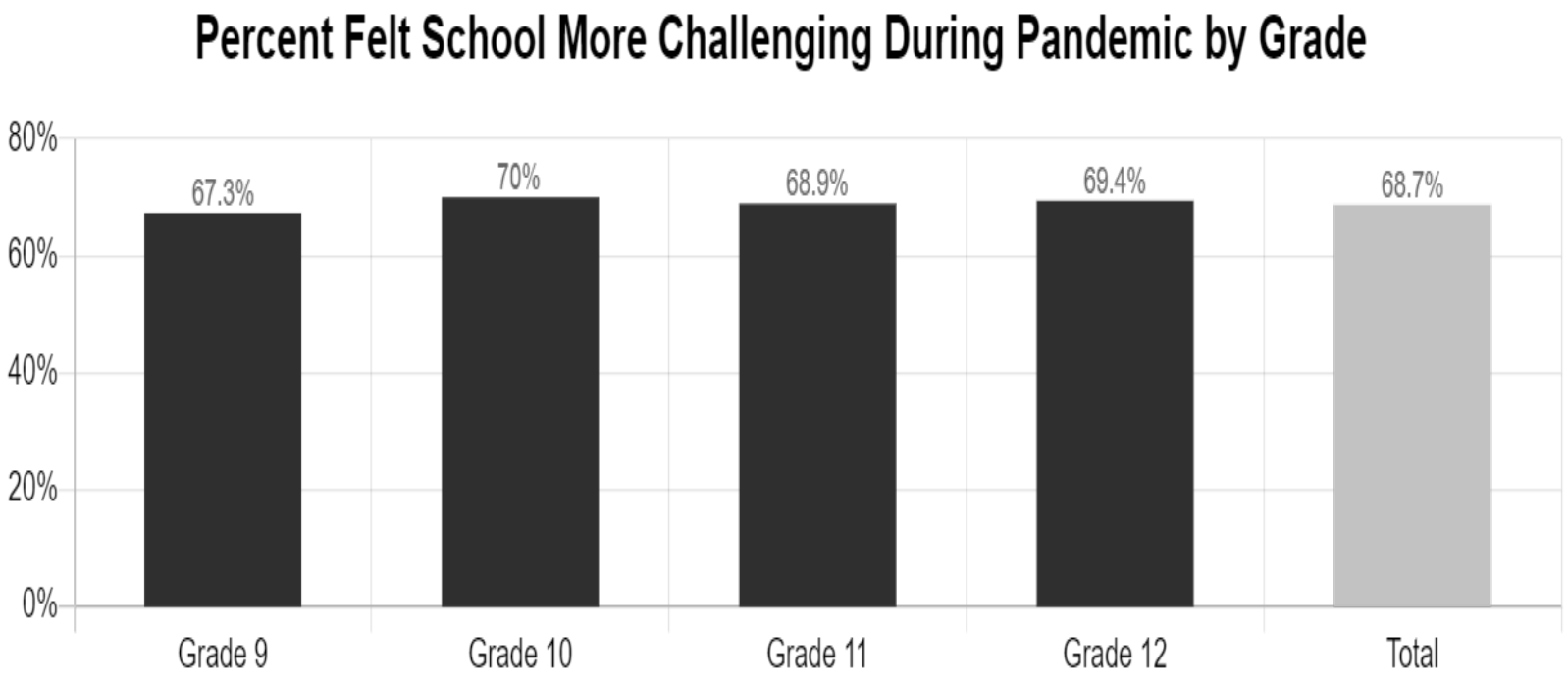
Putting it all Together: Youth Behavioral Health Surge Management

How each function was involved over time:

- Impact & Capacity: Identified concerning trends related to youth and collaborated with strike team to confirm the concern and risk to that population
- Access to Behavioral Health Care: Confirmed concerns by connecting with partners to understand "on the ground realities," mobilized behavioral health system partners and state agencies to engage around this issue, and facilitated the development of recommendations and mission package to manage the surge
- Guidance, Training, & Education: Developed resources to support youth and those that provide care/support to youth, including toolboxes, tip sheets, and communication campaigns
- Response Coordination: Assisted team in navigating ESF#8 and ICS processes to establish expanded mission and leverage response resources, helped connect partners to the effort through response partnerships
- Behavioral Health Strike Team: Informed data and impact analysis with clinical expertise, advocated for government action and educated stakeholders on effective intervention strategies

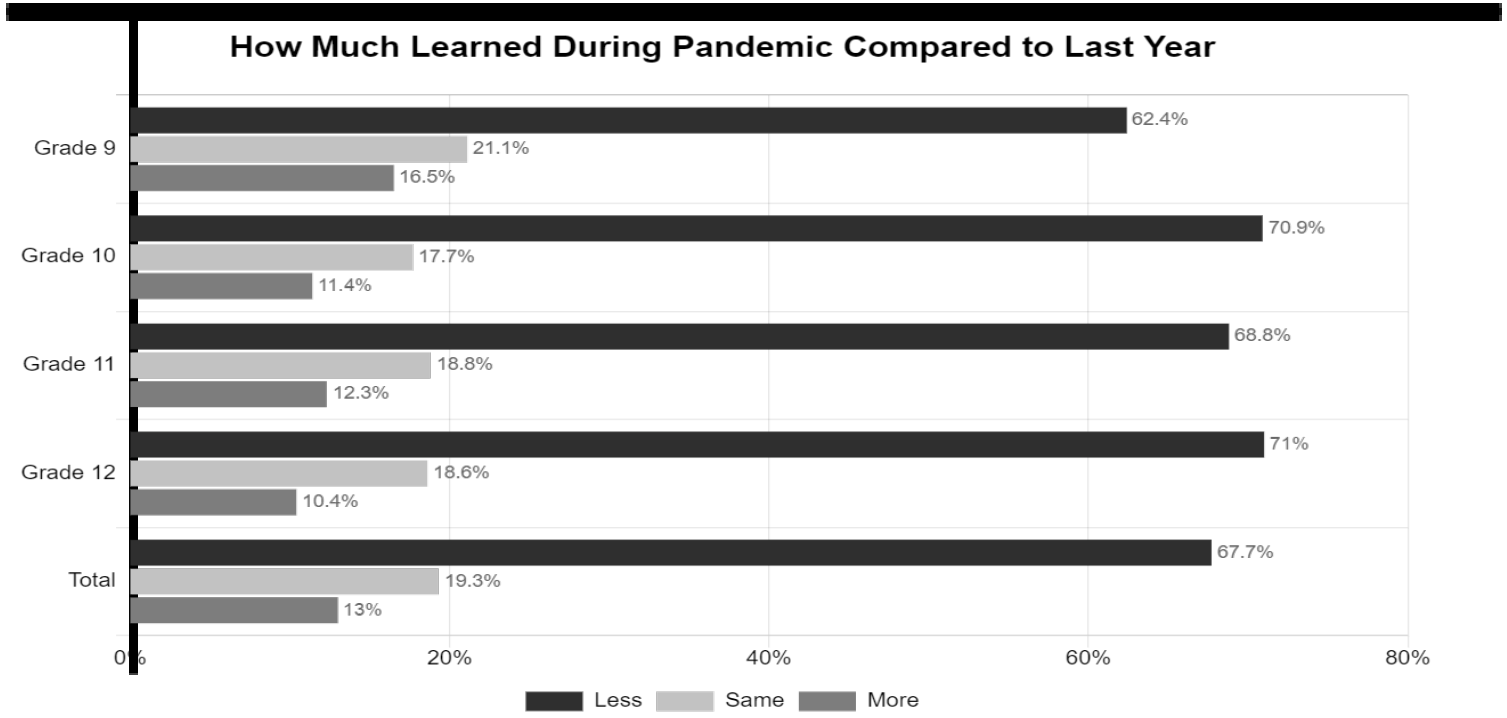
Unclassified//For Public Use

COVID Impact on School Function



Unclassified//For Public Use

Academics



Unclassified//For Public Use

Impact of School Absences

- Science has established that better-educated individuals have a much longer life expectancy even after accounting for various background factors such as family income, patterns of family formation, and access to health care (Hummer, 2015)
- In addition to the striking mortality differences, lower educational attainment is associated with health-related co-morbidities such as cognitive, social, and psychological impairment as well as less access to health care that can cause can negatively affect lifetime physical and psychological health (Kwakye, 2021)
- Other studies have demonstrated that each additional year of school increases an individual's lifetime income between 7.5 percent and 10 percent on average

Hummer, R.A. & Hernandez, E.M. (2015). *The Effect of Educational Attainment on Adult Mortality in the United States*. Popul Bull., *68*(1): 1–16. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4435622/

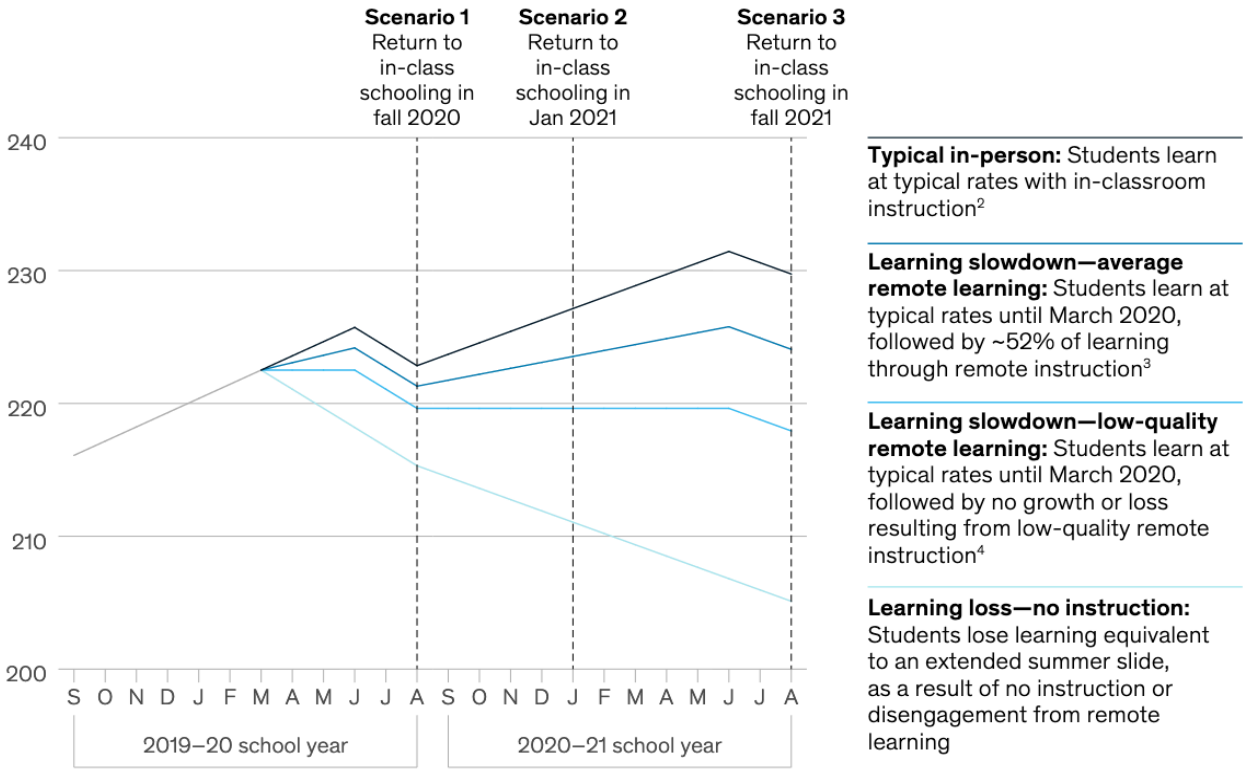
Kwakye, I. & Kibort-Crocker, E. (March, 2021). *Facing Learning Disruption: Examining the Effects of the COVID-19 Pandemic on K-12 Students.* Washington Student Achievement Council.

Unclassified//For Public Use

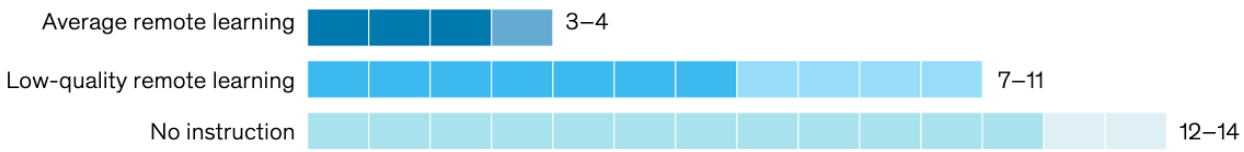
COVID-19 Impact on Education per Setting

In all three scenarios, students are at risk for significant learning loss.

Projected 6th-grade math performance, example, NWEA[1] RIT Scores



Average months of learning lost in scenario 2 compared with typical in-classroom learning



NWEA is a K–12 assessment provider serving over 9,500 schools across the US; their RIT scores are a standardized scaled score that measures student performance and progress.

Unclassified//For Public Use

Abandonment of School

In Washington State, **46,778** elementary and secondary students are no longer attending any form of school, either virtually or in person. In addition, there is a four percent rise in youth abandoning all schooling in 2019-20 vs. 2020-21.

Office of Superintendent Public Instruction, https://data.wa.gov/Education/Report-Card-Enrollment-2019-20-School-Year/gtd3-scga (viewed May 22, 2021).

Unclassified//For Public Use

Key Things to Know

- The experience of children, teens, and families during the COVID-19 pandemic can be complicated and challenging.
- Parents, children, and teens may have lost contact with friends and family due to school closures and social distancing measures.
- Teens may wonder about their future since they are absent from school and missing big events like end-of-season competitions and performances, and even graduation.
- Divorced parents must co-parent in the times of social distancing and travel restrictions. Families may have members who already struggle with mental health or substance abuse problems, and these may get worse because of the COVID-19 pandemic.
- The experience that we are all navigating has an impact on our bodies, minds, and emotions. It can be traumatizing. Trauma happens when someone has an experience that feels as though their life or safety, or the lives and safety of their family or friends, is at risk.

Unclassified//For Public Use

Key Things to Know

- The impacts of the pandemic aren't experienced equally across all communities.
- Some people experience persistent stress or trauma related to past or ongoing experiences of injustice and oppression based on race, ethnicity, gender, sexual orientation, or other aspects of one's identity.
- Some people have the luxury of working safely from home, while others don't. This stress and trauma can be worsened due to the stress caused by the pandemic.
- In some schools and school districts, rates of student absences from online classes have been substantial and concerning.[1,2,3]
- As children, teens, teachers and parents and caregivers navigate the return to in-person school, all of these factors may impact their individual emotional functioning. In addition, the impact of the loss for some children of nearly two years of consistent education will be an issue to be reckoned with.

1. Washington Office of Superintendent of Public Instruction. (2020, October 7). Preliminary Enrollment Numbers Show Families Delaying Kindergarten Start; More Alternative Learning. Medium. Retrieved February 24, 2021, from https://medium.com/waospi/ preliminary-enrollment-numbers-show-families-delaying-kindergarten-start-more-alternative-learning-30a849e0a4ee
2. Ohio Department of Education. (2021, February 3). Data Insights: How the Pandemic is Affecting the 2020-2021 School Year. Ohio Department of Education. Retrieved February 24, 2021, from http://education.ohio.gov/Topics/Reset-and-Restart/Data-Insights-on-the-2020-2021-School-Year
3. Van Der Feltz-Cornelis, C., Varley, D., Allgar, V., & de Beurs, E.. (2020). Workplace stress, presenteeism, absenteeism, and resilience amongst university staff and students in the COVID-19 lockdown. *Frontiers in Psychiatry, 11*, 588803. the hyperlink contains a spreadsheet provided by WA OSPI on change from sept. 19 & sept. 20 -- the changes in attendance in WA school districts

Anxiety and School Refusal

Although students may give different reasons for not wanting to return to school, the common denominator is likely fear.

We conquer fears and anxiety with gradual exposure to the feared event combined with safety. Training wheels allow a gradual approach to full bike riding with safety.

Once we can ride safely without training wheels, we have conquered our fear of crashing on the bike.

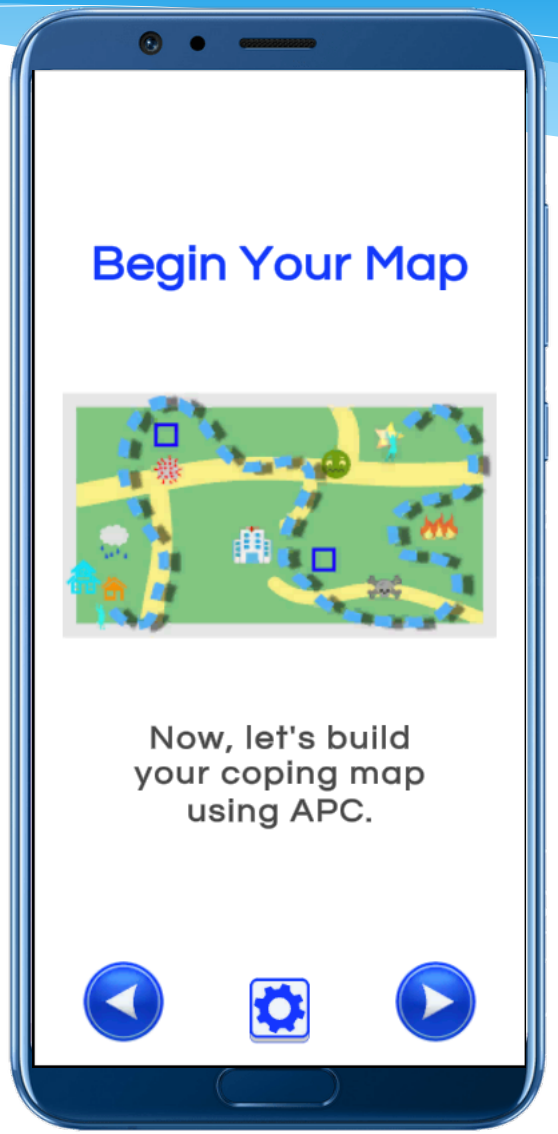
The bottom line is that we have to face the fear to overcome the fear. The longer your student avoids returning to school, the more difficult the task becomes.

Unclassified//For Public Use

Anticipate. Plan Cope: Family Coping with COVID-19 and Disasters

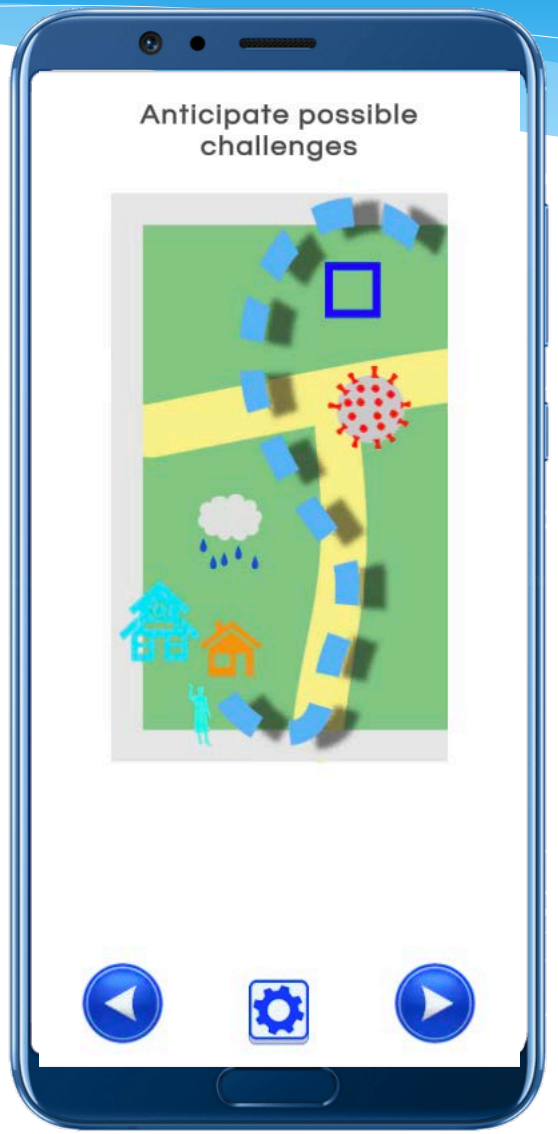
Why the APC app?

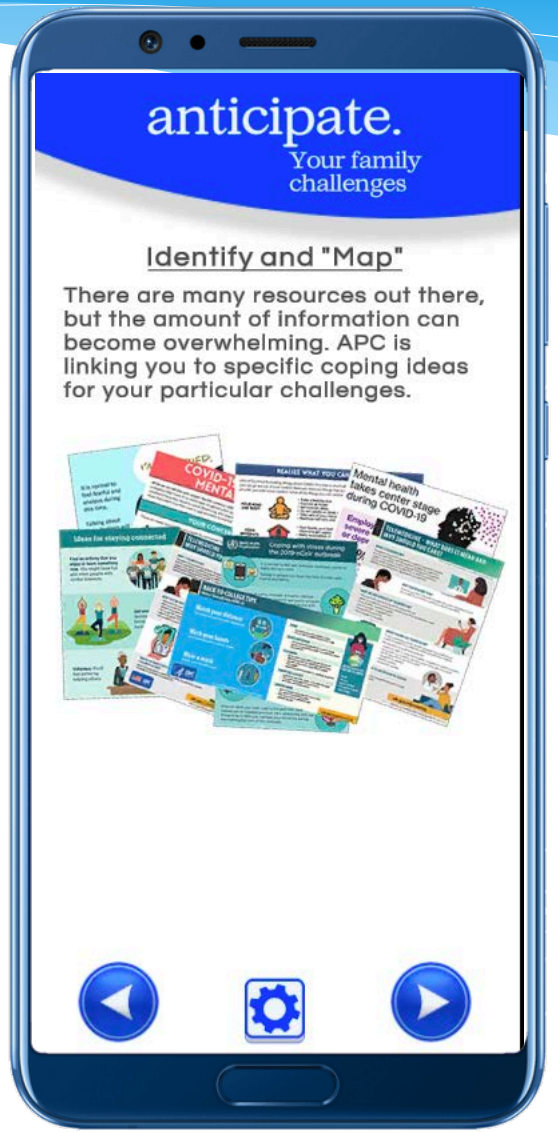
- Need for usable information beyond fact sheets
- One size doesn't fit all
- Utilize established stress problem solving model customizable to wide variety of families
- Real time modifiable for specific incidents or community resources
- Beta version being pilot tested for new school year



WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

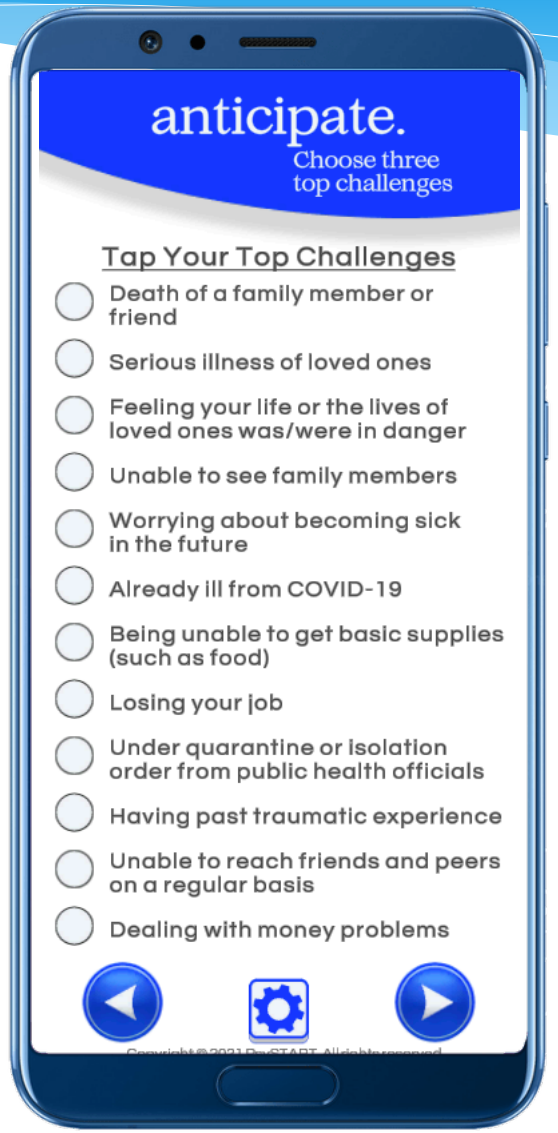
HARBOR-UCLA PEDIATRICS

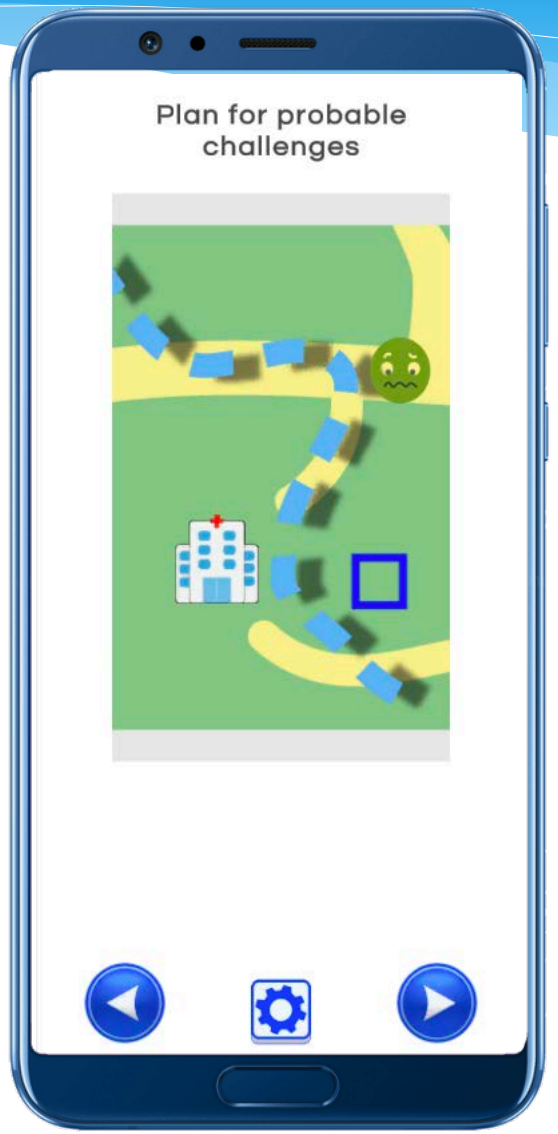

Anticipate possible challenges

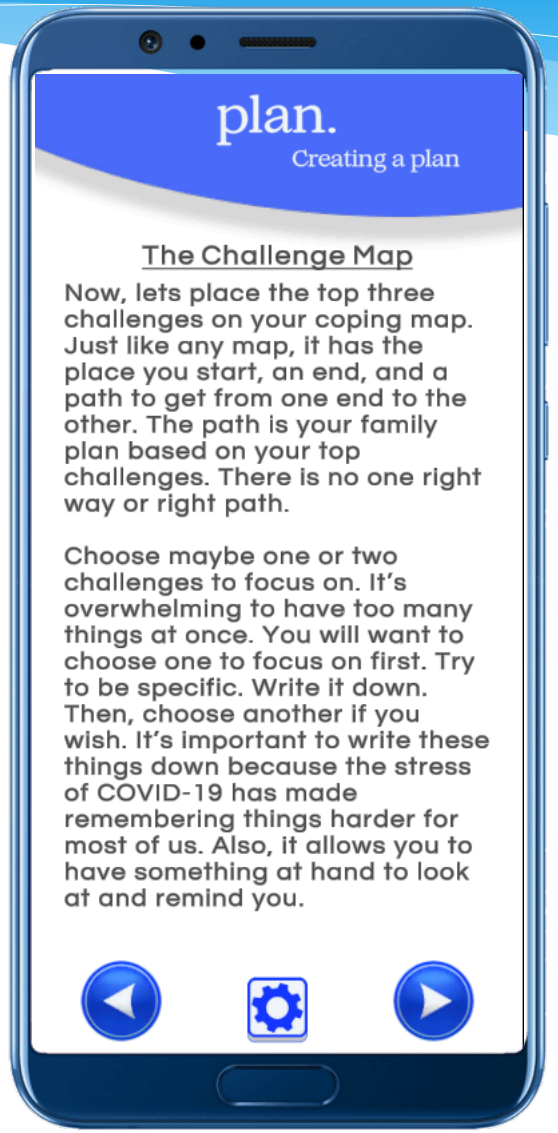


WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

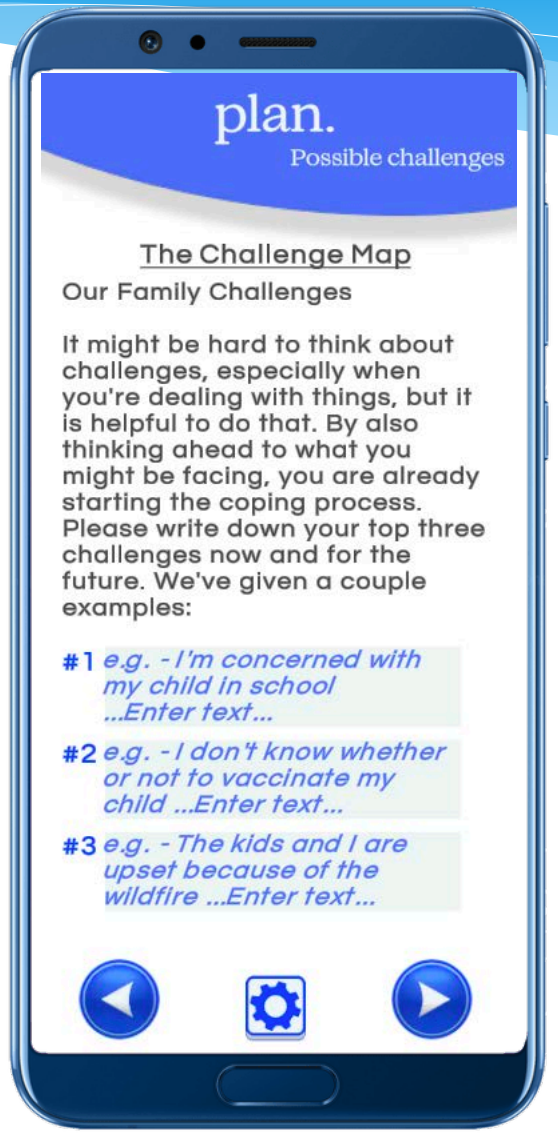

anticipate.
Choose three top challenges
Tap Your Top Challenges
Death of a family member or friend
Serious illness of loved ones
Feeling your life or the lives of loved ones was/were in danger
Unable to see family members
Worrying about becoming sick in the future
Already ill from COVID-19
Being unable to get basic supplies (such as food)
Losing your job
Under quarantine or isolation order from public health officials
Having past traumatic experience
Unable to reach friends and peers on a regular basis
Dealing with money problems


Plan for probable challenges



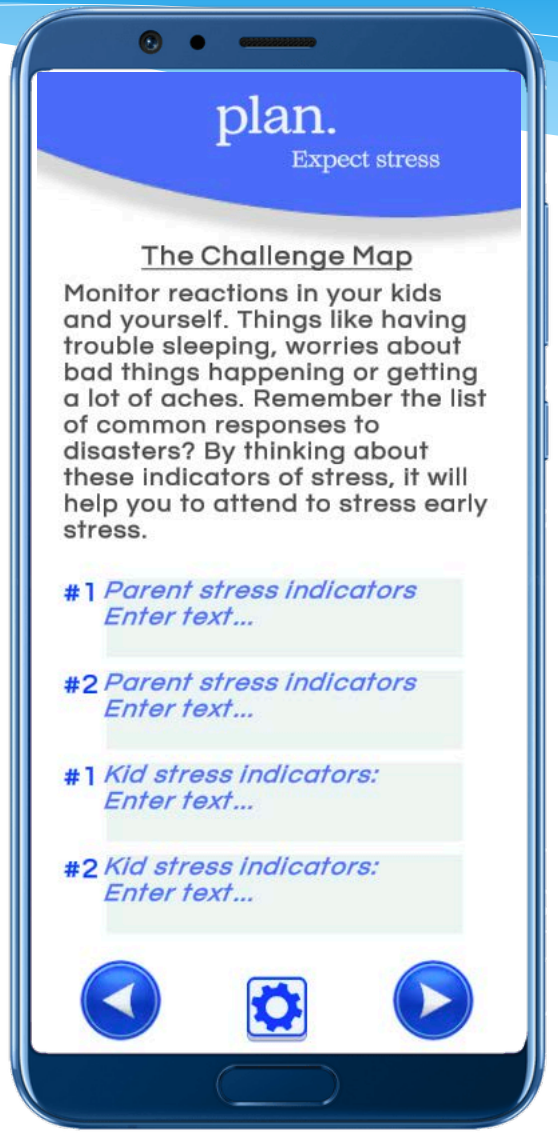
WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS



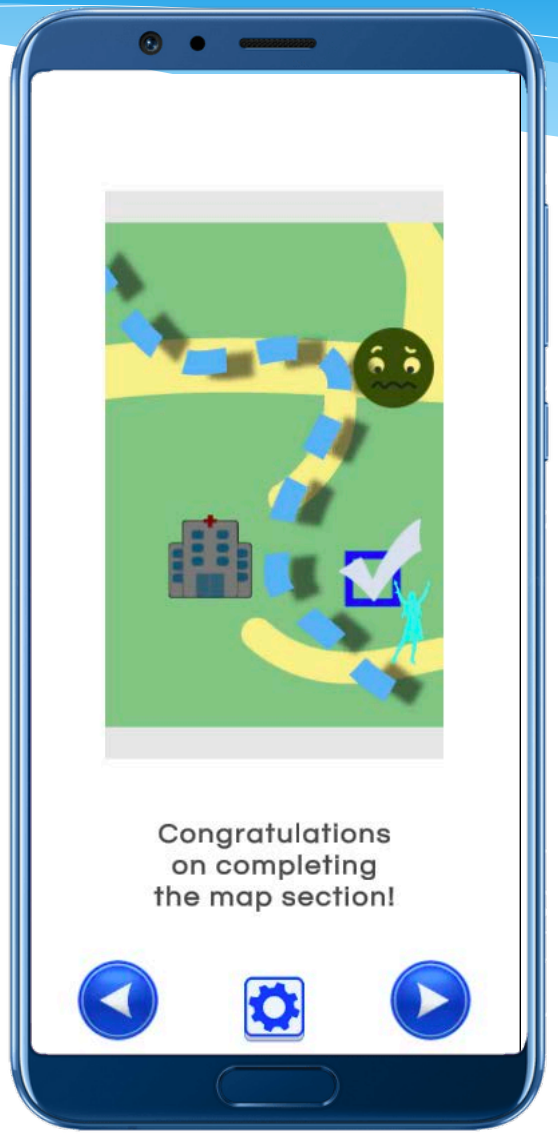
WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS



WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

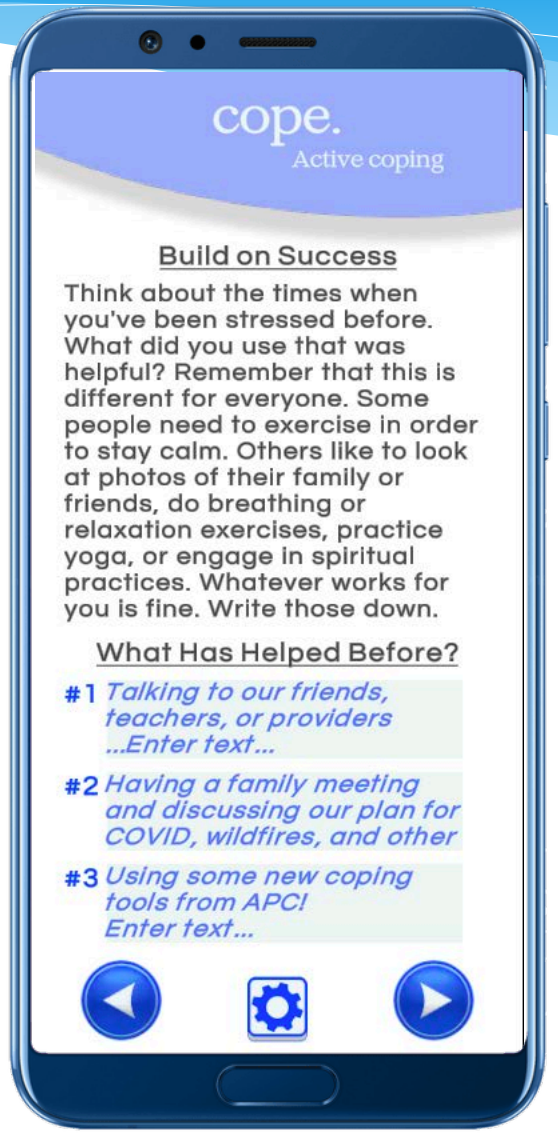
HARBOR-UCLA PEDIATRICS



WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

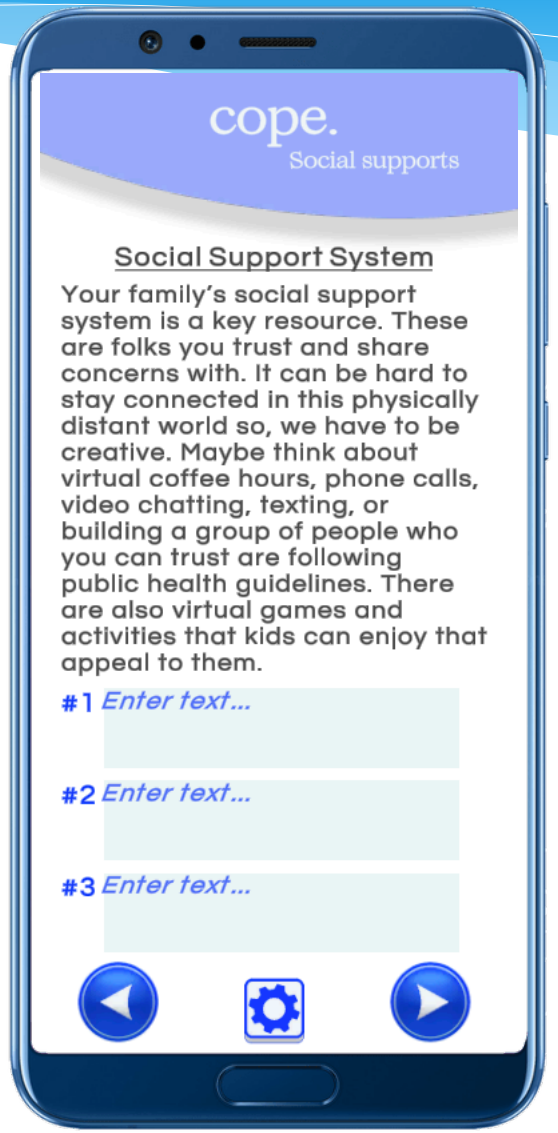
HARBOR-UCLA PEDIATRICS

Cope by matching
coping skills



WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS



WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

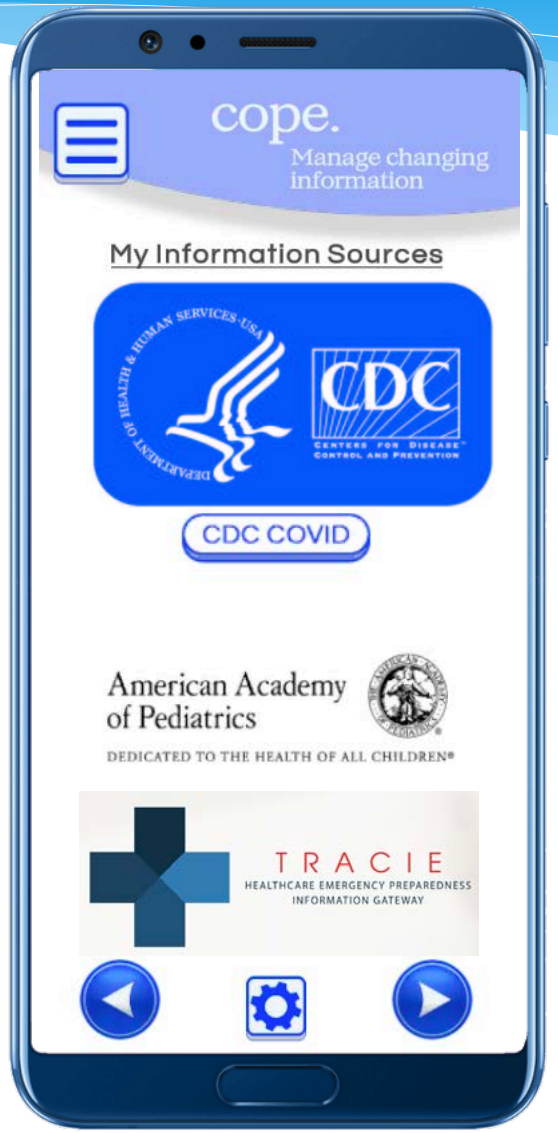
HARBOR-UCLA PEDIATRICS

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

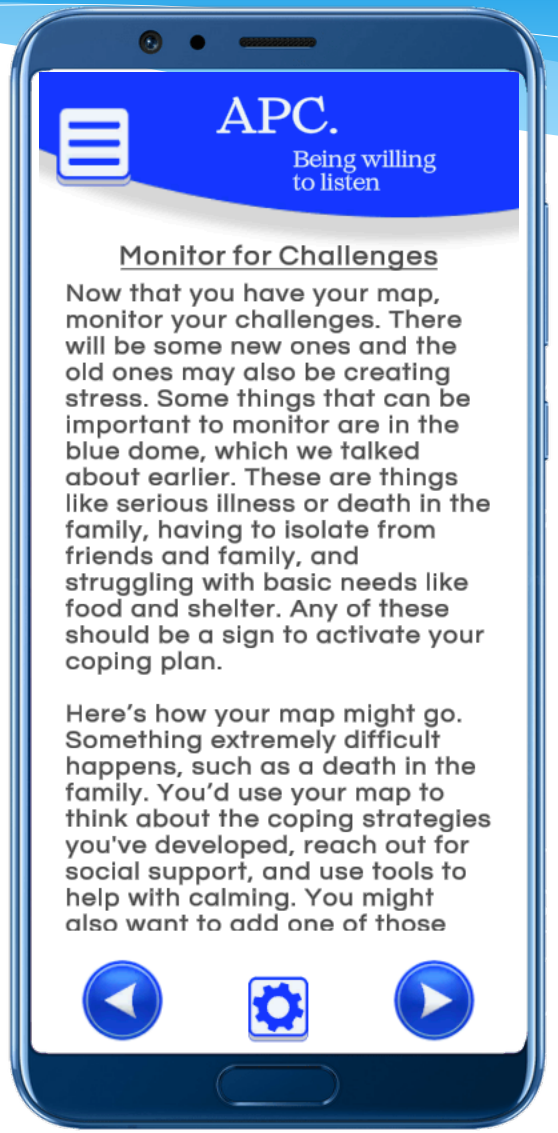
WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

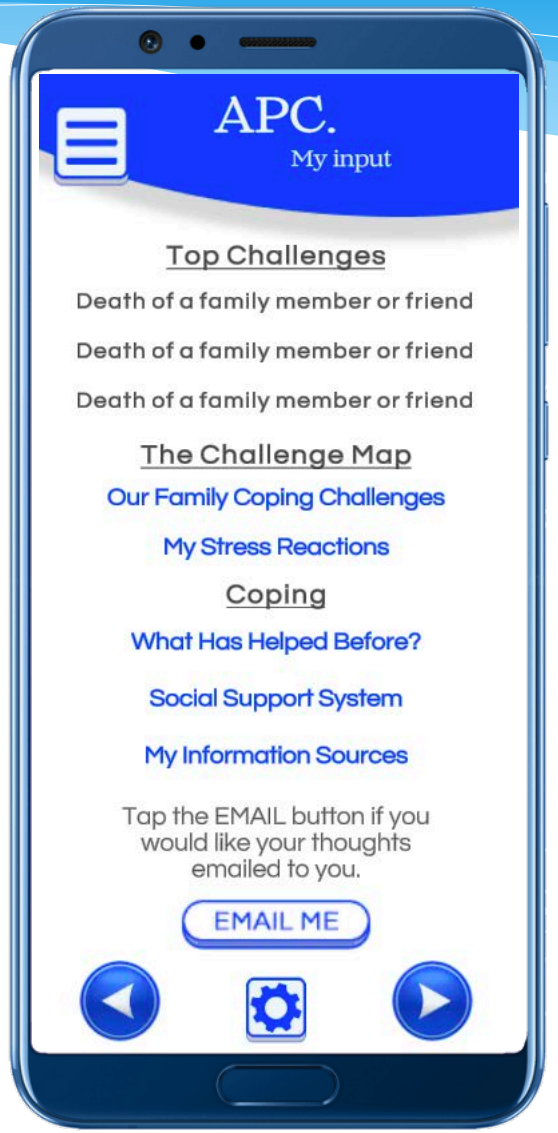
HARBOR-UCLA PEDIATRICS



WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

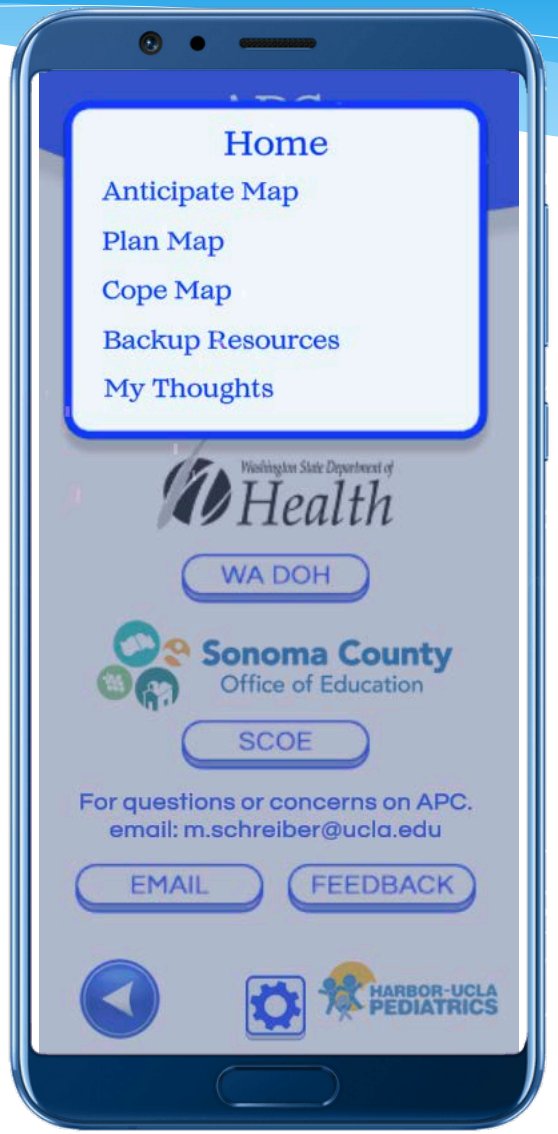
HARBOR-UCLA PEDIATRICS


APC.
Being willing to listen
Monitor for Challenges
Now that you have your map, monitor your challenges. There will be some new ones and the old ones may also be creating stress. Some things that can be important to monitor are in the blue dome, which we talked about earlier. These are things like serious illness or death in the family, having to isolate from friends and family, and struggling with basic needs like food and shelter. Any of these should be a sign to activate your coping plan.
Here's how your map might go. Something extremely difficult happens, such as a death in the family. You'd use your map to think about the coping strategies you've developed, reach out for social support, and use tools to help with calming. You might also want to add one of those



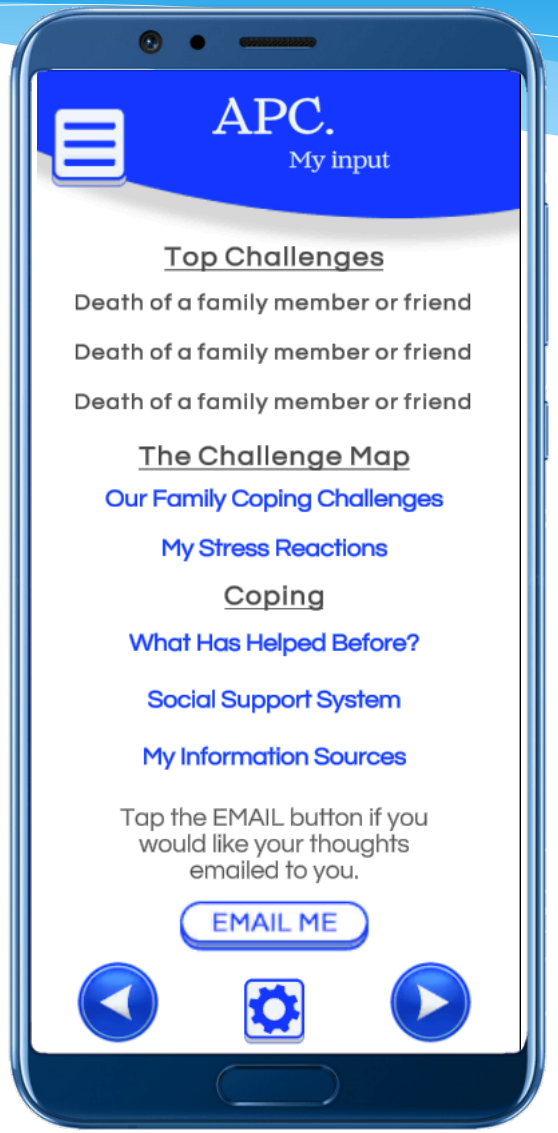
WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS



WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

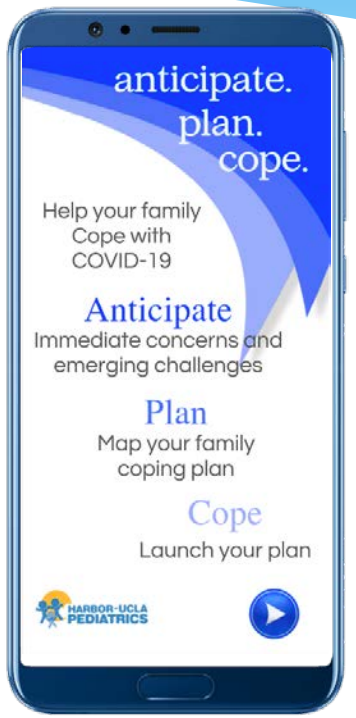


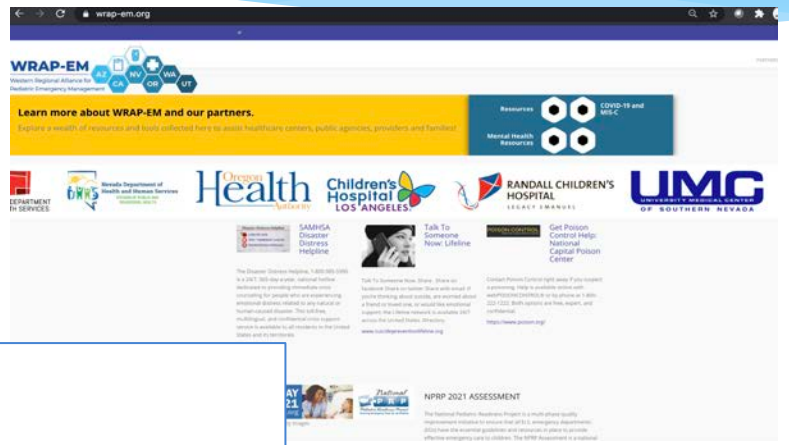
WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

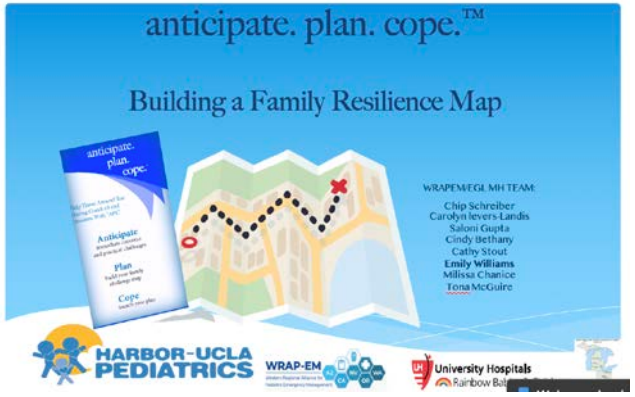
HARBOR-UCLA PEDIATRICS

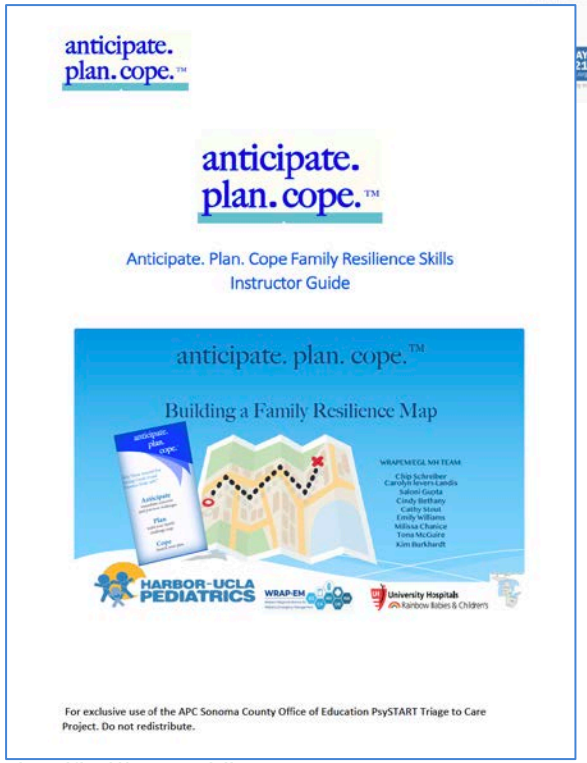
APC.
Backup resources
WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ
CA
NV
OR
WA
UT
WRAP-EM
Washington State Department of Health
WA DOH
Sonoma County
Office of Education
SCOE
For questions or concerns on APC.
email: m.schreiber@ucla.edu
EMAIL
FEEDBACK
HARBOR-UCLA PEDIATRICS

WRAP-EM Pediatric Mental Health Resources: https://wrap-em.org/index.php/COVID-19









WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

HARBOR-UCLA PEDIATRICS

Unclassified//For Public Use

Merritt Schreiber, Ph.D.

Professor of Clinical Pediatrics
Harbor-UCLA Medical Center
Department of Pediatrics
Lundquist Institute
David Geffen School of Medicine at UCLA

949 424 9178
m.schreiber@ucla.edu

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

UCLA David Geffen School of Medicine

HARBOR-UCLA PEDIATRICS

Unclassified//For Public Use

Contact ASPR TRACIE

asprtracie.hhs.gov

1-844-5-TRACIE

askasprtracie@hhs.gov