Winter 2019

SDBP Behavioral Developments

The Newsletter of the SDBP

Dear Members,

Welcome to the winter edition of our newsletter!

To kick off this issue, **please watch a riveting acceptance speech made by Terry Stancin, PhD** as she accepted the 2018 National Compassionate Caregiver of the Year Award. Congratulations, Terry! This issue also includes a **member spotlight on Kimberly Erlich, MSN, RN, MPH, CPNP, CPMHS** from the Advanced Practice Nurse Section. The spotlight highlights her impressive career and expertise in behavioral health care as well as the diversity of roles taken on by members in this profession.

Also, please check out a **faculty perspective piece on DB:PREP by Jeff Yang, MD** as well as **updates from the Advocacy Committee and Autism SIG**.

Finally, we have included the press release for the historic collaborative effort from SDBP and several other major societies that evaluated **costs associated with childhood mental health and substance use disorders.** We are also reprinting the information posted on the discussion board regarding **2019 CPT Coding changes.** A special thanks goes out to **Rebecca Baum, MD and Marilyn Augustyn, MD** for compiling this information.

As always, feel free to send us any feedback or newsworthy information to include as you see fit! We welcome submissions from all members and would love to hear from you! **The next submission deadline for content will be March 30, 2019**. Questions about submissions can be sent to schlenz@musc.edu.

Thank you!
SDBP Communications Committee
***Newsletter Team**: Alyssa Schlenz & Shruti Mittal (co-editors), Janice Wilkins (Association Manager), and Meg Gorham (Newsletter Designer)*

In this Issue

Terry Stancin Accepts Award for Compassionate Caregiving

Terry Stancin, PhD was the recipient of the 2018 National Compassionate Caregiver of the Year (NCCY award). Dr. Stancin gave a critical speech about trauma in childhood and the importance of compassionate mental health care as she accepted her award. **Watch her speech here:**

And check out these fun photos with SDBP folks:

More Details from the Schwartz Foundation Press Release:
"The Schwartz Center's National Compassionate Caregiver of the Year (NCCY) Award is a national recognition program that elevates excellence in compassionate healthcare. Since 1999, the Schwartz Center has honored caregivers who embody the characteristics of compassionate care, which include effective communication, emotional support, mutual trust and respect, the involvement of families in healthcare decisions, and treating patients as people, not just illnesses. Award finalists are chosen by a national review committee, which includes past award recipients, in collaboration with representatives from the American Cancer Society, American Diabetes Association, the American Heart Association/ American Stroke Association, and the National Hospice and Palliative Care Association. Visit theschwartzcenter.org/award for details."

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Member Spotlight: Advance Practice Nurse Section

Submitted by Jennie Olson, ARNP

Kimberly Erlich, MSN, RN, MPH, CPNP, CPMHS is a Pediatric Nurse Practitioner with significant experience working at the intersection of behavioral health and primary care. She has been in practice as a nurse practitioner for more than 18 years. Kim has extensive clinical experience in behavioral health and neurology and holds the Pediatric Mental Health Specialist certification, further delineating her knowledge, skill, and expertise in the early identification, intervention and collaboration of care of children and adolescents with behavioral health concerns.

Most recently, Kim has served as project coordinator and nurse practitioner of a regional effort to expand access to mental health and substance abuse services for adolescents in a primary care-behavioral health integration demonstration project in Northern California. Her unique role bridges the work of two partner organizations and involves training pediatricians to better identify, screen, treat, and refer adolescents with behavioral health disorders. She also manages patients as a behavioral health consultant embedded in several pediatric clinics, primarily seeing adolescent patients for psychiatric evaluations and providing treatment, including manualized CBT and medication support. As project coordinator, she has had the opportunity to work with patients, clinicians, researchers, and administrators to develop models and processes of integrated care that promote improved patient outcomes. Kim's group hopes to publish their data within the next year. This current role will be ending, as the project Kim coordinates is sun-setting in accordance with its grant period, so she is looking for what she calls her "next big thing." In addition to the current full-time role, she has consulted on behavioral health systems issues locally, and will soon begin working as a psychiatric provider in a local adolescent eating disorder outpatient treatment center.

Prior to her current role, Kim was a pediatric nurse practitioner in Child Neurology at UCSF for almost a decade, during which she cared for patients with diverse neurologic disorders, as well as specialized in the care of patients with headache disorders and multiple sclerosis. Prior to her time at UCSF, Ms. Erlich practiced primary care pediatrics in the community. She received her Master of Science in Nursing degree from Yale University, and also holds a Master of Public Health degree in Maternal and Child Health from Tulane University School of Public Health & Tropical Medicine. Regarding her clinical care of patients, her practice model is that of integrative medicine. She has received specialized training in complementary and alternative therapies, and regularly incorporates these principles into her care of patients.

Kim has been involved in SDBP for several years, and most recently co-organized the joint SDBP and NAPNAP Specialty Symposium on Developmental Behavioral Diagnosis and Management, which was offered in conjunction with SDBP's Annual Conference in September. Kim has also been involved with NAPNAP at the national level for many years, most recently as the Chair of the Developmental Behavioral Mental Health Special Interest Group (SIG), which is the second largest SIG in that organization. Kim also co-spearheaded the development of dbmhresource.com, which is an online, collaborative asset management site which catalogues free, vetted DBMH-related resources for healthcare professionals. The website was initiated by a group of like-minded individuals with shared knowledge, experience and practice, and now is run through the SIG for NAPNAP.

Kim lives in the San Francisco Bay Area with her school-aged daughter, husband, and cat. She enjoys representing our profession in the media, and has appeared both on television and radio. Outside of work, she runs, cycles, hikes, travels, bakes (and eats), and volunteers for Red Cross and local organizations related to food insecurity.

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DB:PREP – A Faculty Perspectivet

Submitted by Jeff Yang, MD
Sleep Disorders, Children's Hospital Los Angeles

DB:PREP 2018 took place Nov 28 - Dec 3, 2018 at the Hyatt Regency San Antonio, along the beautiful riverwalk of San Antonio, TX and literally a stone's throw away from the Alamo. Around 300 faculty and attendees gathered for an "intense review and update of Developmental-Behavioral Pediatrics." About half of the attendees were fellows preparing for boards, the other half was comprised of physicians and allied health professionals in pediatrics. Though the majority of faculty were SDBP members (familiar faces from our various meetings and events), Psychology, PM&R, Genetics, Psychiatry, and General Pediatrics were also well represented. Dr. Robert Rinaldi, P&MR at UT Southwestern Medical Center and Dr. Tyler Reimschisel, Neurology/Genetics at Vanderbilt University, in particular, gave the most down-to-earth, engaging, easily understandable, and practical summaries of motor disabilities, motor disorders, and medical genetics I have ever attended. It was truly a pleasure to listen to and learn from them. One other highlight was watching psychiatrists Adelaide Robb and her mentor John Walkup sit on a panel arguing about whether it is all just depression... or anxiety. You might have agreed with one more than the other, or with neither, but in any case it was a hilarious demonstration of how fickle our diagnostic labels could be. If you'd added Dr. William Carey up there telling us it was all just temperament, you'd have had a full comedy sketch.

This was my second time attending as faculty, and I have to say, it's one of my favorite meetings. There's just something very nice about speaking to a room full of people who are there to geek out about development and behavior. Sure, you also do that at the research meetings such as PAS or our own Annual Meeting, but the focus is different. When I go to those, it's like cramming for boards or attending a hundred journal clubs one after another. A lot of new information and critical analysis that starts to get overwhelming after a while. DB:PREP is about making sense of all that research information, and the art of how we use it to serve our patients. In some ways, it's like everything great about teaching residents, without the worry of them being called away to cover the PICU in the middle of it.

Of course, the other luxury of going as a faculty member is that I was ***not*** cramming for the boards, and so had a little more flexibility to also enjoy the sites and sounds of San Antonio. So, when I got tired of sitting in 72°F, 0% humidity, climate-controlled conference rooms without windows, I went out and ate a lot of great TexMex along the riverwalk, did a little jewelry shopping at the La Villita Historic Arts Village, and of course took the obligatory pictures at the Alamo. I also looked for a San Antonio Spurs hat, but it was harder to find than expected. Turns, out despite the success of the Spurs in the last 20 years, football is still king in Texas. There was a giant Dallas Cowboys store in the mall, but no Spurs hats.

DB:PREP was a blast. It was a chance to catch up with familiar faces, a chance to hear from some great speakers and personalities, and most importantly it was a chance to geek out and share the ***art*** of DBP. I hope it was valuable to all the attendees, and I hope it helps all of your succeed. As faculty, I had fun, I learned a lot, and I got to see the Alamo. All together, a great experience...but still no Spurs hat.

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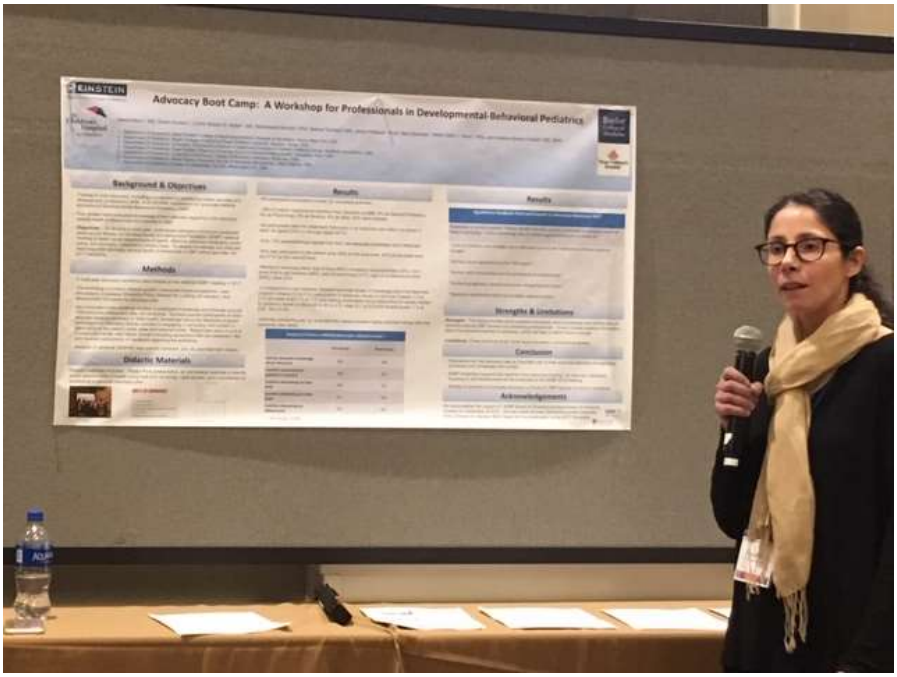
Committee and SIG Update

Advocacy Committee Update: Presentation at AUCD

Submitted by Jenna Wallace, PsyD

Mana Mann, MD (DBP and member of the SDBP Advocacy Committee) presented the Advocacy Committee's poster entitled "Advocacy Bootcamp: A Workshop for Professionals in Developmental-Behavioral Pediatrics" at the Association of University Centers on Disabilities (AUCD) 2018 Conference in Washington, DC. The advocacy committee in collaboration with AUCD presented the workshop at SDBP in 2017. The poster included information on the didactic materials used at the workshop as well as results of a cross-sectional study of workshop participants on their knowledge and attitudes of advocacy. Results demonstrated that participants felt that the workshop increased both their knowledge and comfort in advocacy. Ben Kaufman, MD (Sr. Program Manager at AUCD) and collaborator on the workshop moderated the AUCD Advocacy poster symposium.



Autism SIG Update

Submitted by Karen Ratliff-Schaub, MD

SDBP Annual Meeting: The Autism SIG planned and presented a concurrent session on Autism Updates during the 2018 Annual Meeting. Susan Hyman, MD presented on the top 10 advances of the past year while Katharine Zuckerman, MD, MPH discussed disparities in Autism screening and identification. Both presentations were very enlightening. Anyone interested in participating in a small workgroup to plan next year's session, please contact Karen or Carolyn.

Current Activities: Autism SIG members will be reviewing the ADHD guidelines, thank you to all who volunteered to help. Additionally, the Autism SIG has been asked to partner with the Practice Committee to look at the issue of state requirements for diagnosis for Applied Behavior Analysis. Some members have already indicated interest in working on this; if you haven't signed up but would like to join the effort, please let Karen or Carolyn know.

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The Cost of Childhood Mental Health and Substance Use Disorders

Press Release: Study Demonstrates High Medical Care Costs when Children and Youth with Chronic Medical Conditions have Co-Existing Mental Health and Substance Use Disorders

Reprinted with permission from Terry Stancin, PhD

More and more children and youth experience chronic health conditions. A new study, just published in Academic Pediatrics, examines a sample of 6.6 million children and youth ages 0-26 years and 5.8 million of their parents, all of them with commercial health insurance. In this group, patients with a chronic medical condition and co-occurring mental health or substance use disorders had annual insurance payments 2.4 times larger than those with a chronic medical condition only. Most of the increase in health care claims reflected medical services rather than mental or behavioral health services. This difference translated to a greater estimated annual expenditure of $8.8 billion. Parents of these children also had total insurance payments 59% higher than parents whose children had only a chronic medical condition.

The much higher total health care costs for both children and youth and their parents suggest the potential benefits from preventing or reducing the impact of mental health and substance use disorders among children and youth with chronic medical conditions.

Five child-serving professional organizations (the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the Society of Child and Adolescent Psychology, the Society for Developmental and Behavioral Pediatrics, and the Society of Pediatric Psychology) jointly commissioned the Milliman Group (a leading healthcare actuarial company) to analyze a large national database of commercial insurance claims. The goal was to estimate additional payments associated with co-occurring mental health of substance use disorders in children and youth with chronic medical conditions.

This project is notable as the first time these 5 organizations have pooled their resources and expertise on a project of mutual interest. The findings point to potential cost benefits of addressing co-existing mental health and substance use disorders. Integrated or collaborative care, in which mental health problems are diagnosed and treated within the medical setting in collaboration with medical professionals, is widely seen as a way to increase access to mental health services and to intervene earlier before problems become more serious. The degree to which integrated care is adopted across the country depends significantly on financial factors: does it save money (on a per capita basis) compared to our current compartmentalized system? These new data help support the notion of collaborative care as a strategy to improve health care costs. Integrated care approaches may be one of the strategies to prevent or reduce the impact of mental health and substance use disorders in children and youth with chronic medical conditions and their parents.

The study is available online at https://doi.org/10.1016/j.acap.2018.10.001.

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2019 CPT Coding Changes Resources

CPT 1/1/2019: Changes to Developmental Behavioral Pediatrics Coding

Submitted by Rebecca Baum, MD and Marilyn Augustyn, MD
Also available on the discussion board

The purpose of this document is to summarize the 2019 changes to the developmental/ behavioral screening and testing codes. While developmental/behavioral screening codes are used by Developmental Behavioral Pediatrics (DBP), primary care, and other specialty practitioners, developmental testing codes are used primarily by DBP and Psychology. This document is primarily

focused on DBP care (Pediatric Psychologists and Neuropsychologists should refer to their professional organizations for guidance).

Developmental Testing Code Changes

The most notable changes for DBP care in 2019 are to the developmental testing codes, which are now time-based codes that allow for report creation. RVU's have also been adjusted. These changes provide DBPs with codes that better reflect their clinical practice, including test administration, scoring, interpretation, and report creation. Thus, codes previously used by DBPs for certain types of testing (e.g., 96116) may be less appropriate with these changes now in effect.

Developmental testing codes 96112/96113 should be used when a developmental test(s) is/are performed to assess a child's developmental status or developmental skill acquisition. This type of evaluation and testing is extremely common in DBP care and comprises most of the formalized testing performed by DBPs.

The following table provides a summary of developmental testing codes deleted and added or revised as of January 1, 2019:

Deleted	**New Codes/Revision**		
(Old) Code number	**(New) Code number**	**What it covers**	**Time**
96111- *Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report* **(wRVU 2.6)**	**96112** Developmental testing (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed) **(wRVU 2.56)**	Administration by physician or other qualified health care professional, with interpretation of results and creating a report	First hour (> 31 minutes)
	96113- representing each additional 30-minute increment required to complete the service. **(wRVU 1.16)**		Each additional 30-minute increment (> 16 minutes)

This new coding structure will allow physicians/other qualified health care professionals to report these services based on total time, rather than being limited to reporting a single unit of code 96111, regardless of time spent providing the service. This reporting may consider multiple days of review and interpretation of data. Note that the mid-point rule requires 76 minutes to pass before adding on the first **96113.**

Time Spent	**Developmental Testing Code(s)**
< 31 mins	N/A (report an E/M service if appropriate)
31-76 mins (1 hr and 16 mins)	96112
77-106 mins (1 hr and 46 mins)	96112 and 96113
107 mins – 136 mins (2 hr and 16 mins)	96112 and 96113 x 2 units
137 mins – 166mins (2hr and 46 mins)	96112 and 96113 x 3 units

Developmental Test Administration Clinical Example

A 9 yr old patient presents for a new patient visit due to a progressive pattern of academic and social struggles since preschool. The school is concerned about autism and requests an evaluation. In addition to obtaining a detailed history (including past medical, family, and social history) and performing a complete ROS, the clinician administers a KBIT2, WIAT and the ADOS2. The evaluation indicates that a diagnosis of autism is warranted, and counseling is provided at the time of service (45 minutes total for HPI, ROS, PE, dx, and counseling with 25 minutes of the visit spent in counseling and coordination of care). In addition, tests are administered in 90 minutes; scoring, interpretation, and report creating takes an additional 60 minutes, with a concise report also generated for school.

Based on documentation report the following CPT codes (w/ modifiers)

- 99204-25 (This code considers 45 mins of E/M time when counseling/coordination of care dominates the service)
- Modifier 25 (*significant, separately identifiable E/M service*) is appended to the evaluation and management (E/M) code (eg, 99204) to signify that it is a significant and separately identifiable service.
- 96112 (This code takes into account the first 76 mins of the total time of 150 mins for developmental testing/interpretation)
- 96113 w/ 3 units (The addition of 3 units considers the remaining 74 mins of developmental testing/interpretation)
-

In summary, CPT codes/modifiers reported:
99204-25
96112
96113 with 3 units

ICD-10-CM code(s):
F84.0 Autistic disorder (primary diagnosis)
NOTE: ICD-10-CM instructs to use additional codes to identify medical problems and intellectual disabilities, such as:
F94.9 Childhood disorder of social functioning, unspecified
F81.0 Specific reading disorder
F81.2 Mathematics disorder
F80.1 Expressive language disorder

Psychological/Neuropsychological Testing Codes

Changes have also been made to the Psychological/Neuropsychogical testing codes, including test evaluation services **(96130-96133)** and test administration and scoring **(96134-96139).** In most cases, developmental testing codes will be the most appropriate codes for DBPs to use in order to create a report of their evaluation. However, Psychological/Neuropsychological testing codes may be appropriate if DBPs are performing testing when previously attained skills have been lost (e.g., after traumatic brain injury or CNS infection). Please refer to guidance from the American Psychological Association for use of these codes (https://www.apa.org/monitor/2019/01/testing-codes.aspx). Note that if you are reporting the psychological/neuropsychological testing codes, two codes will be required: one to reflect how or by whom the test was administered, and one to reflect who evaluated the service.

Neurobehavioral Status Exam

There have been revisions to code **96116**, Neurobehavioral status exam. Code **96116** is still valid; however, it is only reported once per day with a new add-on code **96121** available for additional time past the first hour. Note that mid-point rule requires 76 minutes to pass before adding on the first unit of **96121.**

The following table provides a summary of the Neurobehavioral Status Exam code revisions and additions as of January 1, 2019:

Code number	What it covers	Time
96116 Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgment, e.g. acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) **(wRVU 1.86)**	Administration by physician or other qualified health care professional, time interpretation of test results and creating a report	First hour (> 31 minutes)
96121 representing each additional hour required to complete the service **(wRVU 1.71)**		Each additional hour (>31 minutes)

Historically, this code has been used by some DBPs to create a report of the Autism Diagnostic Observation Scale (ADOS). With the refinements to **96112/96113**, it is now recommended that DBPs use the developmental testing codes to administer, score, and create a report of the ADOS; use of 96116 does not fully reflect the service provided if you are completing a standardized ADOS and reporting a score.
To summarize: If there is a standardized instrument such as the ADOS being incorporated into the testing 96112/96113 should be used. If performing *elements* of the ADOS that may not incorporate the standardized and scorable instrument but satisfies the code description, then report the 96116/96121. (Please note that recent, published coding examples have recommended use of 96116 when creating a report of the ADOS. This guidance is being revised with the 2019 revisions).

Developmental Screening & Emotional/Behavioral Assessment Code Valuation Updates
Practice Expense Refinement: Codes 96110 & 96127

Codes **96110** (*Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument*) and **96127** (*Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument*) are part of the code family, but their descriptors were not revised as part of this process. Furthermore, since they are both practice expense (PE) only codes, they were not surveyed for physician work. Therefore, codes 96110 and 96127 were refined for PE only. This resulted in a slight adjustment to their proposed PE relative value units (RVUs) for 2019. It is important to note that **these two codes cannot be used when billing 96112/3.**

2019 Valuation
As noted in the table below, the RVUs for 2019 for the developmental testing and screening as well as emotional and behavioral assessment are listed. Please note that the values for many pediatric services can be found in the RBRVS brochure.

Relative Value Units and Related Information Used in CY 2019							
CPT/ HCPCS	**Work RVUs**	**Non-Facility PE RVUs**	**Facility PE RVUs**	**Mal-Practice RVUs**	**Total Non-Facility RVUs**	**Total Facility RVUs**	**Global**
96110	0.00	0.27	NA	0.01	**0.28**	**NA**	XXX
96127	0.00	0.14	NA	0.01	**0.15**	**NA**	XXX
96112	2.56	1.13	0.91	0.14	**3.83**	**3.61**	XXX
96113	1.16	0.51	0.45	0.05	**1.71**	**1.65**	ZZZ

In 2018, code 96110 has 0.29 total NF RVUs, while code 96127 has 0.28 total RVUs.

Implementation

These changes became effective January 1, 2019 and HIPAA requires that covered entities recognize the code set that is valid at the time of service.

AAP coding staff will be educating members via a range of coding products: *Coding for Pediatrics* manual, the monthly *AAP Pediatric Coding Newsletter*, and *AAP News Coding Corner*.

The Academy's Payer Advocacy Advisory Committee (PAAC) will contact national payers to ensure they understand the new codes and implement them starting January 1, 2019. The AAP is also working closely with the American Psychological Association in order to appropriately interpret the 2019 code changes and advocate effectively for payment.

Please contact the AAP Coding Hotline with any questions at aapcodinghotline@aap.org.

Managing Denials

We encourage members to submit reimbursement difficulties to the AAP using the hassle factor form https://www.aap.org/en-us/my-aap/Pages/Hassle-Factor-Form-for-Private-Payer.aspx?. This allows AAP staff to appropriately advocate for appropriate payment of services rendered.

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Discussion Board Highlights

Join the discussion at sdbp.org. Recent topics have including a range of clinical and practice issues, such as:

- 2019 CPT coding changes and billing questions
- Requirements for accessing services for autism spectrum disorder
- Curriculum for developmental-behavioral fellows
- Medication questions
- New funding opportunities

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Reminders and Announcements

SDBP Reminders: SDBP 2019 Annual Meeting
September 13 - 16, 2019
Washington Hilton, Washington, DC
Workshop Submissions are now open!
Teaching Developmental-Behavioral Pediatrics Workshop
Half-Day Workshops

Go to the SDBP Meetings page for more information

Concurrent/Paper/Poster abstract submissions open mid March 2019

Stay up to date with our Calendar of Events!

CALENDAR OF EVENTS

March 21 - 22, 2019	28th World Neonatal, Pediatrics and Family Medicine Conference	Dubai, UAE
April 11 - 12, 2019	3rd Annual Congress on Clinical Pediatrics and Neonatal Care	Barcelona, Spain
April 24-May 1, 2019	(PAS) Pediatric Academic Societies Meeting	Baltimore, MD
April 25 - 26, 2019	2019 World Congress on Pediatrics and Neonatology	Valencia, Spain
May 24 - 26, 2019	2nd International Congress of Hypertensionin Children and Adolescents	Warsaw, Poland
June 12 - 13, 2019	International Conference on Pediatric Healthcare	Prague, Czech Republic
September 13-16, 2019	SDBP Annual Meeting	Washington, DC
September 17 - 21, 2019	13th European Paediatric Neurology Society (EPNS) Congress	Athens, Greece

Have you seen the new Twitter bird on our website? Check our Twitter feed by clicking on the on the left-hand side of the screen at sdbp.org or follow us @sdbpeds and @jdbp_online.

Awareness Events

- February
  - National Children's Dental Health Month
  - Congenital Heart Defect Awareness Week (February 7 to 14)
  - Eating Disorders Awareness and Screening Week (last week of February)
  - Teen Dating Violence Awareness Month
  - World Cancer Day (February 4)
  - Give Kids a Smile Day (February 5)
  - National Donor Day (February 14)
- March
  - American National Nutrition Month
  - Brain Injury Awareness Month
  - National Bleeding Disorders Awareness Month
  - National Developmental Disabilities Awareness Month
  - Trisomy Awareness Month
  - National School Breakfast Week (March 4 to 8)
  - National Sleep Awareness Week (March 10 to 16)
  - Brain Awareness Week (March 11 to 17)
  - National Poison Prevention Week (March 17 to 23)
  - Self-Injury Awareness Day (March 8)
  - Zero Discrimination Day (March 8)
  - National Women and Girls HIV/AIDS Awareness Day (March 10)
  - World Sleep Day (March 15)
  - Kick-Butts Day (Campaign for Tobacco-Free Kids; March 21)
  - World Down Syndrome Day (March 21)

- International Day for the Elimination of Racial Discrimination (March 21)
- Purple Day for Epilepsy Awareness (March 26)
- American Diabetes Association Alert Day (March 27)

- April
  - Autism Awareness Month
  - Child Abuse Prevention Month
  - Month of the Military Child
  - Alcohol Awareness Month
  - Sexual Assault Awareness and Prevention Month
  - Stress Awareness Month
  - Youth Sports Safety Month
  - National Youth Violence Prevention Week (April 8 to 12)
  - World Autism Awareness Day (April 2)
  - National Alcohol Screening Day (April 5)
  - International Children's Book Day (April 2)
  - World Health Day (April 7)
  - RAINN Day (April 26)
  - Take Our Children to Work Day (April 26)
  - Screen-Free Week (April 30 to May 6)

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Questions about submissions can be sent to Alyssa Schlenz: schlenz@musc.edu

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