



10.28.2022 Notes

WELCOME AND INTRODUCTIONS: *(Jenni Auman)*

Jenni introduced the newest NEP-MAP partner and administrative lead Jessica Seberger. Jessica has been with DHHS Lifespan Services for eight years and is new to her current role as of August 2022 and has been learning a lot.

Jenni informed the group about sending out the call for new family representatives and the responses were positive with six new family reps interested in joining the NEP-MAP initiative. Members were invited to enter their names and organizations in the chat, and also share their favorite past or present Halloween costumes!

Many of the team members shared their funky fresh Halloween costumes with the group. Members shared costumes that had sentimental values (such as dressing up as Pippi Longstocking) and costumes that were fun and exciting (such as Lumberjack and Astronaut).

PLANS FOR NEP-MAP YEAR 5:

Clinical demonstration project *(Holly Roberts, Christian Klepper)*

Holly Roberts, the Clinical Demonstration Director at UNMC shared her sustainability goals for year 5 of NEP-MAP. In year 5, UNMC plans to sustain the work that has been ongoing and expand upon the psychiatry expert consultation service. Over the last year alone, multiple new providers outside the network have reached out to utilize consultation services, showing that the marketing and reach-out efforts have been successful. They will also continue to deliver training activities in year 5 for primary care providers, continue outreach and provide specialty care in rural underserved parts of the state. One more focus of year 5 is to look at the impact and what can be learned from the results of the consultation service as well, which will hopefully answer why primary care providers are or are not utilizing this service. Christian encouraged members to share the consultation services web page contents found on the following link provided <https://www.unmc.edu/mmi/services/psychology/teleproviderconsult.html>

Family-Centered Care Coordination *(Sarah Swanson)*

Sarah shared how the Family-Centered Care Coordination team development of the online training course called Person in Family Centered Care Coordination Module. A team & partnership of diverse individuals of all backgrounds within the university system helped pilot these modules/training. Sara shared an excerpt of the video training modules with the group. The team is getting ready to launch these modules after recently piloting the modules with people within the university. This training and its modules can be found on NU-Connect, the university's external continuing education platform. The modules were in part piloted with the help of family reps, including Terri Marti (NEP-MAP Advisory Committee member). The training shares family stories and family perspectives of receiving pediatric mental healthcare. The training is targeted at community health workers and helping them learn more about best practices for family engagement in the pediatric mental healthcare field. The module will be promoted soon to connect it to interested individuals. The advisory committee members were invited to provide questions & feedback to the program in regard to the modules.

Statewide evaluation (*Dejun Su, Jessica Ern*)

Jessica with the Center for Reducing Health Disparities at UNMC is part of the evaluation team, and shared her role in NEP-MAP, remind the team about several state-wide assessments made on behalf of NEP-MAP. Some of the evaluations have included state-wide evaluations on family members and the impact of COVID-19 on pediatric mental health. One of the main areas of service that kept popping up was the use of telehealth and telemedicine services and the difference between urban and rural services utilizing these services especially during the COVID-19 pandemic. In year 5, the program is planning another assessment on the use of telehealth by pediatricians and pediatric mental health providers and its continued utilization in the post-COVID-19 environment. The goal is to describe how providers use telehealth services and how the processes in place started and what can be done to expand upon them. The research will also identify any barriers to utilizing these telehealth services and whether any disparities exist in the utilization of said services.

Reach Out and Read (*Rachel Fox, You Go Girl*)

Rachel shared a little bit about her partnership with the program Reach Out & Read that has been sponsored by NEP-MAP for the past year. Reach Out & Read is a program that specifically targets the pediatric space for children ages 0 to 5, and through the partnership with NEP-MAP, books have been made available to pediatric healthcare providers and families that meet the children's social, emotional and multicultural needs. This collaboration has been progressing for about 2 years and the continued work to reach out to rural pediatric providers and provided them with books for families & children. There are currently plans to attempt a stand-up affiliate program here in the state of Nebraska. A member with the program Grow with Words is interested in becoming part of the Reach Out & Read efforts. Katie with the Grow With Words Committee introduced herself and several other members. The program is coming together with various partners in the Grand Island/ Hall County community based on the results looking at the 3rd grade reading levels and seeing how they are not where the members want them to be. This group comes together to both make systematic changes in the community and look at activities that they can undertake to really help enhance and make reading part of their culture and everyday lives. Rachel informed the group that there is a committee that meets every month to choose culture & age-appropriate children's books. A list of these books will be sent to the committee members.

NEP-MAP conference + expansion funds (*Jessica Seberger*)

Jessica praised the work and initiatives the NEP-MAP Advisory Committee has done over the last few years and a lot of the work has been in the form of reports, providing services, and coordinating efforts. The program's next steps will be towards creating action and mobilizing connection and support for these initiatives by having a conference in the spring of 2023. At the conference we can bring people together and share the information we've gathered; promote the projects we've worked on and developed and hopefully work towards increase utilization of those services. Currently we're thinking of an event in March of 2023 and are looking for an ideal location. We're trying to shy away from metro locations such as Lincoln/Omaha locations and hoping more for rural sites to encourage attendance from rural areas. The goal is to push recommendations at the policy level, share gaps and barriers & what the program has been up to and to promote the work of the working groups and the products

developed out of that. Thinking broadly, we need a new model of care that's based on broad systems assessment in order to build-in telehealth, reimbursement and sustainability. The plan is to work with the different systems of flow for referrals, screenings and treatment to utilize existing services and avoiding duplicating efforts. The committee members suggested Kearney as an ideal location to host this conference in order to involve with rural partners.

Dr. Jennifer Farley with the UNL Public Policy Center and a lot of her work at the UNL Public Policy Center is centered on school mental health. The UNL Public Policy Center is excited to be partnering with DHHS to look at ways to connect that work with NEP-MAP. The goal is to implement 3 strategies in the next year around this project. The first strategy will be trying to meet a gap that we see in education to get socio-emotional learning in the hands of pre-K teachers and not just starting at kindergarten ages. The Center is also looking at trying to help develop a cadre of mental health providers across the state that are experienced but maybe not currently working with youth and their families and so helping them get some professional development and offer services. The third part of the initiative will be looking at helping connect schools with medical health providers in the transition of students between spaces such as school to treatment facility transitions.

SMALL GROUP CONVERSATIONS: (*Jessica Seberger*)

Jessica shared the following link <https://docs.google.com/document/d/1sph4bxF-4mmA5-FFmPZ2kPBttj7iGDCUnCRZISr4kY/edit> with the committee. In February of 2023 a notice of funding opportunity will come out for another 5 year grant for NEP-MAP. This will require the completion of a new competitive application between February and May. In order to meet the needs of Nebraska populations to be served by this grant we need a better sense of what the committee thinks of as what our strengths, weaknesses, opportunities and threats are. The whiteboard was created to discuss the "SWOT" Analysis. Members were grouped up and encouraged to consider how NEP-MAP addresses pediatric mental health care needs in Nebraska. Comments below are from the SWOT analysis:

- Strengths of NEP-MAP. What do we do best? How can we leverage our strengths?
 - Screening & Referral Guide for providers, bringing key stakeholders and parent reps to the table to advance pediatric access to resources
 - Lots of expertise in the group
 - Welcoming and inclusive environment. (Leadership does a great job of being inviting and good at sharing resources)
 - Strong leadership and initiative
 - Lots of families participating and sharing lived experiences.

- Weaknesses of NEP-MAP to date. In what areas do we have the most complaints? How can we mitigate NEP-MAP's weaknesses?
 - Bringing key stakeholders & lawmakers & insurance agencies (Medicaid) to the table to discuss how to grow NEP-MAP
 - Include representation of NE Managed Care Organizations in NEP-MAP
 - Taking a child to an ER for suicide is very scary. Need a brochure that shares what to expect.

- Opportunities for NEP-MAP for year 5. What opportunities are available to NEP-MAP? How do we utilize the opportunities available to us?
 - Outreach opportunities to providers
 - Upcoming grant challenges to work together as a team.
 - Need MCO representatives (Claims are being denied for medication because it's not formulary. And there is no time to wean the individual from medication when is denied)
 - In schools the school knows there is a mental health need, but we need to bring together physicians into this space and help the family get connected.
 - Region 6 is working in the schools and connecting families to psychiatrist and therapists to the schools. (School-based mental health services.)
 - Often there is misunderstanding between behavior and mental health.(Interpretation that behavior is challenging) Professionals need training. Social emotional learning is something that all kids need.
 - How does MMI's Connecting Families Title V grant fit within this space?
 - Within the Pyramid model there is a component targeting reaching out to families but we could scale this up.
 - Mandated training
 - Youth Mental Health Trainer should be promoted.

- Threats to NEP-MAP's success. How can we dissolve the threats we face? What trends, conditions, or competitors pose a threat to NEP-MAP?
 - Loss of momentum/ progress may cause stakeholders to lose faith/ interest in the overall goal of NEP-MAP
 - Funding
 - How do we keep momentum?
 - There are political threats to social/emotional learning
 - School boards are influencing curriculum adoption (SEL)

Discussion: The following themes emerged in all three groups

- Lots of strengths, weaknesses exist.
- Are we doing? Or just talking to talk.
- Change is needed based on parent experiences
- Relationship building - genesis of organization / getting to know everyone, their concerns.
- Opportunity: convene partners to share what's been done / what are additional ways we can build on what's already been done
- "Connecting Families" - MMI, innovation is happening, but regions don't always know what's happening, these are targeting professionals, families don't often get access to these.
- Barriers Medicaid approved services presents, few providers take Medicaid, with a really long waiting lists, crises can't wait months or a year.

2023 Meetings:

- The committee group concluded that 3rd Friday of Month is a good schedule but that 1.5 hours may be too short if we're having detailed conversations, especially if we're doing collaborative work
- Quarterly may not be quite soon enough especially if we need more time to connect and collaborate on future projects