



## 10.16.2020 Notes

### Welcome Activity:

*Reflection: What is your COVID story?*

Partners shared stories of loss, anxiety, of sorrow for things that loved ones had missed (2020 high school seniors), and complete unknown for what the future holds. HOWEVER Partners also shared stories of resilience, adaptability, renewed commitment for helping others, close family time, pets on Zoom, and how now more than ever mental healthcare accessibility is imperative!

### Partner Program: Project AWARE

Mariella Resendiz and Amber Hartsock

Project AWARE: Advancing Wellness and Resiliency in Education

- Collaborative effort between the Nebraska Dept. of Education and DHHS Division of Behavioral Health
- Providing direct mental health services in schools
- All staff get training and have services available to them
- Billing through Medicaid and private insurance
- PILOT: Chadron, Hastings, and South Sioux City: therapists are hired full time in the schools, K-12
- Social-Emotional curriculum implemented and all have trauma-sensitive training
- Teaching MH First Aid and Teen MH First Aid (new for grades 10-12)
- Trauma Sensitive Schools—participants left the training with action plans for their own schools
- Universal screeners are very beneficial but cost-prohibitive, so they're looking for other funding options.

### Impacts of COVID-19 in Rural Nebraska

Michael Steube, MMI (*Power Point available*)

- Michael Steube is a Provisional Licensed Mental Health Practitioner (PLMHP) with Western Nebraska Behavioral Health. He is working with the Clinical Demonstration Project to collect data and enroll providers in the Panhandle.
- Challenges in western areas of the state: many clinics still use paper records, clinics operating virtually only during the Pandemic, distance (drive time), mental health stigma, small town gossip/talk, spotty internet and phone service, and long wait times to get in to see a doctor
- COVID numbers and the positivity rates are rising—well into the “Second Surge” after schools and businesses open up.
- Many people are frustrated with the hospital restrictions and telehealth services, and testing is very limited.
- Many lost jobs when the pandemic started and lost their insurance
- Moving forward: continue the digitalization of records via online systems, continued media and community outreach, working with schools on availability and internet access

## **Evaluation Project Updates**

*Dr. Drissa Toure*

Dr. Drissa Toure share the following about the Community Survey Summary:

### **EXECUTIVE SUMMARY**

In the United States, up to 20% of children will experience some emotional or behavioral issues at any given time, including depression, anxiety, attention deficient disorder, oppositional defiant disorder, learning disorders, autism, and other disorders. These issues have become even more pressing under the current COVID-19 pandemic when many children have to resort to remote learning and become isolated from each other. As part of the Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP) project, the present study aimed to identify current practices in the screening of behavioral or emotional disorders among children and youths in various community settings in Nebraska and coping strategies adopted by community organizations, including responses to COVID and referral pathways utilized when a child or youth is screened positive with behavioral or emotional disorders.

To meet this study's aims, we adopted a qualitative phenomenological approach in our data collection by conducting semi-structured interviews with 53 key informants from different community organizations in Nebraska. Study participants included school nurses, school counselors, school social workers, teachers, program managers, or directors at various educational settings, including early childhood education centers, schools, foster care organizations, Head Start programs, and evidence-based home visiting programs in different regions across Nebraska. Interview questions were developed to elicit participants' perspectives, context, and experiences of screening practices, referral pathways, training needs, COVID impact and responses, and recommendations related to behavioral or emotional disorders among children and youths that would likely inform the development of a model for integrated care.

#### ***Highlights of Findings***

- Of the 53 key informants, nearly three-fourths claimed emotional or behavioral issues were concerns among children and families in their organizations. Attention deficit disorder and attention deficit hyperactive disorder were the most common concern among children of all ages.
- Many organizations screened children and families for various issues, such as interpersonal violence, social needs, and emotional and behavioral concerns; however, there were no consistent methods across similar organizations or age groups. Various methods were adopted to help address these identified issues, including referring to internal and external resources to address these issues.
- While many participants felt overall prepared to identify and address emotional or behavioral issues among children and youth, they did not identify crucial areas to improve, such as trauma-informed care and de-escalation techniques.
- Concerns regarding the current COVID-19 Pandemic as well as methods implemented to assist children and families were also discussed, in which almost all organizations offered virtual services and resources to help ease any abnormal behaviors at this time.

- Under the pandemic it was common for children to become stressed and anxious due to the disruption of routines and isolation from social networks.
- Participating key informants also reported extensive familial disruptions due to isolation, lack of economic security, food insecurity, and stress during the pandemic, and how these issues have negatively impacted emotional and behavioral health among children and adolescents in Nebraska.

### **Recommendations**

Based on the significant findings from this study, we recommended that the following steps should be taken to better identify and address the behavioral and emotional issues among children and adolescents in Nebraska:

1. *Proactively screen and assess all children for emotional, mental, and behavioral health issues.*
2. *Create and disseminate age-appropriate, standardized screening instruments, and approaches throughout child-servicing community systems in Nebraska. Children and adolescents often*
3. *Define and clarify schools' roles and processes in addressing mental, emotional and behavioral health issues among children and adolescents. Various school system members expressed*
4. *Work with parents and community partners to reduce stigma surrounding mental, emotional and behavioral issues among children and adolescents. Many key informants have expressed*
5. *Mobilize community resources and primary care linkages to provide coordinated care and to improve referrals.*

### **CONCLUSIONS**

The high prevalence of mental and behavioral health problems among children and youths under the shadow of COVID-19 elevates the necessity to assess the screening and referral practices and processes in various community and organizational settings and the extent to which these practices and processes can meet the health needs. Based on qualitative data collected from 53 key informants across Nebraska, significant unmet needs included a lack of early screening and interventions, a standardized approach to screening, an educational campaign among school and community providers, as well as the lack of communication between schools and care providers to improve the referral process and to provide more integrated and coordinated care. Addressing these unmet needs calls for sustainable collaborations across organizations and system partners as well as coordinating efforts by Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP) and other similar programs.

### **ACKNOWLEDGEMENTS**

The Community Screening Survey was funded by the Nebraska Department of Health and Human Services (NE DHHS). The contract was made possible by the Health Resources and Services Administration's (HRSA) Pediatric Mental Health Care Access Program, Grant No.

U4CMC32322, with NE DHHS as the lead state agency. Views and opinions expressed in this study do not necessarily represent official views or endorsement by HRSA or NE DHHS.

We thank the Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP) Advisory Committee for their inputs during the survey design.

We want to thank Kathy Karsting, Jennifer Auman, Andrea Riley from NE DHHS, Carol Isaac from Douglas County Health Department, and Bridget Barnes from Boys Town for their input and support in facilitating participant recruitment. We thank Jessica Pahwa for her contribution to data collection and literature review.

The input and support from study participants, educational agencies such as early childhood education centers, schools, foster care organizations, Head Start programs, and evidence-based home visiting programs across Nebraska are also acknowledged.

## **Technical Workgroup 2: Culturally and Linguistically Appropriate Services**

*Greg Donovan and Kathy Karsting:*

- Greg Donovan and Kathy Karsting invited the group to ponder upon the topic of Recruiting Different Perspectives and Crafting a NEP-MAP Equity Statement.

## **NEW BUSINESS:**

**Care Coordination Project:** Discussion about the model

*Kathy Karsting*

- Kathy Karsting and Sarah Swanson shared about preliminary work to introduce care coordination into the clinical demonstration project. This will be accomplished through the role of the PRC, or parent resource coordinator, a role developed through the Family Care Enhancement Program at Munroe-Meyer Institute, UNMC. One aspect of planning involves MMI conducting an environmental scan of current care coordination projects and activities in Nebraska. The planning period includes identifying how PRCs working in the NEP-MAP care coordination model will receive additional training on working with families experiencing mental and behavioral health issues; and also strategies to assure PRCs are well-integrated into existing clinical teams.

## **Recruiting New Partners**

*Jenni Auman, Kathy Karsting*

- Jenni Auman & Kathy Karsting shared their intent to recruit more diverse partners with a variety of unique experiences to join the NEP-MAP Team.

**2021 Meetings:** 11:00am – 1:00pm CST

- Friday, January 15
- Friday, April 16
- Friday, July 16
- Friday, October 15