



07.16.2021 Notes

Welcome and Introductions:

Reflection: Vacation or Stay-cation? What will you do to celebrate summer? Does it look different this year than it has in the past? :

Partners shared their vacation/staycation activities in the chat box. Some members put a self-care spin on the question and shared how they opted for stay-cations in order to avoid COVID exposure. Other members shared their vacation destinations and activities such as kayaking with the family, visiting Colorado, hiking, fishing and going to the lake. Trips to Texas in order to attend a ball python-breeding gathering.

Family Experience: (Connie Shockley)

Family representative Connie Shockley with PTI Nebraska shared her experience in regards to children with mental health issues. Connie, mother of 3, 2 of which have autism shared her experiences primarily with her daughter (the youngest of 3). Connie prefaced by stating that some of the experiences she'd be sharing are about 20 years old but a lot of those issues unfortunately still prevail. At about 18 months Connie was able to tell that her daughter had autism since her oldest child had autism and Connie was familiar with the signs. Connie had the foresight to call and contact her daughters school in order to notify the school of the child's autistic signs and to look for an early intervention. Behavioral issues were the first sign that the child may be on the spectrum. By the time the daughter was 5, Connie found out from a friend with autistic children through word of mouth, about a program for her daughter, which was frustrating since no teachers or doctors had mentioned this program. There was little access to community resources. Finding out about this program was good timing because at that time her daughters behavior was becoming more aggressive and she was "on the verge of introducing medications because of the child's aggression".

Connie shared how they had to jump through a lot of hoops, since at that time autism wasn't a verification that would get the child into this behavior program. Since this program was also outside of OPS, there was no transportation. One positive change that came after the years was that transportation became available through this program in collaboration with public schools. Unfortunately the program helped in the beginning and then tapered off as the daughter advanced through the grades. Another frustration that kept popping up was the lack of collaboration between the child's therapist and the school system.

One source of support for the family was her pediatrician, who would always listen and provide advice such as seeing new specialists one of whom remarked that the child did not need medication but instead needed a solid behavioral plan. Another good support system was the daughters middle school teacher who recognized that the child could memorize the proper behaviors but had difficulties implementing them in the right moment. Once the problematic concerns were narrowed down, the behavioral plan really helped flush out and show where the child was struggling, which in Connie's daughters case was making problem solving in the moment.

Program Focus:

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

Rachel Fox informed the group that the Reach Out and Read collaborative effort between NEP-MAP and You Go Girl is well under way. During a recent committee meeting the high level project plan was outlined and was displayed to the advisory Committee. There are currently 23 sites in Nebraska utilizing Reach Out And Read Programs. Rachel explained the first step, and the one we are in right now, of the plan which is the Provider Analysis landscape to see where these programs are set up currently and if they need any help. Rachel has been reaching out to current providers to inquire how they are utilizing RoR and also to inform them that they have local support, to the delight of the providers. Certain providers expressed how they felt that they were undertaking this program on their own and stated they were glad to receive local support in this endeavor. The two book companies being utilized are Scholastic and All About Books. These will provide catalogs to find reading lists that are socially, emotionally and culturally sensitive to children between birth and 5 years of age, with the caveat to those who have developmental disabilities. The 2nd step of RoR will be to seek new program ambassadors. This is where we will be looking to the NEP-MAP family to cast the wide net to provide introductions to providers in rural and underserved communities. One incentive that providers can utilize to get patients back into their offices is books for children. The next step is marketing, incorporating cross collaboration between NEP-MAP, You Go Girl and Reach Out and Read with posters, pamphlets and marketing items. Social media will also play part in the marketing step. The last step in the process is to distribute the books with the help of corporate backing. Creating an infrastructure of sustainability is the ultimate goal. Rachel invited willing members to join the Reach Out and Read committee.

2. Rooted in Relationships (Lynne Brehm, Nebraska Children & Families Foundation)

Lynne informed the group how early childhood mental health is about social-emotional development rather than pathology. Early Childhood Mental Health is not about pathologizing child behavior; but rather promoting the healthy alternative of social and emotional development. The consequences of not integrating social-emotional development show up as expulsions and suspensions from early childhood programs which are higher than in kids from K-12 grades. School dropout ultimately leads to poor job outcomes, limited income, and patterns of unhealthy behaviors that may persist into adulthood including unplanned pregnancies & criminal activity. If you're a child that ends up being constantly sent home when you're in preschool how that really sets you up for failure in kindergarten. The lack of social emotional skills may also lead to impaired ability to sustain healthy relationships as a lifelong skill.

Lynne also went over the timeline of social emotional health starting back in 2001 with the Governor's Symposium on Early Childhood Mental Health. All of the NE Children initiatives take into effect the collective impact at both the community level and state level as systems are built. Moving forward with a common agenda, or collective impact, Collective Impact being the commitment of a group of actors from

different sectors to a common agenda for solving a complex social problem. State and local infrastructure development would ideally happen at the same time, which is where challenges start to appear.

Lynne explained the pyramid model which is a framework of practices which came to Nebraska in 2007. The model starts at the base with practices that are there for the good of all children, moving further up with more targeted practices such as interventions for social emotional support, and at the very top being intervention. If all these tiers of the pyramid are structurally in place, ideally will result in very few children being in the top of the pyramid and needing intensive intervention.

Maintenance of Good Practice Needs Infrastructure Support, with the State Infrastructure Development consisting of Coach Collaboration Teams and Pyramid State Leadership Teams. Another part of the state infrastructure program is Reflective Practice. Part of RiR package from start for coaches, it brought national trainers to state for COSP (Circle of Security in Parenting), support development & partner with NE Center for Reflective Practice to train local trainers across disciplines.

Lynne mentioned Child Parent Psychotherapy (CPP), which are Medicaid reimbursable. These therapies offer additional support for parents.

www.nebraskababies.com info on CPP, PCIT and RP. The Rooted in Relationships Implementation Team comes together for collaboration of early childhood mental health stakeholders and to avoid duplication, enhance collaboration. The Nebraska Association for Infant Mental Health (NAIMH) is a collaborative of infant/early childhood mental health stakeholders and a member of World Association for Infant Mental Health. For further licensing credit inquiries please email jenechapman@theturningcenter.com

Update:

3. *Clinical Demonstration Project (Christian Klepper)*

Christian informed the group about the continued & successful work with one of the clinics to increase consultation services. There were also conversations about expanding use beyond the enrolled providers, which is a work in progress. Plans for training are still being discussed. The webinar series that has been ongoing for the last 2 years, has been attended less due to webinar burnout. Moving forward these online meetings will be discussed and potential alternative ways of meeting with providers will be taken into consideration.

4. *Care Coordination Training for Community Health Workers (Sarah Swanson)*

Sarah informed the group that the Family Care Enhancement Project, which is a project that is funded by the Early Development Network in the Medically Handicapped Children's Program. It is now being built into children's hospitals Help Me Grow Program, it is also integrated into NEP-MAP as well. Essentially, there are 12 parent resource coordinators which are all parents with children with disabilities embedded in 8 healthcare systems across the state, and they very much fall in line with community health workers. Back in the fall of 2020 the committee was asked to put together a report on what care coordination means and what it means to provide

family centered care. An interdisciplinary group consisting of psychologists from MMI, 5 parent resource coordinators, program evaluators from the college of nursing, and others met for several months to review the literature and to work on training modules. It was determined that when you look at care coordination there is no one universal prime definition. The approach that was selected was to ask families, what do they consider care coordination should be. In this approach it was observed how one child and family had to jump through several systems in order to receive support. Through cooperation with different partners training modules will be put together, to show the importance of family centered care that can be marketed to community health workers across the state. This plan is still in the planning and assembly phase. One piece of information worth sharing is that the university system has just launched a brand new platform called NU Connect, an e-learning system, where people outside of the university can take continuing education classes through platforms that are already in place. Essentially once these modules are developed they will be offered for free for the next 2 years as part of the NEP-MAP project. The team came up with five topic areas. There will be 7 modules, the first one being an overview module and then each module will be broken up into specific topics. The 1st module will be an overview of family and person centered care coordination with literature of what families want and the barriers that are in the way. This information may be presented in different ways, such as a quick narrated PowerPoint or the utilization of different UNMC platforms/avatars. Different options of delivery are still being discussed. The second session will be the importance of working as members of an interdisciplinary team.

5. *The Family Survey (Jenni Auman)*

The Family Survey has gone out in round one and there has been a good amount of participation. There were a lot of results from behavioral health region 5 & 6 which is the Lincoln, Omaha and surrounding areas. As NEP-MAP we really want to make sure that we have representation of rural and underserved areas, that is the areas west of the metro. Another request for survey participation has went out today, 7/16/2021. If you know people in the Panhandle, northern to northeast parts of Nebraska, central Nebraska and south-central Nebraska, we really want to make sure that we are capturing the family voice in the survey results. No preliminary data will be shared for the time being as the survey is still ongoing and information may change. Race, ethnicity, "were you born in the US" are a few of the pieces of data being collected. Community Health Workers will be participating and offering one on one services to families that do not read & write English or are not computer literate.

Discussion Rounds:

6. *New Partner Recruitment*

During our meetings we have great participation. During the lunch hour participation seems lower than what it was early Friday mornings. We want to make sure that we have more members that are giving perspective from different experiences whether that be diversity in race & ethnicity or diversity in parents and where they're coming

from, rural & urban. We are looking for partners who is interested and vested in early childhood mental health and in changing the system or how things are done, and how can we recruit for diversity and perspective from a cultural, racial, ethnic and experiential background.

One suggestion was to broaden the circle and being welcoming of a broader audience, which will prevent inviting the same small group of people to the same committees and thus overwhelming that group of people.

7. *2022 NEP-MAP Meeting Time and Venue preference*

Jenni Auman posed the question whether the group had thoughts about whether they'd like to go back to meeting in the mornings or a different day. Many members agreed that Friday mornings worked. Thursdays also worked for some members as well.

2021 Meetings: 11:00am – 1:00pm CST

- Friday, October 15