NEP-MAP Cross-sector Advisory Committee
January 17, 2020

Present: Jenni Auman, Mindy Frazier, Michael Vance, Gay McTate, Drissa Toure, Tori Sorensen, Amber Hartsock, Terri Marti, Krynn Pekny, Christian Klepper, Anna Whaley, Laura Wooters, Josie Rodriguez, Jen McWilliams, Greg Donovan, Josie Rodriguez, Sara Morgan, Cole Johnson, Dusti Storm, Bernie Hascall, Kim McClintick, Mariella Resendiz, Gina Coffey, Holly Roberts, Amanda Drier, Michele Rayburn, Connie Shockley, Erin Ayad, Andrea Riley, Chris Ivory, Sarah Swanson, Mona Zuffante

The meeting today is conducted by Zoom only, due to weather conditions in Lincoln and school closure. Our venue today, SCC Continuing Education Center, is closed today. Participants asked to sign in through using the chat box to register attendance.

Jenni opened the meeting at 9:05 with welcome and introductions. Jenni will provide new membership list for the partnership.

Participants spoke to wishes for the New Year in NEP-MAP:

Learning more	Continuing another year of exciting develop
By 2030, we understand, screen for, and recognize the need for services to be available to children to develop social and emotional competency.	Increase in screenings at an earlier age to promote earlier intervention.
See early childhood programs systems in place for addressing mental health needs of children.	Continue what we've started. Promote screening implement the Screening Menu and Referral Guide. Involve family organizations.
Grow awareness in schools about trauma and adapting to children's needs.	Continue to develop focus on family centered referrals
More focus on helping schools identify mental health issues and coordinate actions better.	Continue to expand screening in primary care. Facilitate payment systems that work.
Screenings become routine enough that there is no stigma attached to screening for MH BH issues.	Increased partnerships and networking.
Increase access to MH screenings and referrals and resources for families, particularly rural, uninsured, poor families.	Increased screening and referrals to appropriate services
We form a viable community and advance the quality of life of young people and families facing mental health issues across the state.	Make connections within the partnership to better understand how we work together.
Make sure the resources we have in Nebraska are used to the maximum benefit	Early screening and referrals
Weave relevant work into the Behavioral Health System of Care. Coordinate and Integrate similar work on a continuum of prevention to treatment	See more clinicians perform screenings; work with providers to know what to do in serious crisis situations, know what to do to help parents.
Continue to build capacity for mental and behavioral health in primary care	Earlier screening for parents as well as children.

Make progress in early intervention and connections for families	Technical Workgroup 2 to advance CLAS

Report from Technical Workgroup #1: Screening Menu and Referral Guide

Discussed findings to date from testing with small audiences. Feedback has been great and will be considered for incorporating into the next draft of the Screening Menu and Referral Guide. One topic recommended is inclusion of a brief discussion guide for providers about conversations with parents and family members about mental and behavioral health issues. Discussion follows:

Training video developed by MMI (Monroe Meyer Institute, Univ. of Neb Medical Ctr.) Childrens' (Hospital) and ESU (Educational Service Units) describes how to have conversation with parents in early childhood. How to do basic anxiety screening. More hospitals screening all adolescents routinely.

There is some work going on in another group to develop a quick 5 - 10 questions for county attorneys to ask that would help identify if referral for additional screening is appropriate for youth referred to the CAs (county attorney) office. Looking to identify possible TBI (traumatic brain injury), Low Cognition and Mental Health. John Ferrone is heading up those conversations.

My kids have been asked PHQ-2 (Patient Health Questionnaire-2, Mental Disorders) questions, but I think it can be done in a quite flippant way that doesn't really get to the root of the problem. Doing this in a more conversational way can give permission to be more likely to share, then you can go to the actual PHQ-2 questions.

I think there's opportunity to utilize technology to facilitate screening

As a parent, I would begin with very non-confrontational questions, recognizing that the parents know their child the best. It also helps if a relationship has been established with the screener and parents. I also would suggest looking at the ACES (Adverse Childhood Experiences) to include.

I think that educating PCPs (Primary Care Physicians) on screening tools, how to deliver them, and what to do with them after (referrals) is key. It's definitely a conversation that I, personally & professionally, would like to have with all of the providers in our district. Both education and addressing barriers to screening are important pieces to that conversation.

Providers should know that they should not jump to blame parents of a child with mental and behavioral health issues. Yes, abuse happens. But also yes, concerned parents bring their children to care and are trying to do their best for them.

Establish a relationship of trust with families first. Understand where the parents are at in terms of acknowledging a mental or behavioral health issue in their family. They may already be intimidated, feel stigma, and blame themselves.

I think supporting PCPs and other professionals with what to do once they get the screening results so that they can respond in a compassionate and appropriate way is key.

It would be nice if the screening process began with questions that the kids/families don't even realize are screening. But this DOES NOT replace standardized screening.

Understand the parents' culture and the consequences a mental or behavioral health diagnosis has on them, before digging into hard conversations.

Because of the stigma and emotion associated with mental health issues, especially in children, it is important to normalize these concerns. One example of a way to introduce this topic is to normalize the concerns, "Many parents from time to time will have concerns about their child's behavior (and whether a particular behavior is normal for a child of that age). Do you have any concerns about Sally's behavior?"

I experienced difficulty getting help from others when they assumed I was the problem.

The way questions are asked will determine how it will go. Make it confrontational and they will shut down on you and not be cooperative.

Great suggestion for a little script for providers. I think it would be great to come up with some more ways to ask about BH concerns. Often it feels uncomfortable until you're practiced it a couple times and then it starts to feel more natural.

My friend Debra Dancer I think holds a new position at Project Harmony for this. I wonder if she is someone you should connect with.

Report from the Clinical Demonstration Project:

The implementation project takes place in a network of primary care providers who have behavioral health specialists embedded in their clinics.

One of the main goals of the project is to provide consultation to primary care providers, helping educate them so they feel comfortable helping their pediatric patients with mental and behavioral health issues that are atypical for the provider. The provider using the consultation service can contact the consultation service, and have support caring for their patients in the medical home. The behavioral health providers in the clinics or via telehealth also provide services.

The BH (behavioral health) expert consultants work directly with the primary care providers. Holly described how the enrollment procedures work for primary care providers. Holly shared the data collection form that is shared at time of enrollment and initial survey instrument to establish baseline of the enrolled providers' practice.

The project has received inquiries of interest from additional practices. Currently, providers from 3 clinic practices have enrolled.

Developing relationship with Western Nebraska Behavioral Health and their network of integrated care clinics. Plan in year 2 to expand enrolled providers and deliver training to primary care providers. Topics of interest are medication management for ADHD, Anxiety, and Screening – partnering with the Behavioral Health Education Center of Nebraska (BHECN).

Holly noted a new integrated behavioral health clinic in the UNMC network opened in Wymore, south of Beatrice recently. This operation will offer an in-house behavioral health provider in rural Nebraska.

Goal is to reach 50 enrolled providers in current funding year. Data collection has been a process for each clinic and provider due to various EHRs, how providers interact with their data systems. In some cases, the office manager is involved in data gathering.

Report on Evaluation

Year 2 activity is community level screening assessment: early childhood care and education, evidence-based home visiting, schools, and foster care. IRB (Institutional Review Board- protection of rights for people involved in research) is in process. The community screening survey aligns with the Screening Menu and Referral Guide.

Gina Coffey mentioned that a screening survey was conducted a few years ago that may be relevant to the community survey planned by evaluators.

Technical Workgroup #2: CLAS, literacy, family-centered practices in primary care and behavioral health.

Greg Donovan and Andrea Riley will serve as TWG#2 leads. Greg asked for members, noting that many comments today have been about individuals who received inadequate care. Our NEP-MAP goal would be that ALL children benefit from our project work. Insightful and diverse involvement from any member is welcome and the work is just getting underway.

Time commitment is expected in the form of monthly meetings. Interested parties please contact Andrea (andrea.riley@nebraska.gov), Greg (gdonovan@societyofcare.org), or Jenni (Jennifer.auman@nebraska.gov).

One Pager

Jenni invited review and discussion of the draft Fact Sheet about NEP-MAP, provided to members and shown on screen. Comments:

- *For Year 2 – "growing partner network" – describe who that might be, give examples such as parents, etc.*
- *Year 1 accomplishments – provide a link to consultation services website.*
- *Add Contact information to find out more, to join NEP-MAP.*
- *Looks really good and maybe even include somewhere the partners that we already have.*
- *There is a lot of good information on the page, but it is lots of words. I wonder if we could put the background information from Nebraska Children's and Families Foundation somewhere else. I would also agree with adding contact information.*
- *Agree too wordy.*

- *Consider spreading out to front and back page to open more space.*
- *A map*
- *Graphics to show data rather than text*
- *I like key points on front and details on back and think that be effective.*

Introduction to Technical Workgroup #3: Family Survey regarding satisfaction and experience with care.

Brief discussion: this project originated in Title V Maternal and Child Health. Partnering with NEP-MAP is intended to open the project to partner engagement and alignment, and create a space for family leadership.

Closure and Adjournment:

Jenni gave a brief synopsis of the topics the NEP-MAP cross-sector advisory committee has addressed today.

Any feedback from our members or comments regarding what was discussed is highly encouraged and welcome! Please contact:

- *Kathy Karsting at Kathy.karsting@nebraska.gov*
- *Jenni Auman at Jennifer.auman@nebraska.gov*