NEBRASKA PARTNERSHIP
FOR MENTAL HEALTHCARE ACCESS IN PEDIATRICS
A Good State of Mind
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10.15.2021 Notes

Welcome and Introductions:
Reflection: What was the best thing that has happened to you all week?
Team members shared their experiences of the week so far, which included making it to Friday, completing a lot of work in a short week since some of us had Monday off, "coffee" was another members' response, having a marvelous vacation with their daughter was one members response. Several members' college aged children were home and visiting, to the delight of their parents. Celebrating Indigenous Peoples Day and playing hockey with their children was the best thing that happened to a couple of members. One member found out that some time in the next 12 months they would become a mother in law.
Jenni continued the conversation with a reminder to reach out to any individual who can offer a perspective on early childhood mental health needs, such as parents and business partners and invite them to join NEP-MAP. Welcomed were the new members from the AAP's, FQHC's and nurse practitioner organizations. It was reflected that NEP-MAP is an organization where we all come together for the purpose to increase access, especially in rural areas for vulnerable families across the state. Additional outreach to more families has been undertaken and hopefully our brand new connection with Masons Light and Nicole Rochert can help us make connections with more families who have bee struggling with access to mental health services and know firsthand what it's like to try and get the right care at the right time.

ACEs: (Jenni Auman)
Jenni asked the group "who was familiar with the ACEs - the adverse childhood experiences – study. Many group members, including Lynn Brem, were familiar with the study and what it entails. ACEs, adverse childhood experiences, have been found to affect and individuals future health, both physically and mentally. In a recent medical providers appointment, for the first time, Jenni was asked ACEs questions. The level of care and the meaning of understanding was immensely gratifying especially since no other provider up until this point has ever asked ACEs questions in regards to physical and mental health. Future families can be at risk due to teen pregnancy, mental illness, depression, poverty homelessness, domestic violence, drug & alcohol abuse. These would be considered our most vulnerable families, especially since adverse childhood experiences affect every family. As ACEs such as divorce, exposure to substances, child maltreatment increase so does the risk for physical & mental health problems including early death. It has been found that ACEs are very closely related to coping mechanisms in those early childhood experiences.
The type of questions an ACEs study looks at are abuse and neglect, home environments, physical emotional and sexual abuse & neglect, whether alcohol and drugs were used, household member incarceration, clinical depression and parental abuse. Originally doctor Felitti, author of the ACEs study, participated in an obesity study, where an obese patient lost over 150lbs only to regain it once she left the study. It was discovered that after the

weight loss the patient started receiving unwanted attention from male coworkers. It was revealed that she was sexually abused as a child, and that the new unwanted male attention was triggering her childhood trauma response. As a response to this attention she put the weight back on so that the trauma trigger is not there anymore. Children learn what they've lived and live what they learned. Early childhood experiences can affect peoples lives even 50 years later. The study showed that 80% of all suicide attempts are likely due to adverse childhood experiences. This is why the group supports increasing screening, access, and increasing the ability to get to the right mental health services.

Provider Survey Results: (Jessica Ern)

Jessica Ern with the Center for Reducing Health Disparities with UNMC has been working closely with NEP-MAP over the last year to collect data on a state wide assessment for mental health needs and services for children in Nebraska. This project was a twofold approach where we were looking at families and their perspectives of what was going on inside of their own families, and then providers and what's going on inside the clinical realm to see where these mental health needs are and what are the gaps to getting access to help. Jessica acknowledged Kathy Karsting, the families participating, TWG number 2 and 3 for their help in making this survey happen.

The purposes of the study were to identify and assess parental satisfaction with their child's mental health screening care and or counseling, the extent to which parents feel they are empowered as decision makers, access to needed family support, the impact of COVID and the programs available to families to cope with the COVID pandemic.

A quantitative approach was adopted, in which a survey was sent out online where parents or caregivers of children currently residing in Nebraska were asked to fill out a 20 minute-per-child survey. The data of 373 parents or caregivers was collected between June and August of 2021. The only eligibility was the survey takers had to be over 19 years old, live in Nebraska and live with the child or children under the age of 18.

Most of the respondents were between the ages of 25 to 44. 63% of the respondents were female and 37 % were male. Majority of the respondents were non-Hispanic or Latino Caucasian white. Almost 30% were Hispanic or Latino and over 30% were non-Caucasian or white. Majority of the participants on average had 1 child per household. Parents were asked to rate their children's happiness before and during the pandemic on a scale from 1 to 10. The average child's happiness was 8.1 % before COVID, in comparison to only 6.8 % during COVID. This sample shows that children's happiness overall has decreased in Nebraska. Across the board rural children reported to be happier overall than urban children prior to COVID. Another question stated "based on your observation in the last 30 days, di any of your children show symptoms and signs of mental or behavioral health issues?" 37 % responded and stated they didn't see any behavioral or mental health changes in the last 30 days. The highest proportion of respondents stated they saw an increase in anxiety, depression, restlessness, ADHD and aggression in their children in the last 30 days. Parents were asked whether they were using any support services and 54.3 % stated yes they were using a support service for their child at that time. Urban demographics showed they were more likely to use support services compared to rural demographics. Participants were asked how easy it was to get access to these supportive services 36.8 % stated they had no issues finding support services whereas 63% stated they had a hard time finding support services. Some of the barriers to accessing services mentioned by participants were availability of interpreters and that the distance that needed to be traveled was too

great. 13.5 % of the respondents stated they had issues with health literacy. 49.9 % of participants stated they did not feel that their provider provided adequate support and materials for their children's mental health needs. 49.3% stated hey received some sort of mental health services utilizing telehealth and 46. 1 % delayed their care in some way because of COVID.
Providers identified anxiety, depression and ADHD as the primary mental and behavioral health concerns expressed in their population prior to COVID. Providers stated the barriers expressed by their patients to receiving care were transportation, language interpretation, financial constraints and lack of evidence based practices for ethnic and minority children. Allot of the providers identified themselves as fringe providers and were having a difficult time placing children into long-term mental and behavioral healthcare. Cases of pediatric anxiety, depression and family stress were the 3 most common issues that emerged. Children exhibiting a lot of stress and anxiety while having to go back to school was reported often to the providers. Depending on the type of provider and where they were located geographically almost 100% stated they provide telehealth services. Providers also stated patients are missing key treatments because there is only so much you can do over telehealth especially for certain age groups. Internet and connectivity issues were also mentioned by patients and listed as reasons they could not attend telehealth visits.
A team member asked about the distribution of the survey and how it was distributed. Jessica stated the survey was sent out in 2 groups with partners in family support and organizations that we've worked with in the past. There were at least 25 respondents from each behavioral health region.

Updates:

1. *Update on TWG # 2 (Greg Donovan- Kathy Karsting)*
   Greg informed the group that TWG#2 was on a hiatus over the summer and ad just met last week where they received a sneak peak of the survey results that Jessica Ern had just shared. There is an open invitation for new members to join in order to make the group as accessible as possible in order to offer services that are as accessible as possible. Best way to join and show your interest is to reach out to Kathy Karsting ad Jenni Auman. Another aspect of TWG#2 is to undertake something tangible, that is where the survey results will come in handy. The group is looking for input on discussing how the survey will be routed and distributed to maximize the input of ethnic, racial and other potentially underrepresented communities.
   Kathy Karsting echoed Greg's call for new members to TWG #2 as we dive into the dissemination of the survey results of the family and provider surveys and thusly guide our next action steps.

2. *You Go Girl – Reach Out and Read Update (Rachel Fox)*
   Rachel informed the group that since the inception of this program we have been able to reach out to 300+ rural care providers across Nebraska. Out of those 300, 4 have registered and have yet to be trained and become fully active with books in hand. Admittedly it has been a slow going process. There have been a lot of care providers on the front lines who are caring for patients, especially as it relates to COVID. Currently the committee is trying to navigate those waters and trying to think

of more incentivized ways to get some more provider interest. A poster mailer has been designed, which will be going out to rural care providers in regions behavioral health1-4. The mailer describes there is no cost to the provider and hones in on the focus of emotional, social and multicultural awareness of child. Scanning the QR code on the flyer and providing minimal information will grant the provider a sample of 10 books from the curated book selection list. Providers and nurses doing the Well Child visits will be primarily receiving these books. 1000 have been ordered and are ready to be sent out to providers. Since meeting last time, we have partnered up with Phi Alpha Honor Society for Social Work at the University of Nebraska in Omaha. They will lend their practicum students to us to help with outreach efforts. One of their students has a direct connection to care providers and is willing to put Rachel in front of them at conferences and meetings in order to present Reach Out and Read directly to the providers. Bridgette Barnes was thanked for helping with making connections for this program and for authoring a children's book herself. In November Reach Out and Read will be presenting at the Read Aloud conference in Nebraska and doctor Karla Lester will be there in person to advocate for the program and to present her own book. Rachel asked the group to share connections and possible advocates for the Reach Out and Read project or who would like to be part of the committee.

3. *Clinical Demonstration Project (Holly Roberts)*
   Holly provided and update on the clinical demonstration project. The goal of the clinical demonstration project is to help improve access for children and families to pediatric and mental and behavioral health services. As we enter year 4 we are aiming to expand our reach outside of our network. The network has approximately 40 primary care clinics across Nebraska, where we either helped train the provider to implement behavioral health services or they are an existing clinic within UNMC that is staffed by one of our psychologists or licensed mental health professionals. We span all 6 BH regions of the state in the integrated clinics and those are all in primary care. Some of the goals of the clinical demonstration project are to enhance early screening and to expand and diversify integrated behavioral health provisions in primary care through early screening and through training and increasing capacity with managing behavioral health concerns, especially in rural communities.
   We set out to enroll primary care providers with these practices and within our network to this particular project and those who may be interested in seeking behavioral health consultation from a psychiatry trained expert. The providers would also provide quarterly data reports and also agree to training projects. A partnership was the goal, not just developing a service. Currently there providers from 5 put of the 6 regions of the state. We are working on region 4 right now. The consultation team are providers that have psychiatry training and backgrounds, they have experience with working very difficult pediatric patients that may be on multiple medications or have multiple behavioral health concerns.
   Not all of the enrolled providers have utilized the consultation service. The majority of the requests for consultation services came from medical doctors, nurses and PA's, that is practitioners with mid-level medical degrees. The majority of these

requests are coming from rural areas of Nebraska. Almost 90% of the request have included patients that have multiple diagnoses. 90% of consultation requests have been specific to medication management. 84% of the patients being consulted on were on 2 or more psychoactive medications. Some of the consultation outcomes resulted in medication dosage adjustments or the change of medication altogether or outright discontinuation of the medication.
It has been a little bit of a challenge to get some feedback from providers that have utilized the consultation services. Sometimes the providers PA or a nurse or front office staff request these consultations so we do not have direct contact to the provider. One of the more important aspects of the clinical demonstration project is the utilization of telehealth as a tool to reaching those who are in rural areas. The consultation team is located in Omaha but consultation and patient care services are provided across the state. These services would not be possible without the utilization of telehealth. What is currently needed is telehealth training, that will teach people what kind of equipment is needed and what type of environment is ideal for successful telehealth sessions. A training module with a certificate upon completion is being created to explain proper telehealth utilization.

4. *Community Health Worker Training Modules (Sarah Swanson)*
   Over the past 5 months a diverse group of stakeholders has worked together to put together a course that will be offered to community health workers and in our state on providing family centered care. Participators were some of the family resource coordinators, some of MMI's psychologists and Dr. Drissa Toure and Dr. Teresa Barry Hultquist. Developed was a platform that was fairly new to UNMC, NU Connect, and it is a platform that allows non university students to enroll in courses. UNMC's learning platform called Canvas will be used to roll out these modules. In regards to content, it was decided that we need to have something related to person and family centered care and what that means. The rule of how the community health workers are members of interdisciplinary teams has been discussed, as well discussed was cultural humility and cultural competency. Also discussed was the topic of trauma informed care and what that means, and what we can do to increase children's and families resiliency. The team reached out to families to hear their stories. A videographer recorded families sharing their stories and experiences. These segments and clips will be inserted into the modules and will be used to reinforce the content of those modules. These modules will offer an interactive aspect to learning and reinforce the content matter with real life scenarios and testimonies. These testimonies will show that preconceived notions should be taken into consideration when it comes to family interaction with community health workers. Next students with UNO will be evaluating the program and modules. The launch is predicted to be January 2022. One question from the group was, what provider type will CHWs be billing under? Nebraska is currently trying to see if CHWs can be reimbursed through Medicaid and more information is to come soon.

2022 Meetings: 11:00am – 1:00pm CST

- TBD