
Jennifer Auman opened the meeting at 9:00 am with Introductions and a Welcome Activity.

**Reflection:** In one or two words, what does **Equity** mean to you?

Really Optimistic, Fair, non-judgmental, eye-opening, opportunity, aspirational new day, meeting needs, intentional, systematic, justice, purposeful, challenging, necessary, without exceptions, on-going, never-ending

**Parent Experience**

Terri Marti shared her experiences with her son (now 28 years of age) and his challenging school-aged years: behaviors, parent approaches, extended family, working with law enforcement, medications, in-patient care at age 7, setbacks, working as a team with providers, interactions with school personnel, physical harm, filling out redundant forms and bureaucracy, dual diagnosis with developmental delay and psychiatric issues, transition to adult services, reaching a sense of stability, support systems.

**Technical Workgroup Updates**

**TWG 2: CLAS Standards Jenni Auman**

*What does culturally-sensitive primary health and behavioral health look like to families?*

- People look like me and speak my language.
- I feel welcomed.
- This is a huge need! Interpreters are vital.
- Mental health may be taboo as a topic in some cultures. We need to help families overcome this before they are able to seek help for their children.
- My name is pronounced correctly. (People try to learn how to say my name correctly).
- Providers recognize the communication patterns unique to the family. Does mom or dad (Parent 1, Parent 2) take the lead?

**TWG 3: Family Inclusion Anna Whaley**

- Developing a parent survey

**Clinical Demonstration Project Update**

- MMI: Holly Roberts and Christian Klepper
• Description of the clinical demonstration project: offer expert behavioral health consultation and training services to primary care providers in underserved areas of the state. Aiming for 50 enrolled providers, from among 42 clinics in an identified network.
• Holly reported on a survey of the primary care providers with embedded behavioral health providers in the 42 clinic network of the clinical demonstration project.
• Point of reference: 13-20% population prevalence of mental health conditions in the child population.
• Screening leads to early effective interventions.
• Greatest success with paper survey, hand-delivered to provider.
• Approximately 300 surveys out; 36% return rate.
• Behavioral Health providers were available in the clinic for 80.9% of respondents.
• Rural/urban: Majority of respondents were from “urban” areas.
• Reported on screening instruments commonly used in practice.
• Holly pointed out there are different standards of practice and training vary by provider type, comparing Pediatricians to Family Practice and Internal Medicine:
  • In addition to use of standardized instruments, the survey also asked about informal approaches to problem identification, i.e., “verbal screening” versus use of standardized instrument.

**Evaluation Project Updates** *Dejun Su and Drissa Toure*

*HRSA Roundtable* – Drissa shared comments the Nebraska team communicated in a national evaluation webinar. The Nebraska team spoke to data practices related to data practices, COVID Response, and equity considerations.

*Community Screening Survey* – Twenty-two of 50 key informant interviews have been completed. Advisory committee members are encouraged to reach out if they or colleagues they know work with children and youth in an educational or care setting.

**NEP-MAP Screening and Referral Guide Dissemination** *Kathy Karsting*

• A revision proposed following posting on website is in process – changing info about Early Development Network on pages 16-17.
• Broad dissemination is welcome – encourage traffic to NEP-MAP webpage to locate the guide:
• Targeted dissemination is underway/planned in order to support evaluation of the S&RG: to key informants in Community Screening Survey; Enrolled Providers in the clinical demonstration project; Expert BH consultation team members.
• Evaluation questions include:
  o Did provider find the guide useful in practice?
  o Did the guide contribute to changes in screening practices?
  o Did the guide contribute to changes in referral practices?
  o Recommendations or edits to improve the guide?

**Care Coordination Project** *Kathy Karsting and Sarah Swanson*

• Early planning phases for a care coordination dimension of NEP-MAP
• Working with Family Care Enhancement Project at UNMC MMI to grow the parent resource coordinator (PRC) role to include care coordination on interdisciplinary teams working with families and children with mental and behavioral health needs.

**Program Sharing: Project AWARE Mariella Resendiz and Amber Hartsock**
Due to time constraints, Mariella and Amber graciously agreed to wait until the next advisory committee, where they will open our meeting.

**Next NEP-MAP Cross-sector Advisory Committee meeting:**
• Friday, October 16, 2020  9:00 – 11:00 am CT.