

**SIG Subcommittee SHORT-TERM Recommendations**

<b>Youth Subcommittee Recommendations</b>		
<b>Recommendation</b>	<b>Action Steps</b>	<b>Time</b>
S1. Conduct stakeholder focus groups to better understand concerns and evaluate funding opportunities. (1A)	1. Develop Purpose Statement & Criteria	3-06
	2. Select Contractor	4-06
	3. Conduct focus groups	6-06
S2. Access expert consultation from the Center for Medicaid/Medicare Services to better understand opportunities/limitations of Medicaid funding for family-centered practice including use of waivers (1B)	1. Contact Regional CMS Office	3-06
	2. Develop list of Contacts	3-06
	3. Identify and review initiatives from other states similar to Nebraska	4-06
S3. Access expert consultation to better understand how other states have coordinated funding across systems to support family-centered practices. (1C)	1. Consult Regional CMS Office to identify resources	3-06
	2. Review other states policies	4-06
S4 Develop standards for family-centered care to be applied across funding streams, beginning with plans of care standards. (2)	1. DHHSS will develop family centered care criteria for plans of care and require funded programs to incorporate practices into plans of care.	7-06
	2. DHHSS will develop a mechanism to evaluate funding requests based on incorporation of Family Centered Practice into plans of care.	7-06
	3. DHHS will identify outcomes to measure the impact of inclusion of Family Centered Practice standards in plans of care.	7-06
	4. DHHSS will communicate to local and regional providers the criteria for Family Centered Care	9-06
	5. Family Centered Care practices will begin implementation at local and regional levels.	11-06
<b>Early Childhood Subcommittee Recommendations</b>		
S5. Encourage early childhood screening through EPSDT (well child checks) by making physicians, child system professionals, and families aware of available screening tools. Academic Subcommittee conducts a	1. Develop study proposal	5-06
	2. Approval by Steering Committee	6-06
	3. Administer Survey	8-06
	4. Analyze results	9-06

study to establish what physicians are using to screen for social, emotional, and behavioral problems in young children during well child checks. (2b)	5. Draft report 6. Final report	10-06 11-06
S6. Map existing payment pathways, protocols and service eligibility requirements for young children and women including existing gaps and solutions for distribution to physicians, public health, behavioral health and families. (3)	1. Compile and propose names to Steering Com 2. Approval by Steering Committee 3. Create map early childhood 4. Create map maternal depression 5. Draft report 6. Final report	3-06 3-06 5-06 7-06 9-06 10-06
S7. Complete an environmental scan of other risk reduction/prevention models for young children. (5b)	1. Compile list of EBP and other models currently in Nebraska 2. Compare list to National recommendations 3. Draft report 4. Final report	3-06 5-06 6-06 7-06
S8. Survey mental health practitioners in the state to determine capacity for treating women for depression. (C4)	1. Develop study proposal 2. Approval by Steering Committee 3. Administer Survey 4. Analyze results 5. Draft report 6. Final report	5-06 6-06 8-06 9-06 10-06 11-06
<b>Academic Subcommittee Recommendations</b>		
S9. Invite additional stakeholders to participate in future discussions and planning related to the promotion of relevant research in policy and practice. (1)	1. Compile and propose names to Steering Committee <ul style="list-style-type: none"> <li>• Identify persons who have not participated from Fall Committee</li> <li>• Identify potential new members from state research list</li> <li>• Contact researchers to gather interest</li> </ul> 2. Contact stakeholders 3. Convene Academic Stakeholder group 4. Review training programs 5. Strategic plan for incorporating EBPs in training programs <ul style="list-style-type: none"> <li>• Speak to Contractor about aiding in research</li> </ul>	3-06   3-06 4-06 6-06 8-06

	<ul style="list-style-type: none"> <li>• Set up plan similar to DHSS prevention group</li> </ul>	
S10. Implement a nominating process for evidence-based practice in Nebraska (2)	<ol style="list-style-type: none"> <li>1. Review other state processes</li> <li>2. Develop draft process for Nebraska <ul style="list-style-type: none"> <li>• Application</li> <li>• Operational Definition from OR and HI</li> <li>• Revise to meet NE criteria</li> </ul> </li> <li>3. Approval by Steering Committee</li> <li>4. Send nominating forms</li> <li>5. Nominations returned</li> </ol>	2-06 3-06  3-06 4-06 6-06
<b>Evaluation Recommendations</b>		
S11. The Steering Committee and each subcommittee should initially develop one or two evaluation models to guide their continuing work.	<ol style="list-style-type: none"> <li>1. Work with the Steering Committee and the subcommittees to develop model(s) as a regular agenda item at each of their upcoming meetings.</li> </ol>	2-06 thru 4-06
S12. The Steering Committee should charter a data team to create a SIG data base.	<ol style="list-style-type: none"> <li>1. Develop list of DHHS divisions and other possible agencies to be represented on team.</li> <li>2. Contact potential participants and request input.</li> <li>3. Convene team.</li> <li>4. Identify preliminary data elements necessary to planning and evaluating the SIG grant.</li> <li>5. Identify current location and format of data elements.</li> <li>6. Assess ability to extract preliminary required data elements.</li> </ol>	2-06  3-06 3-06 4-06  5-06 6-06

### SIG Subcommittee LONG-TERM Recommendations

Youth Subcommittee Recommendations		
Recommendation	Action Steps	Time-frame
L1. Obtain information needed to support funding strategies through a study of the reasons youth become state wards (current state ward study). (1D)	<ol style="list-style-type: none"> <li>1. Contract in place</li> <li>2. Monitor contract deliverables</li> <li>3. Report to the Steering Committee</li> </ol>	12-05 12/05 11-06
L2. Access expert consultation to better understand how other	<ol style="list-style-type: none"> <li>1. Meet with contractor</li> </ol>	4-06

states have implemented policies to prevent the need for parents to make children state wards to access services. (1E)	2. Identify actions in other states 3. Develop list of contacts 4. Report findings to steering Committee	6-06 7-06 11-06
L3. Evaluate/develop intensive assessment and care coordination pilots with the intent to appropriately and immediately meet the needs of child and family (2B)	1. Develop criteria, deliverables, and evaluation plan 2. Implement pilot sites	7-06 9-06
L4. Identify the core continuum of services/supports including an assessment of the effectiveness of mobile crisis teams and feasibility of developing teams for the state of Nebraska. (2C)	1. Develop criteria to determine core services and supports 2. Identify core services and supports with funding stream 3. Identify states with mobile crisis teams	7-06 9-06 10-06
L5. Modify policies and regulations to reflect family-centered care for Protection & Safety, Mental Health & Substance Abuse, Medicaid, Education, and Developmental Disabilities. (3A)	1. Review current process initiated in Protection and Safety 2. Implement review to Medicaid Mental Health and Substance Abuse, DD and Education	6-06 8-06
L6. Develop accountability mechanisms to measure and ensure compliance with implemented family-centered care standards for all service coordinators and service providers. (3B)	1. Identify tools currently available 2. Select and modify evaluation tool	9-06 10-06
L7. Ensure all Requests for Proposals incorporate the standards for family-centered care. (3C)	1. Provide developed standards to all service areas	12-06
L8. Develop a permanent state-level structure (through MOUs, legislation, etc.) to oversee ongoing system of care development to ensure sustainability of the SIG project. (3D)		2007
L9. Develop incentives and capacity building for communities or regions to establish interagency structures to support family-centered practice. (3E)		2007
<b>Early Childhood Subcommittee Recommendations</b>		
L10. Invest in development of marketing plan to physicians, physicians in training, and families about the importance of screening for 1) Social, emotional, and behavioral development at well child checks and 2) Perinatal Depression (1)	1. Compile and propose names to Steering Committee for work group 2. Work group identifies messages and markets 3. Develop RFP language or Identify existing marketing tools	12/06 2/07 4/07

Increase public awareness regarding perinatal depression and reduce stigma. Develop a social marketing campaign focused on key messages for women, families, and communities. (D1)	4. Identify partner agencies and organizations 5. Present to Steering Committee with further recommendations	5/07 6/07
L11. Encourage screening of young children through EPSDT (well child checks) by making physicians, child system professionals, and families aware of available screening tools. a. Market available tools for screening to physicians, nurses, public health, behavioral health ( <i>Training &amp; TA</i> ) (2b) b. Educate child serving system (families; child care; educators, parish nurses etc) participants to become educated consumers and be able to advocate for screening (2d)	1. Include screening tool information on website 2. Work with marketing work group to include screening information in marketing and educational plans (#1 and #4) 3. Develop a plan that corresponds with marketing and educational plans (#1 and #4) 4. Present to Steering Committee with further recommendations	8/06 2/07 4/07 6/07
L12. Simplify and disseminate current funding criteria / pathways in service systems to EPSDT providers and referral sources. (3b)	1. Simplify mapping report submitted to and approved by Steering Committee 2. Test simplification 3. Coordinate dissemination with marketing/educational plan	12/06 2/07 4/07
L13. Build competency of behavioral health workforce to assess and treat social, emotional, and behavioral problems in young children. Educate licensed behavioral health providers on normal child development and other knowledge needed to assess and treat young children. Expand Nebraska models such as the Central Nebraska Project and Nebraska Early Childhood Training Center; work in coordination with existing organizations such as the World Infant Mental Health Association (4a)	1. Compile and propose names to Steering Committee for work group 2. Develop an educational plan that capitalizes on work of the marketing group 3. Identify partner agencies and organizations 4. Present to Steering Committee with further recommendations	12/06 4/07 5/07 6/07
L14 Increase risk reduction and prevention strategies related to screening and referral and prevention of social, emotional and behavioral problems in young children. Expand Nebraska EPSDT provider enrollment for provision of the EPSDT	1. Meet with DHHSS Medicaid Staff to review regulations for provider eligibility, determine costs 2. Report findings to Steering Committee	3-06 5-06

service of “family home visitation for risk assessment/risk reduction” to include licensed mental health practitioners and licensed psychologists. Change regulations to allow licensed mental health professionals to enroll as EPSDT providers for risk assessment/risk reduction (5a)		
L15. Select optimal perinatal depression screening tool(s) for health care and community based settings and develop protocol for accessing treatment and support services. Identify and/or develop/validate a “quick screen” tool for use in community settings such as WIC. (A1)	<ol style="list-style-type: none"> <li>1. Identify working group</li> <li>2. Review Hastings data</li> <li>3. Develop draft tool</li> <li>4. Pilot tool</li> <li>5. Review results</li> <li>6. Implement quick screen tool</li> </ol>	<p>4-06 5-06 7-06 10-06 12-06 2007</p>
L16. Develop protocol for using perinatal depression “quick screen” tools in community settings; provide training and TA in use of tool and protocol. (A2)	Protocol development dependent upon completion of item L15 (above)	2007
L17. Conduct evaluations of effectiveness and reliability of both the Edinburgh and CES-D tools in health care settings and quick tools in community settings. (A3)	See L15 above	
L18. Expand training and technical assistance to additional health care providers in the use of a perinatal depression screening tools, protocols for its use, and other related supports needed for effective interventions with women identified with depression. Sustain training via web-based modules. (B1)	<ol style="list-style-type: none"> <li>1. Develop an educational plan that capitalizes on work of the marketing group, early childhood education work group and Maternal Depression Grant work</li> <li>2. Identify partner agencies and organizations</li> <li>3. Present to Steering Committee with further recommendations</li> </ol>	<p>4/07 5/07 6/07</p>
L19. Develop toll-free consultation line for perinatal depression or expand consultation service via web site. (B2)	1. Maternal Depression Group to advance recommendations to Steering Committee	2007
L20. Work with medical schools and residency programs in incorporating perinatal depression into programs. (B3)	<ol style="list-style-type: none"> <li>1. Develop an educational plan that capitalizes on work of the marketing group, early childhood education work group and Maternal Depression Grant work</li> <li>2. Identify partner agencies and organizations</li> <li>3. Present to Steering Committee with further recommendations</li> </ol>	<p>4/07 5/07 6/07</p>

L21. Further explore reimbursement policies for perinatal depression screening by primary care providers. (B4)	1. Propose work plan to Steering Committee based on results of short term strategy to map payment pathways	2007
L22. Replicate/expand/modify training for additional community based settings in order to develop capacity within community based programs/settings for identification/follow-up of perinatal depression and provision of supportive services. (C1)	1. Develop an educational plan that capitalizes on work of the marketing group, early childhood education work group and Maternal Depression Grant work 2. Identify partner agencies and organizations 3. Present to Steering Committee with further recommendations	4/07 5/07 6/07
L23. Develop an array of supportive services for women identified with perinatal depression (support groups, parenting education, respite, etc.). (C2)		2008
L24. Consider providing training in a “quick tool” if/when a valid tool is developed; develop accompanying protocols. (C3)		2008
L25. Maintain/expand web site. (D2)	1. Present Plan to Steering Committee to sustain/expand web site after Maternal Depression grant ends	2007
L26. Incorporate perinatal depression screening/follow-up into other help lines and resources accessed by women/families (such as 211 system). (D3)	1. Follows completion of work by Academic Committee with perinatal screening tools	2007 - 2008
<b>Academic Subcommittee Recommendations</b>		
L27. Review the evidence base for current initiatives. Charter the Academic/ Evaluation Subcommittee to adapt nominating process from other states and implement, along with key stakeholders (3)	1. Review nominations 2. Develop report regarding EBPs 3. Offer TA for program evaluation	8-06 10-06 10-06
L28. Adapt national lists of reference material for evidence-based practices. Charter the Academic/ Evaluation Subcommittee along with key stakeholders to develop a summary of evidence-based practices for children’s mental health and substance abuse, adapted from national and other state standards (4)	1. Identify EBP literature reviews 2. Develop initial report summarizing literature regarding evidence-based practices 3. Develop final report	8-06 11-06 2007
L29. Review policies/standards across child-serving	1. Identify initial policies to pilot	9-06

<p>systems to determine adherence with evidence based practices. (5)</p>	<ol style="list-style-type: none"> <li>2. Pilot on one system standards</li> <li>3. Refine process</li> <li>4. Decide on additional standards across systems to review</li> <li>5. Review standards, recommend changes</li> </ol>	<p>10-06 12-06 2007 2007</p>
<p>L30. Develop a permanent infrastructure for ongoing collaboration among key stakeholders to promote relevant mental health and substance abuse research and the implementation of practices supported by evidence. (6)</p>	<ol style="list-style-type: none"> <li>1. Analyze the structures from other states and multi-state partnerships designed to promote evidence-based practice and researcher/policy maker collaboration</li> <li>2. Propose a model structure(s), identify associated costs, and propose to SIG Steering Committee.</li> <li>3. Develop infrastructure</li> </ol>	<p>5-06  7-06  2007</p>