Together for Kids and Families
Mental Health (Social, Emotional, & Behavioral) Work Plan

Updated February 19, 2015

Together for Kids & Families Goals			
Early care and education in Nebraska is high quality, developmentally appropriate, and accessible to all children.	All Nebraska children have access to a dental/medical home, and receive high quality health services.	The early childhood social, emotional, and behavioral health needs of Nebraska's children are met.	Nebraska families support their children's optimal development by providing safe, healthy, and nurturing environments

Strategies	Action Steps	Who	Completion Date	Activities / Notes / Resources
Strategy 7 ***Assist communities to develop/enhance an effective system of care to support the social, emotional, and behavioral health needs of Nebraska's young children.***	7.1 Refinement of Early Childhood System of Care Community Self - Assessment (ECSOC). a. Identify and gather individuals who have completed the tool to get suggestions for revisions. b. Revise ECSOC Community Self-Assessment based on feedback from work in Rooted in Relationships communities (Saline, Dakota, Dawson) and additional communities (Lancaster, Lincoln, Douglas). c. Develop and implement a dissemination plan d. Continue to explore avenues for facilitation/TA assist to ECSOC communities. e. Examine the data from all of the existing 8 ECSOC communities to look for trends that can inform systems work	Barb Jackson, Lynne Brehm, Tonia Durden, Traci Penrod McCormick and Jen Gerdes. Outreach to Buffett Early Childhood Institute, Susan Sarver	Bring to full group for review in February; finalize March 2015.	Parent Survey added to document and adjustments to the format of the tool made 2/2015.

	7.2 Assess and make a recommendation for a social emotional screening tool for use in the medical home for use with a child 0-3. a. Convene a sub-committee to identify screeners. b. Develop a rubric for rating the screeners c. Individually rate six screeners and come to consensus d. Share scores with Mental Health Work Group and make recommendation to Nebraska AAP.	Screening sub-committee – Traci Penrod McCormick, Barb Jackson, Mark Hald, Tiffany Mullison	Completed 2014	Subcommittee examined 26 screeners, scored 6 on a rubric, recommended SWYC to the MH work group.
	7.3 Update the social/emotional assessment compendium developed by Monroe Meyer a. Identify which of the 26 screeners that were identified in 7.2 are included in the compendium and which are not. b. Explore expansion of the compendium to include assessments that would be used in trauma informed care.	Barb Jackson updated in Fall 2014. She will confirm if it has been reformatted. Gay McTate and Traci Penrod McCormick will pursue after February 2015.	The group felt other Action Steps had greater urgency.	
	7.4 Conduct an environmental scan of social emotional screening that is taking place across the state a. Identify communities or state organizations that are completing a scan (Rooted in Relationships Communities, Medicaid Managed Care) b. Identify a strategy to expand the environmental scan process statewide	Barb Jackson, Amy Holmes	Barb and Amy will meet in March; report in April. Lynne and Jen report on Saline in April 2015.	History: group members are uncertain what tools are being utilized. EDN – ASQ and ASQ-SE MIECHV – ASQ and ASQ-SE Rooted [Saline] MMC – 1 uses Vanderbilt Sixpence – DECA Head Start - ?? Private insurance versus Medicaid differences in billing ability for the

				screener by a medical provider.
	7.5 Analyze Nebraska Family Helpline data to assess what social-emotional-behavioral health concerns are leading parents of children birth-8 to contact the helpline a. Contact Katie at Boys Town to pull data. b. Sub-committee to review the data and bring trends to the work group for discussion c. Next steps based on trends	TFKF Coordinator will invite Katie to present.	Katie presented February 2015.	
	7.6 Explore trauma informed agencies and trauma informed care a. Connect with BHECN to learn about the training they are currently doing on Trauma Informed Care b. Invite Behavioral Health Regions who have completed the Trauma informed care self-assessment share their experience with the work group. c. Review/Assess existing trauma informed care tools d. Produce a report to show the inventory of tools and intended audience/setting for use.	Jan says each of the BH 6 Regions have done the assessment and are now completing the self-assessments for all the providers. Most of these providers serve adults. NDE is to consult to provide the annual required education on suicide prevention. Jolene Palmer is NDE staff person. NDE staff person is designated to work with public policy center on the suicide training. Renee and SAMSHA award on suicide	Amy from BHECN presented December 2014. The group felt other Action Steps had greater urgency and that our role is to remain informed. Activities may be added later.	Resources Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol. Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D. July, 2009. SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach Produce matrix of tools with intended use.

		prevention. Regions received allocation to do the clinical screening.	Renee to report.	

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Strategy 8 ***Build the capacity of individuals who interact with young children to support social, emotional, and behavioral health.***	8.1 Revise & disseminate Integrated Skills & Competencies a. Revise to include specific indicators for each competency and a self-assessment b. Develop a dissemination plan c. Develop an evaluation plan d. Dissemination of the revised Integrated Skills & Competencies document according to dissemination plan. e. Explore of development of training curriculum.	Jen Gerdes, Gay, Lynne, Tracy	A, b, c to be completed by January 2015	DHHS will release document, work with Jenni Auman in MIECHV.
	8.2 Approach NAIMH about feasibility of offering contact hours and CEU's for webinars	TFKF Coordinator	December 2014	Conversation with Answers4Families. Each webinar will need approval by NDE, ECTC through Michelle Freed.
	8.3 Support Circle of Security-Parenting implementation & sustainability a. Send video, map of trained educators and a message about COS-P to contact lists b. Share information about classes as it arises with stakeholders c. Look at COS-P evaluation data from the Rooted in Relationships Communities, Child Well-Being Communities, and others as applicable.	COS-P Leadership team is convened by NCFF	On-going Map is completed.	Website is available for public and for COS-P educator.
	8.4 Provide feedback to the development of a statewide reflective supervision network	Lynne Brehm, Jen Gerdes, Amy Bunnell, TFKF Coordinator		Group met in January; next meeting March 2015.