

Pediatric Mental Healthcare Access Grant Advisory Committee

Meeting Summary

January 18, 2019

Attendees attended via in person, phone, and Zoom connection. Attendance lists available by request.

Welcome, Introductions and Housekeeping

Members expressed wishes for the future of early childhood mental health in Nebraska:

- Access to services/treatment and providers statewide for all children and their families;
- All systems integrated, make-sense, evidence-based, well-funded, and accessible;
- All involved in working with young children see mental health competency, social and emotional competency, and mental wellness as important as physical wellness;
- Families and children feel supported and nurtured at all levels of their life;
- Stigma would be erased with education;
- Consistent screening;
- Efficiently engage business leaders to invest in early childhood;
- No wrong door;
- Services available to educators so they can provide to children;
- Less paperwork;
- Children have excellent bond with caregivers at early age which is essential for their emotional health;
- More funding for mental health involvement in home visiting programs;
- Equity for all children and their families, elimination of disparities, equal access to mental health to everyone;
- Families would get over the stigma to choose to get services/treatment for their children;
- Educate and place licensed professionals out in all regions of NE;
- Preventative behavioral health care services;
- Groups that would have first contacts with kids (school nurses, social workers, police officers ...) have the skills to document what's going on in a way that would help with later interventions;
- Diversification of providers;
- Access to providers who speak multiple languages;
- More funding for early childhood home-visitation to help parents build resiliency for their children and move past trauma;
- Early identification;
- Infrastructure for child therapy: infrastructure and support for trauma-informed practices/approach;
- Education so kids won't think there is something wrong with them;
- Advocating for all children and families;
- Support for families regardless of their level of concern;
- Realistic expectations with what we can do;
- Combine efforts;
- Services are provided quickly and in a supportive manner;
- Front line staff know how to connect families to services;
- More help for rural areas;
- Incentives so trained clinicians will stay in Nebraska.

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Introduction to the PMHCA:

Purpose: An interdisciplinary and cross-sector team that includes parent (consumer) expertise at each level to contribute to the goals and objectives of the PMHCA grant.

Scope Overview:

- Assure parent/family consumer inclusion at all levels of project.
- Assess and promote CLAS and Literacy adaptations to serve diverse populations, related to tele-behavioral health, family engagement, mental and behavioral health issues of children, accessing health insurance.
- Assure systems integration with other initiatives and behavioral health system of care.
- Lead spread of screening practices statewide, including and beyond the clinical demonstration project.
- Look for and recommend spread, scale, and replication ideas.
- Identify priorities for Title V and stakeholders to enhance project effectiveness.

Report out:

- *Clinical Demonstration project:* Christian and Holly of UNMC gave a presentation on the Clinical Demonstration project.
 - Overview: Housed at UNMC, the Munroe Myer Institute (MMI) is dedicated to the mission of leading the world in transforming the lives of all individuals with disabilities and special health care needs, their families and communities through outreach, engagement, premier educational programs, innovative research and extraordinary patient care. MMI is determined to meet families in their comfort zone: their established primary care clinic. MMI has an existing network of integrated behavioral health clinics across Nebraska using Zoom for consultation services.
 - The goal of the Clinical Demonstration project is to improve access for children and families to pediatric mental and behavioral health services by:
 - Enhancing early screening of behavioral health disorders in childhood and adolescence
 - Increasing the number of clinics utilizing integrated behavioral health in primary care (especially in rural/underserved areas)
 - Developing a consultation service network between primary care and the behavioral health expert team
 - Utilizing telehealth and phone by consultation team to increase access to mental/behavioral health services
 - Educating providers and expert team on screening and telehealth
 - Increasing diversity and cultural competence of the primary care behavioral health providers
 - This project covers children from birth through 21 and to include maternal depression as well consider their impact to children.
 - Status: this is a work-in-progress. MMI team is building a questionnaire to survey primary care providers on their current screening practices. MMI has also been deploying post-doctoral fellows in rural integrated primary care sites as an ongoing effort for expansion of behavioral health providers integrated in primary care.

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- Next step is for UNMC and DHHS to meet to decide on data tracking for the project, final screening questionnaire, website preview, Qualtrics preview, and marketing materials for consultation service.
- *Evaluation project:* Kathy Karsting provided a snapshot on the Evaluation project for the grant. The project will assess state achievements as well as provide a considerable infrastructure for a national evaluation team. This is a multi-level evaluation approach with an interest in system level change, cost and financial models, and equity topics. Dr. Dejun Su, College of Public Health UNMC, will lead the evaluation team. The evaluation plan will consider if some groups benefit and others do not, for whom we are driving access, and ideas for spread, scale, and replication. Vision: NE will be served by many stakeholders working together.

Where are we and where are we going?

- What initiatives that are going on statewide that this grant would connect with:
 - The school-based direct services, which are now covered by Medicaid;
 - NCFE has been working on screening tools for children birth through 8 for years;
 - Evidence-based practices such as Parent-Child Interaction Therapy (PCIT) and Child-Parent Psychotherapy can be paid through Medicaid and some private insurances;
 - A preventive grant with 2-generation approach is targeting young parents, particularly adolescent parents who have been in the child welfare system and juvenile justice system. The purpose of the grant is to support the social-emotional competency development of both the child and the young parents. The grant is currently operating in Omaha, Norfolk and North Platte; more locations in Lincoln and Sarpy counties next year.
 - Peer support program for families;
 - Projects in collaboration with System of Care funding: Community Response, Therapy to Consultation;
 - Project Harmony.

Barriers:

- Comments: The birth through 21 age range complicates the screening aspect. What about non-medical setting, for example childcare?
- Cross training would be important
- Silo effect and stigma; misunderstandings about certain developmental disabilities;
- Miscommunications;
- Operationalizing our work;
- Need to divert youth with behavioral health and/or intellectual developmental disabilities from the prisons;
- Tribal families still have low acceptance with telehealth;
- Good to know what resources do exist in each rural community;
- Screening: need consistencies across systems;
- Private insurances usually put a cap on therapy;
- Some foster children have to go to multiple school districts in a school year.

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Action steps: What does system integration look like in this group?

- Decision making mechanism on endorsements or final findings of the advisory committee:
Voting rules?
- Be more informal to formal.
- Instead of a charter, clear definitions of purposes and expected outcomes would be more helpful. Pyramid documents could be a good example.
- Offline mechanism for engagements between meetings:
 - o Survey Monkey;
 - o Send out notes of meetings;
 - o Email communications with instruction, for example “please respond about these topics in the next 48 hours.”
- Ideas for next meeting: a menu of validated screening tools; community resources; ask primary care doctors how interested they are in doing mental health care, comparing to just referring the patient out.
- UNMC team will share the information about on-call psychiatric resources.
- Please send suggestion for agenda items for the next meeting to Jennifer Auman.

Next meeting: Friday April 19th, 2019 9am-11am