

# Pediatric Mental Healthcare Access Partnership

## Meeting Summary

August 23, 2019

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

### Welcome, Introduction of new members (Sarah Hanify, Dejun Su, Drissa Toure), and Housekeeping

**Standardized agenda:** A suggestion was made to bring new data and funding opportunities to the list of topics of the standardized agenda to make this meeting more attractive to recruit new partners. Funding streams can enhance collaborations.

### Report out:

- *Technical Workgroup 1:* Sarah Hanify provided a brief report. This group has been developing a screening menu to cover both screening and referral angles. The utmost expected outcome is to help providers make effective screening and referrals, and help families have meaningful solutions that they can follow through.

Discussion:

*How to make providers feel that making effective referrals is feasible with the presented resources?*

- Improving acceptance of providers for Medicaid.
- Have more insurers paying for mental health assessment.
- A research of Dr. Evans a few years ago has shown that the rate of family following through for external referrals is around 40% only, but would go up to 70-80% for internal referrals. Need more insights on the low rate of following through to work on strategies: Fear? Transportation? Trust? Cultural and linguistic barriers?

*How to provide referrals that are meaningful to families?*

- Show whether the suggested referrals/providers accepts Medicaid or not and what is the coverage.
- What is the capacity on the specialist's end? Long waiting time on the referred doctors' end send families a message that "This is not a very important matter as I can't get my child in for 6 months."
- Family barriers:
  - It is not easy for families to call referrals themselves and start the conversation. It is important to have an advocate to fill in the gap between the provider and the specialist, such as a social worker. Some hospitals have this coordination service.
  - It would be very helpful for each ESU to have a social worker to make a connection for families of students that need mental health care, especially for rural school districts.
  - Many students were not screened for problems elementary schools said they had, and the problems got dramatic when kids entered high school.
- It would be helpful to identify all related partners. No wrong door.

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- *Clinical Demonstration Project:* Holly Roberts reported on the progress of the project.
  - o *Goal 1:* 70 surveys were returned out of 213 providers of MMI network. The team is working on deep analyses, while reaching out to more providers.
  - o *Goal 3.1:* An interdisciplinary team was created to include psychology, developmental-behavioral pediatrics, nurse practitioners and psychiatry. The team will offer tele-behavioral health and telephone consultation services to clinics in a network of integrated primary care practices through a sub-recipient agreement. So far, 8 providers have enrolled in the program. Advertising materials have been produced (website, flyer, brochure etc.).
  - o *Goal 3.2:* Continued to increase the number of **new** integrated primary care clinics in rural areas: 2 in Beatrice, 1 in Wymore and 1 in Kimball.
  
- *Evaluation project:* Dejun Su provided a snapshot. The team's principal is to work towards a balance between data needs for evaluation and the burden on the side of care providers on what kind of data they need to provide us. Other areas of interest include richness of project, efficacy, adoption, and implementation. Moving to year 2, there is a plan to launch a survey among school administrators to check about screening practices at school at different levels.
  
- *Replication:* Kathy Karsting indicated that from the financial perspective of the grant, DHHS will have a report on funding usage by end of September. The team has until January of 2020 to spend on carry-over funding, if any. The team has also received funding for Year 2 from federal funders. Replication ideas from the group are welcomed to help spread the impact of the project.

## Action steps:

- May need to meet more often than quarterly or lengthen the meeting. Jenni will send a Doodle out for members to vote.
- Jenni will send the logo out for voting.
- Members agreed to change the name of this advisory committee to Pediatric Mental Healthcare Access Partnership.

**Next meeting: Friday, October 18, 2019 9:00a – 11:00a**