

## WHAT IS NEP-MAP?

NEP-MAP is the Nebraska Partnership for Mental Healthcare Access in Pediatrics. NEP-MAP is a collaboration of many partners statewide working together to improve access to mental and behavioral health care for children and families in Nebraska. We are led by a maternal and child health team in the Division of Public Health at the Nebraska Department of Health and Human Services, working closely with partners in the clinical demonstration project at the University of Nebraska Medical Center Munroe Meyer Institute, and the evaluation team in the Center for Reducing Health Disparities in the College of Public Health at UNMC. The project team in turn looks to a Systems Advisory Committee to actively participate in and guide the work. ***We are especially grateful for the family members, provider partners, technical experts, and advocates who bring great passion and dedication to the goal of improving access to care in underserved areas.***

### Goals of NEP-MAP

- **Increase Screening** for mental and behavioral health issues among children, youth, and their caregivers.
- **Increase Capacity** of primary care providers in underserved areas to screen, refer, and treat children and youth with mental health care needs.
- **Provide Consultation** from pediatric behavioral health experts to providers using tele-behavioral health.
- **Promote family-centered and culturally-appropriate approaches** in health care delivery to improve access for underserved individuals and communities.
- **Expand the project** in scale, scope, and impact.

### The NEP-MAP Systems Advisory Committee

- Seventy-two (72) Members Strong.
- Ten percent of members are family/parent representatives and serve as valued consultants.
- Includes representation from all Medicaid Managed Care Organizations in Nebraska.
- Membership encompasses professionals, providers, and para-professionals drawn from hospitals, clinics, community organizations, schools, early childhood care and education, public health departments, home visiting programs, child welfare, behavioral health, Medicaid, universities, Tribal liaisons, and more.

### The NEP-MAP Clinical Demonstration Project

- The University of Nebraska Munroe Meyer Institute Telebehavioral Health Consultation (TBHC) project enrolled 29 primary care providers in during Year 2.
- A total of 10 (ten) consultation encounters were delivered by the expert team. Most frequent topics for consultation included: ADHD, disruptive behavior, and trauma.
- Training activities delivered included a three-session webinar series for primary care providers; a national presentation about using telehealth; and two sessions for school nurses. Topics included screening, anxiety and ADHD.
- Dissemination activities include 3 newsletters; a presentation for the University of Nebraska Medical Center's Annual Ignite Research Day (Exhibit 1); and a poster session at the virtual American Psychiatric Nurses Association (Exhibit 2).

Exhibit 1: Mullarkey, J., Paff, M., Jordan, P., Roberts, H., Klepper, C., & Mathews, T. (June, 2020). Behavioral Health Screening in Pediatric Primary Care. Presented at the Department of Psychology at Munroe-Meyer Institute/University of Nebraska Medical Center's Annual Ignite Research Day (held virtually). [dhhs.ne.gov/NEPMAP](http://dhhs.ne.gov/NEPMAP)

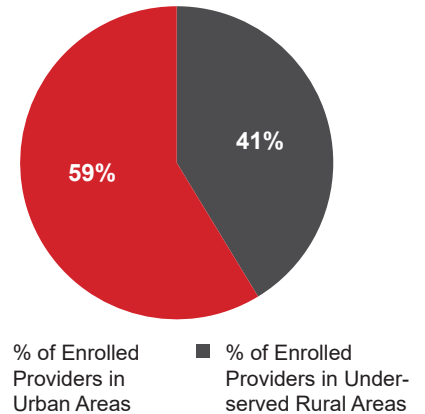
Exhibit 2: Mathews, T., Roberts, H., Klepper, C., Pfaf, M., Jordan, P., Mullarkey, J. (August, 2020). Screening for Behavioral Health in Pediatric Primary Care. Presented as a poster at the American Psychiatric Nurses Association annual meeting (held virtually). [dhhs.ne.gov/NEPMAP](http://dhhs.ne.gov/NEPMAP)

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## Year 2 Accomplishments

- The NEP-MAP Screening and Referral Guide is published.
- The Clinical Demonstration Project Team disseminates the results of a provider survey.
- The report of a Community Screening Survey is produced by our Evaluation Partners.
- NEP-MAP presented at the National Pediatric Mental Health Care Access (PMHCA) Program awardees' virtual meeting.
- Engaged four partners from other states in discussion about behavioral health in schools.
- Launched two more Technical Workgroups (CLAS and Equity; Family Survey).
- Formal recognition of enrolled primary care providers who have been participating fully in the project with data submission in Year 2.
- 100% of enrolled primary care providers participated in the PMHCA national evaluation project.

**Figure 1: Providers Area of Coverage**



## Year 2 Data Highlights

29 Enrolled Providers in three Behavioral Health regions reported a total of 10,402 patient visits involving children and adolescents in Year 2. Twelve (12) of 29 enrolled providers (41.3%) are located in areas classified as rural and underserved. (Fig. 1)

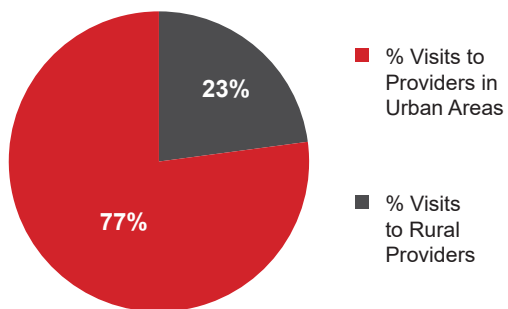
### Among providers reporting from rural, underserved areas:

- Accounted for 22.9% of total visits reported. (Fig. 2)
- Children were screened in 44.6% of visits. (Fig. 3)
- Positive screening results occurred in 25.2% of screens.
- The provider reported making a referral in 61.8% of positive screens.

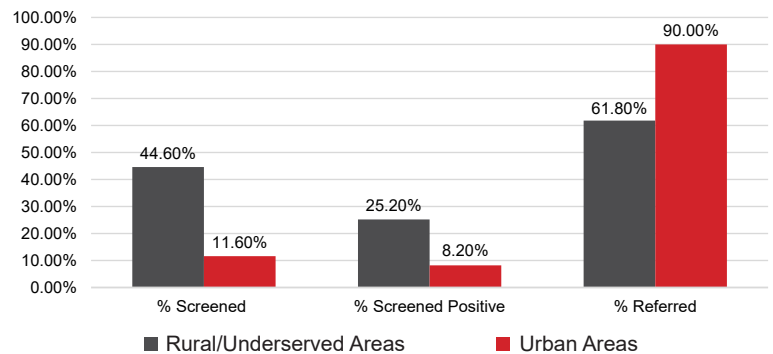
### Among providers reporting from urban areas:

- Accounted for 77.1% of visits reported.
- Children were screened in 11.6% of visits.
- Positive screening results occurred in 8.2% of screens.
- The provider reported making a referral in over 90% of positive screens.

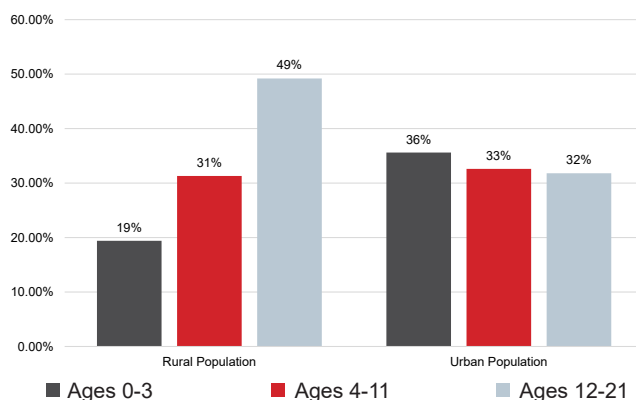
**Figure 2: % Reported Visits by Urban and Rural Providers**



**Figure 3: Comparing Screening by Urban and Rural Providers**



**Figure 4: Age Distribution by Rural/Urban**



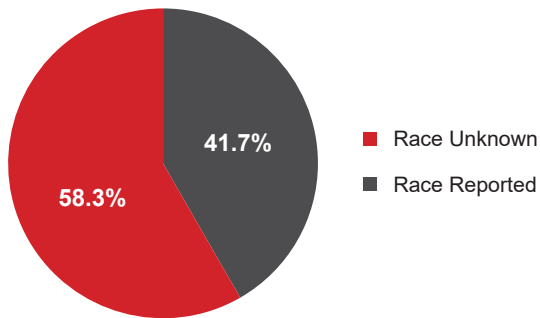
### Age Distribution

Ages of children seen by the enrolled providers varied by setting. For example, rural providers reported early childhood visits (ages 0-3 years old) accounted for approximately 19% of their total pediatric visits, while for urban providers they accounted for over 35% of total visits. Conversely for rural providers, adolescent visits accounted for just under half (49%) of all visits, while urban providers reported adolescent visits as accounting for approximately 32% of total visits. (Fig. 4)

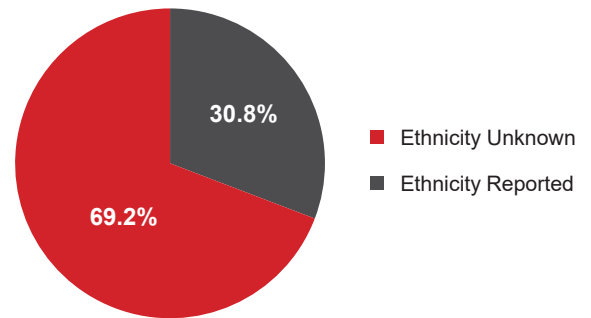
## Race and Ethnicity

Enrolled Providers are asked to report the race and ethnicity of their patient populations, as well as race and ethnicity of those screened and referred. In Year 2, providers reported ethnicity and race data for less than half (30.8% and 41.7% respectively) of all visits. (Fig. 5 and 6)

**Figure 5: % of Race Reported for Total Visits**



**Figure 6: % of Ethnicity Reported for Total Visits**



**Significance:** The data begin to establish a baseline of the frequency of screening in primary care visits by children and youth, as reported by NEP-MAP enrolled providers. The data suggest urban/rural differences in screening of undetermined cause. Data collection efforts have illuminated challenges and barriers to collecting race and ethnicity data in practice, leading to quality improvement activities.

## Where is NEP-MAP moving in Year 3?

- Increase enrollment and consultations, involving more primary care practices and providers in underserved areas.
- Improve data collection.
- Launch the School Nurse Behavioral Health Consultation Project.
- Develop a care coordination model for NEP-MAP led by parent-peer care coordinators.
- Maximize use of behavioral health consultants as trainers (examples: home visiting, school nursing, child welfare providers as well as primary care).
- Increase diversity in all NEP-MAP activities and roles.
- Launch a Family Survey, to better understand family experiences and views on their children's mental and behavioral health needs (access to services and supports, impacts of COVID, disparities).
- Launch statewide Primary Care Provider survey on screening and use of telehealth, COVID impacts, equity, and care coordination.
- Develop and spread resources, strategies, and data statewide, particularly to underserved areas and communities.
- Plan for sustainability of NEP-MAP.

## NEP-MAP's COVID Story

- Families experienced increased stress, isolation, and deep concern about the loss of services and supports from schools and child care.
- Primary care access was adversely affected by closure, and referrals to behavioral health services declined.
- Disparities have been amplified, with families adversely affected in access to care, as well as outcomes.
- Telebehavioral health utilization between providers and families has increased. Behavioral health providers were able to see patients virtually, however much was lost in terms of personal interactions and relationship, contributing to increased stress.
- The TBHC clinical demonstration team responded by increasing delivery of timely and relevant training on COVID-related pediatric anxiety and isolation effects.
- Age-appropriate books and materials in English and Spanish about positive ways to cope with stress were distributed to enrolled primary care practices to give to families.
- Enrollment of primary care providers in NEP-MAP slowed, but continued!
- Virtual engagement became the norm for members and stakeholders of the NEP-MAP Systems Advisory Committee and working groups.