

Nebraska Pediatric Mental Healthcare Access Partnership

Meeting Summary

October 18, 2019

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

Welcome, Introduction of new members (Andrea Riley RN - DHHS, Dave Miers – Bryan Health, Amber Beekman RN – Gage Co Medical Clinic), **and Housekeeping**

Report out

1. **Technical Workgroup 1 – Screening Menu DRAFT:** Kathy Karsting provided a snapshot of the workgroup. The large group was invited to comment on the draft menu produced by the Technical Workgroup 1.
 - *What are we trying to get out of disseminating this screening menu?* Listed in the menu are popular standardized, validated screening tools that serve as a source of ready-to-use screening resource for NE providers. They can be applied to in the clinic as well as community settings. They are meant to be the yardstick to measure the extent to which different types of screening are happening in NE.
 - The list of things to screen for in this menu would be applied to future surveys on screening practices in Nebraska.
 - Discussion:
 - o How long each measure take?
 - o The person who scores doesn't need a license, but training would help them do their job more accurately.
 - o There are other places out of a medical setting where children are screened, too. How smoothly does that screening flow into a medical setting when a child enters primary care? Some community districts send the results which cause concerns directly to local medical providers.
 - o Help providers train their staff on scoring.
 - o Screening tools that are accurate and easy to use would help with quality improvement practices in primary care.
 - Draft menu with guiding questions will be sent out for members to provide feedback.
 - The menu is not ready for disseminating/sharing at this point of time.

2. **Clinical Demonstration Project:** Christian Klepper reported on the progress of the project.
 - *Screening survey:* MMI has received 73 responses so far. A lot of responses were from Region 6 (around 57%). Results snapshot: Most people think screening is important, and are aware of these recommendations. A detailed summary will be sent out to members.
 - *Increase behavioral health in primary care:* more clinics in Western NE in Beatrice, Hastings and Kimball.
 - *Increase the number of enrolled providers:* 15 providers have enrolled so far across practices. We are targeting 50 by the end of Year 2. Our expert consultation team is available to provide psychiatric consultation via calls or emails or requests to those who enrolled. The team is also working on recorded trainings for providers on screening tools.
 - UNMC Tele behavioral health consultation can be searched via Google. The team has received one request for consultation from a Regional 1 behavioral health provider.

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3. **Branding and Logo:** Nebraska Pediatric Mental Health Care Access PARTNERSHIP

- **Branding:** **NEP-MAP**. As we hope to make statewide changes, the brand and the logo will help the public make association with this cause.
- **Logo:** three designs were presented. It is preferable to have the phrase “Nebraska Partnership” big and red, accompanied by the red-and-black compass. “A good state of mind” would work for a tagline.

Meetings, Commitment, Satisfaction Survey:

- o Members were asked to fill out an evaluation survey for participants, drafted by our Evaluators, to assess the accomplishments of this Partnership of year one, and what we need going forward. Members want the survey to be resent with a clear subject indicating what needs to be done. Dr. Toure will develop a Survey Monkey link and send it off again in a few days.
- o The Larger Partnership will continue to meet quarterly.
- o Technical Workgroups will be meeting at a minimum monthly or by the frequency decided by the groups.
- o Parent Consultants: More developments on a family engagement workgroup will be provided.

FORMING TECHNICAL WORKGROUP #2:

Culturally and Linguistically Appropriate Services – CLAS Standards

- **Why?** To make sure culturally and linguistically appropriate services are available in everything we do and in clinics. A big part of families we are serving struggle with language barriers in their daily experiences, including getting access to health care.
- Jennifer Auman showed a video on CLAS.
- **Grant Objective 2.2 Systems Integration:** Promote adoption of family-centered and culturally and linguistically appropriate services in tele-behavioral health.
Outcome: Benchmarks for family inclusion, CLAS and literacy practices are set for enrolled providers, overseen by advisory committee. Measures are taken, and quality improvement strategies are activated.
- Discussion for CLAS Technical Workgroup at the 1st meeting:
 - o Reviewing CLAS standards
 - o Current practices in organizations represented
 - o Family inclusion
- Contact Jennifer Auman should you volunteer to join this workgroup.

2020 Partnership Meetings: 9:00a – 11:00a

- Friday, January 17th
- Friday, April 17th
- Friday, July 17th
- Friday, October 16th