Nebraska Connecting Families Project Report

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A Roadmap for Improved Mental and Behavioral Supports for Children in Nebraska

Spring 2025

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Disclaimer*: The information and findings in this report are the contributions of many individuals and representatives from organizations across the state of Nebraska and do not necessarily represent the views of any one individual or organization.*

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Nebraska Connecting Families Project Report

The following report provides a summary of information about the Nebraska Connecting Families Project led by faculty and staff at the University of Nebraska Medical Center's Munroe-Meyer Institute in partnership with multiple community organizations and individuals across Nebraska between March 9, 2023 to June 30, 2025.

Origin and Mission

Every five years the Nebraska's Department of Health and Human Services (DHHS) Title V program completes a community needs assessment across maternal child health populations. For the 2020 needs assessment, behavioral and mental health in school was identified as a priority for the population of children and youth with special healthcare needs (CYSHCN). There was a policy brief that detailed the disparities across this population and provided examples of strategies and effective interventions that were either underway in Nebraska or which could be adopted. The policy brief identified that "*In Nebraska, students with disabilities are more than twice as likely to receive an out of school suspension (14.6%) than students without disabilities (6%)*" (Nebraska Kids Count, 2017) and that "*Nebraska students experience higher rates of depression (19.1% vs. 12/9%) and anxiety (34.1% vs. 26%) than the national average*" (Data Resource Center, 2020). The authors of the policy brief hoped that "*A collaboration of students with disabilities, families, agencies, organizations and state programs will organize to identify a formalized, statewide support structure that maximizes funding, resources, and information. The goal of this collaborative will be to enhance the knowledge of families, identify and provide a continuum of support that could include education, advocacy, and legal support. The group will inform the development of 1.) website/information repository, 2.) formalized statewide partnerships, 3.) medical/community-legal partnerships, 4.) training and outreach, and 5.) data collection*" would be created at the end of the five years.

The Nebraska DHHS Division of Children and Family Services Medically Handicap Children's Program issued a request for proposals that asked for the creation of "*a space where stakeholders connect to design a framework for sharing and advancing individual knowledge and skills to navigate a continuum of family support and maximize the interaction of family and service providers.*" The University of Nebraska Medical Center (UNMC) Munroe-Meyer Institute (MMI) was awarded funding through the Title V Maternal and Child Health Services Block Grant (CFDA# 93.994). The contracted purpose of the "Nebraska Connecting Families Project" was "*to expand knowledge and create a framework for sharing and advancing skills to navigate family support and maximize the interaction of family and service providers relating to Behavioral and Mental Health in Schools*."

It is worth noting that while this funding comes from programming that supports CYSHCN, targeted efforts to identify and connect families to mental and behavioral health resources often

occur before a child has an actual diagnosis, meaning they have not been identified as a CYSHCN. A universal approach to meeting the needs of *all* children when designing programming is needed. Some children will have ongoing mental and behavioral health needs, and others may need intermittent services and support. While this project focused attention on the mental and behavioral needs of children in schools, efforts to identify resources across the state and systems were included. Priority was given to identifying pockets of innovation within communities, acknowledging that children grow and thrive within the context of available community supports. It was also recognized that resources vary significantly between rural and urban areas. Finally, it is recognized that taking a systems-level approach can help to identify effective programs across the state and remediate barriers.

Process

The NCF Project was led by a team from UNMC MMI and a State-Wide Steering Committee recruited for their expertise on the topic and diverse roles across the state.

MMI NCF Team

The MMI NCF Team was composed of faculty and staff from the UNMC Munroe-Meyer Institute listed in the table below. The MMI NCF Team was charged with identification of community members who could participate in this project, support working subcommittees, and coordinate between subcommittees. MMI NCF team members were assigned to each workgroup to support group activities and answer questions. The MMI NCF team also met every three weeks and participated in quarterly Steering Committee meetings. The NCF leadership team consisted of the Project Co-Directors, Project Manager, and Project Assistant who met every two weeks to monitor and plan the work of the MMI NCF Team and the Steering Committee and subcommittees.

MMI Faculty/Staff	Department	Role
Mark Shriver	UCEDD/Psychology	Project Co-Director
Sarah Swanson	UCEDD	Project Co-Director
Candi Koenig	UCEDD	Project Manager
Erika Franta	Psychology	Community Outreach Year 1 and Project Co-Director Year 2
Mindy Chadwell	Psychology	Community Outreach
Graciela Sharif	UCEDD/Family Care Enhancement Project	Community Outreach
Allison Jadoobirsingh	Education and Child Development	Program Evaluator
Kerry Miller	Education and Child Development	Program Evaluator

Nikki Hackendahl	MMI	Media Specialist
Mark Smith	UCEDD	Community Outreach
Zoe Timberlake	Graduate Assistant	Project Assistant

Statewide Steering Committee

The Steering Committee was composed of approximately fourteen members from across Nebraska and outside of MMI. The Steering Committee was charged with guiding the work of the project. Each Steering Committee member was asked to serve on two subcommittees and bring information and suggestions from their subcommittees' activities back to the larger Steering Committee. Subcommittee members were asked to complete work between the main Steering Committee Meetings. Subcommittee chairs were asked to report on activities during each Steering Committee meeting. Steering Committee members agreed to commit to at least 4 (four) Steering Committee meetings yearly and subcommittee meetings as needed. Consulting contracts were established with Steering Committee members for their participation. Members who were eligible received a stipend for their participation, and members were also compensated for their travel expenses for the Collaboration Summits (described below).

Steering Committee Word Cloud Responses

There were members who initially committed and had to step away due to personal or other work commitments. Members who left were replaced by individuals with similar roles or who could bring forward similar perspectives. Membership of the committee included families with a child who have needed to access mental health resources, representatives from the Nebraska Department of Education, Nebraska Department of Health and Human Services Title V, Medicaid and Behavioral Health programs, Educational Service Units (ESUs), individual school districts, mental health providers, and advocacy organizations. All participating Steering Committee members are listed in Appendix A.

NCF Project Goals:

The NCF MMI Team and Steering Committee discussed and agreed upon seven goals listed below to guide our work.

1. Identify existing mental/behavioral health resources with emphasis on connection to educational settings
2. Identify gaps in resources
3. Identify how we can address gaps in resources

NCF Project Goals Continued:

4. Identify how caregivers and professionals access existing resources
5. Identify how we can improve accessibility and engagement of resources
6. Identify training/education or marketing that needs to be implemented for caregivers and professionals to improve access and engagement with resources
7. Identify steps for funding, implementing and sustaining plan to address gaps in resources, improve caregiver access and engagement with resources, and develop and implement training/education or marketing for caregivers and professionals

The Subcommittees:

Three subcommittees were formed to address the goals of the project. Each subcommittee was composed of members from MMI's NCF team and members from the Steering Committee.

- **Resources and Dissemination Subcommittee**

The Resources and Dissemination Subcommittee (R&D Subcommittee) was charged with identifying current resource directories, websites, and both formal and informal mental and behavioral health supports available across the state

In year one, the subcommittee members determined relatively quickly that while there are many resources within the state, including many statewide directories, there is limited knowledge and lack of coordination between the entities managing these resources. In addition, while some resources were widely recognized by some family representatives and professionals, this same resource was not known at all by others.

The subcommittee chairs developed a tool aimed at the development of a comprehensive list of statewide and locally available resources that could be provided to families and professionals, working with the anticipated result of linking families, educators, and providers to the best possible services in a more intentional way. The subcommittee membership considered the concern that this might merely serve as "one more list" of resources that parents and professionals would have to negotiate. In response to this concern, the subcommittee members developed and followed a rubric that, given the expertise of the members, would provide the most effective and available resources currently in place in the state. Included in the rubric were considerations regarding affordability, comprehensiveness (of the service provider, service provider availability and expertise in supporting students in educational settings), the degree to

which the services were family-centered in nature, and the provider's history in terms of successful interventions with professionals and families.

During the first year, the subcommittee chairs provided the tool online to the subcommittee members and staff who then provided their feedback. This information was reviewed at subsequent subcommittee meetings. The final version was provided to the NCF leadership and the Steering Committee prior to the Year 1 Summit. The information was also presented by the subcommittee co-chairs to the Year 1 Summit attendees.

The anticipated end goals for these efforts were two-fold: first, the effort was intended to include outreach strategies to ensure that those in need of resources could access them quickly and efficiently. It did not make sense to the membership to develop this information without serious consideration of the accessibility of the information. Second, the intent of the membership was to work on the development of a "feedback loop" involving the tool; that is, a means to ensuring the tool remained inclusive of the local and state resources available as well as the concern that those who needed the information were adequately aware of the information.

The efforts and output of the subcommittee, while well-received by the respective audiences, commanded significant time on the part of the membership and staff; by the end of the first grant year as well as the Year 1 Summit, it was not clear that the goal of a plan for statewide outreach (involving the tool, which in itself would still require additional subcommittee effort and time) would be achievable.

In year two, the decision was made to pivot the subcommittee's work towards a more action-oriented and achievable approach given the time and resources available and based on recommendations from the previous chairs, Year 1 Summit attendees, and Steering Committee members. The subcommittee developed two major questions to drive the group's activities. First, how well do we know if and when a school setting is supporting the socio-behavioral health of students? Second, does a family-school partnership exist? Along those lines, are family-centered philosophies and activities guiding efforts towards socio-behavioral support in school and home settings? Does an effective partnership exist? To consider these questions, the group membership and staff were divided into two working groups, each new subgroup directing its efforts in tackling one of the questions. In addition, examples of different states and local systems were provided to support the group processes. Materials were reviewed by the members between subcommittee meetings.

As a direct result of these efforts, the subcommittee developed a draft roadmap for building family/school connections regarding student socio-emotional and behavioral health (found on the cover page). This was presented to the summit attendees during the Year 2 Summit. Through interactive group activities, summit attendees provided feedback on the roadmap. Year 2 Summit attendees helped to identify key locations where families access services, provided suggestions on how to make these easier to find, helped identify barriers to accessing services, and identified strategies to overcome these. In addition, the attendees provided feedback on best practices

regarding professional and family collaboration; both family and professional representatives provided valuable feedback on the benefits of these collaborations and strategies to best accomplish them.

Findings from the R & D Committee for years one and two will be discussed further in the findings section of this report.

- **Family Needs Assessment Subcommittee**

The Family Needs Assessment Subcommittee (FNA) was charged with working with the MMI Evaluation Team to evaluate families' access to services and identification of gaps and barriers to utilizing these resources. Membership totaled between nine-eleven members through the project. Members included two family members, two family/professional representatives, DHHS Behavioral Health, advocacy organizations, university faculty, and mental health providers.

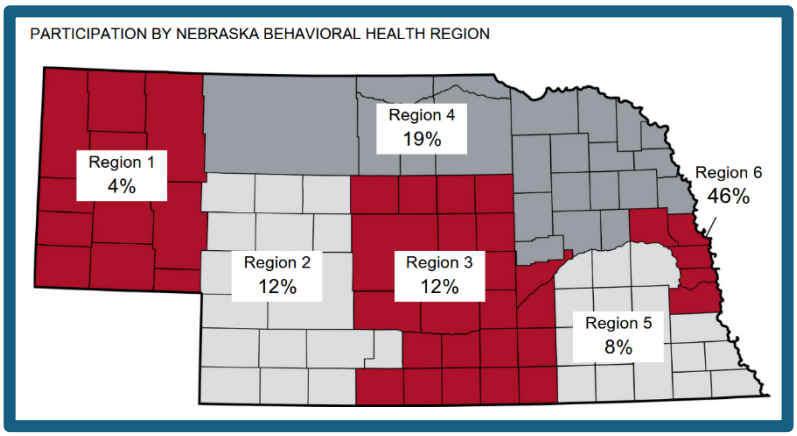
Statewide Survey

Our initial plan was to administer a survey of families state-wide to determine needs for and access to mental and behavioral health resources in Nebraska. Recent community assessments have been completed in areas such as Douglas and Sarpy Counties, counties served by the Two Rivers Public Health Department and the East Central District, and the Nebraska Panhandle. A 2021 Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP) study engaged 373 caregivers of children in Nebraska with a survey designed to assess parental satisfaction with their child's mental health screening, care, and/or counseling, feelings of empowerment as decision-makers in their child's care, access to supports, and the impact of COVID-19 on the emotional and mental wellbeing of families/children. Additional sources for information about use and satisfaction with Nebraska resources were identified, including quarterly reports for the Nebraska Family Helpline and the Nebraska Department of Health and Human Services Division of Behavioral Health's annual consumer surveys for the 988 Helpline. Supplemental information about identified needs for youth healthcare in Nebraska was examined in sources such as the National Survey of Children's Health, the Nebraska DHHS Title V Needs Assessment for Maternal and Child Health, and research on provider shortages from the UNMC Behavioral Health Education Center of Nebraska and the Nebraska DHHS Office of Rural Health.

Following conversations with community members and a review of the many reports that had been written by organizations who focused on the gaps in mental and behavioral health access for children in Nebraska, it was decided that it was not necessary to create another survey to identify family needs. At this time, what was determined to be needed was a more focused approach with families to gather detailed information based on what we have learned from previous surveys and reports.

Family Focus Groups

Because multiple sources of quantitative data around youth health care and family engagement of services were already available, the subcommittee decided to conduct six focus groups and four caregiver interviews across the six regions of the state to obtain the perspective of families and caregivers who are trying to access mental and behavioral health services. Efforts to attract a diverse group of families included the identification and utilization of pictures on our flyers that were representative of the different populations in our state. Flyers were initially drafted, and leadership solicited guidance from Steering Committee members and from these diverse populations on how to effectively market the groups to recruit participants and engage with these families. Flyers were provided in both English and Spanish. The themes that were identified through these interviews are detailed in the Finding section of this report.



- **Collaboration Summit Planning Subcommittee**

The Collaboration Summit Planning subcommittee members created an agenda for the annual summits, identified summit activities, keynote speakers, interactive activities for participants, and identified potential attendees to be recruited from across Nebraska to participate in each Collaboration Summit. The purpose of the NCF Collaboration Summits was to bring together a diverse and representative group of caregivers and professionals from across Nebraska who are leaders with experience and expertise in education, special education, disabilities, mental/behavioral health, law, systems navigation, systems and program evaluation, and training to connect with each other, and to collectively examine current Nebraska landscape of education linked mental/behavioral health services and resources and provide input on current NCF project work and next steps.

The Collaboration Summit Planning subcommittee sought to create summit agenda and activities that would encourage engagement with the work of the NCF Steering Committee and with other NCF Summit participants on identifying and problem-solving issues affecting families' access to mental and behavioral health resources and services in Nebraska, with a particular focus on the role of school systems and community partners. Presenters were identified who aligned best with the intended focus of the Summit meeting and activities were planned with the other

subcommittees that allowed Summit participants to provide feedback and input on the NCF Project work completed to date and provide recommendations on next steps for the NCF Project.

Year 1 NCF Collaboration Summit:

The first Collaboration Summit was held at the UNO Community Engagement Center on April 29, 2024. The goals of this first NCF Summit were to:

1. Provide input on Nebraska's current landscape in school-linked mental/behavioral health
2. Provide input on Nebraska Connecting Families project work completed to date to guide next steps
3. Make Connections!

Participants

Sixty-seven (67) participants attended the NCF Collaboration Summit. The participants represented rural and urban school districts throughout Nebraska. Participants included parents who have children with mental health concerns and experiences navigating educational and other systems of support. Participants also included representatives from regional behavioral health systems, advocacy organizations, Nebraska Department of Health and Human Services Developmental Disabilities Division, Behavioral Health Division, Medicaid, and Nebraska Department of Public Health. Faculty with expertise in public health and school-based mental health from the University of Nebraska Omaha and University of Nebraska Medical Center also attended.

Keynote Presentation

The NCF Summit included a keynote presentation by Drs. Matt and Brenda McNiff, both of whom work in the school district as behavior consultant and special education administrator respectively. The presentation, however, focused on their experience as parents of a child with a disability (Autism) and the challenge of navigating the educational and other related systems of support for their child as parents. Understanding parents' perspectives and including them fully in the educational process was described as key to successful inclusion for their son. In addition, the inclusion of peers as supports and friends was also key to successful inclusion.

Parent/Educator Panel

Following the keynote presentation, a moderated panel of 4 parents and 2 educators presented. The educators (Kari Bappe and Stacie Hardy) noted the success of building trusted relationships with the community and families in the Umóⁿhoⁿ Nation Public School (UNPS) as foundational to a system of family and caregiver engagement in educational and mental health systems. Building these relationships took time and requires ongoing attention. Parents on the panel (Mary Angus, Dusk Junker, Mary Phillips, CJ Zimmer) noted the history of barriers they have faced in accessing services for their children within their school districts. Difficulties with communication between school teams and parents, inclusion of parents in decision-making, timely access to needed services, and funding were all mentioned.

Family Assessment Presentation

NCF Steering Committee members Dr. Brian McKevitt and Madison Wurtele presented on the work of the Family Assessment subcommittee. The plan for conducting focus groups with families throughout Nebraska was described. Assistance with recruitment was requested. Many participants responded with contact information to assist with recruitment. An activity was conducted to generate questions for focus groups.

Breakout Groups Case Studies

Participants were randomly assigned to breakout groups of 12-15 members each. Each breakout group reviewed a case study of a student with or at risk for mental health concerns. The case studies differed between each breakout group by grade level (PK, Elementary, Middle School, High School) geography, (urban, rural) and type of mental health concern. The groups discussed what a family's journey accessing resources or services may look like, the barriers, and the supports that they may encounter.

Based on Year1 NCF Collaboration Summit the following next steps were determined:

1. The Family Assessment Subcommittee will review questions that were generated for the focus groups and select which questions to use in a standard focus group interview. Focus group participants will be recruited this summer and focus groups will occur late summer/early fall.
2. The Resources/Dissemination Subcommittee will review information from the breakout groups and other information gleaned in conversations from the Summit and determine the next steps.
3. The NCF leadership is starting conversations with educational leaders and others in the state to discuss schools or school districts who may be considered model exemplars of parent engagement and mental/behavioral health support.
4. Our initial focus coming out of the NCF summit is to determine who in the state (and nationally) is doing well with engaging families and helping families access needed supports for mental health in the school and in the community. The goal would be to

identify the common factors of these successful systems of support and determine how to disseminate and replicate them in other schools and districts.

5. We will seek to reach out to NCF Summit participants as we proceed to seek additional information and guidance as we develop plans.

Year 2 NCF Collaboration Summit:

The second Collaboration Summit was held at the UNO Community Engagement Center on March 7, 2025. There was a total of 63 participants, of which over 90% attended the previous NCF Collaboration Summit.

The Goals for the Year 2 NCF Collaboration Summit were to:

1. Review what has been learned about resources, gaps, caregiver access since last Summit
2. Identify and review schools and districts who are engaging families effectively and identify common elements
3. Brainstorm how we can best disseminate, train and implement effective strategies for connecting families with mental health resources and services across Nebraska school districts

Keynote Presenter

The keynote presenter for the second summit was Amanda McGill Johnson. Amanda McGill Johnson is a member of the Millard Public Schools Board of Education and is the Executive Director of Nebraska Cures, an organization promoting, supporting and advocating scientific research and public health. Previously, she served as a Nebraska State Senator from 2007-2015. During her 8 years in office, she was a champion of children and women focusing attention on children's behavioral health and human trafficking. Amanda also authored the children's book The Unicameral and You: Collaborating for the Common Good in Nebraska's Capitol. Her presentation focused on effective advocacy and policy to create systems change. This opening helped to set the stage for community participants to share their experiences navigating and the difficulties of trying to access services for their child and addressing systemic barriers.

Presentations and Activities

MMI Team member, Dr. Mindy Chadwell and Jennifer Guenther a Social, Emotional and Behavioral Learning Specialist with Nebraska's Multi-tiered System of Support (NeMTSS)

presented on MTSS as a systems model for effectively delivery of mental and behavioral supports for students in school.

NCF Steering Committee members Dr. Brian McKevitt and Madison Wurtele presented findings from the Family Assessment subcommittee's family focus groups and sought feedback in an activity with summit participants on how to respond systemically to the issues brought up in the focus group findings.

MMI Team members Dr. Mindy Chadwell and Mark Smith presented the work completed by the Resources and Dissemination subcommittee and had participants engage in an activity to provide feedback on the Road Map created by the subcommittee.

The Year 2 NCF Collaboration Summit concluded with World Café breakout sessions. This informal, interactive activity was designed to connect summit attendees with leaders who have learned successful strategies in connecting behavioral and mental health services with children. There were four breakout rooms, each having a pair of presenters and a summit facilitator. Attendees were divided into four groups and assigned a room. Café presenters gave a 2–4-minute summary overview to identify what would be discussed, followed by 15 minutes to engage in dialogue about the specific Café. The goal was interactive conversation between presenters and the audience. Facilitators monitored time and asked questions to prompt conversation, if needed. At "time", Café presenters and facilitators remained in their respective rooms while attendees had 5 minutes to rotate to a new World Café room, if desired. This process continued for a total of 4 rotations. Everyone then regrouped into the main summit room, and each World Café facilitator reported out key takeaways from conversations. Café topics, presenters and facilitators included:

Café A: Family Perspectives of What Works Best
Presenters: Lisa Hobza (PTI)
Facilitator: Mark Smith

Café B: School/Community Engagement
Presenters: Stacie Hardy & Kari Bappe (Umoⁿhoⁿ Nation)
Facilitator: Candi Koenig

Café C: School/Community Engagement
Presenters: Jen Pollock (ESU 3) and Adrienne Stansell (Parent Peer Mentor)
Facilitator: Sarah Swanson

Café D: School/Community Engagement
Presenters: Mindy Chadwell (MMI) and Vanessa Meyer (Millard Public Schools Representative)
Facilitator: Zoe Timberlake

Facilitators of each World Cafe breakout session took notes and presented an overview at the end of the Summit. In addition, notes were compiled and analyzed to identify key themes that

emerged during each World Cafe session. Themes that emerged are presented in the findings section below.

Findings

Overall, individuals who participated in the Connecting Families Project Steering Committee and Summits expressed the need for networking across organizations and individuals to continue. A common theme that emerged across the summits and subcommittees is the recognition that across the state, there are many individuals and organizations working to improve mental and behavioral support for children. However, these efforts are not coordinated, nor are the resources easy to find.

The findings across each of the subcommittees are identified below.

Summary of Findings from the Family Needs Assessment Subcommittee

Family Focus Groups

Information gathered from the Family Focus groups and individual interviews were analyzed to identify common themes on how families obtain information and the barriers they encounter engaging with Nebraska services for mental and behavioral health support. Findings are detailed below. A copy of the report is available by request.

- **Identifying and Accessing Resources**

Many caregivers sought help due to the negative impacts of their children's behaviors, such as emotional extremes, self-injury, and school disciplinary actions. They often reached out to medical professionals, schools, family members, and support agencies for guidance. Many also turned to the Internet and social media (e.g., online support groups) for information about available resources. Trust in professionals emerged as a key theme, with a preference for a centralized, easily accessible source of current information on available services. Multiple participants suggested a unified portal or website, noting that families were more likely to use it if doctors, legal representatives, and trusted organizations supported the portal by recommending it at appointments, providing information about it through brochures or newsletters, or linking to it on their websites.

- **Barriers**

Families in Nebraska face numerous barriers when accessing youth mental and behavioral health services, particularly in rural areas. Key issues include a perceived shortage of providers, long waitlists, and difficulties finding in-network options. Communication problems with providers, such as delays or lack of responses, hinder timely access to care and frustrate caregivers. Traveling for appointments poses additional challenges, as many are scheduled during traditional working hours, which conflicts with families' schedules. Newcomers often lack systemic knowledge that could reduce their wait times (e.g., contacting multiple providers and joining cancellation lists). Social stigma surrounding mental health and a lack of culturally competent

providers add to the challenges in accessing care. Age-related obstacles are a concern, especially for adolescents transitioning from pediatric to adult services. Caregivers also noted a need for more providers to receive training in trauma-informed counseling for youth and play therapy to support young children. More than 75% of caregivers reported discontinuing services for various reasons, including financial burdens, dissatisfaction with treatment outcomes, and negative experiences with provider interactions.

- **Successes**

Focus group caregivers identified successful ways they accessed services for their children. By studying these successes, we can establish a best practices model that could be replicated across the state. Participants described success in accessing services as having a readily available provider and consistent appointments. Collaboration among providers within the same agency was highlighted as beneficial for managing appointments and billing. Success also meant services tailored to the child's specific needs and easily covered by insurance. Effective communication, timely callbacks, and bilingual providers were essential for Spanish-speaking caregivers.

Participants recognized success during appointments through consistent relationships and trust between the child and provider, measurable goals, and regular progress reports. They appreciated providers who personalized services, listened to families, and made appointments enjoyable for children. Effective professionals advocated for children, connected families to specialists, and reduced the stigma around mental health support. Some caregivers noted significant growth in their children, including measurable progress, discharge from services, and observed changes in child behavior, mood, or functioning.

- **Training Needs**

Focus group caregivers also identified the lack of training among school staff as being a gap in identifying resources for their children. Participants evaluated the knowledge of school staff and primary care providers regarding support for children's behavioral and mental health needs. Participants rated school staff's knowledge as 2.99 out of 5, indicating a moderate level of understanding. Caregivers who rated staff highly appreciated effective communication, specialized services, and personalized strategies, while concerns were raised about inadequate communication, dismissed concerns, and compliance with accommodation plans. Caregivers called for training to increase staff's knowledge of mental health, particularly in trauma-informed care and recognizing signs of mental health disorders. Recommendations for improvement included lowering staff-to-student ratios and growing outreach to foster relationships. Caregivers rated primary care providers' knowledge as 3.67 out of 5, also reflecting a moderate level of understanding. Positive feedback focused on strong relationships with healthcare teams, validation from providers, and support navigating services. Communication issues and instances where provider responses felt dismissive were noted as concerns. Suggestions for training topics included techniques for rapport with patients and caregivers, cultural competency, trauma-informed care, and increasing providers' awareness of the available resources and supports in Nebraska.

Review and Discussion of Family Assessment Subcommittee findings at the Year 2 NCF Collaboration Summit resulted in the following themes for long- and short-term objectives to improve families' access to resources:

Identifying & Accessing Resources

Long-term changes:

- Develop tools to simplify or automate resource navigation – centralize resources
- Continuously update resource information in decentralized places
- Offer services and resources in multiple languages
- Partner with schools to provide services in school
- Increase support and services for rural areas
- Provide a clear point of contact

Short-term changes:

- Centralized locations for resources
- Track resource history
- Provide ongoing education for how to navigate resources
- Use word of mouth
- Connect people with resources in person

Successes

Long-term changes:

- Identify clear visions and goal
- Minimize staff turn around – focus on retention and staff well-being
- Ensure services/resources are readily available
- Support staff well-being
- Advocate at the legislative level
- Plan for changes within leadership
- Partner with higher education to better prepare the workforce on mental and behavioral health and family engagement

Successes

Short-term changes:

- Progress reports for child quarterly
- Put more resource aides in schools
- Have clear communication and training for professions on how to communicate resources to families
- Distinguish between school support and family support

Training Needs

Long-term changes:

- Focus on activity-based events for families
- Provide more training during early childhood
- Secure funding to provide incentives to engage in trainings
- Educate families on when to ask for help or when to "tag someone else in"
- Work together
    - Combining regions
    - Schools work with regions of behavioral health

Short-term changes:

- Invest in peer support programs
- Have a coalition of people to discuss resources and issues
- Teaching educators how to communicate information to families

Barriers

Long-term changes:

- Policy changes so that all insurance carriers license providers equally, including trainees
- More support for billing support, less aggressive audits by Medicaid
- Promote storytelling to address social stigma
    - Partnering with community leaders to help guide these efforts
- Provide more support from pediatric to adult services to make the transition more natural
- Recruiting people of color to work in the field
- Make it manageable for people to obtain licenses
    - Grants to fund education or licensure fees
    - Compensation for clinic hours
- Getting approval to use Medicaid funds for reimbursement
- Identify what is working in other neighboring states that may be beneficial and cost effective to be used as a model
- Require pre-service training or course in classroom behavior management/mental health issues for educators
- Require continuing education in behavior management/mental health issues. This is potentially an unfunded mandate on schools but needed to address continued training on topics like Trauma informed care, etc.
- Pre-service training programs incorporating community representatives to provide perspective on culture, law
- Call Hub for providers so parents can access services. Perhaps have a subscription that providers without administrative support would pay for this service

Short-term changes:

- Create a one-pager for families about what services are offered and how that organization does things (every district or org does things differently)
- Partner with colleges by having graduate students assist with services to address staffing shortages
- Organizations create specific policies for how to communicate to families (e.g. responding to families within 48 hours)

Other Essential Information

Long-term changes:

- Address bias
- Look for issues between systems
- Need more screenings and guided processes
    - Ensure we are screening every child
- Increase awareness of available resources
- More funding to support staff training and peer support
- Need better access to data

Short-term changes:

- Provide newborn packets at point of diagnosis
- Provide developmental screenings
- Use helplines such as 988 or Family Helpline as a triage to other programs
- Raise awareness of support groups for families
- Expand peer-to-peer navigators

Summary of Findings from the Resource and Dissemination Subcommittee

In year one of the Connecting Families project, the Resources and Dissemination Committee wanted to understand what resources existed in Nebraska. While there are many high-quality resources that exist in Nebraska, there are barriers to accessing services. Many of these barriers are noted above. Some barriers that are commonly found include a significant shortage of mental health providers across the state, especially in rural areas, long-wait times, hoops to jump through to qualify for services, and complicated systems that make applying for and getting services hard for even the most-determined families.

To address these barriers, the subcommittee completed a whole systems map of existing mental/behavioral health resources. The subcommittee began its work in September 2023 and had a full draft of the resource guide by March 2024. Twenty-six resources were identified and are available in the table below.

Resources for Mental/Behavioral Health Support in Nebraska		
211	988	All Nations Crisis Text Line
Bellevue Public Schools Community Resource Directory	The CALM Project	Community Collaboratives
DHHS Behavioral Health Resources for Schools	Help Me Grow NE	Local Public School "Behavioral Health Point of Contact"
LPS Helping Children with Trauma and Grief	Munroe-Meyer Institute	National Center on Safe and Supportive Learning
National Center for School Mental Health	NE Family Helpline	Nebraska Network of Care
Nebraska Resource and Referral System	Nebraska Department of Education Mental Health 101 Resources	Nebraska Autism Spectrum Disorders (ASD) Network
Nebraska Department of Education School Mental Health	Nebraska Department of Education School Safety	Omaha Public Schools Student and Community Services (OPS SCS) Community Resource Directory
Papillion La Vista Community Schools Mental Health Resources Info	Pyramid Model Consortium	Scottsbluff Public Schools Community Resources
Smart Gen Society	Special Education Hub with The Arc of Nebraska	

In addition to listing available resources, the guide included descriptive information for each resource. The subcommittee determined whether the resource was designed to support students, ESUs and school districts, parents, state organizations, schools, or community partners. The subcommittee summarized the services that the resource provided, and how to access those services. Further, the subcommittee researched information about who the resource was intended for, if there were geographic limitations to access it, if there was a cost or eligibility requirement to use the resource, if there were legal status requirements to use the resource, and what languages the resource could be accessed in. Additionally, the subcommittee explored if it was connected to a school, school district, or ESU. Members of the Resources and Dissemination subcommittee commented on the reputation of the resource, based on our experience with it.

After reviewing the resource map, the subcommittee concluded that while there are many existing, high-quality resources across the state, there is a need for a *process* to (1) develop a resource map (providing a template); (2) work with families or build family/school partnerships; and (3) disseminate the resource map/resources to families. Between March 2024 and March

2025, the subcommittee drafted suggestions for the best way to support families across Nebraska as they navigate a continuum of family support. The Resource & Dissemination subcommittee brainstormed ways to share local resources with local points of contact. Local connections can foster durable connections that offer support time and time again, as families navigate complicated systems of care. This work in progress will evolve as the conversation expands, and partners increasingly work together.

Following an in-depth resource review at the statewide NCF Collaboration Summit in Year 1, the Resources and Dissemination Subcommittee identified several critical gaps and barriers impacting effective family-school-community collaboration. These included:

- Trust and Relationship Gaps: Disconnected relationships between schools and families, between families and community/mental health organizations, and between schools and community partners hinder collaboration and mutual accountability. The source of disconnection often could be credited to lack of trust within and between systems and their consumers.
- Limited Awareness of Available Resources: Both service providers and families often lack clear, accessible information about existing support, clear access points to support, leading to underutilization and confusion.
- Logistical Challenges: Barriers such as long waitlists, inadequate transportation, and scheduling difficulties create significant obstacles to accessing services.
- Provider Capacity and Competence: A lack of specialized expertise or cultural competence among providers can erode trust and diminish service effectiveness, particularly for underrepresented populations.
- Systemic and Structural Breakdowns: Systems frequently fail to operate as intended. Fragmented coordination, inconsistent adherence to standards of care, and siloed service delivery prevent effective collaboration and outcomes.

These findings underscore the need for intentional, systemic strategies that build trust, improve transparency, and ensure equitable access to coordinated, high-quality support across Nebraska's education and community systems.

To address these gaps, the Resource and Dissemination committee reviewed best practices outlines in other states and across the state of Nebraska to understand key components of effective family, school and community collaborations. Model frameworks and programs were identified, and key characteristics were highlighted.

Identifying Key Components of Meaningful Partnerships:

The subcommittee has worked to define what effective collaboration looks like by pinpointing measurable indicators of strong relationships. These key areas include Parenting/Family Skills,

Learning at Home, Volunteering, Decision Making, Communicating, and Community Collaboration (Epstein et al., 2019). When partnerships are built upon strong student-centered learning environments, and representative of the domains, strong, meaningful family, school and community partnerships exist. The benefits of these partnerships include improved attendance rates, positive school climate survey results, and an increased sense of belonging among students and families. Across school-family-community systems, these components include addressing underrepresentation of minoritized groups on school teams and leadership bodies, and to the inclusion of culturally sound practices that reflect the diverse makeup of Nebraska's communities.

Understanding and Meeting Families Where They Are

In this work, the subcommittee has recognized not only is it critical to leverage frameworks and evidence-based practices that yield results, but to remain nimble and responsive to the heart side of this work. Implementation only works when we have relationships, trust, and partnerships to engage in the work with. That requires emotional intelligence, flexibility, reflection, and empathy.

Structural barriers require little more than flexibility and empathy to engage families, including meeting families on their terms, such as acknowledging different family structures, communication preferences, or work schedules. Meeting families on their terms increases accessibility, removes barriers, and builds relationships and trust. Other examples include valuing non-traditional forms of engagement such as informal conversations, community events, and culturally specific gatherings as means of partnerships.

<u>Establishing Inclusive Communication Practices</u>

Successful outreach depends on *how* and *when* communication happens:

- Providing regular, predictable opportunities for families to visit and engage with schools—not just during times of crisis or formal meetings.
- Encouraging family-led initiatives, where families are empowered to shape the nature of their involvement.
- Making information accessible in multiple formats and languages and ensuring transparency in what is shared online and in person.

<u>Grounding the Work in Equity and Representation</u>

The subcommittee has consistently prioritized:

- Ensuring diverse voices are present in the conversation—not just invited, but actively shaping policies and practices.
- Promoting cultural humility and responsiveness among educators and administrators.

- Supporting staff who advocate for a family-first lens within their schools by recognizing and reinforcing their efforts.

Roadmap to Building Family-School-Community Connections

The ***"Roadmap to Building Connections"*** is a strategic framework developed to guide schools, districts, and community organizations in cultivating strong, sustainable partnerships with families. It is designed to be both actionable and adaptable, considering the diversity of family experiences across Nebraska. This roadmap includes five key stages that are intended to be iterative and reflective, not necessarily linear. Each stage emphasizes inclusion, responsiveness, and data-informed decision-making.

Foundational Requirements

1. Build a Team

A foundational barrier to building strong teams is the *lack of trust and meaningful relationships* between key stakeholders. There are often fractured or limited connections between schools and families, as well as between families and critical community partners such as mental health organizations. Trust gaps also exist between schools and those same community-based providers, which can make it difficult to establish a cohesive team that shares responsibility for supporting students and families.

2. Review Existing Strategies

When reviewing current strategies, a major gap emerges in *awareness and communication.* Both providers and families frequently lack a clear understanding of what resources and services are available. This information disconnect creates confusion, underutilization of services, and missed opportunities for early intervention and support. Current strategies may not adequately address this lack of shared knowledge or provide consistent messaging across partners.

3. Consider Unique Needs

Many families face significant *logistical barriers* that hinder their ability to engage fully with support systems. These include long waitlists for services, lack of reliable transportation, and scheduling challenges. Additionally, some providers may not have the *specialized expertise or cultural competence* necessary to effectively support families with unique needs, further discouraging trust and engagement.

4. Find the Data

Even when data is collected, systemic issues often prevent it from being used effectively. Families and professionals alike experience frustration when the *system doesn't function as it should*—when systems don't coordinate, when standards of care aren't followed, or

when siloed approaches prevent a full picture from emerging. This breakdown in systemic collaboration underscores the need for integrated data systems that not only track outcomes but also promote accountability and continuous improvement.

The "Roadmap to Building Connections" is intended to be dynamic, allowing districts and communities to adapt it based on their regional, cultural, and demographic contexts and allowing the roadmap to evolve.

What training/education or marketing needs to be implemented for caregivers and professionals to improve access and engagement with resources?

Training and Education for School and District/ESU personnel, Community Partners, and Families around strategies for supporting strong family-school-community partnerships should be aligned with the best practices identified above. Explicit teaching and training for partners in alignment with each stop along the "Roadmap to Building Family-School-Community Connections".

Training Strategies

1. **Build a Team**

   Objective: Establish a core group committed to advancing family engagement.
   Identify a cross-sectional team that includes not only educators and administrators, but also families, community leaders, and support staff.
   Prioritize diverse representation—across race, language, socioeconomic background, and lived experience—to ensure the team reflects the community it serves.
   Define clear roles and responsibilities, and set a collaborative tone grounded in shared purpose and trust.

   Why it matters: The process of engagement must begin with the people driving it. When leadership includes family and community voices from the beginning, strategies are more likely to be relevant, respectful, and resilient.

2. **Review Existing Strategies**

   Objective: Take stock of what's already working and what needs rethinking.
   Conduct an audit of current family engagement practices, materials, communication channels, and events.
   Analyze participation data: Who is showing up? Who is not? Why?
   Evaluate the cultural responsiveness of current practices and whether they reflect community values and needs.

   Why it matters: Understanding current efforts helps avoid duplication, highlights successes, and uncovers areas that may unintentionally exclude families.

3. **Consider Unique Needs**

   Objective: Design engagement strategies that reflect the diverse realities of families.
   Map out the barriers families face—transportation, time constraints, language differences, digital access, trust issues, etc.
   Tailor strategies to meet families "where they are," including providing childcare, meals, or translators at events, or hosting gatherings in community spaces outside of schools.
   Remain sensitive to family dynamics, trauma, and varying levels of comfort with schools based on historical experiences.

   Why it matters: A one-size-fits-all approach doesn't work. Equity requires recognizing and addressing the structural and interpersonal challenges some families face in accessing education spaces.

4. **Find the Data**

   Objective: Use meaningful, accessible data to inform decisions.
   Identify both quantitative data (e.g., attendance, survey results, engagement metrics) and qualitative data (e.g., focus groups, interviews, stories) to assess progress.
   Disaggregate data by race, income, geography, and other key demographics to uncover inequities and patterns.
   Share data transparently with families and communities to foster trust and mutual accountability.

   Why it matters: Data drives impact. It tells us where we are and how far we've come—but only if we're looking at it through an equity lens.

5. **Check & Connect**

   Objective: Build systems for ongoing reflection and relationship-building.
   Schedule regular check-ins with families and stakeholders to assess how engagement efforts are landing.
   Create feedback loops that ensure family input is not only gathered but used to shape future decisions.
   Celebrate successes and remain responsive to emerging challenges or needs.

   Why it matters: Engagement isn't a single event—it's a relationship. Checking in shows families they are valued partners whose voices matter.

Additional Findings from the Collaboration Summits

Primary findings from the Family Assessment and Resource and Dissemination subcommittees' activities at the two NCF Summits are described above. Additional findings from a pre-summit

survey, the Year 1 Summit breakout groups, and the Year 2 Summit World Café' activity are provided below.

Year 1 NCF Summit

Thirty-six (36) Year 1 NCF Summit participants completed a pre-survey prior to the NCF Summit. The results indicated the top three barriers to professionals providing resources to families include: 1) concerns with long waiting lists, 2) no resources in the family's community, and 3) lack of time to find and coordinate resources and lack of knowledge of available resources. Resources needed for parents included: parent education/support, shorter waitlists, easier access to services, mental health professionals in schools, and advocacy services for parents.

Common themes from the Year 1 NCF Summit breakout groups included:

1. There are systems in place in education, medical, Medicaid, mental/behavioral health, and local communities that can be helpful for families.

2. Multi-tiered Systems of Support (MTSS) is a process in education that should help with access to mental/behavioral health support.

3. Families are not always aware of the systems and processes in place.

4. Professionals across different systems are not knowledgeable about other systems and how best to communicate or collaborate. Silos are evident.

5. There is a need for school personnel to build trust and relationships with communities and families.

6. There is a need for systems to be more coordinated or to have access to professionals who can help coordinate for families.

Year 2 NCF Summit

The common themes that emerged across participants attending the Year 2 NCF Summit World Café' activity included:

1. <u>Trust and Relationships</u>
   Establishing trust between families, schools, and community organizations is a recurring theme. Families are often hesitant to engage due to previous negative experiences or systemic issues. Schools and organizations are encouraged to build trust through transparency, consistency, and authentic communication.

2. Family and Community Engagement
   Effective partnerships involve actively engaging families in decision-making processes and providing opportunities for collaboration. Community-based initiatives and family-centered approaches are highlighted as successful strategies.

3. Mental and Behavioral Health Support
   Many discussions emphasize the importance of integrating mental health services into schools. Partnerships with mental health providers, peer mentorship programs, and restorative practices are key methods of supporting student well-being.

4. Cultural Responsiveness
   Culturally relevant practices and the incorporation of Indigenous culture are particularly emphasized in the Omaha Nation paper. Ensuring services are culturally competent fosters a greater sense of belonging and effectiveness.

5. Systemic Challenges and Solutions
   Common challenges include funding limitations, staff shortages, and burnout. Proposed solutions include grant funding, sustainable partnerships, and offering adequate support and compensation for peer mentors and mental health professionals.

6. Educational Equity and Inclusion
   There is a strong focus on ensuring equitable access to resources, especially for marginalized and underserved communities. This includes providing comprehensive support through Multi-Tiered Systems of Support (MTSS) and promoting inclusive practices.

7. Communication and Collaboration
   Open and transparent communication among schools, families, and community organizations is essential for success. Cross-sector collaboration and shared goals are emphasized.

8. Data and Continuous Improvement
   Some initiatives use data to evaluate program effectiveness and inform decisions. The importance of ongoing assessment and adaptation based on feedback is noted.

These overarching themes reflect a collective effort to create supportive, inclusive, and effective school-community partnerships.

Collaborative Findings

A significant outcome of this project has been the development of collaborations and recognition for the need to break down siloed systems. There are multiple agencies and organizations that have been working in mental and behavioral health and educational systems that have conducted surveys, focus groups, and either have or are in the process of developing services and resources. Many of these organizations have published reports or have engaged with other entities who have authored policy briefs or studies with recommendations to improve access to mental health for children and their families. Common report recommendations with supporting references are identified below to help identify reoccurring themes which need to be addressed.

Increase Training, Collaborations and Partnership with Families

- "**Work with parents and community partners to reduce stigma surrounding mental, emotional and behavioral issues among children and adolescents.** Many key informants have expressed concerns with the continual stigmatization of mental, behavioral, and emotional issues in families and communities, especially in communities of ethnic and racial minorities. It is suggested that medical and educational programs should develop more coordinated efforts to provide screenings to all students at child wellness visits and offer culturally appropriate education for parents."

(Toure et al., 2020, p. 3)

- "**Develop family-centered care coordination for children with complex mental or behavioral health needs.** Providers in the educational and healthcare settings know that children and families with mental and behavioral health care needs are going to be involved with systems of care for a long time. Primary care providers and education professionals often provide short-term or bridge services until a child can find a long-term, mental health medical home. Families themselves usually cannot sustain the inter-provider communication that needs to occur for adequate planning and a continuum of care. Individual providers may have limited awareness or connection with other providers involved with a family. Children with unmet health needs would be better serviced if there was more coordinated and ongoing, even facilitated, communication amongst primary care providers, schools, therapists, and psychiatrists".

(Ern & Su, 2022, p. 4)

- **"Prioritize professional development for pediatric providers on culturally- and linguistically appropriate services to all families, including best practices in working with qualified interpreters in patient interactions; and evidence- and trauma-informed approaches to treatment for children with mental and behavioral health problems, including non-English-speaking children and families and children with disabilities.** Providers are aware that the lived experiences of some of their patients, leading to mental and behavioral health issues, including trauma, adversity, and displacement, need to be considered in addressing mental distress or behavioral maladaptation. Some providers expressed concern regarding the appropriateness of current evidence-based practices and the lack of research into their effectiveness in minority populations. Further research and funding into this area is crucial for the development of appropriate therapeutic treatments for patients from diverse backgrounds."

(Su et al., 2021b, p. 3)

Increase the Behavioral Health Workforce and Identify Strategies to Increase Access

- **"Strengthen the pediatric mental health system and infrastructure.** This includes decreasing the pediatric mental and behavioral health provider medical deserts, utilizing established or newly developed telehealth services, such as the Tele-Behavioral Health Consultation for Providers implemented at the UMMC Munroe-Meyer Institute (MMI), and implementing evidence-based strategies to improve telehealth access and utilization."

(Ern & Su, 2022, p. 4)

- **"Increase Access to Youth Mental Health Providers in Schools."**

(Nebraska Cures, 2024b)

- "**Continue to grow the use and availability of telehealth as a family-friendly solution to access barriers.** Clearly many families embrace the opportunity to use technology. One of the major barriers to accessing care identified by rural families was the time and distance it took to reach services. Telehealth is an important service that can lessen this barrier and minimize geographic disparities. To expand this potential of telehealth, it becomes necessary for Nebraska to beef up its infrastructure investment in affordable and reliable internet connectivity in all geographic areas, and to continue reimbursement of telehealth services by various insurance providers."

(Su et al., 2021a, p. 4)

- **"Continue to monitor children and adolescents for developing mental and behavioral health issues (as the COVID-19 Pandemic continues).** There is a continual need to monitor and screen kids for mental and behavioral health issues as children are isolated from the school system during the pandemic lockdowns and to continue to monitor children for emerging issues as the pandemic continues. Both access and outcomes must be measured through an equity lens."

(Su et al., 2021b, p. 4)

- **"Increase workforce competencies to serve individuals with complex and co-occurring behavioral health needs."**

(Nebraska Department of Health and Human Services, 2024, p. 33)

- **"The Behavioral Health Education Center of Nebraska (BHECN) and Division of Behavioral Health will continue to collaborate and align strategic planning, to advance the implementation of evidence-based practices (EBP) through workforce training and growing the behavioral health workforce."**

(Nebraska Department of Health and Human Services, 2024, pp. 35-36)

"Accessibility and Regional Disparities. Access to integrated care is uneven across different regions, particularly in areas with limited transportation options or resources. This disparity can make it challenging for certain communities to access comprehensive services, leaving significant gaps in care for rural or underserved populations."

(Nebraska Cures, 2024a, p. 26)

- **"Increase the behavioral health workforce."**

(Behavioral Health Education Center of Nebraska, n.d.)

Help Families Navigate Systems

- "**Improve care providers' knowledge of community resources for family support.** A major area of concern is that pediatric care providers usually lack the time to learn and stay current about local community resources that can be utilized for family support. For some providers, having the capacity to make community referrals is outside of their traditional role and there is evident discomfort. Other providers think that having a Community Health Worker or Parent Resource Coordinator as a member of the clinic team allows them to make a "warm hand -off" to a clinic worker who will spend needed time with a family."

(Ern & Su, 2022, p. 4)

- **"Promote access to qualified and trained health interpreters, to decrease language as a barrier to care**. Language services remain a large barrier for many families to access and retain healthcare services, especially mental and behavioral health services. The provision of in-person or tele-interpreters is crucial to closing disparities; therefore, it is important to explore avenues to make interpretation services available to all providers and patients when needed."

(Su et al., 2021a, p. 4)

Establish Streamlined and Efficient Referral Systems

- "**Develop a streamlined and efficient referral system to mitigate the burden of families as they navigate a complex healthcare system for access to mental health services.** Children and adolescents with mental health needs are often screened multiple times in the educational and healthcare systems. This can create unnecessary and redundant barriers for parents who are struggling to find proper care. A streamlined system may reduce barriers and enhance the efficiency of referring."

(Ern & Su, 2022, p. 4)

- **"Mobilize community resources and primary care linkages to provide coordinated care and to improve referrals**. Key informants expressed concern and frustration regarding the lack of communication among organizations serving children. The primary concern is to be able to create wrap-around services for children without duplicating services. To accomplish this goal, several informants suggested the need of encouraging parents to release children's health information to care-giving organizations to enable them to provide coordinated and integrated health services for children. There is also a need for educational programs to formalize partnerships with primary care providers to improve referrals for addressing mental and behavioral health issues among children and adolescents in Nebraska."

(Toure et al., 2020, p. 3)

- **"Link primary care providers to child-serving community referral systems in Nebraska, in order to create a validated, standardized, seamless approach to screening and referral throughout the state.** Providers express concern about finding timely and effective referrals once concerns are identified. Children and adolescents often experience different levels of screening and interventions in different settings within the community, which may or may not be communicated with the child's primary care provider. Overall physical health and development, trauma history, parent/caregiver mental health, and social needs of the family may or may not be considered when evaluating behavior. An evidence-based, standardized approach to screen, refer, and develop interventions would create a more rigorous intervention plan."

(Su et al., 2021b, p. 3)

- **"Define and clarify school's roles and processes in addressing mental, emotional and behavioral health issues among children and adolescents.** Various school system members expressed concerns and confusion regarding the school's role in identifying and addressing mental, emotional, and behavioral issues among children in the greater community context. Several key informants stated that an educational campaign among school staff, students, parents, and community providers would help direct children to the appropriate assistance programs and cut waiting time."

(Toure et al., 2020, p. 3)

- **"Mobilize community resources and primary care linkages to provide coordinated care and to improve referrals.** Key informants expressed a strong interest in improved coordination of services and improved communication between providers, in order to meet children's needs and support families. In addition to identifying the role of care coordinator as a member of the clinical team, several providers mentioned it would be helpful to have parents more permissive of releasing information about their children. Also identified was the need for schools to have more formalized relationships with primary care providers, in order to improve referrals and support children and families."

(Su et al., 2021b, p. 3)

- **"Improve interagency data sharing and demonstrate data outcomes."**

(Nebraska Department of Health and Human Services, 2024, pp. 33-34)

- **"The Department of Health and Human Services (DHHS) divisions will generate comprehensive and longitudinal data to identify and track individuals with disabilities across the age span receiving services, the services provided, and the settings in which services are provided, and will use these data to report changes in service delivery via the Olmstead Plan evaluation process."**

(Nebraska Department of Health and Human Services, 2024, pp. 33-34)

Establish Mental and Behavioral Health Screening

- "**Recognize that mental and behavioral health issues are not limited to the identified population of children and youth with special health care needs (CYSHCN).** Screening, early identification and intervention services, and Family Support Services are universal needs leading to successful access to care. It is important to continue to educate primary care providers, pediatricians, and community members of mental and behavioral health issues to continue to minimize stigma and increase access to healthcare providers."

(Su et al., 2021a, p. 4)

- **"Early Intervention and Prevention.** Good mental health systems invest in early intervention and prevention programs, focusing on addressing issues before they escalate into more severe conditions. This proactive approach should be backed by funding and policies that shift the mindset toward the value of preventative care, demonstrating long-term cost savings and reduced burdens on crisis care."

(Nebraska Cures, 2024a ,p. 33)

- "**Continue to actively monitor children and adolescents for developing mental and behavioral health issues as the COVID-19 pandemic continues, and continuously build accessible family supports.** There is a continual need to monitor and screen children for mental and behavioral health issues as pandemic-related stressors continue. This also includes providing resources and financial

support to families with parent(s)/caregiver(s) who had to quit their jobs to oversee non-traditional schooling to alleviate impacts on family due to potential loss of income, services, and insurance coverage."

(Su et al., 2021a, p. 3)

- **"Proactively screen and assess all children for emotional, mental, and behavioral health issues.** Several key informants have recommended early screening for mental, emotional, and behavioral health issues among children and adolescents so that we do not have to wait until the issues are becoming more serious and challenging to address. This is especially important and necessary in the aftermath of the COVID-19 pandemic."

(Toure et al., 2020, p. 3)

- **"Create and disseminate age-appropriate, standardized screening instruments, and approaches throughout child-servicing community systems in Nebraska.** Children and adolescents often experience different screening levels with various approaches and instruments at different schools and even within the same school. A standardized, validated approach to screening would be more effective in detecting mental, emotional, and behavioral health issues among children and alleviate related disparities across school districts."

(Toure et al., 2020, p. 3)

Establish Policy Group to Identify Funding and Innovative Programs to Increase Collaborations

- **"Broaden Stakeholder Involvement to Reflect Community Needs.** Incorporate diverse voices, especially those directly impacted, into policy discussions. This includes disability and brain injury communities and people who have used services. Their firsthand experiences provide valuable insights and can strengthen advocacy efforts through powerful storytelling."

(Nebraska Cures, 2024a, p. 27)

- **"Youth Mental Health Providers in Schools.** Ensure that all schools have access to youth mental health providers, enhancing early intervention and reducing barriers to care for students."

(Nebraska Cures, 2024a, p. 16)

- **"Improve the quality, availability, financial sustainability, and utilization of medical interpreters to support the ultimate aims of health care access: effectiveness, cost containment, satisfaction, and equitable outcomes."**

(Su et al., 2021b, p. 4)

Recommendations

Common themes emerged throughout all the activities of this project directly relevant to addressing the goals listed on page five. There are many mental and behavioral health resources and services available for families and their children throughout Nebraska. Gaps exist; however, in the availability of resources and access across urban and rural areas. There is a lack of shared knowledge and information about available resources among school personnel, families,

community providers, and there is a siloing of information at the state level across agencies, organizations, and regions. There is a lack of trust and relationships between school personnel and families that adversely impacts communication and collaboration, and there is a lack of relationships and communication between systems of support at local, regional and state level which impedes access and coordination of services for families. There are cultural and language barriers to services, and there are funding and logistical barriers (e.g., long waitlists) which limit access to services.

We found that families who were most successful in accessing needed mental and behavioral health services had consistent providers, access to adequate health insurance, trusted relationships with school personnel, and guidance from someone to help coordinate services across systems. Collaborations were in place between the school system and community organizations and providers, and a process like MTSS was in place for all to follow. This framework ensured that everyone knew what was expected and information was shared across team members including school personnel, families, and community partners.

Based on the information gathered throughout this project, the following recommendations are provided:

1. Align Centralized Resource Repositories

In the original request for proposals for this project, there was a call to develop a centralized repository (i.e., website) of mental and behavioral health resources that families and professionals could access. It is recommended that a new centralized web-based repository is NOT needed for Nebraska. There are already existing resource lines and websites available in Nebraska through DHHS Division of Behavioral Health, the Nebraska Resource Referral System (NRRS), the states Aging and Disability Resource System, the Nebraska Family Helpline, 988, 211, Nebraska Department of Education, and others. The issue is not that we do not have repositories of resource information, but rather that families and other professionals are not fully aware of these resource tools. In addition, resource repositories often do not reflect availability of resources at the community-level, and families frequently get passed between these systems.

Action Needed:

- Establish leadership to evaluate the effectiveness of existing resource lines, websites and systems.
- Develop memorandums of understanding to bridge existing referral systems across the state and increase awareness of these.

- Invest in marketing to increase awareness of these systems to families and professionals across school districts, medical systems, state agencies and regional systems of support. This is critical and must be prioritized.
- Align community collaboratives to link local resources to the statewide resource repositories. “Bring Up Nebraska” (a program funded with private-public investments to reduce entry into the child welfare system and other higher end systems of care like behavioral health, juvenile justice, etc. and increase informal and formal community supports for children and families in local communities) could provide the infrastructure to inform local resources that need to be added to state referral systems.
- Identify funding to ensure sustainability. For example, alignment of the existing resource call centers/resource repositories to the state’s Aging and Disability Resource Center may allow for the use of Medicaid Administrative Claiming (MAC). The use of MAC would allow for community investments to be maximized as any non-federal funds can be matched with federal funds through this program.

2. Develop Statewide Cross-Agency Advisory

School personnel are not typically trained in how to effectively collaborate and engage with families as part of the educational process or for identification and coordination of mental and behavioral health services. Community mental and behavioral health providers are not typically trained to effectively collaborate and engage with school systems. Families are not aware of how to best navigate, collaborate and communicate across educational systems, mental/behavioral health systems, Medicaid, and developmental disability systems.

Action Needed:

- Establish a statewide advisory to include representatives from the Nebraska Department of Education, Division of Behavioral Health, Division of Developmental Disabilities, Medicaid, family representatives, and community organizations or providers who are knowledgeable about mental and behavioral health resources across the state to address issues related to care coordination, funding and policy issues, service delivery to serve as a centralized hub of information for training school personnel, community partners, and families on education and mental/behavioral health care access and coordination.

- Develop and implement training for school personnel, community partners, and families on building successful relationships and collaborations.

- Develop and implement training on a common systemic process (The Road Map) for effective service coordination and delivery for students with mental and behavioral health concerns.

3. Create a State Care Coordination Team

It is recommended that the Nebraska Education and Behavioral Health coordination team provide regular (e.g. monthly or more frequent if needed) virtual care coordination consultation in partnership with the Nebraska Behavior Health Regions care systems for school teams on helping families connect with needed behavioral health services. This virtual consultation would include training on topics of interest and then formal consultation and problem-solving on coordinating care that participants may be facing.

Action Needed:

- Recruit representatives who are most familiar with services available in the region.

- Provide opportunities or incentives for both education professionals and mental/behavioral health providers to be available.

- Recruit and include community health workers, parent resource coordinators, social workers, or other related care coordination professionals with expertise in school systems and navigating state systems of support.

4. Establish a Policy and Implementation Workgroup

Establish a workgroup with representatives from families, Medicaid, state agencies, local education agencies and others to identify strategies to mitigate systemic barriers to mental health access and engagement with needed services. This team will leverage expertise within their respective organizations and collaborate to address the barriers with policy or funding changes.

Action Needed:

- Expand the use of Medicaid in Public Schools (MIPS) to support mental and behavioral health services. Currently, the Nebraska Department of Education, Medicaid, and school districts are starting to address this issue. This team or ad hoc committee can work on identifying, piloting, and evaluating best practices in utilizing Medicaid in schools.

- Examine and evaluate other insurance and funding considerations for families, educational systems and community providers.

- Obtain technical assistance from organizations such as the National Association of State Health Policy (NASHP) to help identify promising practices to support mental health programming.

5. Host Collaboration Summit

It is recommended that the Nebraska Education and Behavioral Health team present their work to a statewide coalition of education and behavioral health professionals and families, like the NCF summit, at least every two years for input and feedback as to what is working.

Action Needed:

- Extend invitations to attendees of past summits.
- Identify new partners and invite them into the work.
- Establish subcommittees if needed.

6. Evaluate Statewide Systems

A state-wide evaluation with focus groups and possible survey of families' access and engagement with mental and behavioral health services be conducted at least every two years to evaluate state progress toward targeted goals.

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Appendices

Appendix A

Steering Committee (in alphabetical order)

Jean Anderson- ESU 10, Director of Special Education
Amy Bonn- Parent, special education lawyer, Arc of NE Board
Irene Britt- Independence Rising, Executive Director, Scottsbluff
Tasha Conley- Charles Drew Health Center, Director of Nursing
Scott Eckman- Nebraska Dept of Education, NE MTSS, NPBIS
Julia Hebenstreit- The Kim Foundation, Executive Director
Linda Henningsen- NE DHHS Division of BH, SOC Program Specialist
Lisa Hobza- PTI-NE, F2F Health Information Center
Dusk Junker- Parent with lived experience
Brian McKevitt- UNO, School Psychology Faculty
Matt McNiff- ESU 5, Director of Special Education, Arc of NE Board
Michelle Nunemaker- NE DHHS Division of Behavioral Health, SOC Admin
Mandy Plog- Hemingford Public Schools, Director of Special Education
Jen Pollock- ESU 3, School MH Program Coordinator
Nichole Rogert- Parent with lived experience
Jewel Schifferns- Children's Nebraska, LCSW, School Social Work Coordinator
Sandy "Macky" Scott- Indigucation
Jessica Seberger- NE DHHS Program Manager, Title V
Anitra Warrior- Morning Star Counseling, Licensed Psychologist
Madison Wurtele- Disability Rights Nebraska, Staff Attorney

Appendix B

Summit Participant Organizations

Note that some summit attendees represented multiple roles outside of their professional capacity. For example, a summit participant could have attended as a caregiver with lived experience, a volunteer for a community board and as a professional through their employer.

American Red Cross
Arc of Nebraska
Boystown Duncan Day School
Charles Drew Health Center
Children's Nebraska
Disability Rights Nebraska
ESU 2
ESU 3
ESU 5
ESU 6
ESU 10
Families Care
Family Representatives, 6
Fillmore County Hospital
Hemingford Public Schools
Independence Rising
Indigucation
Kim Foundation
Lincoln Public Schools
Live On Nebraska
Millard Public Schools
Morningstar Counseling
NAMI
Nebraska Association of School Boards
Nebraska Children and Families Foundation, Rooted in Relationships
Nebraska Cures
Nebraska Department of Education
Nebraska Department of Health and Human Services, Behavioral Health
Nebraska Department of Health and Human Services, Children and Family Services
Nebraska Department of Health and Human Services, Medicaid
Nebraska Department of Health and Human Services, Title V
Nebraska Family Hotline
Offutt Air Force Base, Family Services
Omaha Community Foundation
Omaha Tribe
Papillion-LaVista Community Schools
Parent Training and Information (PTI) Nebraska
Region II Behavioral Health Services
Region III Behavioral Health Services

Region V Behavioral Health Services
Region VI Behavioral Health Services
Southeast Community College
Umó^{n}ho^{n} Nation Public School
University of Nebraska-Lincoln, Center on Children, Families and the Law
University of Nebraska Medical Center, College of Public Health
University of Nebraska Medical Center, Munroe-Meyer Institute
University of Nebraska Omaha
University of Nebraska Public Policy Center