

ENVIRONMENTAL SCAN 2022

YOUTH BEHAVIORAL HEALTH



Overview of the sub-priority: Youth Behavioral Health was selected as a part of the Community Health Summit (May 2022), as a primary focus under the Priority Area: Behavioral Health. Following the selection process, multiple community partners, experts, and coalitions have been engaged to identify key voices and stakeholders in Lincoln and Lancaster County currently serving behavioral health needs of youth and families in the community. The initial Environmental Scan took place on November 30th 2022.

Update on objective selection process:

The timeline for follow-up to the Environmental Scan:

1. **COMPLETED BY JANUARY 20TH 2023** - Team members looked over the initial content and replied by email with any additions, clarifications, or input (they were asking to forward it to others for input).
2. **On Monday, January 23rd 2023**, team members were sent a link to A) select the opportunity(ies) most important to them, and B) sign up for any Priority Teams on which they would like to serve (does not only have to be the one they prioritized).
3. **On Monday, January 30th 2023**, the prioritization link was closed, however group sign up will be ongoing.
4. Links for community members to use to join a Priority Team are sent regularly.

Equity: Behavioral Health is a priority area identified through the Health Equity Summit (April 2022) and 9 separate Community Conversation are being scheduled in 6 languages for the 2nd and 3rd quarters of 2023. These will be conducted at the request of community partners (Cultural Centers of Lincoln), working to improve health outcomes for priority equity community groups. The initial community conversations (2021-2022) highlighted youth behavioral health as a significant concern for participants, and the follow up conversations will allow participants to identify key opportunities for development and improvement with partnering agency.

ENVIRONMENTAL SCAN 2022

YOUTH BEHAVIORAL HEALTH



Strengths, weaknesses, and opportunities identified for local youth behavioral healthcare:

STRENGTHS/ASSETS		
Cultural and Linguistic appropriate services	Schools	School collaborators
<ul style="list-style-type: none"> • After school programming at Non-profits (i.e., ACCC, El Centro, and Malone Center) • El Centro’s Joven Noble program • Visionary youth. CHE Funding. Peer group counseling. Model with mobile barbershop. Target African American youth • Circle of security—parents • Youth mental health first aid • Creating lasting family connections—substance abuse prevention for teens and parents • Education rights counsel helping families with IEPs • Collaboration with Asian Center- 7 different cultures • A community that recognizes the needs of our youth • Excellent community providers (just not enough) • UNL Couple and family clinic with sliding fee scale and services in Spanish • UBU Therapy Farms using animal assisted therapy and horticultural therapies with wheelchair accessibility. 	<ul style="list-style-type: none"> • LPS takes mental health seriously and commits resources • Schools that understand behavioral health needs and work with families to help connect • School board services are excellent • School based behavioral health services • Social emotional wellness triage by school nurses • Family service in school. Mental health support (LPS) Bryan MH Youth services— independence center (youth substance abuse) • HS student ID badge QR code • New Americans school group trauma • Hope squads—LPS middle and high school • LPS Safe to say reporting tool • Second steps curriculum k-7 • Relative abundance of resources 	<ul style="list-style-type: none"> • Collaborative partnerships across schools and agencies • Community learning centers • Good collaboration between organizations. Lack of territoriality • What is excellent: collaboration among community partners • Community response • School based services HopeSpoke, blue valley, fam service, LFS, and LPS • Crisis response • CLCs • Safe and successful kids interlocal agreement and board • LPS Communication about mental health tier 1, 2, 3 • Dedicated teachers • Extended day treatment 5-12 years old 17-20 hours/week active treatment HopeSpoke • Belief in Lincoln as a safe place to raise a family • Embracing refugees and first-generation Nebraskans



PROGRAMS

- Relatively good acute responses to crisis
- Street outreach—Cedar’s youth hub
- More coordinated response to sex trafficking victims (youth)
- Cedars and Hub
- Lighthouse
- Lincoln Littles – focus on quality early childhood education
- Therapeutic group home for adolescents that have sexually harmed HopeSpoke
- The Bay
- LPS ID badge
- Family youth investment
- LINCS voluntary assessments for non-system involved youth
- Family YI Housing 18+
- Safe to Say
- Out of school time second stop instruction in after school programs Second step 1 SEL Expanding rural/private schools
- LPD has a separate mental health unit
- LPS Behavioral health threat assessment
- Santee Sioux nation society of Care trauma warrior program
- Crisis response teams – in connection with 988 and LPD
- Therapists at Lancaster County Detention Center
- Outpatient therapy at HopeSpoke in person or telehealth
- Evidence base practices through HopeSpoke
- Tenured LPS elementary teachers who implement coping mechanisms into the classroom (i.e., calming strip in desk, calming corner with fidget toy, quiet street relief toys and sand timer)
- HopeSpoke outpatient sliding fee scale—people don’t have to choose BH or rent etc.

ENVIRONMENTAL SCAN 2022

YOUTH BEHAVIORAL HEALTH



WEAKNESSES/GAPS/NEEDS		
Workforce development	Social support access	Wait times
<ul style="list-style-type: none"> • Out of school time program capacity is down due to changes in workforce • Workforce – not enough mental health providers • Not enough providers (long wait) • Workforce – all areas – limited access – waitlist/wait times • Workforce that is dedicated to public health (vs private practice and not taking Medicaid) • Providers who don't feel equipped to meet MH needs of youth (not enough training) • Too much medicalization of behavioral health 	<ul style="list-style-type: none"> • Supports for LGBTQ and Kids and families who are struggling to accept/affirm • Social isolation – pandemic and beyond • Ways for children/youth to have normal childhood services (e.g., Sports, music, arts, dances) 	<ul style="list-style-type: none"> • Long time before being seen • Access to services – wait list • Parents having to call several places because of long wait lists or being told the waiting list is full • Technology's effect on attention and behavior
Assessing specific services	Behavioral healthcare provision access	Parent engagement
<ul style="list-style-type: none"> • Youth sleep patterns • Greater services for neurodivergent youth • All providers need to be trauma informed • Greater support services when needed • Safe place for trafficked youth to go and receive care • Unaddressed impact of childhood trauma – lack of awareness/understanding • Increase of violence in the homes • Secondary housing supports for transitional age group (e.g., case management, coaching, independent living style development) • Limited services in private schools • Transportation 	<ul style="list-style-type: none"> • Are primary care providers addressing screening needs? • Some pediatric providers need additional support and onsite providers • Doctors suggest medication to patients first • Immediate access to behavioral health services • Psychiatric residential treatment beds • Behavioral health needs of refugee families • Crisis respite beds • Pediatric primary providers often not trained in trauma, connecting dots, or connecting to BH • Fewer buildings, more people, and more services • Children falling through the cracks/losing class time because they are pulled out of class over behavioral issues • Cost of services! 	<ul style="list-style-type: none"> • Lack of parents utilizing education on social media challenges • Lack of parent engagement • Good parenting – silent majority • Parent role modeling positive healthy behaviors • Parental mental health – substance use unaddressed • Support for parents and caregivers of children/youth with BH needs • Parent engagement • Parent support education

ENVIRONMENTAL SCAN 2022

YOUTH BEHAVIORAL HEALTH



Prevention	Medical infrastructure connection	C.L.A.S.
<ul style="list-style-type: none">• Primary interventions and teaching• Less than optimal levels of social interaction across society, hits kids hardest [existed pre-pandemic, now worse]	<ul style="list-style-type: none">• Child psychiatry – basically non-existent outside of Omaha• In-state infrastructure for training	<ul style="list-style-type: none">• Workforce that can meet multilingual needs• Culturally responsive services (funding)

ENVIRONMENTAL SCAN 2022

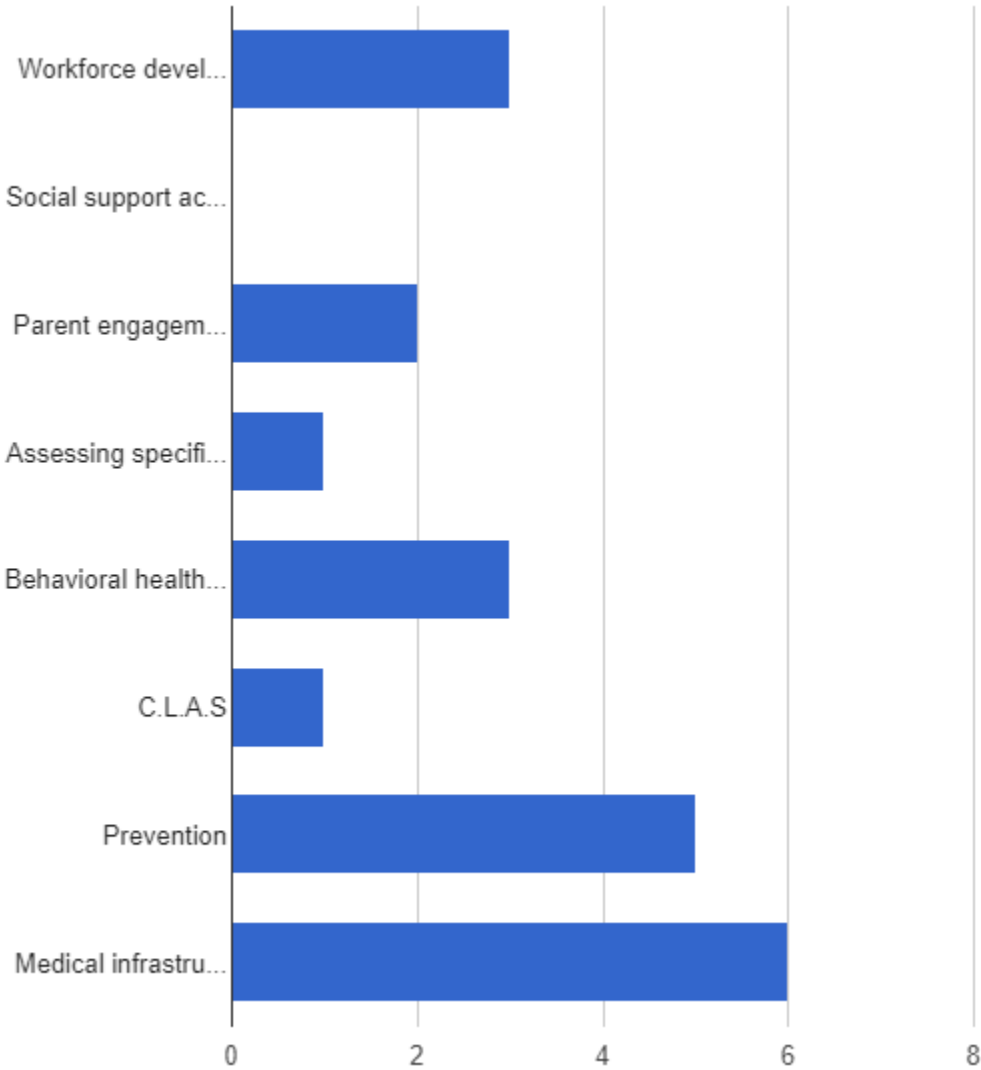
YOUTH BEHAVIORAL HEALTH



OPPORTUNITIES (ORGANIZED BY GROUPS OF WEAKNESSES)		
Workforce development	Social support access	Parent engagement
<ul style="list-style-type: none"> • Raises for teachers • Video trauma series and resources (education/personal stories) • Policy change – paid sick time or ending absence point system 	<ul style="list-style-type: none"> • Shared community conversation opportunities to learn/grow/engage • Invest more in school buses and lobby for public buses in [unintelligible] into the evening (they usually currently stop at 8pm) 	<ul style="list-style-type: none"> • Parent support education • Parent education and providing tools • Parent education on social medical/technology use and effect on behavior • Cedars – parent mentorship program • Family resource center – crisis assessment center • CLC: Family engagement – neighborhood community building – expanded learning/programs • Parent hub info center • several web resource sites
Assessing specific services	Behavioral healthcare access	C.L.A.S.
<ul style="list-style-type: none"> • Common assessments across settings and providers • Doing evaluations of our novel programs (i.e., does peer mentoring work?) 	<ul style="list-style-type: none"> • Funding for services • ACES institute CAC understanding trauma 	<ul style="list-style-type: none"> • Peer support service (culture/parents) • Peer support reimbursement through Medicaid policy
Prevention	Medical infrastructure connection	
<ul style="list-style-type: none"> • Education (reduce stigma) • Prevention – teaching coping skills and strategies for everyone • Prevention campaigns • How-to guide/FAW for mental health • SEL – Educate. Early and often • Prevention efforts – define prevention efforts to occur throughout a process • WRAP groups in school (language of wellness) 	<ul style="list-style-type: none"> • Define roles: community – schools – family • Partnership with pediatricians on trauma • Full-service community school framework (double down on CLC and school community coordinators) • Lancaster connected prevention collaborative – bring resources together • Youth crisis response team 	



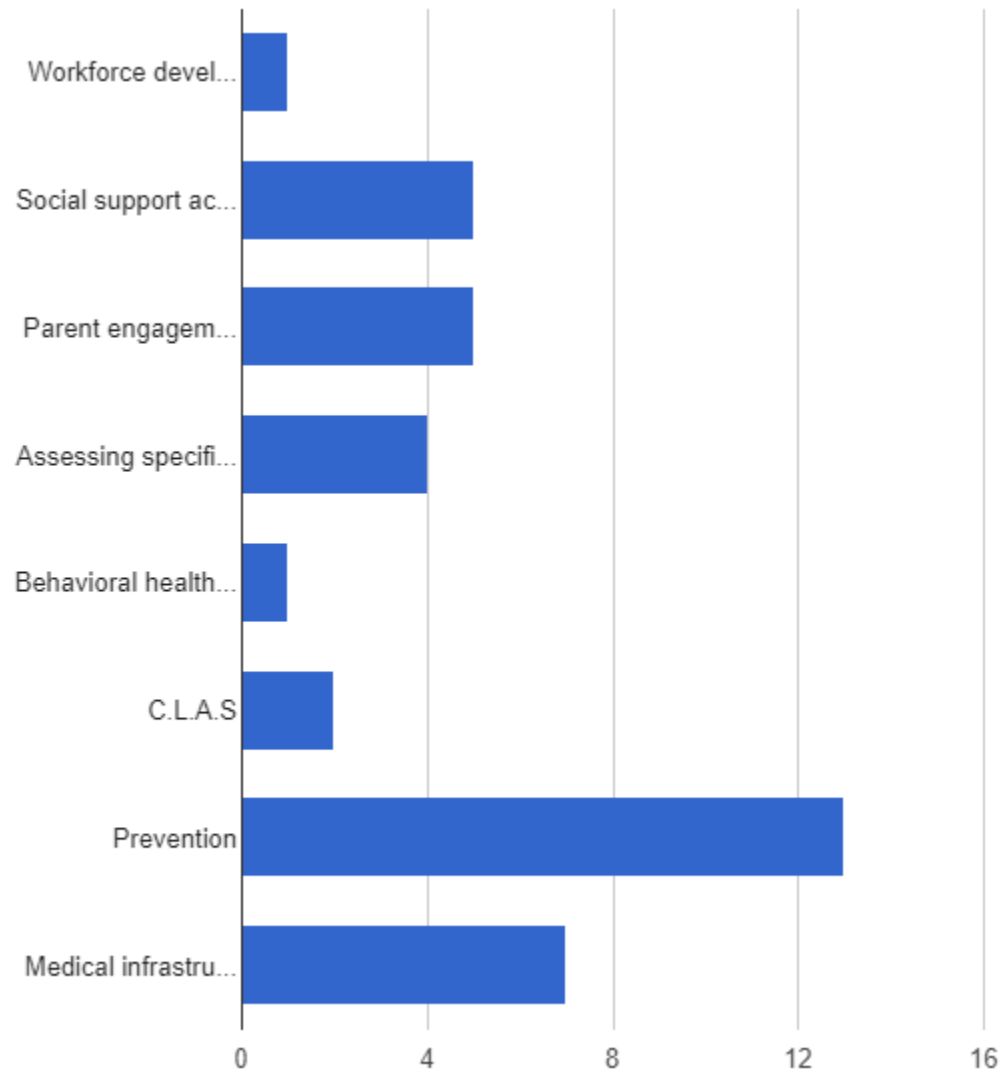
Opportunity area that should be the INITIAL WORKGROUP PRIORITY:



Opportunity areas you would like to PARTICIPATE in:

ENVIRONMENTAL SCAN 2022

YOUTH BEHAVIORAL HEALTH





Medical Infrastructure Connection

OBJECTIVE: Establish a Family Resource Center (\$6 million) capable of providing crisis respite for youth in support of their families, and restricted access.

“To provide a safe and supportive location to partner with youth and families who are struggling and need connections to behavioral health services and community resources to move from crisis to stability.”

ACTION STRATEGY 1: Release RFP for services (\$1.25 million/annual – Region V)

ACTION STRATEGY 2: Define Building use needs for facility development planning, including potential locations.

ACTION STRATEGY 3: Create partnerships within the state, county, and city to strengthen the initiative.

Stakeholders Team: Lynn Ayers, Jesse Davy, Andrea PHILLIPS, Bev Hoagland, Camas Holder, Christopher M. Turner, David A. Derbin, Jamie Kramer, Jenni R. Ryan, Jon Danforth, Leah Droge, Meagan Liesveld, Michelle Nunemaker, Mikayla R. Johnson, Nathan Busch, Reggie L. Ryder, Remonte Green, Renee DOZIER, Ryan Zabawa, Sandy Thompson, Sara Draus, Sara J. Hoyle, Sara Quiroz, Tim Dolberg

Medical Infrastructure Connection

OBJECTIVE: Establish by May 31st, 2023, a Community Continuum of Behavioral Health and Wellbeing Model that provides a context for ongoing gaps assessment, analysis, and community investment.

ACTION STRATEGY 1: Identify current continuum of care models for dialogue and development.

ACTION STRATEGY 2: Develop process for partners and providers to populate the continuum categories with offerings and services in the community.

ACTION STRATEGY 3: Engage County Pediatricians for partnership opportunities

MEMBERS: Sara Hoyle, Michelle Coleman, Michelle Lytle, Stuart White, Lori Hemmett, Dan Payzant



Prevention

SMART OBJECTIVE: Identify or create set of baseline skills and/or strategies leading to a shared language of emotional wellbeing, allowing for collective dialogue regardless of context (action-oriented checklist contributing to health – School, home, team sports and group activities, etc.)

ACTION STRATEGY 1: Engage experts in model identification/development

ACTION STRATEGY 2: Identify opportunities for community engagement and education

MEMBERS: Maria Elaina Villasante, Vickie Acklie, Wendy Rau, Andrea Phillips

ENVIRONMENTAL SCAN 2022

YOUTH BEHAVIORAL HEALTH



Registered membership:

Vickie	Acklie	Health Department
Lynn	Ayers	United Way - Lancaster Connected
Olga	Caicedo	El Centro de las Americas
Michelle	Coleman	Educare of Lincoln
Jesse	Davy	Lincoln-Lancaster County Health Dept.
Renee'	Dozier	Region V Systems Behavioral Health
Linda	Dubs Cerny	Lutheran Family Services
Abbe	Edgecombe	School Community Intervention Prevention
Kristy	Goodwin	City Impact
Ben	Hammer	El Centro de las Americas
Laila	Hasan	Asian Community & Cultural Center
Lori	Hemmett	Lincoln Public Schools
Blake	Hendrickson	Lincoln-Lancaster County Health Dept.
Rose	Hood Buss	The HUB Central Access Point for Young Adults
Sara	Hoyle	Human Services
Megan	Lytle	Lincoln Public Schools
Barb	Martinez	Lincoln-Lancaster County Health Dept.
Selina	Martinez	Lincoln-Lancaster County Health Dept.
Katie	McLeese Stephenson	HopeSpoke
Bill	Michener	Lighthouse After School Program
David	Miers	Bryan Medical Center
Dan	Payzant	Lincoln Parks and Recreation
Andrea	Phillips	Lincoln Public Schools
Wendy	Rau	Lincoln Public Schools
Lori	Seibel	Community Health Endowment
Sarah	Stanislav	CHI Health
Shirley	Terry	Lutheran Family Services
Sandy	Thompson	Families Inspiring Families
Jason	Varga	Cause Collective
Maria Elena	Villasante	Asian Community and Cultural Center
Stuart	White	Independent Consultant
Family Resource Center Stakeholders		
Camas	Holder	Nebraska Department of Health and Human Services
Christopher	Turner	Lancaster County - Law
David	Derbin	Lancaster County - Law
Jamie	Kramer	Nebraska Department of Health and Human Services
Jenni	Ryan	Lancaster County – Human Services
Jon	Danforth	Region V

ENVIRONMENTAL SCAN 2022

YOUTH BEHAVIORAL HEALTH



Leah	Droge	Friendship Home
Meagan	Liesveld	United Way
Michelle	Nunemaker	Nebraska Department of Health and Human Services
Mikayla	Johnson	Lancaster County
Nathan	Busch	Nebraska Children and Families Foundation
Reggie	Ryder	Separate Juvenile Court Lancaster County
Remonte	Green	Nebraska Department of Health and Human Services
Renee	DOZIER	Region V
Ryan	Zabawa	Lincoln Public Schools
Sara	Draus	Bryan Health
Sara	Hoyle	Lancaster County – Human Services
Sara	Quiroz	Nebraska Department of Health and Human Services
Tim	Dolberg	Lincoln Police Department
Bev	Hoagland	Lancaster County – Juvenile Probation