

The Omaha Meeting on Behavioral Health Services Innovation and Adaptation

a focus on children, young adults, and their families

August 3rd and 4th, 2023

a progress report: December 2023

Background:

Over the past couple of decades, the mental health system in the United States has deteriorated in many observable ways. Access to effective and efficient treatments is impossible in many areas of the country; peer and parent support services are unavailable in most areas of the United States; university programs are not training graduate students to adequately treat seriously mentally ill persons; and mental health services research is inadequately informing the provider community. The mental health providers have been slow to embrace empirically validated treatments for a number of reasons, none more important than the lack of adequate payment and incentives to produce differential outcomes. Measurement systems are lacking and metrics remain a serious problem.

The Omaha meeting brought together a small group of mental health advocates, scientists, and practitioners at a private meeting to discuss these problems and offer some specific solutions. These folks have dedicated their lives to improving services and reducing the burden of mental health problems on citizens across the United States and internationally.

Participants:

Dr. Jeffrey Aaron, Johanna Bergan, Dr. Leonard Bickman, Dr. christian bijoux, Prameela Boorada, Dr. Bruce Chorpita, Dr. Maurice Feldman, Dr. Ann Garland, The Honorable Lawrence Gendler, Dr. Kimberly Hoagwood, Barbara Huff, Pat Hunt, Anne Kuppinger, Robert Lettieri, Joe McHugh, Dr. William Reay, Dr. Richard Wiener, and Karen Yost.

Omni Inventive Care supported the event through the efforts of Lisa Benner, Megan Riebe Reay, Dr. Kris Tevis; and sponsored Tina M. Nelson (a freelance stenographic court reporter) to ensure an accurate and transparent record of the two-day event.

National Behavioral Health Revitalization Plan

**Informed by the Best
Science**

**Meaningful Partnerships
With Youth & Families**

Continuously Evaluated

Transparent at all Levels

Funding to support, enhance, and expand the infrastructure of behavioral health and substance use services in the United States

Guiding our Plan

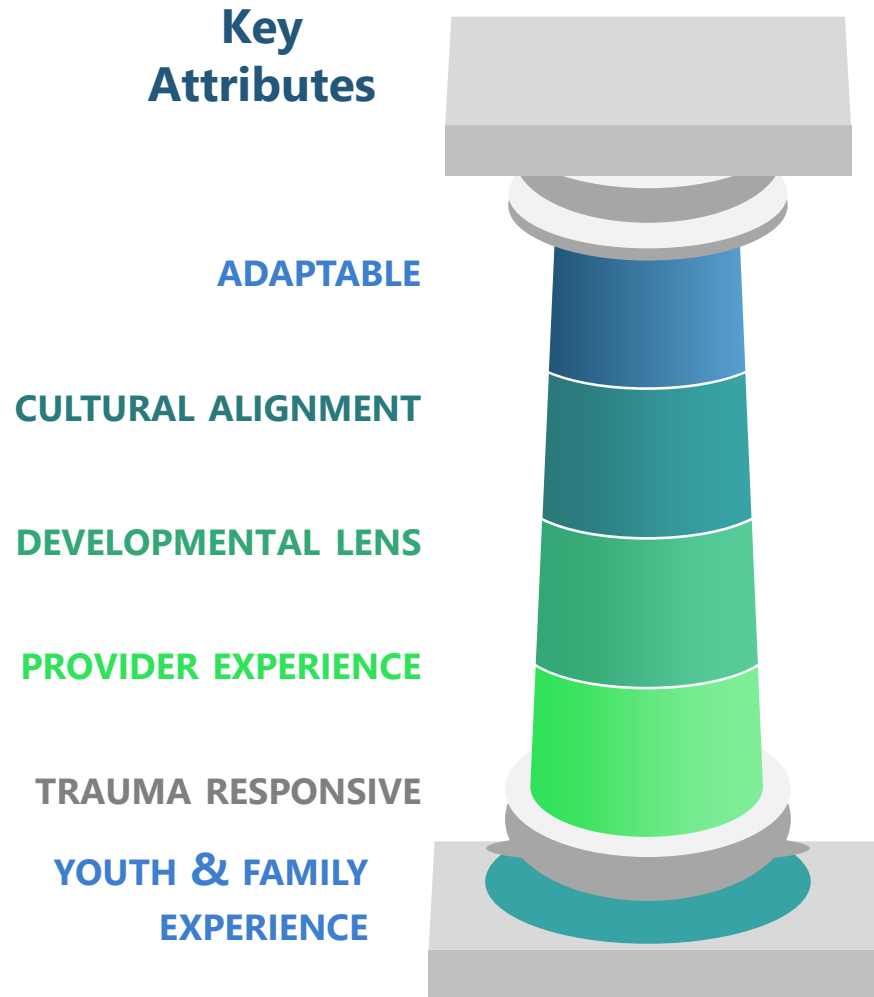
VISION

We envision a nation where all children, youth and young adults are valued, safe, and supported in their families and communities to thrive into adulthood.

MISSION

To shape a national approach to mental health and substance use where services and supports are readily available to children, youth, young adults, and their families; result in positive outcomes, advance a sense of belonging, are aligned with the best science, and are shaped by the hopes, dreams, strengths, and potential of the people they serve.

Informed by the Best Science



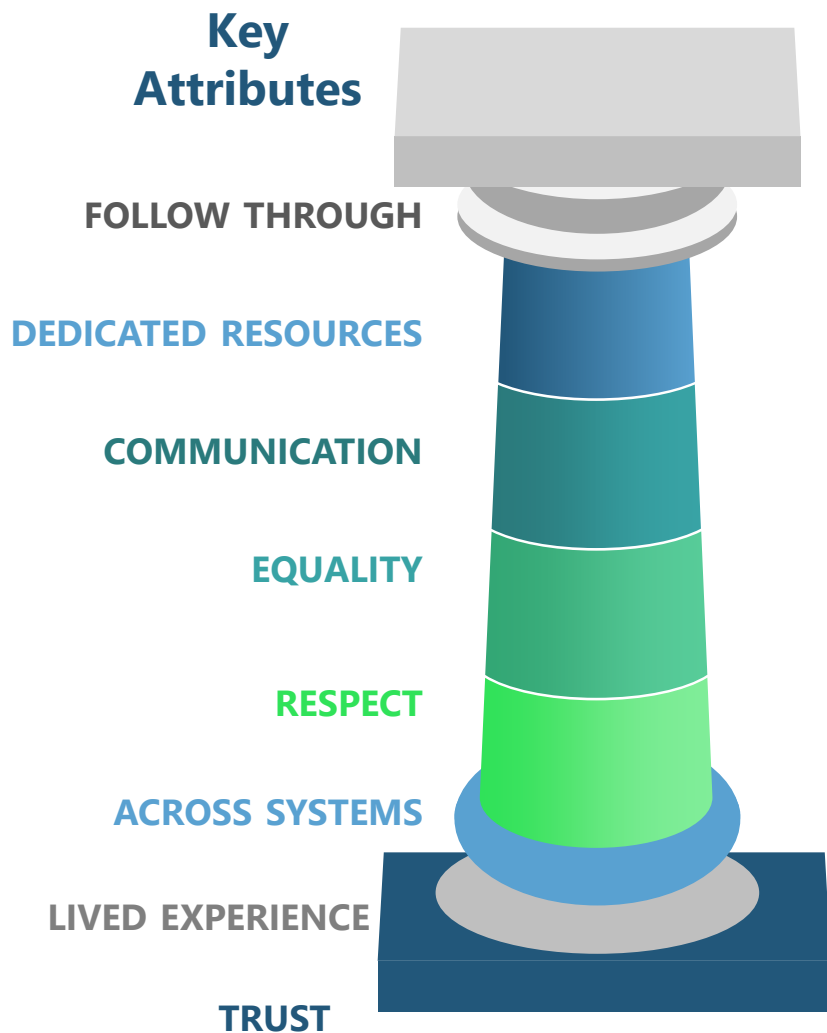
Definition: Best Science

Resources are based on current research identifying the services likely to produce the most positive outcomes. Resources address the underlying causes of problematic behavior and are integrated into the behavioral healthcare ecology to serve the needs of a wide variety of youth and families.

What does the *best science* mean in these areas?

<i>Practice</i>	<i>Policy</i>
<p>1. Holistic Consideration and Different Frameworks:</p> <ul style="list-style-type: none">Approaches consider different frameworks, aiming for better clinician perspectives and more informed participant experiences. <p>2. Agency Culture Transformation:</p> <ul style="list-style-type: none">Implementation will necessitate agency culture change, addressing productivity expectations and supervision methods, and fostering positive psychology over a focus on pathology. <p>3. Equitable and Inclusive Practices:</p> <ul style="list-style-type: none">Practices are designed to be inclusive and ensure no undue burden on participants. <p>4. Participant-Defined Outcomes and Supportive Practices:</p> <ul style="list-style-type: none">Participants play a role in defining outcomes, and the practice is supportive rather than punitive or focused solely on supporting a program. <p>5. Strengths-Based and Lived Experience Focus:</p> <ul style="list-style-type: none">The approach is strengths-based, considering the youth/family story and lived experience as integral components.	<p>1. Outcome-Oriented Measurement Feedback Systems:</p> <ul style="list-style-type: none">Measurement feedback systems are developed to prove and improve outcomes, emphasizing a focus on results. <p>2. Policy Integration of Emergent Knowledge:</p> <ul style="list-style-type: none">Policies are designed to integrate emergent knowledge, adapting to evolving insights and information. <p>3. Accessible Research for Policymakers:</p> <ul style="list-style-type: none">Research findings are shared in lay language and written to be accessible for policymakers. <p>4. Adaptive Pilot Approaches for Data-Driven Sustainability:</p> <ul style="list-style-type: none">Demonstration and pilot approaches are rethought, with adjusted timelines to permit data to inform wide-scale sustainability. <p>5. Streamlined Child-Serving Systems:</p> <ul style="list-style-type: none">Child-serving systems are streamlined by removing competing policies and demands, fostering a more cohesive and efficient approach.

Meaningful Partnerships with Youth and Families



Definition: Meaningful Partnerships

Meaningful partnerships result when youth and families are actively engaged in all aspects of care, from the selection of the support they need to the creation, enhancement, delivery, and evaluation of services. State agencies, managed care companies, and providers incorporate the collective, unique lived experiences, insights, and viewpoints of youth and families into policies, funding allocations, and operational practices.

What does *meaningful partnership* mean in each of these areas?

Practice

1. Empowerment in Decision-Making:

- Youth and families lead the planning, development, and delivery of services based on their needs.
- Families and youth make informed decisions about treatment options and service providers.

2. Dynamic Organizational Roles:

- Youth and families play dynamic roles as organizational trailblazers, reshaping agency-client interactions.
- They serve various agency roles, such as welcoming, performing intake, guiding, connecting to peer support, and participating in care coordination teams.

3. Agency Collaboration and Advocacy:

- Agencies form alliances with youth- and family-led advocacy groups to foster peer support and drive quality assurance initiatives.
- Youth and families actively contribute to developing agency job descriptions, hiring practices, and workflows that meet their needs.

4. Cultural Respect and Responsive Practices:

- Practitioners recognize the strengths of young people and families, respecting their cultures and responding to their expressed needs.
- Supervisors are equipped with the knowledge and skills to work with family staff effectively.

5. Training and Collaboration:

- Youth and families serve as trainers and co-trainers across systems and for service providers.

Policy

1. Influential Input and Funding Impact:

- The input and experiences of youth and families shape the service array and influence funding decisions.

2. Policy Engagement and Governance Representation:

- Youth and families actively participate in policy groups and hold voting positions in provider agency governance bodies.

3. Training for Effective Collaboration:

- All policy group members, including youth and families, undergo partnership training for effective collaboration.

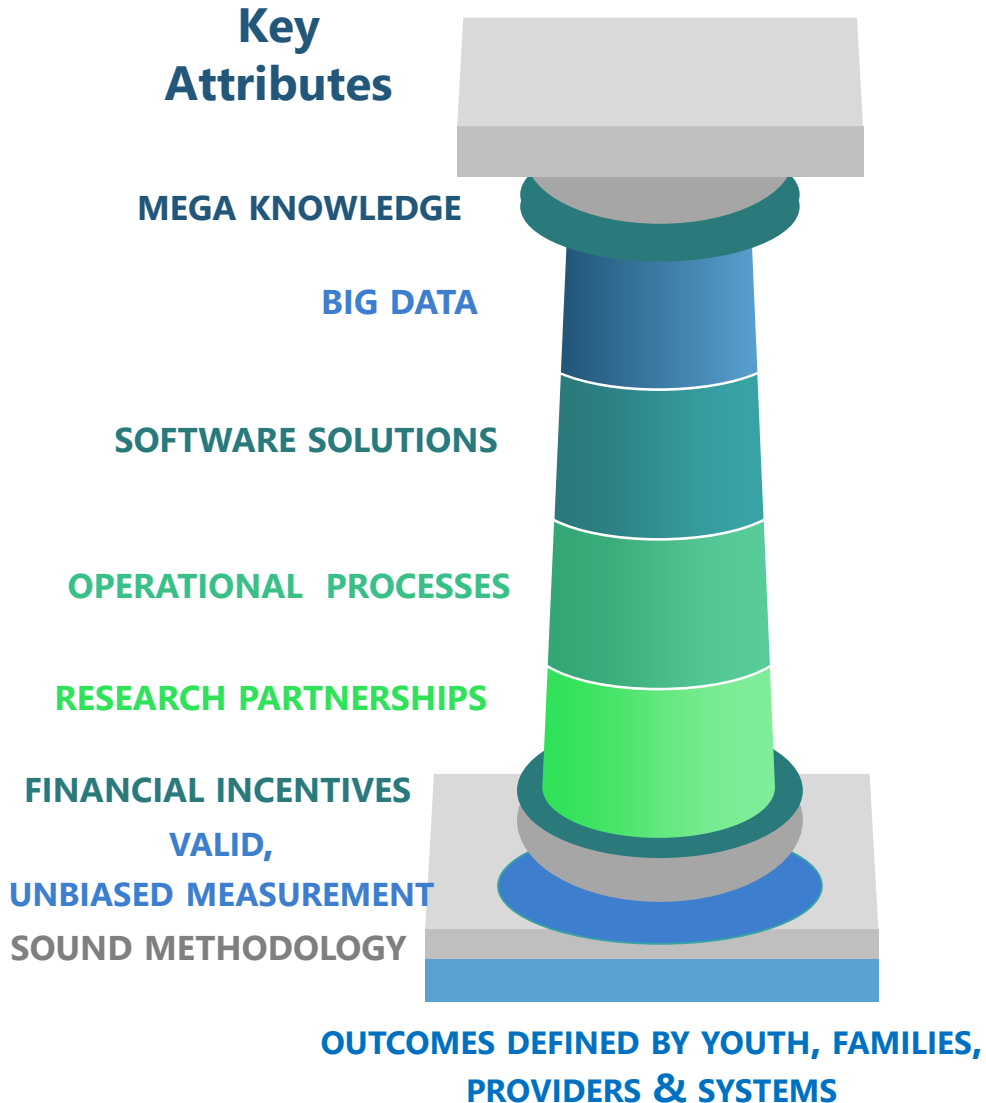
4. Informed Procurement and Managed Care:

- Youth and family experience plays a crucial role in procurement decisions and all aspects of implementing managed care programs.

5. Support for Policy Advocacy and Research Involvement:

- Young adult- and family-run organizations receive policy and financial support to inform policy change, and youth and families contribute to setting standards of care and interpreting research results.

Continuously Evaluated



Definition: Continuously Evaluated

Reliable and feasible measurement that is built into services/resources to prospectively evaluate access, engagement, and impact. Measurement feedback systems provide ready access for participants to make well-informed decisions about services and to highlight risks. The constructs to be measured should reflect the results desired by individual youth and families as well as the intended outcomes of care identified by providers and service systems.

What does the *continuously evaluated* mean in these areas?

Practice

1. Operational Efficiency and Data-Informed Decision-Making:

- Evaluation helps agencies achieve operational efficiencies by guiding and measuring relevant and desired factors.

2. Provider Technology Commitment and Improved Data:

- Provider commitment to utilizing new technologies results in improved data for decision-making at the practice level and informs adjustments to the treatment plan.

3. Data-Driven Advocacy and System Reform:

- Reliable data is available to inform advocacy efforts and drive systemic reform within the healthcare system.

4. Measurement-Based Care for Clinical Insight:

- Measurement-based care provides objective clinical insight, enabling practitioners to determine treatment effectiveness and promote more efficient resource use.

5. Health Equity Promotion and Performance Measures:

- Unbiased application of measurements contributes to eliminating disparities and advancing health equity. Health equity performance measures incentivize providers to investigate, use known interventions, and implement new processes to improve equity.

Policy

1. Enhanced Research Resources and Measurement Techniques:

- Academic researchers have dedicated resources to identify straightforward, practical measurement tools and techniques.

2. Financial Support for Providers and Data Collection:

- Providers receive financial support for training and data collection, including the necessary software.

3. Expanded Criteria for Empirically Supported Interventions:

- Advocacy for changing criteria to evaluate interventions, expanding beyond Randomized Clinical Trials to include various designs.

4. Demonstrating Impact for Funding and Payers:

- Improved ability to demonstrate the impact of care to funding sources and third-party payers, emphasizing value.

5. Culture Shift Towards Evidence-Based Decisions:

- Creation of a culture shift away from non-evidence-based decisions, bias, politics, or funding streams, encouraging everyone to change their focus.

Transparent at All Levels



***Definition:* Transparent at all Levels**

Transparency at all levels requires absolute commitment to open communication in all relationships to build trust and meaningful engagement. This level of transparency would cause a serious change in mental and behavioral health care by identifying both strengths and needs between and among all parties as they struggle to improve the lives of those who seek assistance.

What does *transparency at all levels* mean in these areas?

Practice

1. Informed Decision-Making through Communication:

- Practitioners routinely share information and respond to questions, enabling youth and families to make informed decisions about their care.

2. Transparency and Access to Clinical Information:

- Young adults and families have free access to clinical notes and reports, with a straightforward process for amending disagreements, errors, and misinformation.

3. Empowering Understanding of Medical Information:

- Practitioners ensure the ability of youth and families to understand relevant medical and clinical information and the implications of treatment options.

4. Transparent Decision Implementation:

- Decisions to implement practices or tools for organizing care delivery are transparent and reflect input from key stakeholders, including physicians and patients.

5. Real-Time Information and Fair Decisions:

- Agency dashboards provide relevant and real-time information on waitlists, quality feedback, etc., contributing to fair and just decisions.

Policy

1. Transparency in System Decisions and Policies:

- Complete information about system decisions, contracts, and policies, including the driving factors behind them, is available.

2. Informative Data for Policymakers:

- Systems provide policymakers with complete, relevant information, including service user data, to inform decision-making.

3. Inclusive Role for Youth- and Family-Run Organizations:

- Youth- and family-run organizations have a formal and open role in setting, implementing, and overseeing a public policy agenda.

4. Open Disclosure of Care Limitations:

- Health plans openly disclose provisions limiting care, such as formularies, restrictive medical necessity criteria, or referral constraints.

5. Accessible Cost and Quality Information:

- Simple and easy-to-understand cost and quality information is available to the public.



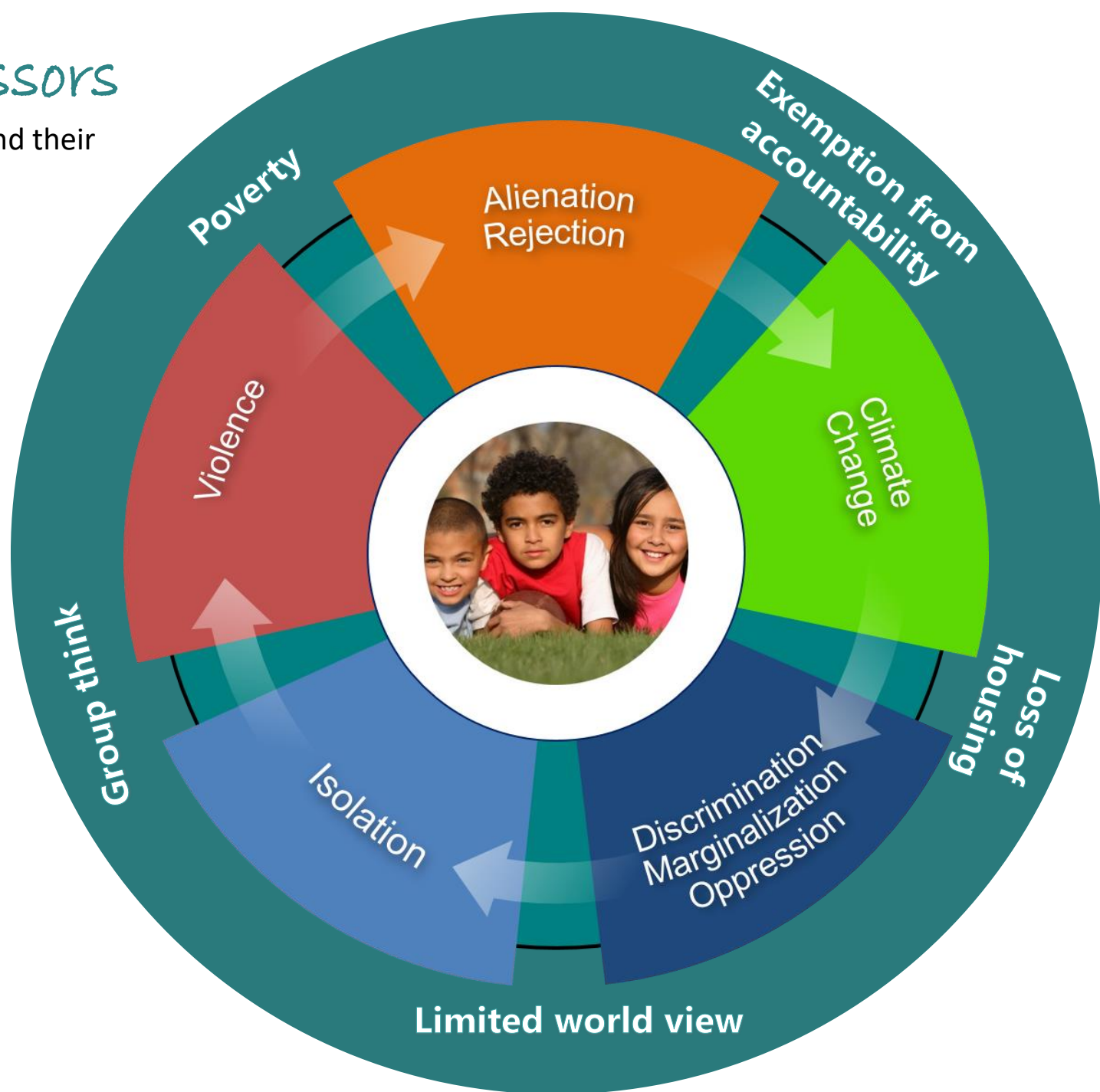
Where else is our focus?

- Toxic Social Stressors
- Broken Promises
- Access to Information
- Technology Solutions
- Finance Models

Toxic & Social Stressors

surround our children, young adults, and their families every day.

The outer ring identifies current conditions that impact youth in growing & thriving



Research citations for this section are at the end of the document.

Examples of what the stressors look/feel like and their impact

Alienation & Rejection

Researchers have discovered evidence that the pain of being excluded is not so different from that of physical injury. Rejection has serious implications for an individual's psychological state and for society in general. In 2003 Leary and colleagues analyzed 15 cases of school shooters and found all but two suffered from social rejection

(Aggressive Behavior, 2003)(Psychological Science 2010)
<https://www.apa.org/monitor/2012/04/rejection#:~:text=It%20may%20take%20time%20to,suicide%20are%20not%20uncommon%20responses.>

- Worthlessness
- Distrust
- Fear of intimacy
- People pleasing behaviors

Impact

Aggression
Anger
Anxiety
Cognition
Depressed mood
Emotion
Increased risk of suicide
Insomnia
Jealousy
Physical Health problems
Post-traumatic stress disorder
Psychological distress
Sadness
Substance use

Climate Change

Climate change is associated with impaired mental health and stress. Changes in climate and global warming may require a population to migrate, which can also lead to acculturation stress.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4446935>

- Hopelessness
- Helplessness
- Anger
- Feelings of dread and doom
- Heightened sense of urgency

Impact

Aggression
Anxiety
Depression
Obsessing
Suicide
Violence

Discrimination, Marginalization & Oppression

Discrimination acts as both a stressor and a cause of other stressors, and can directly and indirectly lead to harm for those who experience it. The most direct pathway between discrimination and health is violence. The discriminatory violence that permeates our nation's history has taken on new forms. People with mental illness are among the most marginalized, oppressed, devalued, and stigmatized populations in our society. (NIH)

<https://www.healthaffairs.org/content/forefront/discrimination-social-determinant-health-inequities>

<https://www.talkspace.com/blog/marginalization-discrimination-impact-mental-health/#:~:text=Much%20like%20the%20impact%20of,conditions%20like%20anxiety%20and%20depression>

<https://pubmed.ncbi.nlm.nih.gov/19583050/>

- Fearful
- Unsafe
- Based on sexual orientation, gender, gender status, disabilities, weight, age,
- Low self-worth

Impact

Anxiety

Cardiovascular and metabolic problems

Criminal justice involvement

Depression

Eating disorders

Guilt

Insomnia

Poor sleep and sleep disorders

Post-traumatic stress

Rage

Shame

Limits individual access to housing, employment, and educational opportunities

Isolation

The effects of social isolation and loneliness yield adverse mental and physical health conditions.

[\(Tulane University\)](#)

Loneliness and social isolation are twice as harmful to physical and mental health as obesity. "There is robust evidence that social isolation and loneliness significantly increase the risk for premature mortality, and the magnitude of the risk exceeds that of many leading health indicators,"

[Life-saving Relationships](#)

Weir, K. *Monitor*, 2018

[Perspectives on Psychological Science](#), Vol. 10, No. 2, 2015).

- Not having friends
- Loneliness
- Peer pressure, conflicts with friends,
- Moving away from friends or not being in the same class as friends;
- Not being able to keep up with friends in performance, etc.

Impact

Addiction

Anxiety

Cardiovascular disease

Cognitive decline

Confusion

Delusions

Dementia (40% increase in risk of dementia)

Depression

Reduced immune functions

Sleeplessness

Suicide

Violence

The growing impact of violence on children's mental health is shaped by the ways in which children experience violence as they move through stages of childhood. These consequences can be passed from one generation to the next, particularly for children whose childhoods have been characterized by exposure to intimate partner violence, and for parents who experienced violence as they grew up.

- Bullying
- Community violence (direct exposure, virtual/media exposure, the *perceived* threat from external messaging, e.g. school shootings)
- Family/intimate partner abuse
- Gangs: pressure to join/challenges to disengage, exposure to violence for nonmembers/affiliates, and exposure to violence for members/affiliates
- Perception and reality of threat from law enforcement and the legal system, for marginalized or vulnerable groups
- Sexual violence
- World violence (war, targeted attacks, regime-sanctioned)

Impact

Anxiety
Borderline personality disorder
Depression
Poor education results
Post-traumatic stress disorder
Self-harm
Sleep and eating disorders
Substance use disorders
Suicide

We recommend reading the Office of the Special Representative of the Secretary-General on Violence against Children [2020 Report](#)

Where can we start making a difference?

Focus on relational health

Relational health is a strengths-based approach because it is focused on solutions: those individual, family, and community capacities that promote safe, stable, and nurturing relationships, buffer adversity, and build resilience.

- Promote and support safe, stable, and nurturing relationships and the skills needed to respond to future adversity
- Help people repair strained relationships
- Help youth, families, and communities have the capacity to buffer adversity and build resilience across the life course

Shift the focus from adverse to positive childhood experiences

Focusing on positive experiences can ease toxic stress and help children and youth grow into more resilient, healthier adults.

- Use new screening and assessment tools that focus on positive aspects of life experiences
- Clinicians evaluate a family's strengths and assets, and incorporate them into both well-child and subspecialty care.

Develop Community Solutions

- Schools can help foster environments in which children look for, identify and intervene when a peer seems lonely or disconnected from others
- Enhance social support or increase opportunities for social interaction (*Personality and Social Psychology Review*, Vol. 15, No. 3, 2011).
- Develop mixed-age cohousing – it appears to be growing in popularity among young and old around the world as a way to improve social connections, decrease loneliness and provide purpose.

Where can we start - continued

Provide support to help parents and youth develop skills and positive relationships

Strong parent-child relationships, a safe home, community, and school environment, and positive social engagement protect against adolescent substance use and poor mental health in the general population. This is particularly important for gender minority teens.

Rely Less on Institutional Care

There is strong and consistent evidence on the negative impact of institutional care on children's mental health, particularly in terms of high rates of psychiatric symptoms, and emotional and behavioral problems. Systematic reviews often highlight associations between severe institutional neglect and delayed cognitive development; it can also result in permanent disability.

Research has confirmed the particularly negative cognitive effects for younger children and those who spend long periods in institutions.

- Provide interventions that focus on maternal mental health, mother–infant interaction
 - Support parental knowledge regarding health childhood development
 - Social and emotional learning, skills & practice
 - Support peer-to-peer initiatives
 - Self-care strategies, healthy eating, exercise, journaling, hobbies
- Develop and fund a high quality, community-based mental health system
 - Strengthen the engagement of pediatricians, who are now armed with new information about the adverse effects of toxic stress on brain development, as well as a deeper understanding of the early life origins of many adult diseases.
 - Ensure institutional care is for stabilization, accomplishing root cause analysis, and transfer of knowledge to the home and community

Research Citations

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Stay tuned as we reveal more information about

- Broken Promises
- Access to Information
- Technology Solutions
- Finance Models