

## Transcript

Hi. My name is Jennifer Auman and I am a co-lead on the Net Map project at Nebraska Department of Health and Human Services.

Net map is the Nebraska Partnership for Meant Mental Health Care Access in Pediatrics.

And today we have a panel presentation for family engagement approaches and experiences to improve access and pediatric mental health care. On our project, for Net Map, we have a large cross systems advisory committee, and it started out as a very marvelous project where we wanted to get the right people to the table for our advisory committee. And what we found is that the more we were thinking and the more people to engage, it just kept getting bigger and bigger and bigger.

You might be surprised to know that Net Map actually has an advisory committee consisting of over 70 partner members.

We have providers in the medical health care field, in the psychiatric field from schools from many, many different organizations and nonprofits that I have investments in early childhood mental health that are most important partners. Our parent representatives, our parents know what it's like to have to deal with access and trying to get the right services and supports for their family.

I know as a mom and as a professional

I have a child who has severe, debilitating anxiety disorders, and it is almost impossible for her to function in the real world without the kinds of supports that we are now looking to get easier access for parents, especially in rural and underserved areas. I also have the privilege of being an assistant director at a daycare several years ago for kids with behavioral issues that kept them from being successful and traditional child care.

So this is a subject that very near and dear to my heart. And I know that the women that we have invited here on the panel have some just incredible experiences to share today. When starting the advisory committee, one of the questions was is how do you get people with lived experience to come in and be willing to share their story, to share what they're doing to change mental and behavioral health and health care access in the state. And because I am a parent of a child that has mental, emotional behavior, issues, I started by going to my friends, people that I knew that I relied on as a sounding board and it bloomed from there.

So our first panel presenter, I would like to introduce Anna Whaley.

She has a personal friend of mine and one of the very first parents that I approached to be on Net Map.

Anna?

Thanks, Jenny.

My name is Anna Whaley, I am a retired nurse technician and mother of two.

My son has ADHD and is on the autism spectrum. And my daughter also has ADHD and suffers from severe anxiety and depression as well. And I was really excited, I guess, when Jenny asked me to be on the parental advisory board because she knew the amount of difficulties

I had when my son was in school trying to get him diagnosed and treated and just in dealing with him.

We live in rural Nebraska.

There wasn't a whole lot of what we saw at the time.

I didn't think there was a whole lot of avenues for us for help.

I didn't know a whole lot of programs

I didn't have someone really to help guide us into. Those programs were really left on our own to deal with him, to work with him in the school system, to find psychiatric treatment for him.

So we really struggled and she was my sounding board, too, and really helped us a lot with things.

And it was wonderful.

Or she asked me to be on the board It really made me realize I had an opportunity to help other parents in the same situation and see to it that no other parent had to go through the same situation that we went through to struggle finding their child help for their mental or behavioral health issues.

And that no other child maybe had to suffer waiting as long to get the help.

And it's it's really been good to to help with that. And to to see this committee move forward and help children and get them the help that they need and the parents, the help that they need.

So it's really been wonderful.

And I'm looking forward to moving it forward further and seeing where it goes from here. And just making sure that providers, whether it's a family doctor, connecting with the family and child with a psychiatrist and getting the help they need or a school in getting the child into the special needs program or whatever it is a need.

But I don't want to see any other families struggle the way we did.

It isn't fair to the parents instead of the child

And I don't want to see that happen anymore.

And that is why I'm on this committee and that is why I'm here today, too, is to see this not only just as a state, but as a national thing and to see it move forward, I guess, in the entire United States.

Thanks, Jen.

Thank you so much, Anna.

Our next channel presenter is Tori Sorenson.

Tori.

My name is Tori Sorenson, and I'm a physical therapist by trade.

When I hit the age of 28, I decided maybe I should look into foster care.

And there were certainly kids that one parent could be better than no parents. So I

started out getting two little babies that came home with me and I didn't plan on

keeping them, but they decided to make a permanent place in my home. Originally, we

thought their needs were going to be neglect, we found out almost 16.

My twins my son was diagnosed with autism when he was 12 and my

daughter when she was 14.

So we thought we were dealing with ADHD and neglect behaviors and trauma and then come to

find out, we're also dealing with a neurodiversity that's more significant. My third child, I was

placed with me when he was about two and I knew he was going to have some behavioral issues.

He was difficult.

It was difficult to find placement in daycare.

It was difficult with him at home.

He is now 12 and is going to transition from a level three school into the middle school in our town, in our regular district.

So I'm very excited about that.

And he's using his service dog to help him with that transition. And then the fourth child I have is a long term foster care who has a lot of medical needs.

He's non-verbal, he has muscular dystrophy.

So that is a completely different challenge that are more familiar with when I was hitting roadblocks, I started reaching out to every resource I could find, and somehow I landed in Miss Jenny's voice mail. And in talking to her about the challenges and what I was needing, at the end of the conversation, she said, Do you want to be part of our board?

And I thought it was a little odd because mental health isn't my trade.

It isn't what I thought I knew.

But I have found that my experience is very valuable. One of the things to guide directives in helping to guide interventions in our state.

So it's been very exciting.

Thank you, Tori.

It was a good day, the day that you called and we talked about what resources were available. One of, um, she is a parent partner and a community representative, or community partner is Rachel Fox.

And she brings a whole new perspective to what we're doing.

Rachel

Thank you, Jennifer. I'd like to say I'm also good friends with Tori, and she introduced this group to me as well.

I am a wife and mother of 11 children. And as you can imagine, having a large family, all of them have different needs and all of them have unique abilities and challenges.

And I have several children that have gone through certain trauma.

I am a domestic violence survivor.

And so my children in my first marriage experienced that domestic violence and as a result had had difficulties in their education, such as ADHD, anxiety depression and some behavioral issues to which they had to be placed in a special education.

And one of my children also was diagnosed with a rare disease in 2016 where essentially she had to learn everything all over again, learn how to walk, talk or read and do schoolwork all over again.

And actually, Tori was very instrumental in helping me to get resources for her because I was really spending my wheels on how to get resources for my child.

And so I'm very acquainted with needing the help and searching the internet and asking friends.

And I just found it shouldn't be this hard. So I also run a nonprofit organization for girls and women in our community to encourage, empower and inspire them. And we connected with Net Map to be able to engage in additional programing, which we'll talk about here in a moment. But I'm very excited to be a part of this committee and to help spread awareness about the resources that are available in our great state.

And then also talk about the challenges as a parent and also a community leader.

Thank you.

Thank you, Rachel. And one of the most recent partnerships that we made was with Nichole Rogert, and she is an incredible mom and an advocate like these other women.

Nicole.

Hi, I'm Nicole Rogert and I am the founder of a Facebook group called Mason's Light.

I have worked in child welfare since 1996.

I worked for the Department of Health and Human Services for many years. And then we actually my family became a foster family and we adopted out of foster care.

And then I worked in private child policing agencies, training foster parents, doing home studies, adoption home studies, and running their foster parent support groups. I felt very confident that once we adopted, if my child were to have any needs, I would know how to get them met.

And that's not further from the truth. We got as many needs met as we could but as the needs continued there, there was nothing for us to do.

We have my son was and we brought him home from the hospital.

He was two and we adopted and he is currently 12.

But he was struggling, struggling with behavior and emotional needs. He had been hospitalized for aggressive behavior and things like that, and there just really wasn't any services here for our family. And when I had talked to everyone I could think of to talk to you, they said, Nichole, you have system barriers.

You've literally tried everything we can here in our state.

You have system barriers.

And I thought, my goodness,

I am facing these system barriers.

I know I am not the first mom and I won't be the last mom. And something has to change.

My son ultimately was then placed out of my home in Utah and we live in Nebraska, which is wildly

inappropriate for working on meeting his needs ,  
remaining attached, remaining bonded and trying to  
transition him back home, which is a place I had to find  
myself because there was literally no one able to help me.

So I thought, this is not okay.

We have to change things for children and families because what we're doing is children with  
trauma and children with needs. We as a system as a whole, are delivering them more trauma on  
a gold and a golden platter.

And that's not okay.

So I started this group, and I have really been working hard advocating for systematic  
change at a local level and ultimately I would hope a federal level. And then I was  
introduced to Net Map via Tori Sorenson, and I am beyond excited to be part of this  
group and this movement. I love how they value their parents on their on their team and  
really are listening to what the needs of the parents are because professionally speaking,  
people think you have an issue.

You call someone, you get your needs met and everything goes happily ever after.

And that is not true in many of the aspects.

We had even had professionals recommend to us to give our child back to the state to just quit on him,  
which is heartbreaking.

And upsetting and a choice that many families are making.

And they feel they have no other option. So I started this group to  
give family some hope and support at minimum.

And we're we're going to make some changes for children and families such as the bottom line.

That is the goal. And that's what will happen.



And Net Map is going to be very pivotal in that. And I am very honored to be part of this group, and I can't wait to see changes made.

Thank you.

So you might be wondering why on earth we would be so invested in a mental and behavioral health program? Well, we know that in 2008, the Nebraska Safe Haven Law was enacted to an intended to decriminalize if a woman felt that she could not take care of her infant and dropped her infant off at the hospital or a church or another place like that. It was decriminalized for that for the sake of the baby.

And in that desperation, it would not threaten the baby's life.

Well, in Nebraska, the law was enacted, the Safe Haven law was enacted that there was no age limit set on these babies.

And what happened in reality, as people from all over the nation were coming to Nebraska to drop off teenagers or adolescents. They were parents pushed to their absolute limits with critical and acute mental and behavioral health care needs.

That remained unmet.

You know, caregivers that saw no other way out than to give up their child.

Nichole introduced me to a phrase called Glass Children. That absolutely struck me to my heart because these kids are not throwaways.

They shouldn't be someone that you don't see or that you don't recognize.

These are kids that come from trauma backgrounds.

These are kids that need help in a little bit different way. And in our large advisory group, we have this cross-sector advisory panel or advisory committee that is made up of many, many professionals with a lot of letters behind their names. But I can't tell you how many

times our parents have surprised them with the reality of what's happening in the state, whether they are experienced or not experienced, whether they're from urban homes or from rural homes, whether they are from underserved populations or those populations that are we think of us in the majority. Net Map takes an active stance, not just in advocating for increased screening and access which we do, but actually creating action steps to change how things are done. We can gather all of the professionals that write the articles and have all the research and things like that. But the uniqueness of that map is truly demonstrated in the parent voice and the parent experiences.

And that's what we want to share with you here today. So we have a series of questions that we have prepared for this meeting.

And Anna, I'd like to ask you first. Most of the time, it seems like the general recommendation for parents that are looking for help with behaviors with their children, mental, emotional, health care.

The first thing is people tell you to do is go talk to your primary care provider.

I was wondering if you could tell us some of your experiences there.

Thanks, Jen.

Yeah, that was our first recommendation to when our son started having issues in kindergarten.

First grade was to get to talk to our family physician.

And we did.

And at first we were told it's just a boy thing.

You know, he's going to outgrow.

He's just being a boy.

Well, it didn't.

He progressively got worse.

And so, you know, we asked, well, the school was pushing for testing, so we asked him to be tested for whatever we weren't told specifically at the time.

And the doctor was like, I don't know what to test him for.

Was trying to get him into a psychiatrist. And in the meantime, he was pushing for medication because that's what they're told.

You know, his behavior modifying medication.

That's what the pharmacy reps tell them.

And we didn't want him at the time. So we tried modifying you know, modifying his behavior and doing that kind of thing.

And that wasn't working.

So eventually we did get into a psychiatrist and we started doing that.

So a little bit of change, but not really.

Eventually, we did try our medication because he did

he asked for our son, actually did active we ask for medication.

And it took us several years in trying different kinds.

But there's a problem with that. And it's expensive the newer medications out there might work really well, but then they're very expensive.

And the family physician recommends what's recommended to him because of some newer stuff but it's very expensive and the same with the psychiatrist, and it becomes very cost prohibitive and might be the best thing approach to work.

But the cost is overwhelming even with insurance. And then then it becomes, well, do

we pay the bill this month or does my son get his medication to keep them from

throwing a chair onto the wall at school? Or hitting someone or just having a whole

meltdown because you just can't handle what's going on in his surroundings.

And I'd like to see that change.

I would like to see, you know, your family physician have a better understanding of what's going on

or have a better access to the psychiatrist quicker. So we're not having this big wait to get the proper

either medication or treatment. And what's wonderful with that map is they have this clinical demonstration project, which is already doing that, which is linking family physicians with psychiatrists for free

so they can call and say, hey, I have this child and this is what's going on.

You know, what can I do to help them?

Or how can we get them?

And I think it's fantastic.

And this is what I wish we had had 17 years ago when we were, you know, having my son looked at and tested and checked out so we wouldn't have had avoided years and gone through, you know, five or six different medications and all of that.

Yes. And that's that's wonderful.

I'm glad we're there now.

Thank you so much.

You know, Tori, another recommendation is to go to the schools.

Surely they should be about what were your experiences there? And let's talk specifically about my switch when they were getting ready to go to kindergarten, I decided to move into a different district than the main district in Omaha, was smaller, supposedly had more resources potentially to throw out special needs.

So I thought that was probably a good idea. And we got started on a really good track the summer before they went to kindergarten. They had intervention over the summer and about the time the kids were in kindergarten, first grade is when we started to suspect that they have ADHD.

So medications started.

They've had an IEP the whole time. And I feel when they were first two or three and things went pretty well until upper grades in elementary when the gap started to get bigger. And that's when the behaviors at school really started the kids weren't able to keep up with their peers.

The teachers had a hard time modifying because they didn't have enough time or the knowledge of how to modify it.

For my kids, they're rather unique.

We had a really rough time in middle school. My son, diagnosed with autism, has also been said to have expressive aphasia, but it affects his ability to write and type.

And if you think about middle school work, how much of that is writing and typing? So as a parent, I was going to the school and I knew what was causing his behaviors, but what I was asking them to do was impossible for the resources that they had. They weren't able to modify every single assignment for him in real time.

He really didn't like having a scribe, and the behaviors increased, and he ended up being placed in a residential facility.

But then how it happened.

Now for many people in the world.

So that was a horrible thing.

But it was actually what caused a huge change in the trajectory of my kid's life because I became the primary person in charge of their education. The school is providing resources and assignments that I was able to do those assignments with them.

And through that, I've really been able to partner with the school. Now that everybody's back to school and started back in January, they are still homeschooled and I'm providing curriculum for

them, but they're getting their IEP services at school between two and 6 hours a day. And so I think that what I'm hoping that Mike is able to accomplish is creative and unique solutions, because all of these kids are creative and unique and just trying to have one solution or Band-Aid to put on it isn't meeting the needs and so we need more time, schools need more money, parents need to have the ability to speak their voice.

And there's policy change that needs to happen. So we're not trying to fit every child into a square box to try to meet their needs because it's not working. And if we don't spend the money when they're younger, we're going to spend the money when they're older in a different system.

So that's kind of been my experience with the school.

And we're finally on a good track

I am so glad.

Nicole, I know that we've talked about one of the things that we've talked about as far as educators and teachers is over and over again is that the need for training, the need for what to do when a child has a behavior issue that they're unequipped to handle.

Let's talk about that a little bit and your experiences there.

Sure.

So my son started having school issues at the daycare level, but when we went to preschool, a lot of his traumas started to really come out because he was a part for me for a certain amount of time.

And it and it carried on into kindergarten. And then and then in kindergarten, we moved him to a level three school because the school just couldn't navigate him and or have the willingness or time to meet his needs. They often look to the family for Fix Your Kid.

What do you want me to do? What do you want me to do?

You must have all the answers.

Well, while parents in my situation, we don't have all the answers.

We don't it's a team approach.

So I would offer suggestions, but they would say, we don't have time for that.

We don't have staff for that.

I had a whole training set up for the school and they did not want to do that. So that became really frustrating as a parent and frustrating for my child and here at Mason's Light, we are solution focused.

We do not place blame.

We do not point the finger because I believe everyone has skin in the game. So when your kid continues to escalate at school, that carries over to home and escalations at home or it goes the other way, it doesn't matter. But then you have people involved like therapists and psychiatrists, and not all of them are trauma informed.

They're just not.

Not all of them are even trained and then you are calling the police for a safety plan, which is also inappropriate.

Or you have them saying, give your child back because you can't handle it.

That's also inappropriate.

So much like Tori said, we address it now when they're younger or we're going to pay for it eventually.

Everyone has skin in this game, every single person.

So what you have is a child who is not a scary child.

They're scared child.

These children, if you look at them through a trauma lens, they're not being willfully disobedient.

Every behavior is an expression of a need and you have to be a detective to figure out what that need is and meet the need.

Band-Aids don't work.

And it's not just kids from Foster Care, and it's not just adopted kids, and it's not just kids who have been through a trauma that you can be like, Ooh, I saw that on the news tonight.

That's clearly traumatic.

I would get why that kids acting out. There are many, many, many kids with trauma that aren't doing okay at school, but maybe could be better if people were trauma informed.

Or the other benefit of looking at a child through a trauma lens is the shame and the blame because what happens is if that continues and professionals can't help the family meet the need and there's nothing in the community, the families to blame and then families don't share and families don't reach out for help. In our group, I don't know how many times I spend hours on the phone talking to a mom or a dad or sometimes an aunt or an uncle concerned for their loved one because they there are no appropriate services or they get in and for whatever reason, they're unable to maintain the services because Medicaid wants to cut the funding.

That has to be addressed on a federal level.

So I try my best to support these families, and I try to be solution focused.

We don't need to point fingers because we don't have time for that.

Children's time is not adult time.



Children do not have time to lay the blame.

Everyone says, Oh, I'd really like to do that. Professionals have said, We'd really like to do that, but we can't because blah, blah, blah, blah, blah.

So professionals working with these children are often already defeated because they feel the weight of the system and what it is not equipped to allow them to do, and that is appropriately meet the needs for a child. They've been victimized by their own system so we need to untie these hands, meet at the roundtable, know that calling 911 is not solution focused or best for the child or family.

And we just need to do the right thing because that's the right thing to do.

And we will make that happen together.

We have to have awareness.

We have to take the shame away from these families and from these kids.

I have a now 12 year old who's asking me big questions, Mommy, why did I have to go so far away from home?

I don't know. Let's find out,

because you were doing well in your own home town, but they pulled funding.

I can't answer that question.

Someone without paycheck higher than mine needs to answer that. Kids need to know that their family loves them and wants to get help for them.

And parents need to know,

I've made a commitment to this child and I want to help them, but my system is forcing me to put them back into foster care or to give up on them let's hope the phrase glass children resonated so much with me. You know, whether it's talking about how people seem to see beyond them and right through them.

And all that doing is making them shatter even right and glass children also refers to a population that no one's talking about. No one's talking about the siblings in the home that are not struggling they are also being traumatized by this. And they are the first definition of glass children because that parent is always spending their time on the child that has the significant need and they are left to their own devices.

It's a blessing that they're not struggling, but to them it's often a curse.

And we have to support these families.

We have to if I would have given my son back,

I promise you and he'll tell me, momma would have ran away to come home.

He would have been bounced and bounced, bounced abouts.

And we all know how that story ends. I now have a 12 year old that I have to

homeschool because school is very scary for him. He does sports, he's involved in

activities, and he'll tell me, Mommy, I can only learn at home.

I can't learn at school.

He doesn't know why he can't learn at school, but he can't.

And that's okay.

But not everyone has the ability to just homeschool their kid or desire for

that matter. And so there are so many good solutions that we could do if

we could just get the awareness and the support that the families need.

Thank you very, very much for sharing that.

Rachel,

I know that you are one of our number one community partners,

and you know what it's like working with kids in the community.

And you go, girl, and and in so many other ways. And I can't help but think about you know, there are underserved populations that you are reaching out to and in your area, in your community and really making a difference as a community leader, what can you tell us about your perspective and how you see this this crisis Yes, thank you.

Thank you for that.

And I just want to say, as a mom, my heart definitely reaches out to Nicole resonates with Tori and Anna on all of those different facets.

And one of the reasons why I started You Go Girl was because my daughter who had just gone through a really traumatic and near-death experience and her illness suffered bullying at school. And that's just the one of the many things that children who have developmental disabilities or mental health challenges, they face these as they navigate the different phases of going to school. And I saw a need to empower girls and women so that they don't fall victim to needing to feel like they need to bully others and then also become victimized themselves. But then when I was introduced to net map, I saw a greater need and all these different stories started to pop up for me as a mom.

And then I started to hear all these different stories from other parents who are experienced seeing challenges that I also see as opportunities to be able to answer that call and to provide solutions like Nichole talked about, because when you spend time looking for blame and placing blame, you're wasting time that you could be solutions in the situation and so my organization has partnered with that map to be able to address that one small aspect of the mental and social well-being of underserved populations through the program, the call to reach out and read. And that program facilitates a love

of learning and the relationship between parent and care provider through books. So they give them books at every well-child visit which incentivizes the families to bring their children to well-child visits and also promotes health and well-being so that the care provider can potentially be proactive in recognizing those disabilities or those challenges and may be able to help provide resources to them through books. So that is one program that I'm excited about and that you Go Girl has been able to partner with.

And to do

it is very exciting to put these books into the hands of providers. And we really try to match up the community members the population that providers are serving with the books.

Can you tell us a little more about that?

Absolutely.

So this this particular initiative that we're doing with, Reach Out and Read is specifically reaching out to rural health care providers across the state of Nebraska and also those who serve underserved populations. So what we're doing is we have a whole committee that is selecting books that look like the child, looks like the children and families that represent and they are they have the different languages that they that they have the books translated in. And we're really targeting the multicultural, the mental and the social well-being of the child.

So the books will target feelings and emotions.

They will have characters that have multi-cultural backgrounds and they will also target those the social aspects of the child. So we're really happy to be able to provide that to not just inner city but rural health care providers.

Fantastic.

Well, we have just a few minutes left, but I want to ask each of you in turn if you could wave a magic wand and make a huge difference for parents

with children with mental or behavioral health care needs.

What would you do with it? Nicole, if I had a magic wand, the first thing I would do was to be able to hook up families with services they need the first time around the appropriate match. I want to say, because it has been our experience that you have to fail each service before you get the next service. And again, that waste time for children and families, it brings a lot of devastation to families.

And when you do that to children, they know they're feeling to So in our situation, adoption is based on loss.

But so now is his treatment or anything he needs to do.

Sorry.

So, I mean, he knows I've tried this.

It didn't work.

I've tried this. It didn't work.

What's wrong with me?

Nothing's wrong with you.

It's our system.

But he doesn't know about that and he doesn't care about that.

These families don't know and don't care about the system.

I don't know what people without child welfare experience do.

I don't know how they navigate it. I want to be able to untie the hands, get the resources out there and get the people to the right place when people get to me at my level, they've exhausted

all of their resources. They're emotionally spent, they're stressed, they're hopeless, and it is devastating.

So I want to get it started when it started, when preschool is coming and, you know, things aren't going well, or there's some sort of need, let's support them then when it's less invasive, children shouldn't have to leave their families. I shouldn't have to drive my ten year old to Utah and not see him for an entire year.

That's inappropriate.

So that magic wand,

I hope we can get it, get it sometime.

Tori, what are your thoughts? If you had a magic wand  
would be a roadblock, buster.

So some of the issues

I've had, I've run into state law that would need to be changed in order for me to access the services I need for my children.

And the process for that to happen takes so long that I would even lose out on being able to take advantage of the service so I have heard Nichole say before that we need to do the right thing because it's the right thing.

And where barriers that are systemic like that, I think that there should be a way to create a solution without having to go through three years of legal battle. So I would have a talk, buster, that sounds awesome.

And what were your thoughts if you had a magic wand that a magic wand?

I'd like to see more teachers in our school systems that were adequate, adequately taught to handle our mental, behaviorally challenged children and that there were lots of them out

there that they could actually follow through with their IEPs and their behavior modification plans and to give them them what they need.

But yet at the same time, still see to our traditional children and and not make it one or the other that everyone could get what they needed and not feel stressed or crushed. I think our educators need to be properly paid and backed up for everything that they do.

Definitely.

They're definitely underfunded, underpaid and underappreciated. And they would definitely benefit our children if we could have more teachers and are properly educated and properly paid that would be incredible.

Rachel, what are your thoughts? Magic wand.

All right.

I'd love to address this question.

By telling a story.

One of my children was in his special education classroom on a typical day, and he began to begin to get frustrated with his work.

And he muttered under his breath.

This is stupid.

And his special education teacher thought she heard him say that she was stupid.

And she returned third and said, no, you're stupid.

Here's one of his teachers. Other teachers was there to not only let me know that that had happened, but to advocate for him so that he wouldn't be put in that situation again.

My magic one would be that there would be a parent and child advocate in every classroom and every situation in every setting to be able to speak up for children and

parents and partner along side with them and the and the teachers to be able to provide resources and helpful situations that don't continue to retraumatize children, but help them to be better in their situations and that they will love learning and not dread it So that would be my magic one.

Thank you. So you can see why our parent representatives are so crucial to addressing the mental and behavioral health issues access we have at that map. Develop a behavioral, mental and behavioral health care screening and access referral guide.

I'd like to share that with you. And our parent group actually also helped our evaluators with a survey that went out and had over 400 validated results from parents on what are their experiences in accessing mental and emotional health care.

And I would love to share that report with you as well.

So to our panelists, I just need to say thank you. Thank you so much for all the work that you've put in and for being there for all families in Nebraska.

Thank you.