

September 15, 2015

Governor Pete Ricketts and Legislature
Office of the Governor
P.O. Box 94848
Lincoln, NE 68509-4848

RE: DHHS LB603 Annual Report Fiscal Year 2015

Dear Governor Ricketts and Members of the Legislature,

Thank you for the opportunity to share this report about the Department of Health and Human Services (DHHS) implementation of the LB603 Children and Family Behavioral Health Support Act. Since this legislative action, DHHS has worked diligently to ensure this measure produces effective and efficient services to enhance Nebraska's System of Care for children, youth, and families. Enclosed you will find the Fiscal Year 2015 Annual Report that further details the progress made this year-to-date for three services: Nebraska Family Helpline (Boys Town), Family Navigator/Family Peer Support Services (Nebraska Federation of Families for Children's Mental Health), and Right Turn (Lutheran Family Services). Please note a few of the highlights we've found to be of greatest interest:

- **Effective:** These services are proven to be effective, valuable contributions for Nebraska families. Services provide access to supports that are critical to youth and family well-being and extend beyond medical care.
- **Preventive:** These services interact with families who may be at risk for system involvement, need a higher level of care if support is not provided, and/or who may experience further crisis. They support health, home, purpose, and community to strengthen resilience in our Nebraska families.
- **Restorative:** These services have provided restorative support that wrap around the needs of the families in their time of need.
- **Family Centered:** Services embrace a child-focused and family-centered philosophy and acknowledge youth and families as equal partners. They promote utilization of the least restrictive, least intrusive, developmentally appropriate interventions in accordance with the child/adolescent and family needs within the most normalized environment.

Further, DHHS is currently reviewing a proposal for implementation of the Nebraska Behavioral Health System of Care Strategic Plan. I look forward to beginning the process of implementing a stronger System of Care that provides meaningful benefits and measureable, positive outcomes for children, youth, and families. DHHS will continue to build collaborative relationships with new and existing stakeholders as we focus on our mission to help people live better lives. We appreciate the opportunity to provide this update on the implementation of the Children's Behavioral Health Support Act.

Sincerely,



Courtney Phillips, MPA, Chief Executive Officer
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Department of Health & Human Services

DHHS



N E B R A S K A

LB603 Report on the
Children and Family Behavioral Health
Support Act

Division of Behavioral Health
Division of Children and Family Services
September 15, 2015

Executive Summary

In January 2007, LB 157 (Safe Haven) was introduced in the Nebraska Legislature with an amended version signed into law February 13, 2008. The intent of the legislation was to prevent the unsafe abandonment of infants by providing a safe mechanism for caregivers to leave a child in the custody of an employee of an on-duty hospital staff member. The bill did not specify an age limit and, as a result, from September 13, 2008, to November 22, 2008, 36 children were left at local community hospitals by caregivers in need of help. The average age of these children was 13. On November 21, 2008, LB 1 was signed into law amending the original Safe Haven Law to establish an age limit of 30 days of age. The above legislation was not intended for caregivers who were having a difficult time parenting children or older youth with behavioral problems, however, LB 157 revealed that many families were struggling with children of various ages and were in need of additional supports. In response to that need, LB 603 was introduced and signed into law May 22, 2009. The legislation provided additional services, supports, and professional development resources directed to help Nebraska families better meet the needs of children with behavioral health issues. This authorized the creation of the Children’s Behavioral Health Helpline and Family Navigator Services, and the Post Adoption/Post Guardianship Services as defined in Neb. Rev. Stat. §71-801.5-11 and cited as the Children and Family Behavioral Health Support Act. The three subsequent contracts are managed by the Division of Behavioral Health and the Division of Children and Family Services of the Department of Health and Human Services (DHHS). The contents of this report summarize the events occurring after the passage of LB603 (designated to DHHS) for fiscal year 2015 (July 01, 2014– June 30, 2015) as they pertain to the:

- Nebraska Family Helpline, Boys Town
 - **63 percent** of surveyed families report an improved family situation after a call to the Helpline.
 - **20,939** calls from **14,308** Nebraska families were made during the entire project period from January 1, 2010-June 30,2015.
- Family Navigator and Family Peer Support Services, Nebraska Federation of Families for Children’s Mental Health.
 - **442** families served in Family Navigator Services and **413** families served in Family Peer Support Services in FY15.
 - **84 percent of Navigator** and **100 percent of Peer Support** parents completing the program demonstrated an **increase** in their overall **knowledge of parenting and child development.**
- Post Adoption/Post Guardianship Services, Right Turn
 - During FY15, Right Turn served **229 new families.** Over the course of the year, they served a total of **346 families and 897 youth. Ninety-four percent** of families surveyed express satisfaction with the services received.
- Children’s Behavioral Health Services, Regional Behavioral Health Authorities
 - **490** youth were served in FY15.
 - **153** youth received timely services through Mobile Crisis Response. Of those, **150** were provided on-site crisis safety plans and **only 16 were hospitalized.**

Introduction

The Nebraska Department of Health and Human Services (DHHS) serves children, youth and families with a variety of services. The last few years mark a time of significant change for the children's system.

The legislative session of 2009 committed significant resources to children, youth and families and LB603 provided for initiatives that have resulted in a demonstration of that commitment. This report contains information for the portions of LB603 charged to DHHS: the Children's Behavioral Health Helpline (Nebraska Family Helpline), Family Navigator Services, and the Post Adoption/Post Guardianship Services (Right Turn).

These services, now with five and one-half years of operation (from inception January 1, 2010 through fiscal year end June 30, 2015) have demonstrated a healthy investment in partnerships to ensure the effectiveness initially envisioned.

In 2011, DHHS responded to recommendations from family consumers and the Project Evaluator to ensure continuity between the short-term Family Navigator Services and the longer term Family Peer Support Services. As a result, DHHS solicited bids for the management of both services within one contract, which began July 1, 2011. Under a contract with the Nebraska Federation of Families for Children's Mental Health, this combined service system has led to many process and quality improvements in the family peer support system through the initiation of standard requirements, including the use of evidence-based practices statewide, such as trauma informed care.

The Nebraska Family Helpline, Family Navigator/Family Peer Support Services, and Right Turn all have continued to work collaboratively to identify best practices in service implementation and data-sharing processes.

Reports about all three initial services continue to highlight program effectiveness, family satisfaction and service outcomes that support increased youth and family stability and well-being, intervening earlier to prevent further crisis and/or need for more intensive and restrictive services. Based on the first five and one-half years, the programs continue as successful additions to Nebraska's children's behavioral health system.

DHHS offers this report in compliance with the LB603 (Neb. Rev. Stat. §71-801.9) reporting requirements for an annual report to be presented by September 15th to the Governor and the Legislature.

Nebraska Family Helpline

Description: Nebraska Family Helpline - 1-888-866-8660

The Nebraska Family Helpline serves as a single point of access to children’s behavioral health services in Nebraska. In addition, the Helpline functions as a crisis intervention and support service to families of youth experiencing an immediate behavioral health challenge, and provides information and referrals for other formal and informal services and supports for families. The primary target population for the Helpline service is parents/guardians/primary caregivers of youth experiencing behavioral health challenges, although youth may also utilize the Helpline for their own assistance. The primary aim of this service is to address the urgent behavioral health situations that prompted the call, identify immediate safety concerns, and provide recommendations and/or referrals for an appropriate course of action, which may include identifying the eligibility of the caller for referral to the Family Navigator or Right Turn (Post Adoption/Post Guardianship) services. The Nebraska Family Helpline offers a range of services, including:

- 24/7/365 crisis intervention and support.
- Screening for immediate safety needs; connecting with first-responders.
- Identification of and referrals to local resources.
- Development of strategies with families.
- Collaborative problem-solving and empowerment to families.
- Helping youth and families make informed decisions.
- Assistance to families navigating the system.
- Providing immediate connection to mobile crisis response in some areas.

The Nebraska Family Helpline is operated by Boys Town via a contract with DHHS, which is administered by the Division of Behavioral Health.

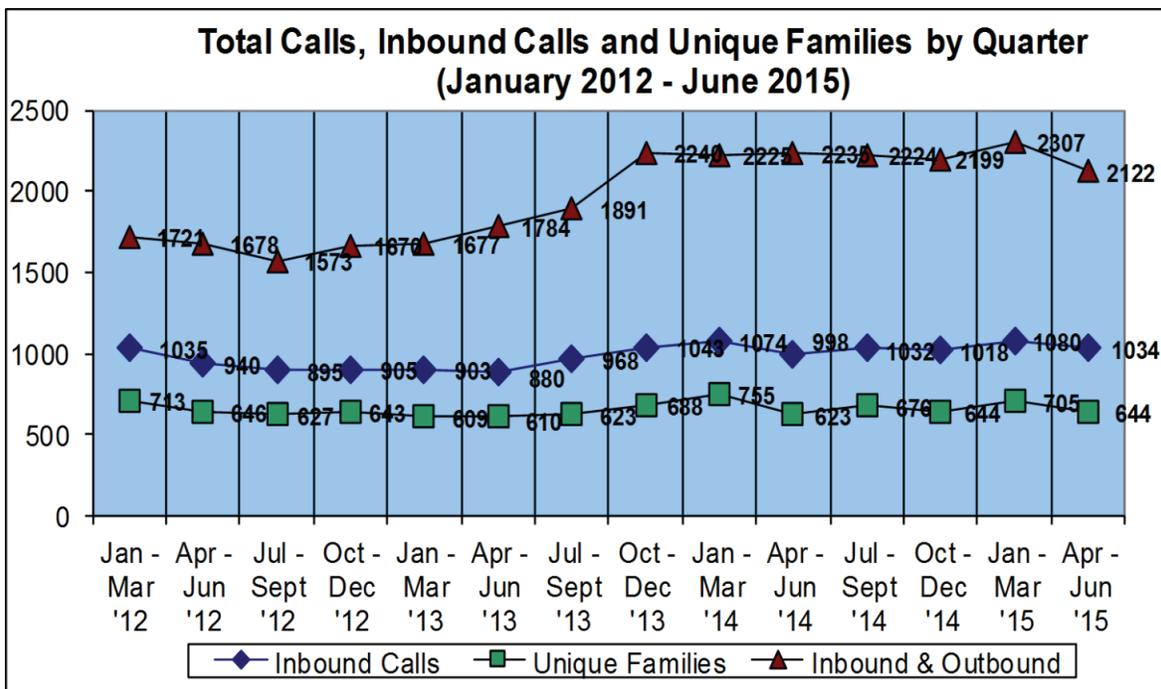
FY15 Helpline Appropriation	FY15 Helpline Expenditures
\$1,390,584.00	\$1,387,584.00

Nebraska Family Helpline

Program Statistics and Outcomes

The Nebraska Family Helpline achieved a number of successes in FY 2015. The Helpline served a total of **2,669** unique, new families throughout Nebraska during fiscal year 2015 (FY15: July 1, 2014–June 30, 2015). Those families made a total of **4,164** calls to the Helpline. About **63 percent** of calls to the Helpline came from Behavioral Health Region VI. Of the families that contacted the Helpline, **622** families were offered Family Navigator service, **376** families accepted Family Navigator service (a **60 percent** acceptance rate). Helpline counselors provided families with a total of **4,556** referrals for a range of services. Around **41 percent** of callers were from single-parent households, with the next highest percentage being from families with both biological parents at **27 percent**.

Callers reported becoming aware of the Nebraska Family Helpline mostly through community agencies and other third-party providers and media such as television and radio. **Since its inception, the Helpline has received a total of 20,939 calls from 14,308 unique families.** The table below represents the call trends from the service start date through the end of this fiscal year.



Nebraska Family Helpline

FY15 Program Statistics and Outcomes (Con't)

Inbound Call Types (Documented)	TOTAL	Percent
Standard Inbound Calls	1,428	34%
Information	1,401	34%
Inbound Follow-up	1,286	31%
High Risk	26	1%
Positive Consumer	4	0
Negative Consumer	19	0
TOTALS	4,164	100%
Other Inbound Call Types		
Inappropriate Use of Services	8	
Hang Up/Wrong Number	149	
Outbound Follow-up Calls	4,530	

Standard Inbound	A call or an e-mail that usually results from a precipitating event regarding an individual under the age of 19. Intervention strategies, resources and parental support are provided to the caller.
Information	A call or e-mail in which a family member is looking for a specifically identified resource or piece of information regarding behavioral or mental health issues. These calls also include callers who are looking for general information about what services the Helpline offers.
Inbound Follow-Up	A caller who contacts the Helpline following a previous call; may include inbound calls prompted by a follow-up call from the Helpline.
High Risk	A Helpline call that results in professional intervention: including, but not limited to a CPS report being made by the counselor, or intervention by police, fire or emergency personnel. Such calls include violence in the home which could result in injury to a party, or a situation in which the risk of suicide is possible or imminent.
Positive Consumer	The caller calls back with the intent of giving the Helpline positive feedback for the assistance that was given to him or her on a previous call.
Inappropriate Use of Services	A caller who is not calling regarding a youth under the age of 19, is verbally abusive to the operator, attempts to discuss something sexually explicit, or is calling with a misunderstanding of the service goals of the Helpline.
Hang Up/ Wrong Number	A caller who hangs up before speaking to a counselor, or dialed the Helpline number in error.
Outbound Follow-Up	A call that a Helpline Counselor makes to a previous Helpline caller to follow-up on their situation and offer further suggestions or assistance. Making follow-up calls to families is a unique feature of the Helpline, which parents consistently tell Helpline counselors they appreciate very much.

Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

The largest number of calls to the Helpline came from parents seeking parenting assistance for a variety of issues involving their children. The **primary issue** that families called about were children **Not Following Authority Figures**, followed by being **Out of Control, Lying** and **Poor Anger Control**. Callers usually are reporting a precipitating event or mounting concern due to multiple issues. These could be matters of typical adolescent behavior challenges or displays of underlying mental health or substance abuse issues. The Helpline utilizes standard mental health screening questions and other processes to assist callers in identifying or exploring potential indicators that may be relevant. In some instances, the caller will self-report such health history. Approximately **30 percent** of families reported that their children had undergone at least one form of mental health treatment prior to the Helpline call. A form of community-based outpatient treatment was reported **51 percent** of the time; and medication was involved in **24 percent** of the prior treatments. Boys Town utilized their referral database to assist families in connecting with the appropriate community services.

The data also are used to identify trends in service needs, as well as service gaps and barriers. The **most common barriers to accessing mental health services** reported by families were the **cost and agency capacity/wait time**. Of those accessing services, **family finding alternative solutions, and youth refusal to participate** were also expressed barriers. A consistent theme is the general perception that concerning adolescent behavior issues should be addressed with mental health treatment. In fact, parents reported that **57 percent** of identified children had accessed Outpatient Mental Health services three months or less before parents' initial calls to the Helpline. We note that many callers report trying such services in the past with limited success may suggest that formal psychiatric treatment services are not always appropriate. Nonetheless, supportive and parenting class supports would likely be of great benefit to families as preventive/intervention strategies. The balance between offering a caller the referral information they requested, but also offering what they likely need, is challenging. Helpline operators attempt to gather caller insurance type to help identify appropriate resources, but this information is also pertinent to our review of the children's behavioral health system and the potential needs of families.

Insurance of Helpline Callers (by self-report)	Percent
Medicaid/Kids Connection	47%
Private Insurance	44%
Have No Insurance	7%
Private Insurance w/o Mental Health Coverage	1%

Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

Over the entire project period of January 1, 2010-June 30, 2015, several trends were noted:

- ◆ **61 percent** of all documented calls came from Region VI and **19 percent** from Region V. Call volumes from the central and western parts of the state are significantly lower.
- ◆ **43 percent** of callers reported having single-parent households. This group reports higher scores in **13 of 13** “parent stressor” categories such as, relationships with friends, income, access to services, supervision of children and housing.
- ◆ Of the families who contacted the Helpline multiple times, a greater percentage reported having Medicaid (**50 percent**) than private insurance (**40 percent**). In addition, multiple-call families were more likely to report safety concerns and/or being in crisis.

Next Steps: New Marketing Campaign:

Since operation began in 2010, the Helpline has engaged in extensive marketing efforts each fiscal year. These efforts have included several high-impact campaigns focusing on both child behaviors and parent stressors. **Campaigns have evolved** as the Helpline analyzed caller needs, parent satisfaction surveys and call volume by Behavioral Health Region. A variety of marketing platforms will continue to be utilized to convey the Helpline’s message across the state to parents, professionals, and agencies. These include T.V. and radio ads, live T.V. and radio interviews, streaming audio (Pandora), billboards, magazine ads, school newsletters, exhibit booths, presentations, and state athletic association programs.

Previous campaigns focused on establishing the Helpline’s presence statewide as a unique behavioral and mental health resource for parents, guardians, and third parties. **Utilizing caller data and feedback**, the Helpline has developed a preventive marketing approach, using attention-grabbing visuals and voiceovers. The “Future Babies” campaign, **launched in 2013**, showed babies in conjunction with descriptions of future behaviors they may engage in, such as bullying, stealing, running away, and substance use. The goal was to encourage parents to call in at the first sign of problem behaviors, before they felt as if the situation has spiraled out of control. A review of caller data showed the ads had the desired effect: the share of parents calling about identified children ages 12 and under grew from **35 percent** prior to the campaign to **51 percent** by August 2015. With the start of a new contract period, which began on July 1, 2015, the Helpline intends to launch an **updated campaign** that builds on the award-winning success of the “Future Babies” campaign. The new campaign will continue with a preventive message speaking from the **point of view of a parent** wondering when and how things went wrong, and what they could have done differently to prevent their children’s negative behaviors.

Family Navigator & Family Peer Support Services

Description: Family Navigator & Peer Support Services

In July 2011, DHHS began a new contract with the Nebraska Federation of Families for Children's Mental Health (Federation) for the operation of the **Family Navigator** and **Family Peer Support Services**. This contract provided an opportunity for families engaging in Family Navigator Services (or even families who are or become involved in the child welfare system) to receive continuous care through the same agency if they are eligible and choose to stay engaged with longer-term Family Peer Support Services. Such services may include parenting classes, family advocacy, mentoring, support groups, Wellness Recovery Action Planning, and more. These services are provided via Federation affiliate organizations, one located within each Behavioral Health Region.

The **Family Navigator Program** is designed to utilize parents/guardians who have **personally lived the experience of parenting a child/adolescent with behavioral health challenges as providers of this service**. This referral includes time-limited services of approximately eight contact hours per family over a period of 45 to 60 days to families of youth experiencing an urgent behavioral health situation. The Family Navigator must be made available to the Helpline caller within 24-72 hours from referral by Helpline staff. The target population for the Family Navigator services is a parent/guardian/primary caretaker who has a youth experiencing a significant behavioral health situation who needs additional assistance identifying, locating and connecting to appropriate services. The fundamental intent of this service is to assist the family in navigating the current community-based behavioral health system, help the youth and family understand their options and make informed decisions, provide information and support, and promote a productive partnership between the youth and family and their choice of professional services when possible or applicable. **Family Peer Support Services** are designed to provide longer-term assistance with a wider array of supportive services. On average, services are six months in length. Various evidence-based and promising practices are utilized to implement quality and effective services for as long as a family qualifies and participates toward the family's desired outcomes. Services utilize specific methods for moving toward an interagency system of care by developing referral sources and collaborative working relationships between families and public and private child-serving agencies. Services embrace a child-focused and family-centered philosophy and acknowledge the child/adolescent and/or families, legal guardians, and caregivers as equal partners. It promotes utilization of the least restrictive, least intrusive, developmentally appropriate interventions in accordance with the child/adolescent and family needs within the most normalized environment.

Family Navigator & Family Peer Support Services

Program Statistics and Outcomes	
During fiscal year 2015, 442 families connected to Family Navigator Services , and 413 families received Family Peer Support Services .	
FY15 Family Navigator & Peer Support Allocation	FY15 Family Navigator & Peer Support Expenditures
\$ 866,047.00	\$ 864,971.23

- Families involved in either service reported their **top stressors** related to their youth of concern: **child being aggressive or angry, child receiving poor grades in school, child arguing or lying, child demonstrating depressive symptoms, and child not following rules at school.**
- Families involved in either service reported their **top family stressors**: mental health challenges within their family, not having adequate access to mental health services they needed, difficulties disciplining their child, lack of income to support their family, and relationship issues within their family.
- **13-to-16-year-olds** were the most identified age group served by Family Navigator (50 percent) and Family Peer Support services (35 percent).
- Families’ **average length of stay** in the Family Navigator Program was **59.51 days**, and **195 days** in Family Peer Support Services.
- Family Peer Support Specialists made **initial first successful contact** with families, on average, within **1.31 days** for Family Navigation, and **2.49 days** for family peer support.
- During the year, Family Peer Support Specialists, on average, held the first successful **face-to-face meeting** within **33 days** for Navigation families, and **13.58 days** for Family Peer Support families.
- Services most requested by parents were: individual peer support, mental health outpatient care, child development recreation, and housing.
- **100 percent** of all families served maintained the **same primary Advocate for Family Navigator** and **99.6 percent for Family Peer Support**.
- **Of the families who identified that their child had a formal diagnosis, the top three identified diagnosis** (by family report) served by **Family Navigation** are: oppositional defiant disorder, no diagnosis, and attention– deficit/hyperactivity disruptive.
- **Top youth diagnoses** (by family report) served by **Family Peer Support**: ADHD disruptive combined or hyperactive impulsive, attention deficit/hyperactivity disruptive NOS, and oppositional defiant disorder.
- The largest percentage of families who accepted Family Navigator and Family Peer Support Services reported having insurance through Medicaid/Kids Connection.

DHHS—Pursuant to LB603—September 2015
Family Navigator & Family Peer Support Services

Program Statistics and Outcomes (Con't)

Consistency and stability for families is a significant benefit of the single contract for all family peer services facilitated through one vendor via the Federation. This allows for a smoother transition in a critical support service at a time when families are experiencing great challenges. The Federation will continue to focus on the utilization of Protective Factor Survey (PFS) data to improve the quality of services. The current online data management system, Flip the Pyramid, provides methods for review of program data and facilitates the opportunity to analyze program measurements to assess how the system can more adequately assist parents to enhance their protective factors through plan development and management. Additionally, youth outcome measurements are being added to Pyramid to allow for comparisons and more direct measurement of outcomes for young people.

FY15 Outcomes:

- **73 percent of Navigator** and **78 percent of Peer Support** families identified that they had enhanced or maintained their **overall resilience** (PFS measure) during the time in the program.
- **46 percent of Navigator** and **62 percent of Peer Support** parents completing the program identified that they had **increased or maintained their social connections** (PFS measure) while in the program.
- **84 percent of Navigator** and **100 percent of Peer Support** parents completing the program demonstrated an **increase** in their overall **knowledge of parenting and child development** (PFS measure).
- **92 percent of Navigator** and **100 percent of Peer Support** parents completing the program demonstrated an **increase** in the number of **concrete supports utilized** (PFS measure) from intake to discharge.
- **50 percent** of Navigation youth and **68 percent of** youth in Family Peer Support demonstrated an **increase** in their overall number of **Developmental Assets** through this work done with their parent and the Family Peer Support Specialist.
- **Less than 3 percent** of families served in Family Navigator and Family Peer Support were transferred to Children and Family Services (CFS) Peer Support or became involved with CFS .
- **86.56 percent of Navigation** families and **86.77 percent of Peer Support** families had an initial **successful contact** from a Family Peer Support Specialist **within 72 hours** from the time referral was made.
- During FY15, there was a total of **153** support groups held statewide (**68 youth and 85 parent**). There were **31 newsletters** sent out to families and community stakeholders.

Next Steps: The Federation will continue to build on existing initiatives such as the Family Peer version of Motivational Interviewing, implementation of Wraparound, Circle of Security Parenting, and Targeted Parenting Assistance. In 2015, the Federation welcomed their eighth family organization, Chadron Native American Center, which specializes in providing Native American Family Peer Support services.

Right Turn (Post Adoption/Post Guardianship Services)

Description: Post Adoption/Post Guardianship Services– 1-888-667-2399

Many families are parenting children with behavioral health concerns or children who have ongoing struggles related to adoption. Locating behavioral health providers and supports that specialize in adoption and helping children heal from the trauma and loss they may have experienced is very important. Right Turn trains, identifies and refers families to professional post-adoption and guardianship providers and supports within their area. These additional supports and services have been made possible with the passage of LB 603. In 2009, DHHS contracted with Lutheran Family Services of Nebraska, Inc. (LFS) to deliver services to eligible families that self refer. Effective December 1, 2014, Right Turn has expanded and **can now serve ALL Nebraska adoptive families** - international, domestic infant, private, step-parent and foster adoptive families.

Right Turn Serves:

- All adoptive families living in Nebraska, including private domestic adoptions, international adoptions, step-parent or adoptions finalized in another state up to the child's 21st birthday.
- Families who have a child who was in the custody of DHHS prior to the finalization of their adoption, with a valid subsidy agreement with DHHS regardless of the state of residence, and up to the child's 21st birthday.
- Families who have a child who was in the custody of DHHS prior to the finalization of their guardianship, with a valid subsidy agreement with DHHS regardless of the state of residence, and up to the child's 19th birthday.

Services Provided: The post-adoption/post-guardianship program can be accessed via a phone **Access Center** 24 hours a day, 7 days a week, 365 days a year serving as the single point of entry for the program, providing inquiry, intake, crisis management, and initial case management. Social and informal support networks for youth and parents are essential. Right Turn is committed to connecting families and youth to services and support groups where social networks can be created and peer support can be achieved. Additionally, Right Turn believes adoptive and guardianship families should be celebrated and celebrate together. Right Turn offers **six core services**: 1) permanency support; 2) Parent2Parent network; 3) respite care connections; 4) behavioral health connections; 5) trainings and workshops; and, 6) support groups and family activities.

During FY15, Right Turn served **229 new families**. Over the course of the year, they served a total of **346 families and 897 youth**. **Sixty-seven percent** of families indicated the child had a mental health diagnosis.

Right Turn (Post Adoption/Post Guardianship Services)

Program Statistics and Outcomes

Referrals for All Services: Right Turn is committed to ensure that adoptive families access needed support even when they are not eligible for Right Turn services. In some cases, families may be referred to the Nebraska Family Helpline, or to the Nebraska Children’s Home Society, which has post-adoption support for a broad spectrum of adoptive families. Right Turn has made over **5,700** referrals for services, including **696 referrals** for services in FY15, including referrals both for Right Turn families and those not eligible for Right Turn.

As in the past, the **majority** of identified children were **age 12 or older**. Families seeking help via case management most frequently cited **out-of-control behaviors** and **mental health concerns** as the reason for contacting Right Turn. The parents and guardians who reported that the identified child had a behavioral concern or mental health diagnosis, most frequently cited:

- Attention deficit hyperactivity disorder (ADHD/ADD) (**58 percent**).
- Reactive attachment disorder (RAD) (**33 percent**).
- Oppositional defiant disorder (ODD) (**24 percent**).
- Fetal alcohol syndrome (FAS) (**19 percent**).
- Post-traumatic stress disorder (PTSD) (**18 percent**).
- And, mood disorder (**18 percent**).

Services most frequently sought by these families were tracker services and residential treatment. For the majority of families served by Right Turn, youth stayed in their own homes with their own families. **Ninety-four percent** of the families surveyed, identified as being satisfied with the services provided.

Barriers and gaps in services were identified this past year regarding adoptive and guardianship families. Right Turn identified one of the barriers as families have insufficient training, preparation, and understanding of the special needs of children who have experienced abuse, neglect, trauma or losses associated with adoption and/or guardianship. Right Turn, in collaboration with Lutheran Family Services of Nebraska, continues to offer the Center for Adoption Support and Education’s (C.A.S.E) Training for Adoption Competency for mental health practitioners. Right Turn offers continuing education opportunities across the state for families (pre-and post-finalization) and professionals to acquire and expand their knowledge of best practices in adoption, guardianship and parenting. Right Turn and DHHS work collaboratively to assure adoptive families, courts and service providers are aware of post-adoptive services.

LB 603 funding distribution to the Regional Behavioral Health Authorities

Professional Partner Program

The DHHS Division of Behavioral Health Professional Partner Program (PPP) is designed to serve youth and families who are experiencing behavioral health challenges. This level of care is appropriate for children and youth who are experiencing serious emotional disturbances and who have had a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment(s) that substantially interfered with or limits the child’s/youth’s role or functioning in family, school, or community activities.

PPP provides **high-fidelity Wraparound** services that utilize intensive, therapeutic service coordination, flexible funding and purposeful family-centered practices to increase youth functioning, decrease risk for out-of-home placement and/or multiple system involvement, and to stabilize the family environment. High-fidelity Wraparound is an evidence-based approach for serving youth with behavioral health challenges and has existed in Nebraska for nearly two decades with significant success.

With utilization of the Wraparound approach, Professional Partners maintain a strong commitment to creating services to support normalized and inclusive options for youth with complex needs and their families. Through the wraparound process, children and families receive a customized blend of traditional and non-traditional services purchased through a flexible funding mechanism.

The goals of the Professional Partner Program are to ensure the availability of an accountable individual to serve as an advocate, service broker, and liaison on behalf of the youth/young adult and his or her family when accessing needed services, to coordinate service components and all phases of treatment and support, and to ensure that the elements of treatment and supportive services are planned for and provided. An individualized service plan is developed for each youth/young adult and his or her family and is based on the strengths and concerns of the youth/young adult and his or her family across life domains, including mental health, substance abuse, residential, family, education, vocational, financial, social/recreational, medical, legal, safety, and cultural.

The services purchased under the additional LB 603 funding are subject to the same program monitoring procedures as the traditional program. The following program assessments apply:

Tool	Purpose
Child Adolescent Functional Assessment Scale/ Preschool Early Childhood Functional Assessment Scale (CAFAS/PECFAS)	Assesses youth’s functional limitations and assists in deciding the level of intervention.
Protective Factor Survey (PFS)	Assesses family functioning through multiple protective factors against abuse and neglect.
Suicidal Behaviors Questionnaire - Revised (SBQ-R)	Assesses level of risk for suicide.
Wraparound Fidelity Index – EZ (WFI-EZ)	Measures fidelity to the Wraparound Model in the Professional Partner Program.

LB 603 funding distribution to the Regional Behavioral Health Authorities

Program Information: Regional Funding

LB 603 funding allocations to the Regional Behavioral Health Authorities (Regions) were distributed to each of the six Regions. Due to rate changes, additional state general funds are being utilized to support increases in rates since passage of Neb. Rev. Stat. §71-801.5-11. The LB 603 funding allocation has provided additional services, supports, and professional development resources directed toward helping Nebraska families who are dealing with children’s behavioral health issues. Funds were appropriated to expand existing regional Professional Partner programs and other support services for children. In addition to increasing capacity, Regions 3, 5, and 6 utilized the additional LB 603 funding to expand services to include specialized programming, as mentioned on pages 18 and 19 of this report.

Region	FY15 Funding Allocation	FY15 Expenditures	Total served in FY15
Region 1	\$51,110	\$50,453	9 youth
Region 2	\$60,050	\$60,050	20 youth
Region 3	\$133,886	\$164,502	41 youth
Region 4	\$123,162	\$81,548	24 youth
Region 5	\$242,871	\$218,541	104 youth
Region 6	\$388, 921	402,791	281 youth
Total	\$1,000,000	\$977,885	490 youth

Program Information: Specialized Programs : Region 3

In addition to increasing capacity within the Professional Partner Program, Region 3 also implements a Transition Age Supported Employment (TASE) program in partnership with Goodwill Industries, Grand Island Public Schools and Vocational Rehabilitation. In FY15, TASE served 21 youth. The TASE program provides job-skills instruction, benefits planning, job development, coaching and placement and employment-related independent living skills.

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Specialized Programs: Region 5			
Region	FY15 Funding Allocation	FY15 Expenditures	Total #'s Served
Region 5	\$242,871	\$218,541	LINCS: 61 Prev-PPP: 43

Prevention Professional Partners and LINCS

LINCS (Linking Individuals/Families in Need of Community Supports) offers assessment, services, and supports to families who have acknowledged a need for assistance with their children who are demonstrating difficulties in their homes, schools, and communities. The voluntary process also responds to youth with serious/complex needs who are at risk of a juvenile court filing and becoming state wards by applying the Wraparound approach, including prevention, intervention, and coordination designed to address the behavioral health needs of youth and their families. The primary goal of LINCS is to reduce formal juvenile justice involvement while generating community support and service for the youth and their families. Of the **61 families referred** within FY15, 94 percent were referred from SMART Teams. Eighty-five percent were referrals for youth 12-18 years old, and 31 families declined services or did not engage.

The Prevention Professional Partner program provides intensive case management designed to bring together community resources to help families in need of supports and services for their children. The Prevention PPP is completely voluntary and of 72 families referred, **43 families** accepted and were served. Of families served, the top three reported family historical problems were: **mental illness, substance abuse** and **violence in the family**. The top three diagnoses of youth served were: attention-deficit and disruptive behavior, mood disorders, and anxiety disorders. **Forty percent** of youth were successfully discharged from the program, and **30 percent** of families made progress on their plan of care goals but indicated they wanted more support and professional partner service. They were transferred to the traditional professional partner program.

Both programs are demonstrating significant success, positive youth and family outcomes and system savings by connecting families to appropriate community-based services and averting restrictive environments.

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Specialized Programs: Region 6			
Region	FY15 Funding Allocation	FY15 Expenditures	Total #'s Served
Region 6	\$388,921	\$402,791	Crisis Response: 153 RR-PPP: 128

Rapid Response Professional Partners: This Region 6 Program provides short-term (six months) services for severely emotionally disturbed (SED) youth ages 0-19 to achieve goals of stability, improve functioning, and reduce the need for involvement with the juvenile justice system. This program works in collaboration with the Douglas County Attorney, Truancy Coalition and the Juvenile Assessment Center to respond to youth who also may be at risk for custody relinquishment. The program is a voluntary in-home case management service. The Rapid Response Program served **128 youth**, with an average length of stay of **128 days**. **Ninety-three percent** of youth did not enter the child welfare system and **66 percent** of youth experienced no further Juvenile Justice involvement during the 12 months after program admittance.

Mobile Crisis Response Service: The purpose of Crisis Response is to aid in the resolution of the immediate behavioral health crisis within the least restrictive environment, and to assist with post-crisis planning and resource linkage. Crisis Response Programs in the Region 6 service area were originally designed to be activated by law enforcement officers, and were intended to provide on-site crisis stabilization, evaluation, and recommendations for possible treatment and placement options for adults.

With the addition of LB 603 funds, Region 6 Behavioral Healthcare has expanded the target population served by Crisis Response to include youth experiencing a mental health crisis. LB 603 funds have also provided Region 6 the ability to expand the referral process for Crisis Response beyond the original law enforcement referral process to allow the Nebraska Family Helpline and homeless shelters in the Region 6 service area to make direct referrals to Crisis Response.

Outcomes for this service not only benefit the youth and family by increasing stability, dignity and service connection, but also preserve community resources. The Mobile Crisis Response Team served **153 youth** during this period; 140 of these were referrals from law enforcement. Of the youth served, **66 percent were between 15-18 years old**, and 49 percent were male and 51 percent female. Of those 153 youth, **150** were provided an on-site crisis safety plan and **only 16 were hospitalized**. The remaining youth served were able to have their immediate crisis resolved in their home/community setting.

Contacts

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- Right Turn, Post-Adoption/Post-Guardianship Services

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