

TO: Health and Human Services Committee

FROM: Scot L. Adams, Ph.D.  
Director - Division of Behavioral Health  
Department of Health and Human Services

DATE: September 14, 2012

RE: DHHS LB603 Annual Report

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. DHHS has been working diligently to ensure this measure produces effective and efficient services for the benefit of Nebraska youth and families.

The 2012 Annual Report contains details about the progress that has been made for the three services: Nebraska Family Helpline, Family Navigator/Family Peer Support, and Right Turn (Lutheran Family Services). In addition, please note the final project report from the evaluator, Hornby Zeller Associates, is expected in October and will be provided then. Please note a few of the highlights of interest:

- **Effective:** These three services have proven effective, valuable contributions for Nebraska families by providing supports critical to youth and family well being beyond medical care.
- **Preventative:** These three services interact with families who may not have experienced any system involvement, but who may be at risk. Many of these families need other family supportive services not covered by private insurance or Medicaid/Kids Connection
- **Restorative:** These three services have provided restorative programming to families whose safety, stability and permanency were compromised.

DHHS is committed to continuing the collaborative relationship with the providers of these services as well as our existing partners and service system stakeholders, toward the common goal of serving youth and families "with the right service, in the right amount, at the right time." We appreciate the opportunity to provide this update on the implementation of the Children's Behavioral Health Support Act.

Enclosure

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, 2012

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## Executive Summary

In May 2009, Nebraska Legislature passed LB603 and Governor Heineman signed it into law. This authorized the creation of the Children’s Behavioral Health Help Line and Family Navigator Services, and the Post Adoption/Post Guardianship Services as defined in LB603 Section 71-801, sections 5-11 and cited as the Children and Family Behavioral Health Support Act. The act provided the framework for three initial Request for Proposals and three subsequent contracts managed by the Division of Behavioral Health and the Division of Children and Family Services of the Department of Health and Human Services (DHHS). DHHS offers this report in compliance with the LB603 Chapter 71-801 section 9 reporting requirements for an annual report presented by September 15th to the Governor and the Legislature.

The contents of this report summarize the events occurring after the passage of LB603 (designated to DHHS) for fiscal year 2011 –2012 (FY12) as they pertain to the:

- Nebraska Family Helpline, Boys Town
  - ◊ 3,786 total calls, 68% of surveyed families report improved family situation after call
  - ◊ 2,613 unique families served
- Family Navigator and Family Peer Support Services, Nebraska Federation of Families for Children’s Mental Health
  - ◊ 740 new families accepted services in FY12, 84% report feeling more hopeful about their future after the services
- Post Adoption/Post Guardianship Services, Right Turn
  - ◊ 213 families accepted services in FY12, 97% of families surveyed express satisfaction with the services received
- Evaluation Services, Hornby Zeller Associates
  - ◊ Timely reports, significant program gain, within budget
- Children’s Behavioral Health Services, Regional Behavioral Health Authorities
  - ◊ 258 additional youth served with positive outcomes
  - ◊ 137 youth received timely crisis response services in partnership with Nebraska Family Helpline

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## **Introduction**

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

The legislative session of 2009 committed significant investment towards 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 Help Line (Nebraska Family Helpline) and Family Navigator Services, Post Adoption/Post Guardianship Services (Right Turn) and the Evaluation Services for the aforementioned new services.

These services, now with two and a half years of operation (from inception January 1, 2010 thru fiscal year end June 30, 2012), have already demonstrated a healthy investment of collaborative effort by many to develop and perform continuous quality improvement 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 Service 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.

The Nebraska Family Helpline, Family Navigator (and now Family Peer Support) and Right Turn all have continued to work collaboratively with the Evaluator to identify best practices in service implementation and data-sharing processes.

Reporting of all three initial services continues 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 upon these first two and a half years, these programs continue to demonstrate themselves as successful additions to Nebraska's children's behavioral health system.

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## Nebraska Family Helpline

### **Description: Nebraska Family Helpline**

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 as well as 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 and administered by the Division of Behavioral Health.

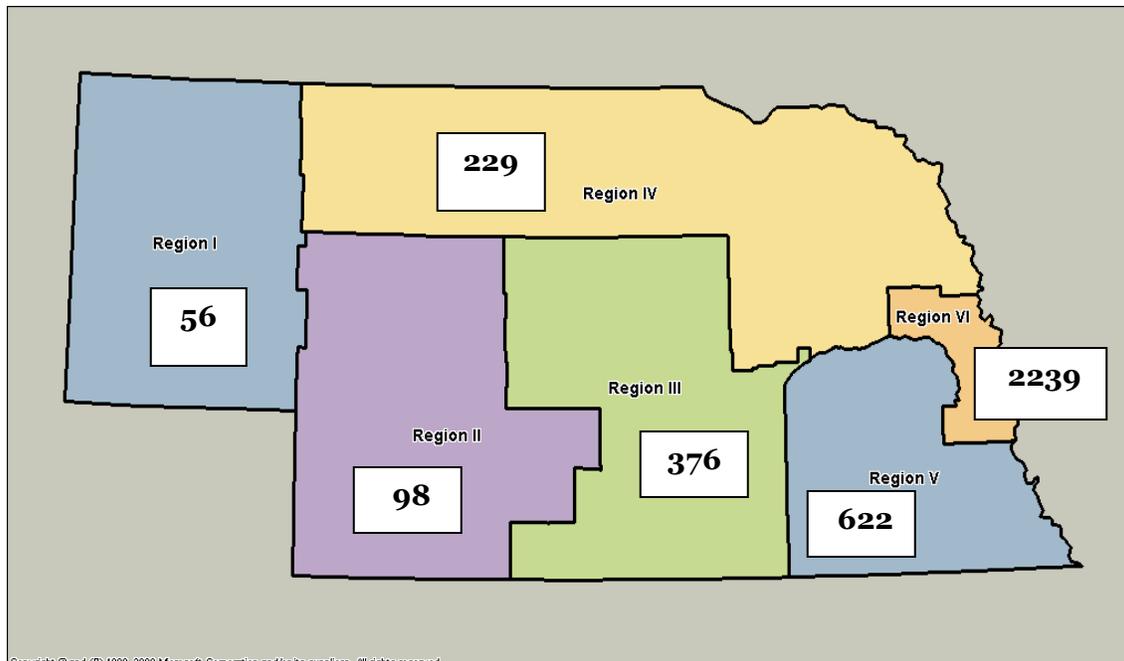
<b>FY12 Helpline Appropriation</b>	<b>FY12 Helpline Expenditures</b>
<b>\$1,390,584.00</b>	<b>\$1,221,425.97</b>

## Nebraska Family Helpline

### Program Statistics and Outcomes

The Nebraska Family Helpline and Family Navigator programs achieved a number of successes in FY 2012. The Helpline served a total of **2,613** unique families throughout Nebraska during the fiscal year 2011-2012 (FY12: July 1, 2011– June 30, 2012). Those families made a total of **3,786** calls to the Helpline. About **63%** of calls to the Helpline came from Behavioral Health Region VI.

Of the families that contacted the Helpline, **651** families were offered Family Navigator service (**25%**) and **423** families accepted Family Navigator service (**16%**). Helpline Counselors provided families with a total of **3,928** referrals for a range of services. Around **42%** of callers were from single-parent households, with the next highest percentage being from families with both biological parents. 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. The table below represents calls by Region during FY12.



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Nebraska Family Helpline

**Program Statistics and Outcomes (Con't)**

<b>Inbound Call Types (Documented)</b>	<b>TOTAL</b>	<b>Percent</b>
Standard Inbound Call	1,502	40%
Information	1,125	30%
Inbound Follow Up	1,059	28%
High Risk	100	3%
Positive Consumer	0	0
Negative Consumer	0	0
<b>TOTALS</b>	<b>3,786</b>	<b>(100%)</b>
<b>Other Inbound Call Types</b>		
Inappropriate Use of Services	41	
Hang up/Wrong Number	139	

<b>Standard Inbound</b>	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.
<b>Information</b>	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.
<b>Inbound Follow Up</b>	A caller who contacts the Helpline following a previous call; may include inbound calls prompted by a follow-up call from the Helpline.
<b>High Risk</b>	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.
<b>Positive Consumer</b>	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.
<b>Inappropriate Use of Services</b>	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.
<b>Hang Up/ Wrong Number</b>	A caller who hangs up before speaking to a counselor, or dialed the Helpline number in error.
<b>Outbound Follow Up</b>	A call that a Helpline Counselor makes to a previous Helpline caller to follow up on their situation and offer further suggestions or assistance.

## 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 Out of Control, Not Following Authority Figures, followed by Lying and Poor Anger Control. Callers usually are reporting a precipitating event or mounting concern of 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 **21%** 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 **55%** of the time; and medication was involved in **26%** of the prior treatments.

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.

<b>Insurance of Helpline Callers (by self-report)</b>	<b>Percent</b>
<b>Medicaid/Kids Connection</b>	<b>50%</b>
<b>Private Insurance</b>	<b>39%</b>
<b>Have No Insurance</b>	<b>8%</b>
<b>Medicaid/Kids Connection and Private Insurance</b>	<b>2%</b>
<b>Private Insurance w/o Mental Health Coverage</b>	<b>1%</b>

An outbound follow-up survey (of 43 families) indicated that 68% reported improved family situations since the Helpline call. And a Client Satisfaction Survey resulted in ratings of 4.7 or above on a scale of 1 (poor) to 5 (excellent), demonstrating callers' perception of a positive Helpline experience.

## Nebraska Family Helpline

### Program Statistics and Outcomes (Con't)

Boys Town utilized their 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 barrier to accessing mental health services reported by families was the **cost**. Of those accessing services, **ineffective services or youth refusal to participate** was also an expressed barrier.

A continuing trend is that a significant number of calls report mental health issues that are 'externalizing behaviors', meaning diagnoses that exhibit symptoms and behaviors that are enacted outward of the youth (outbursts, violence, substance use, etc), rather than inward (depression, etc). These types of behaviors often present the most challenges for the family and community. In addition, the type of services most commonly proposed by research to be the most effective for sustainable improvement and family involvement are not provided via out-of-home placement or residential settings, but rather in the youth's natural environment.

An issue to continue to address is the general perception that adolescent behavior should be addressed with mental health treatment. Noting that many callers report trying such services in the past with limited success may suggest that formal treatment services are not always appropriate. In fact, while many child/youth issues are behavioral, they may not be true psychiatric/mental health disorders. Nonetheless, supportive and para-professional services would likely be of great benefit to families as preventative/intervention strategies. The balance between offering a caller the referral information they requested, but also offering what they likely need, is a continuing challenge. In Fy12, the **Residential Services were requested five times as often as suggested** by Helpline Counselors,; and **Parent Education and Support Services were recommended three times as often as requested**.

## Family Navigator & 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 new contract represents the ability for a family engaging in Family Navigator services (or even families who are or become Child Welfare system involved) to receive continuous care thru 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, WRAP 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 family peer support specialists (Advocates) to provide further support and assistance after a caller is referred from their Helpline call. This provides time-limited services of approximately eight (8) contact hours per family over a period of forty-five (45) - sixty (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. The Family Peer Support Services are designed to provide longer-term assistance with a wider array of supportive services. Various evidence-based and promising practices are utilized to implement quality and effective services for as long as a family qualifies and participates towards the family’s desired outcomes .

## Family Navigator Program

### Program Statistics and Outcomes

During fiscal year 2011-2012, **412 families** connected to **Family Navigator services**, and **328 new Peer Support** referrals were also received. **42%** of families who received Family Navigator Services chose to transfer into the longer term Peer Support Services as well.

FY12 Family Navigator & Peer Support Allocation	FY12 Family Navigator & Peer Support Expenditures
<b>\$ 866,047.00</b>	<b>\$ 826,966.05</b>

Families involved in either service reported their **top three stressors** related to their youth of concern: the child’s sibling relationships, grades and following school rules.

- **13-to-16-year-olds** were the modal age group most served by Family Navigator and Family Peer Support services.
- **77%** of youth receiving Family Navigator (84% for Peer Support) service were Caucasian; the second highest percentage was African-American.
- Approximately **53%** of Family Navigator cases were in Region VI, reflecting the largest Region call volume and state population.
- Navigators spent an average of **5.7 hours** per case assisting families; over an average of **62.4 days**.
- Family Navigator/Peer Support advocates provided families with a total of **7,864 contacts**, the **average number of hours** spent assisting families was **6** for Navigation and **8.4** to families in Peer Support.
- **The majority of** families who accepted Family Navigator and Family Peer Support services reported having insurance through Medicaid/Kids Connection.

## Family Navigator Program

### 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. Yet another key success experienced within FY12 has been the development of formalized quality standards and improvement processes, outcome measure reporting systems and the standardization in service delivery for Family Peer Support Services. This work by the Federation and affiliate organizations has led to the demonstration of accountability, as well as effective, efficient and quality care.

Data elements are measured at intake and discharge for all families, including outcomes and family satisfaction:

- ⇒ A statewide **decrease of 56% in the level of strain** experienced by parents was reported from intake to discharge for families served in **Family Navigation** and a **statewide decrease of 76% in the level of strain** for families served in **Peer Support**.
- ⇒ **73%** of families were able to identify more informal supports due to program involvement.
- ⇒ **78%** of families felt they had a more stable home due to program involvement.
- ⇒ **82%** of families indicated that their Advocate helped them get their child home.
- ⇒ **92%** of families felt the Advocate contacted them in a timely manner.
- ⇒ **97%** of families felt the Advocate treated them with respect, demonstrated sensitivity and understood the family issues.
- ⇒ **73%** of families sought to keep their family together, and **74%** felt as though they received the **help needed to keep their family intact**.
- ⇒ **84% of families felt more hopeful about their future.**

## Right Turn (Post Adoption/Post Guardianship Services)

### **Description: Post Adoption/Post Guardianship Services**

DHHS has placed children with special needs with adoptive parents and guardians. After finalization of the adoption or guardianship, the majority of these families can receive assistance to preserve, strengthen, and support them through a subsidized adoption or subsidized guardianship agreement. Some families may need additional supports or services that had not been available until the passage of LB 603. As a result, DHHS contracted with Lutheran Family Services of Nebraska, Inc. (LFS) to deliver services to eligible families that self-refer.

**Population To Be Served:** The eligible population for services through this contract is any family who self refers and is residing in Nebraska or another state in which:

\*A child was in custody of DHHS just prior to finalization of the adoption, and there is a valid subsidized adoption agreement between the adoptive parent and DHHS; -OR-

\*A child was in custody of DHHS just prior to finalization of the guardianship, and there is a valid subsidized guardianship agreement between the guardian and DHHS.

Families eligible for services through the Child Welfare/Juvenile Services Contracts are not eligible for services under this contract.

**Services Provided:** The post adoption/post guardianship program can be accessed via a phone Access Center 24 hours per day, 7 days per week, 365 days per year; serving as the single point of entry for the program, providing inquiry, intake, crisis management, and initial case management.

Right Turn offers six core services (respite support, training and education, case management, peer mentor services, statewide support groups, and short-term mental health services and referrals) as well as an in-home support and intervention component that responds to the gaps in and barriers to in-home, community support services for children who have experienced extensive trauma and loss.

## Right Turn (Post Adoption/Post Guardianship Services)

**Program Statistics and Outcomes**

<b>Total Calls to the Access Line</b>	<b>446</b>
Total Referrals for Additional Right Turn Services	212
Eligible for Additional Services	185
Accepted Services	162
Number of Families Served	213
Number of Children Served (all Children in Family)	567

**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 4,500 referrals** for services, including referrals both for Right Turn families and those not eligible for Right Turn.

The percentage of families receiving case management services was approximately 75% adoptive parents and 25% guardians. For “identified children” (defined as the eligible child in the family served), the percentage of males vs. females was evenly divided. As in the past, the **majority of identified children were age 11 or older**. This year’s population saw a slight increase in the number of identified children who were ages 17 and 18 and therefore almost reaching the legal age of adulthood in Nebraska.

Families seeking help via case management **most frequently cited mental health** concerns as the reason for contacting Right Turn. Approximately **65%** of the parents and guardians reported that the identified child had a mental health diagnosis, with the most frequently cited being Reactive Attachment Disorder (RAD); ADHD; Depression; and Bi-Polar Disorder. Other concerns that led parents and guardians to self-refer to Right Turn were out of control behaviors, school/academic problems, aggressive behaviors, need for respite, and child running away.

## Right Turn (Post Adoption/Post Guardianship Services)

### **Program Statistics and Outcomes (Con't)**

During FY12, 63% of reviewed cases indicated that the child came from a home with a **history of substance abuse**, and 41% indicated that the child previously suffered from **neglect**. Thirty-five (35%) indicated that the child had a **mental health** diagnosis, and slightly less than 25% indicated that the child had developmental delays.

Additional measures regarding the child's placement and adoption history within the child welfare system were reviewed as well as comparisons between families that participated in Right Turn, those who were eligible but did not participate, and those who were not eligible for Right Turn. Children involved with Right Turn were much more likely to have been removed from their home more than once prior to adoption (44%), compared to about 10% for each of the other two groupings. Additionally, children involved with Right Turn had experienced slightly **more than six out of home settings**, compared to approximately four out of home settings for each of the other two groupings. These data indicate that Right Turn might be serving a higher-needs population than one would see in looking at the overall population of adopted children.

**Of the 213 families served, all remained intact and only 4 became wards of DHHS.** Of those who became wards, all were age 12 or older and had been in the home for at least two years; and all but two had multiple mental health diagnoses. Services most frequently sought by these families were tracker and residential treatment. **Only two of the families permanently and formally ended their adoptions.** Of all the outcomes, these are the most telling. For the majority of families served by Right Turn, youth stayed in their own homes, with their own families.

Overwhelmingly, families appear satisfied with Right Turn, with 63% stating that they saw improvement in their parenting skills, 73% stating that they had increased understanding of their children's needs, and **97% expressing satisfaction** with Right Turn's services. The vast majority of families remained intact while receiving Right Turn services, and the outcomes are considered very good.

## Right Turn (Post Adoption/Post Guardianship Services)

### **Program Statistics and Outcomes (Con't)**

#### **Additional Information of Interest**

Marketing Efforts: During FY12, Right Turn has participated in over one-hundred marketing activities throughout the State, including e-mail blasts to providers, families, and DHHS Children and Family Services staff; quarterly mailings to eligible families; presentations to a wide variety of audiences; mailings with marketing materials to providers and community leaders; and presentations at professional meetings and conferences which are designed to share the success of the program as well as information about what Right Turn is and how to access services. Right Turn also continues to publish its monthly newsletter and mail it online to over 300 families and providers throughout the State.

Adoption Conference: In collaboration with DHHS, Right Turn hosted an adoption conference with over 200+ registrants from across Nebraska and other states. The purpose of the conference was to enhance knowledge about best practices in adoption, to provide the opportunity for connecting with other adoptive parents and professionals, and to hear from and speak with national experts about foster care and adoption recruitment and retention, and assuring permanency through adoption.

In June 2012, Right Turn, in partnership with Lutheran Family Service and Nebraska Children's Home Society, received notice of a grant award from the Center for Adoption Support and Education. The purpose of this grant is to provide Right Turn with staff training later utilized to increase trainings for mental health professionals aimed at increasing competency related to adoption and working with youth within adoptive families. In FY11, Right Turn piloted an expanded service, *A Step Further: Improving family relationships through support and intervention after trauma and loss*. This service now has been incorporated into the Right Turn program for families that want to focus on solutions related to the child's past trauma and loss and who have the need for services of up to 180 days.

## Evaluation Services for the Help Line, Family Navigator and Post Adoption/Post Guardianship Services

### **Description and Outcomes: Evaluation Services**

The Evaluation Services for the Nebraska Family Helpline, Family Navigator Program and Right Turn (Post Adoption/Post Guardianship Services) are responsible for providing services to evaluate and analyze the *fidelity, effectiveness and outcomes* of such services. The contractor for such evaluation services is Hornby Zeller Associates, Inc. (HZA)

This contractor performed an evaluation of the service implementation and an analysis of the required data elements as well as additional elements as identified by the evaluator and the Service Providers. To implement a collaborative evaluation process, HZA utilized an Evaluation Team consisting of representatives from the State, each program, family members and community stakeholders, and participated in a Quality Improvement Team with the Helpline, Family Navigator/Support Services and DHHS. The Dashboard Reporting System which serves as a visual reporting of selected indicators to measure over time and was still utilized and posted on the DHHS website at: <http://www.dhhs.ne.gov/beh/mh/childmh.htm>.

HZA has to date, remained on budget and provided all required reports, and DHHS expects the timely report for the fiscal year 2011-2012 activities and final project summary in October 2012. Here are a few key elements here:

- *Fidelity:* HZA finds the 3 services to be operating satisfactorily per contractual requirements and has partnered with the providers to make process improvements
- *Effectiveness:* HZA finds the 3 services to be satisfactorily effective to their initial expected service outcome, with some recommendations for quality improvements
- *Outcomes:* HZA has identified several service outcome trends as well as some system implications, resulting in recommendations of additional strategies to positively impact these 3 services and the children's behavioral health system at large.

Within this fiscal period, HZA has performed a healthy evaluation project that has resulted in several noteworthy items: consumer-driven process improvements for all three service providers, collaborative system planning, and outcomes reviews that result in recommendations for further consideration.

## Funding distribution to the Regional Behavioral Health Authorities

### Program Information: Regions 1-4

Allocations to the Regional Behavioral Health Authorities (Regions) were divided by Region per the standard formula utilized for Regional funding distribution. Regions 1,2 and 4 increased the capacity of their current traditional Professional Partners Program with the additional funding in order to expand availability of this service.

Professional Partners Program (PPP) is a wraparound program that utilizes 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. PPP is an evidence-based approach for serving youth with mental health challenges and has existed in Nebraska for over a decade with significant success. The services purchased under this additional funding is subject to the same program monitoring procedures as the traditional program.

Region	FY12 Funding Allocation	FY12 Expenditures	Estimated Capacity Expansion	Total #'s Served
Region 1	\$51,110	\$48,814.18	+3 youth	8 youth
Region 2	\$60,050	\$66,482.88	+3 youth	10 youth
Region 4	\$123,162	\$86,513.04	+10 youth	18 youth

Region 3 increased capacity within their PPP, but also established a Transition Age Supported Employment (TASE) program in partnership with Goodwill Industries, Grand Island Public Schools and Vocational Rehabilitation. The TASE program provides job skills instruction, benefits planning, job development, coaching and placement and employment related independent living skills.

Region	FY12 Funding Allocation	FY12 Expenditures	Estimated Capacity Expansion	Total #'s Served
Region 3	\$133,885	\$144,622.72	+7 youth	PPP: 29 youth TASE: 6 youth

## Funding distribution to the Regional Behavioral Health Authorities

<b>Program Information: Region 5 Pilot Program</b>			
<b>Region</b>	<b>FY12 Funding Allocation</b>	<b>FY12 Expenditures</b>	<b>Total #'s Served</b>
Region 5	\$242,871	\$212,596.75	LINCS: 59 served Prev PPP: 24
<p><i>Pilot: 'Prevention Professional Partners' and LINCS</i></p> <p>LINCS 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 <b>98 families referred</b> within FY12, 29% came from a county attorney's office, 80% were about youth 12-18yrs old, 39% declined services or did not engage.</p> <p>The Prevention Professional Partner (PPP) program provides intensive case management designed to bring together community resources to help families in need of supports and services for their children. The PPP program is completely voluntary and of 29 families referred, <b>24 families</b> accepted and were served. Of families served, the top three reported historical problems were: <b>mental illness, crime and substance abuse</b>. The top three diagnoses of youth served were: Attention-Deficit and Disruptive Behavior, Mood Disorders and Adjustment Disorders. Over half (54%) of families served met the 2011 federal poverty guidelines, and 38% of the youth were receiving Medicaid. 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.</p>			

## Funding distribution to the Regional Behavioral Health Authorities

<b>Program Information: Region 6 Pilot Programs</b>			
<b>Region</b>	<b>FY12 Funding Allocation</b>	<b>FY12 Expenditures</b>	<b>Total #'s Served</b>
Region 6	\$388,922	\$440,970.43	Crisis Response: 137 RR-PPP: 104

*Pilot: 'Rapid Response Professional Partners'*

The Region 6 Rapid Response Program provides short term (90 days) 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 experiencing behavioral health concerns who may be at risk for custody relinquishment. The program is a voluntary in-home case management service, meeting with the family weekly to coordinate services and implement both formal and informal supports into the family structure. The program promotes the use of strength-based strategies intended to build on the family's natural resources and abilities. The Rapid Response Program received **254 referrals** in fiscal year 2010-2011, and **104 youth** accepted and were served in the program. Not all referrals were appropriate or opted to enter the program, and were then referred to other community programs. **70% of youth did not enter the Child Welfare** system during the 12 months after program admittance.

*Pilot: Adolescent Therapist addition on the Mobile Crisis Response Team*

The purpose of the Mobile Crisis Response Service 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. Mobile Crisis Response Programs in the Region 6 service area were originally designed to be activated by law enforcement officers, but with the addition of LB 603 funds, Region 6 has expanded the target population to include youth experiencing a mental health crisis and to expand the referral process to allow the Nebraska Family Helpline and homeless shelters in the Region 6 service area to also make direct referrals. 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 **137 youth** during this period. (60% referred from law enforcement, 40% from the Nebraska Family Helpline.) Of these youth, 58% were between 15-18 years old, 12 were already state wards, and 38% were identified as already having a mental health clinician. Of those 137 youth **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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Contract Management:

- ◇ Nebraska Family Helpline and Family Navigator
- ◇ Evaluation Services for the Help Line, Family Navigators and Post Adoption/Post Guardianship Services

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