

September 12, 2014

TO: Governor Heineman and Legislature

FROM: Kerry T. Winterer 
Chief Executive Officer
Department of Health and Human Services

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

Please find enclosed the 2014 Annual Report with further details about the progress that has been made this year to date for the 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 of greatest 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 for other family supportive services not covered by private insurance or Medicaid/Kids Connection, even though data shows a high number of them also being covered by Medicaid/Kids Connection.
- **Restorative:** These three services have provided restorative programming to families whose safety, stability and permanency had been compromised.

DHHS is committed to continuing the collaborative relationship with these providers 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 12, 2014

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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 Neb. Rev. Stat. §71-801.5-11 and cited as the Children and Family Behavioral Health Support Act. The act provided the framework for three new contracts and one expansion of existing services. The contents of this report summarize the events occurring after the passage of LB603 (designated to DHHS) for fiscal year 2013 –2014 (FY14) as they pertain to the:

- Nebraska Family Helpline, Boys Town \$1,390,584.00 Contracted Amount
 - ◊ **4,083** total FY14 calls from **2,689** unique families, providing **4,365** referrals to local resources
 - ◊ **69%** of surveyed families report improved family situation after call
 - ◊ **16,775** total calls from **11,639** Nebraska families during entire project period from January 1, 2010-June 30,2014.
- Family Navigator and Family Peer Support Services, Nebraska Federation of Families for Children’s Mental Health \$886,047.00 Contracted Amount
 - ◊ **390** families served in Family Navigator Services and **376** families served in Family Peer Support Services
 - ◊ **100%** of surveyed families report that their Peer Support Advocate provided them with skills to better manage their child’s behavior
- Post Adoption/Post Guardianship Services, Right Turn
 - ◊ **580** youth and **232** families served
 - ◊ **95%** of families surveyed express satisfaction with the services received
- Children’s Behavioral Health Services, Regional Behavioral Health Authorities \$1,000,000.00 Contracted Amount
 - ◊ **366** additional youth served with positive outcomes
 - ◊ **136** youth received timely services through Mobile Crisis Response

DHHS offers this report in compliance with the Neb. Rev. Stat. §71-801.9 reporting requirements for an annual report to be presented to the Governor and the Legislature.

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 systems that save children.

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, and the Post Adoption/Post Guardianship Services (Right Turn).

These services, now with three and a half years of operation (from inception January 1, 2010 through fiscal year end June 30, 2014) 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.

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.

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 three and a half years, these programs continue to demonstrate themselves as successful additions to Nebraska's children's behavioral health system.

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 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.

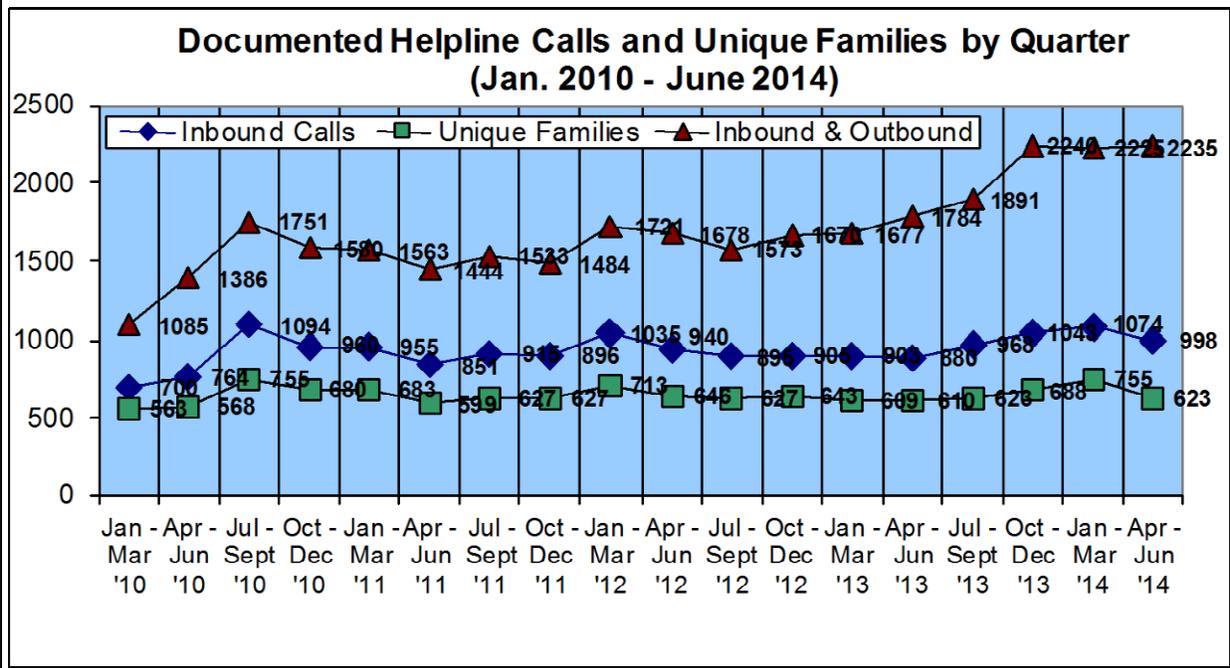
FY14 Helpline Appropriation	FY14 Helpline Expenditures
\$1,390,584	\$1,379,663

Nebraska Family Helpline

Program Statistics and Outcomes

The Nebraska Family Helpline achieved a number of successes in FY 2014. The Helpline served a total of **2,689** unique families throughout Nebraska during the fiscal year 2013-2014 (FY14: July 1, 2013– June 30, 2014). Those families made a total of **4,083** calls to the Helpline. About **63%** of calls to the Helpline came from Behavioral Health Region VI. Of the families that contacted the Helpline, **662** families were offered Family Navigator service, **362** families accepted Family Navigator service (a **55%** acceptance rate). Helpline counselors provided families with a total of **4,365** referrals for a range of services. Around **45%** 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. **Since its inception, the Helpline has received a total of 17,153 calls from 11,685 unique families.** The table below represents the call trends from the service start date through the end of this fiscal year.



Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

Inbound Call Types (Documented)	TOTAL	Percent
Standard Inbound Call	1,546	38%
Information	1,324	32%
Inbound Follow-up	1143	28%
High Risk	56	1%
Positive Consumer	4	0
Negative Consumer	10	1
TOTALS	4,079	100%
Other Inbound Call Types		
Inappropriate Use of Services	16	
Hang up/Wrong Number	237	

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.

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 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 **34%** 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 **52%** of the time; and medication was involved in **24%** of the prior treatments. 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 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. Noting 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 and 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 challenging.

Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

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	46%
Private Insurance	44%
Have No Insurance	8%
Private Insurance w/o Mental Health Coverage	1%

Over the entire project period January 1, 2010-June 30, 2014, several trends are noted:

- ◆ **61%** of all documented calls came from Region VI and **18%** from Region V; call volumes from the central and western parts of the state are significantly lower.
- ◆ **45%** of callers reporting having **single-parent** households; this group reports higher scores in 15 of 16 “parent stressor” categories such as: relationships with friends, income, access to services, supervision of children and housing.
- ◆ Of the families who contact the Helpline multiple times, a greater percentage reported having Medicaid (46%) than private insurance (44%). And multiple call families were more likely to report safety concerns and/or being in crisis.

During FY14, the Helpline saw an increase in call volume of 14%. Also demonstrating an increase were parents calling the Helpline regarding younger children, attributable to the Helpline’s Future Babies campaign. These video ads educate parents of the potential behavioral health issues that babies and younger children might encounter as they grow, with the goal of having parents recognize problematic behaviors and calling the Helpline while the children are still young. The Future Babies campaign recently won a “Best in Show” award from the Omaha Chapter of the American Marketing Association, and a 2014 Telly Award. These awards were given for creativity and demonstration of overall effectiveness of the campaign.

Family Navigator & Family Peer Support Services

Description: Family Navigator & Peer Support Services

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 referral includes time-limited services of approximately eight (8) 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 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.

FY14 Family Navigator & Peer Support Allocation	FY14 Family Navigator & Peer Support Expenditures
\$ 866,047	\$ 866,047

Program Statistics and Outcomes:

- **13-to-16-year-olds** were the most identified age group most served by Family Navigator and Family Peer Support services; although there was a dramatic increase in **youth under 12** being served, which demonstrates the opportunity for family prevention.
- Families' **average length of stay** in the Family Navigator Program was **49 days**, and **173 days** in Family Peer Support Services.
- The **average number of hours** spent assisting families by Advocates was **19** for families in Navigation and **25** for families in Peer Support Services.
- **92%** of parents reported feeling their family is better able to navigate the behavioral health system after completing services.

Right Turn (Post Adoption/Post Guardianship Services)

Description: Post Adoption/Post Guardianship Services

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 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 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**: 1) permanency support; 2) Parent2Parent network; 3) respite care connections; 4) mental health connections; 5) trainings and workshops; and, 6) support groups and family activities.

During FY14, **62%** of families served indicated that the child had a mental health diagnosis. There were **580 children and 232 families served**. Of these, **15** of the youth became wards of DHHS.

Program Statistics and Outcomes:

Referrals for All Services: Right Turn has made **over 5,035 referrals** for services, including referrals both for Right Turn families and those not eligible for Right Turn.

Right Turn (Post Adoption/Post Guardianship Services)

Program Statistics and Outcomes

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 mental health diagnosis, most frequently cited attention deficit hyperactivity disorder (ADHD/ADD), reactive attachment disorder (RAD) and bipolar disorder. Other concerns were out of control behaviors, school/academic problems, aggressive behaviors and mental health concerns. Services most frequently sought by these families were tracker and residential treatment. For the majority of families served by Right Turn, youth stayed in their own homes, with their own families. Families appear satisfied with Right Turn, with **94% of families** involved in the program 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 special needs of children who have experienced abuse, neglect, trauma or losses associated with adoption and/or guardianship. Right Turn has established a **statewide training network** for parents and professionals in the area of adoption, trauma informed care/support, fetal alcohol spectrum disorders and mental health. Right Turn and DHHS work collaboratively to assure adoptive families, courts and service providers are aware of post adoptive services.

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Regions 1-4

Allocations to the Regional Behavioral Health Authorities (Regions) were distributed to each of the six Regions. 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.

Region	FY14 Funding Allocation	FY14 Expenditures	Estimated Capacity Expansion	Total #'s Served
Region 1	\$51,110	\$50,533	+3 youth	11 youth
Region 2	\$60,050	\$60,050	+3 youth	13 youth
Region 4	\$123,162	\$123,295 *	+10 youth	24 youth

*13 payments made in FY14

Region 3 increased capacity within their PPP, but also implements 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	FY14 Funding Allocation	FY14 Expenditures	Estimated Capacity Expansion	Total #'s Served
Region 3	\$133,885	\$106,802	+7 youth	PPP: 21 youth TASE: 14 youth

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Region 5 Program			
Region	FY14 Funding Allocation	FY14 Expenditures	Total #'s Served
Region 5	\$242,871	\$236,864	LINCS: 67 served Prev PPP: 48
<p><u>Prevention Professional Partners and LINCS</u></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 primary goal of LINCS is to reduce formal juvenile justice involvement while generating community support and service for the youth and their families.</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 67 families referred, 49 families accepted and were served. Of families served, the top three reported family historical problems were: mental illness, substance abuse and crime.</p> <p>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

Program Information: Region 6 Programs			
Region	FY14 Funding Allocation	FY14 Expenditures	Total #'s Served
Region 6	\$388,922	\$388,921	Crisis Response: 136 RR-PPP: 174

Rapid Response Professional Partners: This Region 6 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 voluntary 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 Rapid Response Program served **174 youth**, with an average length of stay of 84 days. **94% of youth did not enter the child welfare** system and 73% of youth experienced no further Juvenile Justice involvement during the 12 months after program admittance.

Mobile Crisis Response Service: The purpose of this service is to aid people in the resolution of an immediate behavioral health crisis within the least restrictive environment, and to assist with post-crisis planning and resource linkage. The target population was expanded with LB603 funds, to include youth experiencing mental health crisis and allows the Nebraska Family Helpline and homeless shelters 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 **136 youth** during this period, 113 of these were referrals from law enforcement and 12 were already state wards. Of the youth served 66% were between 15-18 years old, and 54% were male. Of those 136 youth, 135 were provided an onsite crisis safety plan and **only 15 were hospitalized**; the remaining youth served were able to have their immediate crisis resolved in their home/community setting.

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- ◇ Nebraska Family Helpline
- ◇ Family Navigator & Family Peer Support Services

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Contract Management:

- ◇ Right Turn, Post Adoption/Post Guardianship Services

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