
Professional Partner Program

Program Manual

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Dept of Health & Human Services
Division of Behavioral Health



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I. Professional Partner Introduction

A. OVERVIEW

During the summer of 1994, the Governor held a Child and Family Mental Health Search Conference to build an integrated system that promotes the provision of high-quality, seamless mental health services for children, adolescents and families throughout Nebraska. From this conference evolved the identification of the following key components around which the Professional Partner Program was developed:

- Ⓢ A clear point of access to services 24-hours a day, 7 days a week
- Ⓢ A Professional Partner to assist families in navigating the behavioral health system
- Ⓢ A single, coordinated assessment addressing multiple agency requirements
- Ⓢ Flexible funding designed to avoid specific rigid service categories that fail to address unique concerns of an individual family's situation.

The initial funding for the Program was appropriated by the Legislature in 1995 and was targeted for youth who were neither Medicaid eligible, a state ward, nor in the juvenile justice system. In 1997, funding increased and the Professional Partner Program expanded to serve children who were Medicaid eligible or state wards. In 2009, several events impacted the program again: a legislative bill provided for an increase in Medicaid eligibility for children; and child welfare reform resulted in privatization and changes including more in-home intervention services. This resulted in the elimination of access to Professional Partners for state involved children/state wards; and while still accepting Medicaid eligible youth, a priority to those without access to healthcare (i.e. non-Medicaid eligible) was implemented to focus on families

that are at high risk and may be without any or limited insurance coverage. Requirements include that the child is at high risk for one or more of the following:

- Out-of-home placement
- Becoming a state ward to access behavioral health services, as a result of inadequate familial financial resources, inadequate insurance coverage or family inability to provide services
- Committing a juvenile offense
- School disruption, extensive truancy or dropping out of school

In addition, 'youth' is defined as a person under the age of 21. However, specific programming for Transition Aged Youth may be extended up to age 26, with specific eligibility and program expectations.

The Program embraces a family-centered philosophy and acknowledges families as equal partners. It promotes utilization of the least restrictive, least intrusive, developmentally appropriate interventions in accordance with the youth/young adult and family needs within the most normalized environment. It utilizes 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 (i.e., education, social services, probation, courts, law enforcement, medical, mental health and substance abuse services, etc). The mix, intensity, duration and location of services and supports are individually tailored to meet the unique needs of each youth/young adult and his or her family.

The Professional Partner Program combines an ecological assessment and treatment planning approach with wraparound services and intensive therapeutic case management. At the center of this Program is a service coordinator, referred to as a Professional Partner, who works in full partnership with each youth entering the Program and his or her family. Currently, there is a Program in each of Nebraska's six (6) behavioral health regions.

The Nebraska Professional Partners Program embodies the Wraparound approach to service delivery, and consists of the following components:

- **Small case loads:** a maximum of 15 children/adolescents per Professional Partner
- **Least restrictive,** least intrusive, developmentally appropriate interventions occur in accordance with youth and family needs within the most normalized environment.
- **Single point-of-access:** 24 hours per day, 7 days per week and a public information strategy to inform families how to access the Program.
- **Family-centered practice:** working with families as equal partners. Families with increasingly complex needs require individualized interventions, resources and supports but also rely on the natural support systems of the family in its own community. Professional Partners are unconditionally committed to helping families achieve their goals by working through their culture, values, preferences and strengths.
- **Culturally-competent and gender-sensitive** policies and processes as well as other policies and procedures that address the basic health and safety of the youth and family, and abides by all of the applicable federal, state, and local laws and regulations as they relate to equal employment opportunities and affirmative action.

- **Case Funded System, Flexibly funded** for traditional and non-traditional community-based services and supports.
- **Unconditional care:** a "no reject, no eject" approach - youth are not excluded or terminated because of difficult behaviors
- **Interagency collaboration** for assessment, referral, service plan development, and coordination for supporting a System of Care by maintaining collaborative working relationships, and coordination with families, as well as public and private systems serving youth with emotional disorders.
- **Continuous Quality Improvement:** The meaningful involvement of parents, family members and youth in advisory and policy development capacities including the development and implementation of quality monitoring and program evaluation practices.
- **Family Choice:** The Program should be provided by an organization which does not provide other behavioral health treatment services to the target population. If the organization does provide other services, it must maintain safeguards to ensure families have independent choice of service providers. Professional Partners will ensure that a family's preferences are honored by addressing preferences in the assessment process and the continuing care plan.

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 upon 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.



II. Program Admission

A. ELIGIBILITY CRITERIA

The following criteria are to be used in determining eligibility for acceptance into the traditional Professional Partner Program (including short term and long term programs):

Criterion 1. The youth must be 20 years of age or younger.

Criterion 2. The youth must also have a **serious emotional disturbance** which is defined as follows:

- Ⓢ The youth must have an **Axis I diagnosis** according to the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (excluding “V” codes); and
- Ⓢ The condition must be **persistent** in that it has existed for one year or longer, or is likely to endure for one year or longer; and
- Ⓢ The youth must have a substantial **functional limitation** due to the diagnosis in TWO OR MORE of the following areas:
 - Self care at an appropriate developmental level
 - Developmentally appropriate perceptive and expressive language
 - Learning
 - Self-direction, including developmentally appropriate behavioral controls, decision-making judgment, and value systems
 - Capacity for living in a family or family equivalent environment
- Ⓢ A need for multi-agency **intervention**

Criterion 3. The youth is at **high risk** of at least ONE of the following:

- Ⓢ Being placed out of the home for services as a result of behavioral challenges due to diagnosis
- Ⓢ Becoming a state ward specifically in order to access mental health services
- Ⓢ Being adjudicated as a Misdemeanor, Felony or 3b Status Offense/Uncontrollable (no fault)
- Ⓢ Dropping or staying out of school (or vocation, specific to transition aged youth/young adult)

Criterion 4. The youth must have a **minimum CAFAS** score of 50 using the 8-point scale, and other supporting clinical documentation.

Criterion 5: This program shall **prioritize youth** who are not Medicaid eligible or do not have private insurance. Family (or youth/young adult if a legal adult) must also meet financial eligibility based upon the Division of Behavioral Health established eligibility policy.

The following criteria are to be used in determining eligibility for acceptance into the transition-aged specific Professional Partner Program:

Criterion 1. The youth/young adult must be between the ages of 16 and 26, and is transitioning from the children’s behavioral health system into adult behavioral health services;

AND

Criterion 2. The youth must have a **serious emotional disturbance** which is defined as follows:

- Ⓢ The youth must have an **Axis I diagnosis** according to the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (excluding “V” codes); and
- Ⓢ The condition must be **persistent** in that it has existed for one year or longer, or is likely to endure for one year or longer; and
- Ⓢ The youth must have a substantial **functional limitation** due to the diagnosis

in TWO OR MORE of the following areas:

- Self care at an appropriate developmental level
 - Developmentally appropriate perceptive and expressive language
 - Learning
 - Self-direction, including developmentally appropriate behavioral controls, decision-making judgment, and value systems
 - Capacity for living in a family or family equivalent environment
- Ⓢ A need for multi-agency **intervention**

OR

The youth/young adult must have at minimum a **serious mental illness** which is defined as follows:

- Ⓢ Is age 18 and older
- Ⓢ Currently has, or at any time during the past year had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current version of the DSM with the exception of DSM “V” codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with the diagnosable serious mental illness
- Ⓢ Has a degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate and effective manner, as demonstrated by functional impairments which substantially interferes with or limits at least one of three areas:
 - a. Vocational/educational;
 - b. Social skills; or
 - c. Activities of daily living.

Criterion 3. The youth/young adult is at high risk of at least ONE of the following:

- Ⓢ The young adult exhibits significant risk and needs in specific Life Domains
- Ⓢ The young adult is at risk of a more restrictive level of care
- Ⓢ The young adult is involved in the judicial system, homeless or unemployed
- Ⓢ The young adult is at-risk of committing a criminal offense; or at-risk of becoming homeless; or at risk of failure in the community.

AND

Criterion 4. The youth/young adult must have a minimum CAFAS score of 50 using the 8-point scale, and other supporting clinical documentation.

Criterion 5: This program shall prioritize youth/young adults who are not Medicaid eligible or do not have private insurance. Youth/young adult (or family if youth is still a minor) must also meet financial eligibility based upon the Division of Behavioral Health established eligibility policy.

B. PROTOCOL AND PROCEDURES FOR ELIGIBILITY SCREENING

If a youth/young adult is considered potentially eligible for the **traditional and transition-aged specific** Professional Partner Program, the following procedures shall apply:

1. Within 30 (thirty) days, the following measures must be completed:

- A Professional Partner Screening Form
 - Note: A Screening Form must be completed on all youth/young adult and/or families who apply for services regardless of whether they are accepted into the program.
 - Child and Adolescent Functional Assessment Scale (CAFAS) OR Preschool and Early Childhood Functional Assessment (PECFAS) OR Young Adult CAFAS version, specific to transition aged youth/young adults. Use of the CAFAS is purposed to ensure eligibility and identify intake/discharge ranges. The Program is permitted to utilize other relevant and developmentally appropriate instruments purposed to further identify function, ability, readiness, clinical severity, etc.
2. The date of enrollment shall be designated as the date the youth/young adult and/or their family is orientated to the program. Regardless of enrollment date, a billable month of service must include a therapeutic intervention as defined in this manual.
 3. If the youth/young adult is not eligible or not accepted for services then youth/family should be referred to a viable alternative within 30 calendar days of initial contact. Referrals shall be documented per agency requirements.
 4. If the youth has not been previously diagnosed but diagnosis is considered likely, the Professional Partner may use information provided by the youth/family about the youth's biopsychosocial history as well as a CAFAS score as evidence that a diagnosis is probable. In the presence of this evidence, the youth may be accepted into the program, contingent upon them receiving a formal evaluation resulting in documented diagnosis confirmation from a licensed professional within 30 calendar days. If an evaluation or a formal diagnosis meeting program criteria is not achieved within 30 days, the youth must be discharged from the program 30 days from that determination.
 5. Multiple youth within the same family who individually meet the admission criteria, may be considered separate clients for the purpose of client load sizes. Youth within the same family that do not meet the admission criteria may not be individually served.

C. PROTOCOL FOR PROGRAM ADMISSION

The following processes are to be used when enrolling youth and families into the Professional Partner Program. The following items will be completed within 30 days from date of enrollment:

- An Intake and Interpretative Summary will be completed which will include a summary of information received from the youth, family and collateral providers to address the needs, abilities, strengths and preferences of the youth and family. The Interpretive Summary must contain a summary of the youth and family biopsychosocial dynamics as identified to include but not limited to the current diagnosis via the DSM Axis 1-5 Diagnosis Codes, current CAFAS score and current status of well being.
- The Professional Partner, youth/young adult and family will begin to identify Wraparound team members who will contribute to the development of an Individual Family Service Plan (IFSP) (or Plan of Care - for the purposes of transition aged

programs, IFSP in the manual refers to an Individual Service Plan for the young adult). The IFSP must be a clear, outcome focused plan with time sensitive and measureable goals and objectives that are purposed to support the safety, well-being, recovery and resiliency of the youth. The identified goals and objectives will directly reflect the information reported in the Intake/Interpretative Summary. The format for the IFSP plan may vary but must include at a minimum:

- Ⓢ Clear demonstration of youth/family partnership in the development of the plan
- Ⓢ Youth and Family Strengths
- Ⓢ Presenting Problems
- Ⓢ Goals and Expected Outcomes/Pre-Discharge Plan
- Ⓢ Objectives/Interventions must be measureable and timely
- Ⓢ Team Members, both formal and informal (the youth, parent and Professional Partner alone are not considered a wraparound team)

The IFSP will be a working document reflecting the services and supports established and/or coordinated by the Wraparound team and must be reviewed quarterly at a minimum and revised as appropriate to reflect progress and continued objectives to meet discharge goals.

3. The Descriptive Information Questionnaire (DIQ) will be completed at intake and entered into a database which is sent to DHHS quarterly per the data protocol found in this Manual.

4. All youth/young adults enrolled in PPP must be registered on the Division contracted Administrative Service Organization (Magellan) database by entering demographic information on their website at www.magellanofnebraska.com. The program must ensure accurate entry of information including registration into the specific version of the program.



III. Program Requirements

A. **MINIMUM SERVICE EXPECTATIONS**

- **STAFF WILL MAINTAIN AN INITIAL AND ONGOING TRAINING AND SUPERVISION**

- The provider of the Professional Partner Program shall ensure that there is a process in place to provide for active administrative and clinical supervision of the Professional Partner with initial and periodic review of the appropriateness of the Individual Family Service Plan (IFSP).

- **CLINICALLY RELEVANT SCREENINGS WILL BE FACILITATED WITH ALL YOUTH**

- **ALL YOUTH AGES 13 AND OLDER WILL RECEIVE A SUICIDE SCREEN UPON ENTRY INTO THE PROGRAM USING THE EARLY IDENTIFICATION, REFERRAL AND FOLLOW-UP TOOL.**
- **SERVICE DELIVERY**
 - The Professional Partner will complete the following activities for each youth served:
 - Ⓜ Coordination of a comprehensive assessment of the child and family needs within 15 days of enrollment. Development of an outcome-focused Individualized Family Service Plan (IFSP) (or Plan of Care) using a multidisciplinary team within 30 days of admission. Continuous monitoring and assessment of youth needs.
 - Ⓜ Implementation of a quarterly review/revision (no less than once every 90 days) of the IFSP and ongoing monitoring and evaluation of service provision to improve outcomes. For short term programs, IFSP plans should be reviewed no less frequently than once every 30 days.
 - Ⓜ Coordinating, purchasing and monitoring services and supports with service providers and families. All services purchased for the youth and/or family should be approved by the wraparound team and must be clearly indicated as directly supporting an IFSP goal and ultimately benefiting the improved function and well-being of the youth.
 - Ⓜ Proactively advocating for youth and family best interests and well-being, and equipping the youth and family with skills to continue self advocacy.
 - Ⓜ Support and equip the youth and family to learn and utilize conflict resolution strategies.
 - Ⓜ A Program must always provide safety planning and emergency information as a standard component of each IFSP. *(Sample Safety Plan template in appendix)* The safety plan should be reviewed every 90 days at a minimum or more often as needed.
 - Ⓜ Establish and maintain timely, appropriate and accurate service verification and documentation.
 - Ⓜ Provision of necessary data and reports to DHHS, in accordance with the current Policies and Procedures Manual or the most recently established procedures.
 - Ⓜ Other duties as necessary to fulfill the responsibilities of program management under the Professional Partner Program, including work groups as assigned.
 - Ⓜ Progress Notes and Team Meeting Notes will provide documentation regarding the current status of the plan. Progress Notes and Team Meeting Notes must include records of all contacts with youth/family and relevant persons/professionals, progress/challenges, services purchased, team decisions, and youth/family desires. Progress notes/team meeting notes must provide demonstration of progress towards specific goals and the program is encouraged to utilize documentation that is easily identifiable to the consumer.

B. SPECIALIZED PROGRAMS

- Pilot programs: Any pilot program must be approved by the State and therefore must be submitted for consideration.
- Short term programs: Wraparound has specific features that may be challenging to implement in a short term program. Eligibility for these programs would be generally the same as the traditional program although shorter term goals are expected. Regardless, the key feature of wraparound must be present and that designates the separation from this service from other case management services. Fidelity to wraparound is expected and utilization of the fidelity measurement tool, the WFI, is mandated.
- Transition aged youth programs: Wraparound may also prove beneficial for this special population of adolescents/young adults who have experienced childhood mental illness and are in need of continuing mental health treatment services and/or supports in the adult system. The purpose of programming to this population is to assist in developing a clear course of transition for the variety of supportive needs related to stable mental health and well being; and to empower the young adult with informed choices and ability to identify and implement an individual plan.
- Special populations: Wraparound is appropriate to special populations such as school based or early childhood. However any populations served must still demonstrate eligibility per the standard PPP requirements.

C. PROFESSIONAL PARTNER STAFF REQUIREMENTS

The Professional Partner Program shall provide a service coordinator who will be referred to as a Professional Partner. A Professional Partner will have adequate training to provide quality, effective services for the benefit of the youth and family in the Program.

- The Program will ensure that new Professional Partner staff will have a minimum of forty (40) hours of core training and shadowing experience that develop the competency of the Professional Partner. Core training and shadowing experience topics include but are not limited to: the wraparound process, screening/admission/discharge procedures, confidentiality, ethics, youth mental health/substance abuse, CAFAS and other tool utilization, IFSP development, safety planning, and family centered practice.
- The Program will ensure that Professional Partner staff receives no less than twelve (12) contact hours of continuing education every two years that benefit the competency of Professional Partners. Continuing education topics may include but are not limited to: cultural competency, diagnostic health/therapeutic interventions for youth, wraparound, trauma, evidence-based practices, and IEP process. Each Regional Behavioral Health Authority will provide access for all Professional Partners to attend a statewide Program conference at minimum once per year.
- Every Professional Partner will also experience frequent and routine direct supervision to ensure competency for the provision of program standards and service delivery. All Professional Partner staff will have access to clinical consultation as appropriate, to ensure quality and appropriate care and case planning. Access to clinical consultation

must be available to staff in times of wraparound team emergency. This guidance is not meant to replace or substitute for the youth's medical care or exist as medically necessary interventions. Professional Partner staff should experience some form of individual or program supervision and/or consultation monthly at minimum to maintain program fidelity, effectiveness and quality of care.

- The Program will ensure that mentors for youth whose services are funded by the Program, have had sufficient background checks and receive no less than four (4) contact hours of orientation/training in topics that may include but are not limited to: Program and wraparound process, goal setting, suicide screening, boundaries and ethics, youth behavioral health, etc.



IV. Program Discharge Guidelines

A. PROFESSIONAL PARTNER PROGRAM: DISCHARGE GUIDELINES

A goal of the Professional Partner Program is to assist the family and/or youth/young adult to develop natural community supports to the point where they no longer need the type of intensive wraparound offered by the Professional Partner Program. An essential element of the Program is the 'No Reject, No Eject' Policy, which states that the youth/young adult will not be denied services or terminated from the program due to the challenging nature of their needs or the complexities of their behavior characteristics or histories. While maintaining accordance with this policy, there *are* instances in which discharge from the program may be the most appropriate course of action. The Professional Partner Program is committed to providing individualized services and care to youth and families. Therefore, the decision to discharge should not be based on a rigid set of *criteria*, but rather on a set of *guidelines* which can be interpreted and adapted by the youth/young adult and/or family and the Professional Partner to best suit the needs of each youth and family. The situations in which discharge should be considered and a set of guidelines for doing so are presented below.

Successful Completion of IFSP Goals

An important issue is the decision-making process to determine when the family and/or youth/young adult no longer need a Professional Partner and are ready to "graduate" or transition to other supports. While some families may be reluctant to give up the supports provided by their Professional Partner, the Program has a limited capacity and cannot serve all of the youth/families who could benefit from these services. Therefore, developing clear, measurable and tangible objectives and utilizing guidelines to determine discharge readiness for families and/or youth/young adults is important. Graduation is a collaborative decision between the Professional Partner, youth/young adult, family, and the wraparound team.

Please note that the following are only guidelines and not requirements, and are intended to help track the decision-making process only.

Indicators of Readiness or Reasons for Discharge:

- Ⓢ Family and/or Youth/young adult demonstrates the ability to identify their needs, access resources, and successfully engage with those resources.
- Ⓢ Community supports are in place to ensure success.
- Ⓢ Discharge is welcomed by the wraparound team and family. There is a collaborative transition plan in place.
- Ⓢ Family and/or Youth/young adult are satisfied with their progress towards the goals, and feel they no longer need intensive wraparound.
- Ⓢ Family and/or Youth/young adult are better able to meet their needs and continue progressing toward life goals. They are able to utilize the wraparound process on their own.
- Ⓢ Youth/young adult exhibits improved functioning, based on CAFAS scores and other assessments.
- Ⓢ Reduced crises and/or Youth and Family are able to maintain stability and safety on their own.
- Ⓢ Youth becomes ward of State.
- Ⓢ Less intensive approach is more appropriate.
- Ⓢ Marked reductions in school suspensions/vocational interrupts, no police contacts or court referrals, no abuse or neglect.
- Ⓢ Long-term out-of-home placement (long term is considered to be 3 months or longer)
- Ⓢ Youth or family relocates out of the region or moves so that providers are unable to locate youth/young adult or family.
- Ⓢ Youth reaches 21 years of age (or 26 years of age for Transition Aged specific program).
- Ⓢ Unplanned termination (e.g. death, incarceration or other crisis event).
- Ⓢ Other placement that disrupts youth and family environment.
- Ⓢ Found ineligible/no SED (or SMI adult) diagnosis.
- Ⓢ Youth/young adult becomes Medicaid eligible and obtains access to services and/or supports that reduce the need for intensive wraparound services via the Program.

Discharge Procedure Guidelines:

1. Plan for Discharge:
 - Establish youth/young adult and family goals and pre-discharge plan immediately after program admission, within the IFSP and review progress towards goals at every meeting. (i.e., Ask youth/young adult and family how they will know when they are ready to leave this program?)
2. Prepare Youth/young adult and Family for Discharge:
 - Ⓢ Review the goals established in the IFSP quarterly *at minimum* with the youth/young adult and family, and review the measurable progress/goal completion.
 - Ⓢ Discuss with youth/young adult and family the role of the Program and each wraparound team member after discharge.
 - Ⓢ Empower youth/young adult and family, and prepare them for the transition from intensive wraparound services.
 - Ⓢ Provide a 'reference guide' of services available in their community or county and assist them in identifying and connecting to other potential formal and/or informal services and supports.

- o Loss of services that family and/or young adult may be unable to provide
 - o Supports to assist family and/or young adult in navigating through the multitude of services available
 - o Aftercare referrals to other services, supports, programs, and/or agencies.
 - o Discuss the possibility and process of readmission to the Professional Partner Program.
3. A formal discharge summary must be *completed within 30 days* from discharge date. A discharge summary must include a summary of the youth/young adult scoring from intake to discharge, progress description, and the discharge plan including continued recommendations for safety and well-being of the youth/young adult and family after discharge. A discharge plan is an active component of the process and should be collaboratively developed by the wraparound team prior to formal discharge. The family and/or youth/young adult should leave the program with a copy of their discharge plan to empower them for future self-determination.
4. The youth will be considered discharged from the program as of the date indicated on the Professional Partners Program Discharge Form. Magellan discharge must occur within 15 days of that date. Regardless of discharge date, as long as a valid therapeutic intervention has been provided during a calendar month, that month is considered an active month of service provision and may be reimbursed.

B. DIRECT OR INDIRECT REFUSAL OF SERVICES

An additional issue relates to the discharge of youth/young adult and families when they have *not* successfully completed their wraparound goals. As mentioned above, an important part of the wraparound process is the *No Reject, No Eject* Policy. However, if the youth/young adult and/or family refuses the services offered either directly (i.e. stating that they wish to cease contact with the Professional Partner) or indirectly (i.e. does not respond to contact attempts by the Professional Partner or participation is minimal and insufficient), it may be appropriate for the Professional Partner to initiate discharge procedures. The principle of individualized care also makes it a crucial responsibility of the Professional Partner to make attempts to engage the youth/young adult and family. Professional Partners should consider the possible reasons behind the apparent refusal and use this understanding to develop creative ways to build a relationship with the youth and family. To be successful, the Professional Partner will need to individualize strategies to engage youth/young adult and/or family in the wraparound process and to ensure the wraparound process meets the family and/or youth's needs. *Professional Partners should strive to do anything and everything within the scope of the program to initiate positive change in the lives of the youth and families they work with.*

In accordance with a policy of individualized care, this decision should take into consideration the following factors, but be focused on the particular situation of the youth and family.

Possible Indicators of Refusal:

- Ⓢ Family and/or Youth/young adult refuses to participate despite attempts to provide services. Young adult and/or Family requests discharge.
- Ⓢ Youth/young adult or family refuses to participate or cooperate after enrolling, making service success unlikely.
- Ⓢ Young adult or Family engages only when in crisis (i.e. not attending meetings, continually canceling, not returning calls, only contacting when need the Program to solve a problem or provide a service).
- Ⓢ Young adult or Family is receiving financial assistance from PPP, but refuses to access other services or participate in other aspects of the program which might provide more long-term solutions.
- Ⓢ Professional Partner is unable to make contact with the young adult or family or the young adult or family does not return calls.

Discharge Procedure Guidelines:

- If refusal is indirect (e.g. no shows for appointments, not responding to letters, etc.), attempt to contact young adult or family for up to 30 days. Supervisory consultation is appropriate. Contact attempts should include frequent phone calls, home visits and/or letters.
- If refusal is direct (i.e. the youth/family refuses to interact, refuses to attend meetings, refuses to access services, etc. or the young adult or family requests discharge), the Professional Partner should explain clearly the possible outcomes of the decision to the client (i.e. loss of services, discharge, possibility of the need for restrictive care, not meeting court-ordered obligations, etc).
- The final decision of the Professional Partner to discharge due to refusal should be based on the individual situation of the youth/family, and should be a last resort option for the Professional Partner.



V. Program Evaluation and Reporting

A. OVERVIEW

The program quality improvement and evaluation plan has been designed to monitor the outcome and effect of the Professional Partner Program on the avoidance of youth becoming state wards, increase of positive health function, decrease of disruptive mental health symptoms, access to behavioral health services and supports, the reduction of out-of-home placements, juvenile crime, and/or school failure. Evaluation questions related to these global program goals include:

- Ⓧ What are the characteristics of the youth and families served?
- Ⓧ What services are youth and families receiving?
- Ⓧ To what extent do Professional Partner activities conform to wraparound fidelity standards?
- Ⓧ Are youth moving toward less restrictive services and accessing other community based services and informal supports?
- Ⓧ What are the effects of the services on the youth's functioning in the areas of behavioral and educational/vocational achievement?
- Ⓧ To what extent are youth/young adult and families satisfied with the support they receive?
- Ⓧ What are the costs of the Program?

In order to answer these questions, four main evaluation tasks are necessary:

- Ⓧ First, data must be collected on youth and family characteristics. The description of the program population will include: 1) Demographics for the youth (age, gender, race, ethnicity, educational level, etc.); 2) Family characteristics (marital status, number of dependents, annual household income, insurance, etc.); 3) Youth psychiatric diagnosis; 4) Youth problem behaviors; and 5) Youth and Family strengths.
- Ⓧ Second, youth and family progress must be tracked as they go through the Program. The mix of services and supports, and the location, duration and level of intensity of these services and supports will be measured in order to delineate the essential components of the planned intervention that affected change in youth functioning.
- Ⓧ Third, an examination of organizational variables that potentially influence the success of the Program will be assessed, including the mixture of individuals participating on the multi-disciplinary team responsible for developing the IFSP and the amount of family and/or youth/young adult involvement in the development and implementation of the service plan.
- Ⓧ Fourth, the effects and the costs of the services and supports must be measured. A number of data collection and measurement instruments were developed and/or utilized specifically for the Program evaluation. It should be noted that these instruments are regarded as tools to report data and are not intended to serve as or replace diagnostic assessment devices. The CAFAS will be used as a standardized measure of youth functioning. The forms that are requested for the evaluation of the Program should be completed as soon as adequate information is gathered. The CAFAS instruments should be completed *at intake*, and then every 6 months and finally upon discharge from the Program. (If the program is a short term wraparound, then the CAFAS must be performed no less than once every 90 days and at discharge.) Responsibilities for the completion of the data collection should be assigned at each Program site.

B. PROGRAM OUTCOMES

The following performance goals could be considered by each region:

- Ⓢ CAFAS SUBSCALES—After six months in the program no youth should score a 30, indicating severe impairment, on any of the subscales of the CAFAS.
- Ⓢ CAFAS TOTAL SCORE—After six months in the program youth should demonstrate a decrease in their overall CAFAS score of at least 20 points.
- Ⓢ FIDELITY INSTRUMENT—The Professional Partner Program will receive 80% or greater fidelity ratings as reported by the youth and families accepted in the program.

C. PROGRAM FIDELITY – WRAPAROUND FIDELITY INDEX

1. GENERAL DATA COLLECTION PROTOCOL

- A Region must ensure the Wraparound Fidelity Index is performed by a neutral entity. The Program must use the WFI Instruments detailed in this PPP Manual.
 - Ⓢ This updated version is considerably different from previous versions and it is very important that every region is using this new form.
 - Ⓢ Regions shall utilize the forms for each Respondent-Type (Youth, Parent, Team Member and Wraparound Facilitator/Resource Coordinator).
 - Ⓢ Regions are not required to send surveys to those families who are discharged within sixty (60) days of entry to the program due to identified ineligibility or program refusal, etc. (This exception does not pertain to individuals who participate in short term programs and are only enrolled for short durations due to service type, not ineligibility.) However, Regions are required to perform fidelity measurement on all PPP programs, including short term services, therefore survey implementation will be necessary for such.
- Each Region will specify a process for regular distribution and collection of the WFI, with the recommendation that it be administered within 3-9 months following enrollment in the program.

2. WRAPAROUND FIDELITY INSTRUMENTS DESCRIPTIONS

- Ⓢ Youth Fidelity Instrument (YFI): The Youth Fidelity Instrument is completed by the youth/young adult who is older than 11 and is intended to measure the various aspects of client satisfaction with the services received through the Professional Partners Program. The items address the general areas of satisfaction with programs, contact with providers, participation in treatment planning, and progress made as a result of treatment.
- Ⓢ Parent Fidelity Instrument (PFI): The Parent Fidelity Instrument (PFI) is completed by the youth's primary caregiver/guardian and is intended to measure the various aspects of parent satisfaction with the services received through the Professional Partners Program. The items address the general areas of satisfaction, contact with providers, participation in service planning, and progress made as a result of the program. In addition, it assesses if the components of wraparound are being adhered to within the program.

Team Member Fidelity Instrument (TMFI): The Team Member Fidelity Instrument (TMFI) is completed by any individual on the multi-disciplinary team (with the

exception of youth or parent), for example: a probation officer, teacher, mental health or substance abuse counselor, etc. If the youth is at school during the school year, the youth's teacher should receive a TMFI. If the youth has more than one teacher, the TMFI should be sent to the teacher or school staff person who is most familiar with the youth. The TMFI is intended to measure the collateral provider's perception of youth and family functioning and interagency contact. Items related to interagency contact include satisfaction; and it assesses if the components of wraparound are being adhered to within the program. Items related to client functioning include youth and family functioning; attendance at appointments or school; engagement with services; and school performance.

- The Facilitator Fidelity Index (FFI) is completed by the team leader/resource coordinator and is intended to measure the facilitator's perception of the planning and implementation of team meetings, the team's interactions and incorporation of the youth and the family in it's discussions and decision making, and the transition process when formal wraparound services are finished. General items include services, supports and strategies in the written plan, involvement of youth and family in the development and implementation of the written plan, and overall impact of the wraparound process for the youth and family as the process comes to an end.

D. REPORTING AND DATA MANAGEMENT

- The Professional Partner Program has worked diligently to organize the statewide data collection procedure with the goal that it will include all the information needed for a statewide annual report.
- The purpose of collecting the data is to effectively demonstrate a quality program using the outcomes to depict program successes, the people it serves, and its sustainability.
- Region database for PPP must be submitted by the 30th of the month following the fiscal year quarter. Suicide Prevention program data must be submitted by the 15th of the month following the fiscal year quarter. Data must be submitted to the Division designated individual or the Network Prevention, Treatment and Support Services Administrator.
- For the purpose of program continuous quality monitoring and improvement, Regions shall participate with the State in the review of data, reporting elements and processes to consider improvement processes that may contribute to the overall success and service effectiveness for the benefit of the youth and families.
- The Program will submit programmatic outcome reports, as specified by DHHS, which clearly reports service outcomes, both for the program, and for individual youth and families served in the program.

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***Note: See Appendix for DHHS Program Audit Tool**



VI. Program Financial Protocol

A. YOUTH/YOUNG ADULT CASE RATE

In order for the traditional and transition aged PPP in each Region to receive full financial allocation, the program will need to serve a minimum number of children or adolescents each month for designated case rate. This case rate is established by DHHS; refer to contract.

B. PROGRAM INCOME

The Professional Partner Program shall use income and/or funds which exceed the case rate per month per youth base to improve the Professional Partner Program and increase the number of youth and families served. How income is used in the Professional Partner Program shall be included in the financial reports submitted to DHHS (*see Monthly Wraparound Financial Report form in the Appendix*). If private insurance is present, the insurance would be considered the primary payor. All payor sources private and public will be exhausted before Professional Partner flexible funding is used to reimburse for those services or to subsidize insurance payments including Medicaid. Public funds provided in the Professional Partner Program shall only cover those services **not** covered by private insurance or other funding source.

C. FLEXIBLE FUNDS

The Program shall ensure that funds are used flexibly to purchase formal and/or informal services and supports for the youth/young adult and family based upon the needs identified in the IFSP. Each Region Program must comply with all current protocol, policy and/or regulations regarding allowable and unallowable costs. **All flex funds must directly benefit the behavioral health, safety and well-being of the admitted youth/young adult and be indicated in the IFSP and Wrap Reporting.**

A Monthly Wrap Financial Report must be submitted to DHHS per protocol detailed in this Manual, and must provide record of how the funds are directly supporting the behavioral health, safety and well-being of the youth/young adult in the program. Flex funding must be tied directly to a goal/objective identified in the IFSP and indicated on the monthly report. Further detail must be demonstrated in the IFSP, progress notes and/or team meeting notes in the client file. The monthly financial report will account for program operations, fund expenditures and income; and indicate the specific goals/objectives in the IFSP that purchases supported for each youth/young adult in the program. The Program shall have a process for monitoring expenditures for: 1) each youth and family individually, and 2) all youth and families served. The Program shall have a process for managing service delivery

to stay within the overall budget. The use of all funds shall be monitored and evaluated for cost effectiveness and most importantly to improve client outcomes.

The due date for each Monthly Wrap Financial Report will be 30 days after the end of each reporting period with a 10 day grace period (e.g. the August report should be in by September 30th, but must be in by October 10th). These reports should be sent directly to the designated Division contact person who will review and approve all reports and maintain the data within DHHS.

D. PAYMENT PROCESS

The Program agrees to comply with the Contract and to the payment request, payment process, and financial data reporting for the Professional Partner System specified below.

1. DHHS will require repayment of funds, which are used to pay for any service not identified by the IFSP or that is found to be reimbursable to another payor source such as family private insurance or Medicaid.
2. A billable month of service will include at least one (1) contact with the child/family that is therapeutic in nature. For the purposes of this manual, therapeutic contact is defined as an interaction between the Professional Partner, his/her Supervisor, or other professional staff of the Professional Partner Program that is expected to further accomplishment of the goals for the child/family identified in the IFSP (such as a family visit or team meeting).

E. REPORTING PROCESS

1. Wraparound Financial Reports: The Program agrees to the following reporting requirements:
 - Ⓢ The Program agrees to submit a Monthly Wrap Financial Report, as specified by DHHS, which clearly shows how the funds are serving the youth in the system.
 - Ⓢ The monthly wrap financial report will account for fund expenditures, income and how the expenditures relate to the goals and objectives in the IFSP for each youth in the program.
 - Ⓢ The financial reports shall be received by DHHS on the schedule specified in this Manual. The report shall be sent to the Division designated person who will review and approve it and maintain at DHHS. DHHS maintains the right to further inquire and deny any financial report or section therein if not deemed to meet program criteria.

***Note: See Appendix for Wraparound Monthly Financial Report Form**



VII. Definitions of Funding Service Categories

SERVICE CATEGORY	DEFINITION
TREATMENT	
<ul style="list-style-type: none"> • Assessment (MH/SA) 	A biopsychosocial evaluation and diagnostic interview to determine diagnosis and treatment needs
<ul style="list-style-type: none"> • Youth Outpatient Therapy (MH/SA) 	Psychotherapy/counseling for mental health problems which disrupt a youth's home, school, family functioning; treatment focuses on changing behavior, modifying thought patterns, coping with problems, improving functioning and may include coordination to other services to achieve successful outcomes. Length of service varies depending on individual needs.
<ul style="list-style-type: none"> • Day Treatment 	Facility based program serving children and adolescents with Severe Emotional Disturbance. Intensive, non-residential service providing counseling and family services, education, behavior modification and skill building, promoting reintegration back to the child's regular school.
NON-THERAPEUTIC SUPPORTS	
Crisis Prevention	Provision of funding towards emergency services focused specifically on prevention of crisis before they happen. Services may include educational programs in teaching youth how to handle crises and informing them of the services that are available to them (e.g. anger management). This service category should be used for youth only. For crisis prevention services for family refer to the parent empowerment category.
<ul style="list-style-type: none"> • Psychotropic Medications 	Provision of funding towards assisting young adult or family financially to obtain prescribed behavioral health medication as deemed appropriate by a licensed physician.

<ul style="list-style-type: none"> • Respite 	<p>Temporary specialized care for youth with Severe Emotional Disturbance or their family in the absence of the primary caregiver. May be scheduled or unplanned due to crisis. Workers have specialized knowledge to care for youth with special needs and allow the parents to have some time away from the intensity of providing for the care of their child; assists in maintaining in-home placement for the youth.</p>
<ul style="list-style-type: none"> • Home Based Services 	<p>Provision of funding towards assistance in the home purposed to strengthen youth and family well being, safety and permanency. Typical family support services include providing a trained para-professional (not necessarily a mental health provider) to work on an ongoing basis with the family (e.g. Community Treatment Aides for non Medicaid eligible children). These para-professionals may provide information, instruction, and encouragement on a variety of levels, (e.g. behavioral health interventions and supports, daily living skills, grocery shopping, caring for a new infant, reducing the likelihood of a parent abusing a child, general housekeeping, etc.).</p>
<ul style="list-style-type: none"> • Intensive Family Preservation 	<p>Provision of funding towards short term (usually 1-3 months), in-home, intensive (10-20+ hours/week), crisis intervention services having an ecological perspective and a family-based focus (family is considered the client). Generally, these services are provided to children at imminent risk for out of home placement to a more restrictive setting. Services involve one or more therapists and are multi-faceted, which may include counseling, skills training, and assisting the family in obtaining and coordinating needed services, resources and supports. IFP may be based on multi-systemic therapy (MST) and/or Home Builders models of care.</p>
<p>PPP TEAM EXPENSES</p>	<p>Provision of funding towards wraparound team expenses which may include food for team meetings, transportation of team participants (not PPP) for meeting, celebrations, supplies for meeting, etc</p>
<p>INTERPRETATION</p>	<p>Provision of funding towards translation services utilizing a third party individual who speaks the non-English language of the consumer; may include live translation of service provision and/or indirect translation of documents necessary for the consumer's care in direct support of the IFSP.</p>
<p>YOUTH SUPPORT</p>	
<ul style="list-style-type: none"> • Mentoring 	<p>Provision of funding towards services designed to provide informal supports utilizing individuals from the community, agencies or organizations purposed to provide guidance, empowerment, encouragement, social enhancement, general skill building and/or assistance to a youth/young adult. These services are broad based in nature, while more specific services (e.g., tutoring) should be assigned to specific categories of services.</p>

<ul style="list-style-type: none"> • Behavioral Contracts 	<p>Provision of funding towards services designed to provide incentive or celebrate the youths' involvement, successes and behavioral dedication to their own program.</p>
<ul style="list-style-type: none"> • Independent Living/Supported Employment 	<p>Provision of funding towards specialized transition services intended to help youth/young adults live independently and prepare them for employment (via vocational training). Services focus on the information and social and trade skills required for individuals to successfully handle their daily needs when they are living on their own. Such skills relate to financial, medical, health (physical, mental/emotional, behavioral and social), housing, transportation, social/recreational, and other daily living needs. Independent living services can occur in a therapeutic group home situation, an apartment living situation with close supervision (i.e., usually daily contact with agency staff or mentors) and eventually graduating to apartment living with moderate supervision. A person, including a job coach, skilled in a particular area may provide mentoring, teaching and/or assistance to youth/young adult in order to obtain skills required for meaningful employment. Services can also include vocational therapy, job training, career education, vocational assessment, job survival skills training, vocational skills training, work experiences, job finding, placement and retention services, etc.</p>
<ul style="list-style-type: none"> • Educational Support 	<p>Provision of funding towards services originating within or created by the educational system and provided within the education setting to defray problematic emotional symptoms/behaviors as to ensure a proper education for the youth/young adult. Various components of educational services may include: assessment and planning, resource rooms, self-contained special education, special schools, home-bound instruction, residential schools, alternative programs, activity costs, and school supplies. These services originate from educational system or other outside agency as opposed to internal mentoring services provided by the PPP (see Mentoring Services).</p>
<ul style="list-style-type: none"> • Tutoring 	<p>Provision of funding towards the assistance to the youth/young adult with school work. This may include help with academic skills, study skills, organizational skills and motivation skills.</p>
<ul style="list-style-type: none"> • Recreational Programs/Services 	<p>Provision of funding towards services which provide for the development of social skills and emotional well-being such as cooperation, team function and good sportsmanship. Recreational services may be arranged specifically and exclusively for SED children or efforts may be directed to gaining access to recreational services for these children. Some examples of recreational services include: general social activities, summer camps or day camps, special recreational projects or services, recreational therapy.</p>

<ul style="list-style-type: none"> • Health Services 	<p>Provision of funding towards services related to the physical health of the youth/young adult as distinguished from services pertaining to any psychiatric or mental illness. Blood tests to monitor psychotropic medications or other medical procedures performed to assess the physical health of a child/adolescent, regardless of whether it has a psychiatric component (e.g., an upper GI to determine whether psychotropic drugs have caused an ulcer), would be included within this category. No professional partner system funds shall be used to pay for physical health needs above \$500 per item. State funds shall not pay for abortions. A waiver of the \$500 per item maximum may be available upon approval by the Division.</p>
<p>GENERAL FAMILY SUPPORT</p>	
<ul style="list-style-type: none"> • Parent Empowerment 	<p>Provision of funding towards the services of empowering and educating parents/caregivers/family members on how to increase adaptive, pro-social and positive parenting skills and youth symptom management skills (e.g., educating about SED youth, symptom management and prevention, anger management, etc).</p>
<ul style="list-style-type: none"> • Family Peer Mentoring 	<p>Family Peer Support Services provides families with a peer model/mentor to provides guidance, support, encouragement, education and training to the parent/caregiver/family with regard to interacting with their child/adolescent experiencing behavioral health challenges, interactions with the youth's education and/or treatment provider or other community resources. They will engage the parent/caregiver in recognizing the importance of self-care as a vital component of their parenting and their youth and family's overall well-being These services may include a variety of supportive and empowering activities for parents/caregivers/families of a youth experiencing behavioral health (mental health/substance abuse) challenges</p>
<ul style="list-style-type: none"> • Money Management 	<p>Provision of funding towards services by an entity other than PPP staff or Region employees that are designed to help the young adult and/or family review and manage their family finances and budget.</p>
<ul style="list-style-type: none"> • Day Care 	<p>Provision of funding towards caretaking service for the youth, by professional or para-professionals generally while the primary caretakers are at work.</p>
<ul style="list-style-type: none"> • Legal Services 	<p>Provision of funding towards services to cover court related or other legal fees for the youth/young adult and/or family.</p>
<p>ECONOMIC SUPPORT</p>	
<ul style="list-style-type: none"> • Utilities 	<p>Provision of funding towards the services associated with young adult or family utility bills (e.g. telephone service, calling cards, heating costs, etc.)</p>

<ul style="list-style-type: none"> • Housing 	<p>Provision of funding towards the expenses related to the young adult or family's home, including rent and home maintenance.</p>
<ul style="list-style-type: none"> • Transportation 	<p>Provision of funding towards the services associated with transportation of family and/or youth/young adult for therapeutic services and/or related events. (Transportation must not be provided by the Program unless the Program ensures it is in compliance with State requirements for transporting consumers.)</p>
<ul style="list-style-type: none"> • General Economic Support 	<p>Provision of funding towards services designed to assist a young adult or a youth's family in basic needs. Includes the provision of assistance, groceries, and other supports as determined by the young adult or family as well as miscellaneous services which cannot be adequately described by the other service categories.</p>



VIII. Appendix

- ④ **Wraparound Monthly Financial Reporting Form**
- ④ **Wraparound Monthly Financial Reporting Form Guide**
- ④ **Program Audit Tool**
- ④ **Sample Safety Plan**
- ④ **Annual Report Template**

PROFESSIONAL PARTNER MONTHLY WRAP FINANCIAL REPORT (UPDATED MARCH 2011)

PROFESSIONAL PARTNER COST

EXPENDITURE CATEGORY	MONTHLY COSTS
PERSONNEL SERVICES	
OPERATING COSTS	
TRAVEL	
CAPITAL OUTLAYS	
OTHER	
TOTAL PPP COSTS	
SUBTOTAL	
TOTAL WRAPAROUND COSTS	
TOTAL EXPENDITURES	

FUNDS OUTSIDE PPP

MH/SA REGION FUNDING	
CPS/ PROVIDER	
SCHOOL	
MEDICAID	
PRIVATE (Insurance, client)	
DONATIONS/CONTRIBUTIONS	

WRAP-AROUND SERVICE COSTS

SERVICE	CHECK		SUBTOTAL
	MH	SA	
TREATMENT			
ASSESSMENT			
YOUTH OP THERAPY			
FAMILY THERAPY			
INPATIENT RES			
DAY TREATMENT			
NON-THERAPEUTIC SUPPORTS			
CRISIS PREVENTION			
PSYCHOTROPIC MEDICATIONS			
MEDICATION MANAGEMENT			
RESPIRE			
HOME-BASED SERVICES (CTA +)			
PPP TEAM EXPENSES			
INTERPRETATION			
YOUTH SUPPORT			
MENTORING			
BEHAVIORAL CONTRACTS			
IND LIVING/SUPP EMPLOYMENT			
EDUCATIONAL SUPPORT			
GENERAL YOUTH SUPPORT			
FAMILY SUPPORT			
PARENT EMPOWERMENT			
GENERAL FAMILY SUPPORT			
ECONOMIC SUPPORT			
UTILITIES			
HOUSING			
TRANSPORTATION			
GENERAL ECONOMIC SUPPORT			
TOTAL WRAPAROUND COSTS			

CLIENT TRACKING

PRIOR MONTH CLIENT COUNT: _____

NEWLY ADMITTED CLIENTS: _____

DISCHARGED CLIENTS: _____

CURRENT CLIENT COUNT: _____

LB603 CLIENT TRACKING

NEWLY ADMITTED CLIENTS: _____

DISCHARGED CLIENTS: _____

CURRENT CLIENT COUNT: _____

TOTAL UNDUPLICATED SERVED TO DATE:

DBH APPROVAL:

Region: _____

Submitted by: _____

Title: _____

SIGNATURE: _____

Date Prepared: _____

Month Ending: _____

Wraparound Monthly Financial Reporting Form Guide

New Form			Revisions matched to New Form categories
TREATMENT	M	S	(Youth Treatment Services Domain)
	H	A	
ASSESSMENT			Assessment – same, under Treatment
YOUTH OP THERAPY			<i>Individual and Group Therapy</i> = become one category of Youth Outpatient Therapy, under Treatment
FAMILY THERAPY			Family Therapy – same, under Treatment
INPATIENT RES			<i>Acute Inpatient</i> - Rolled into Inpatient Res, under Treatment (See definition for additional service types, including SA)
DAY TREATMENT			Day Treatment - same, under Treatment
Note: check box to identify MH and/or SA. Each service type may have been utilized for MH and/or SA. Just check which (or both) box and the Division will search into Detail Sheets to pull additional information			Substance Abuse = service types are broken out into same categories as Mental Health: Assessment, Youth OP Therapy, Family Therapy, Inpatient Res, Day Treatment, 24hr Res Fac
NON-THERAPEUTIC SUPPORTS			(Youth Non-Therapeutic Supports Domain)
CRISIS PREVENTION			Crisis Prevention – same, under Non-Therapeutic Supports
PSYCHOTROPIC MEDICATIONS			Medications = Psychotropic Medications, under Non-Therapeutic Supports
MEDICATION MANAGEMENT			Med Check = Med Mgt, under Non-Therapeutic Supports
RESPIRE SERVICES			Respite Services – same, under Non-Therapeutic Supports
HOME-BASED SERVICES (see definition)			<i>Family Support Services</i> – rolled into Home Based Services, under Non-Therapeutic Supports <i>Intensive Family Pres.</i> – rolled into Home Based Services, under Non-Therapeutic Supports
PPP TEAM EXPENSES (see definition)			New category to capture expenses for Team meetings which may include travel, materials, food, celebrations, etc. (see definition)
INTERPRETATION			New break out category to specifically track interpretation/translation services (from old Supportive Services)
YOUTH SUPPORT			(Youth Support Services Domain)
MENTORING			Mentoring – same, under Youth Support
BEHAVIORAL CONTRACTS			Behavioral Contracts – same, under Youth Support
IND LIVING/SUPP EMPLOYMENT			<i>Independent Living</i> - rolled into Ind Liv/Supp Employ., under Youth Support <i>Supported Employment</i> - rolled into Ind Liv/Supp Employ., under Youth Support
EDUCATIONAL SUPPORT (see definition)			School Wraparound = revised to break out specific costs in other categories and remaining to be in Educational Support, under Youth Support <i>Tutoring</i> – rolled into Educational Support, under Youth Support
GENERAL YOUTH SUPPORT (see definition)			<i>Recreational Services</i> - Rolled into General Youth Support <i>Juvenile Justice</i> – rolled into General Youth <i>Health Services</i> – rolled into General Youth Support, under Youth Support (Supportive Services = revised categories with some broken out into General Youth Support, under Youth Support with remaining family economic support type services in General Economic Support, under Economic Support)
FAMILY SUPPORT			(Family Support Services Domain)
PARENT EMPOWERMENT			Parent Empowerment - same, under Family Support
GENERAL FAMILY SUPPORT			<i>Day Care</i> - Rolled into General Family Support, under Family Support <i>Money Management</i> - Rolled into General Family Support, under Family Support <i>Legal Services</i> – rolled into General Economic Support, under Economic Support
ECONOMIC SUPPORT			(Economic Supports Domain)
UTILITIES			Utilities – same, under Economic Support
HOUSING			Housing – same, under Economic Support
TRANSPORTATION			Transportation – same, under Economic Support
GENERAL ECONOMIC SUPPORT			(Supportive Services = revised categories with some broken out into General Youth Support, under Youth Support with remaining family economic support type services under General Economic Support)

**PROFESSIONAL PARTNER PROGRAM
Program Fidelity and Unit Audit**

Date:

Agency:

Review of FY:

Please place an X in the box next to the indicator if met. A blank space indicates that the requirement has not been met.

CLIENT:	Enrollment Date:		
INDICATOR	COMPLIANT	NON-COMPLIANT	AUDITOR COMMENTS
INTAKE AND ADMISSION			
1. Criteria for Admission			
1a. CAFAS score - 50 or above			
1b. DSM-IV Diagnosis			
1c. Indication of person whom provided diagnosis			
1d. Risk factors identified and prioritized			
1e. Intake assessment summary completed within 30 days			
ASSESSMENT			
2. Intake Assessment / Interpretative Summary Includes:			
2a. Presenting problems			
2b. Urgent needs			
2c. Strengths & Abilities			
2e. Preferences			
2f. Previous services/history			
3. Plan of Care (IFSP)			
3a. Goals written in the words of youth and family			
3b. Specify referrals for services			
- Clearly indicated, reference contacts			
- Documentation of unsuccessful referrals			
3c. Goals document address:			
- Utilize and build strengths			
- Identify and address needs			
3e. Specify flex fund use; indicated in tx plan and/or wraparound team meeting			

3f. Plan reviewed by team at least quarterly and modified as appropriate			
3g. Objectives are measurable, time specific and attainable			
3h. Signed documentation of participation of:			
- Formal supports (e.g., paid supports, professionals)			
- Informal supports (e.g., family members, volunteers)			
4. Wraparound			
4a. Team meetings occur frequently as designated in PoC min: monthly			
4b. Family member present at all meetings			
4c. Presence of informal resources/supports documented			
4d. Information shared with those unable to attend meeting			
5. Progress Notes			
5a. Signed and dated by PPP			
5b. Reflective achievement of progress toward goals			
5c. Delivery of services: Is there documented follow-through on goals?			
5d. Supervisor signature/clinician signature			
6. Safety Domain			
6a. Addressed in separate plan or POC/IFSP			
6b. Family/youth centered protocol of informal/formal supports			
6c. Appropriate emergency services (formal/informal) identified and plan for accessing 24/7			
6d. Medications listed			
7. Discharge/Transition Plan			
7a. Identifies current progress and continued wellness plan			
7b. Plan for youth and family			
- Updated safety plan			
- Strengths/needs updated			
- Identified formal resources			
- Identified informal resources			
- Documentation of referral/contacts			
- Medication information included			
7c. Input and signature of child/youth and family team			

7d. Copy given to Y/F			
8. Policy On			
8a. Orientation to program services			
8b. Confidentiality and consumer rights			
8c. Training and supervision of staff			
8d. Follow-up program: Information regarding post-discharge			
8e. Family-centered practice, philosophy to implementation			
10. Unit Audit	MONTH 1	MONTH 2	MONTH 3
10a. Unit billed for was provided			

SAMPLE SAFETY PLAN

Name:	Emergency Contact (name, relation, phone):
Address:	
Diagnosis:	Allergies:
Medications (dosage, reason, prescribing professional):	
EMERGENCY / CRISIS / SAFETY Situations:	
Situation 1. Steps: <ul style="list-style-type: none"> • • • Situation 2. Steps: <ul style="list-style-type: none"> • • • 	Situation 3. Steps: <ul style="list-style-type: none"> • • • Situation 4. Steps: <ul style="list-style-type: none"> • • •
Support People (name, relation, phone):	
<ul style="list-style-type: none"> • • • 	
Emergency Numbers:	
Police/Fire: 911 Child Abuse Hotline: 1-800-652-1999 Alegent Immanuel Mental Health: XXX-XXXX Girls & Boys Town Crisis Line: 1-800-XXX-XXXX Medical Questions: XXX-XXXX Crisis Center: 1-800-XXX-XXXX	Poison Control Center: 1-800-955-9119 YWCA Crisis Line: XXX-XXXX Child Saving Institute Crisis Center: XXX-XXXX Happy Cab: XXX-XXXX PP Emergency After Hours: XXX-XXXX Nebraska Family Helpline: 1-888-866-8660
Professional Supports (name, role, phone, address):	
<ul style="list-style-type: none"> • • • • 	
Parent/Guardian Signature:	Date:
Person Served Signature:	Date:
Professional Partner Signature:	Date:

Annual Report Template

Overview of the Professional Partner Program

Eligibility Criteria

Adherence to the Wraparound Model

Youth Served in Fiscal Year

Total Number Served

Characteristics of Youths Discharged in Fiscal Year

Youth Psychiatric Diagnoses

Youth Problem Behaviors

Youth Risk Factors

Average Length of Stay

Age at Discharge

Gender

Race

Medicaid Eligibility

Family Characteristics of Youth Discharged in Fiscal Year

Family Risk Factors

Number of Dependents

Outcomes of Fiscal Year

CAFAS Results

PECFAS Results

Summary of Fiscal Year

References

