State of Nebraska

LB433 Report

Fiscal Year 2002

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Region 1 LB433 Report

Intention of Report:
As mandated by Neb. Rev. Stat. 71-5006 (Reissue 1996), this report was developed to evaluate the quality and quantity of community based mental health and substance abuse services that are available to children and youth within the Nebraska Behavioral Health System in Region I. The Nebraska Behavioral Health System, comprised of the six Regions of the state, the Office of Mental Health, Substance Abuse and Addiction Services, and the three Regional Centers, is the ate of Nebraska to serve eleven counties in the Panhandle of Nebraska. The eleven counties are listed as follows: Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scottsbluff, Sheridan, and Souix. The geographic area is vast, consisting of almost 15,000 square miles. Due to the large area, ways in which to deliver services are unique to this location. One of the primary concerns regarding the rural area is that adequate services are not available locally, thus requiring the youth to be treated elsewhere in the state. Oftentimes, youth are sent to treatment facilities for several months, which removes them not only from their families, but also from their community. Upon return, it is very difficult for such youth to transition back into the community setting due to lack of immediate support. This has been identified as a problem in maintaining their progress. Additional information about these barriers are listed in the report.

As a solution to these issues, Region I has found success in developing and maintaining healthy relationships with other Regional agencies and professionals. Collaboration has been the key in development of services to youth and families. Some examples are listed as follows: Integration of primary care and behavioral health through collaboration between Panhandle Community Services and Panhandle Mental Health Center; Development of an Integrated Care Coordination Unit through collaborative efforts between Health and Human Services and Region I Mental Health and Substance Abuse Administration; Proposal submitted and contract awarded for Multi-Systemic Therapy to the Region, which is collaborating with Panhandle Mental Health Center, Lutheran Family Services, and Partners in Behavioral Health to provide MST clinicians to serve a portion of the Panhandle.

Other successful forums where networking and collaboration is fostered are through routine meetings held by county Family Preservation groups, Panhandle Partnership/Continuum of Care, study circles, Providers meetings, a Youth Network meeting, and other community-based organizations.

The effectiveness of Region I over the years has been rooted in the ability to represent and respond to local needs. Region I is a political subdivision of the State of Nebraska as identified in the Comprehensive Community Mental Health Services Act, Nebraska Revised Statutes 71-500171-5015. The original bill was passed in 1974, with substance abuse services added in 1977.

Region I Mental Health and Substance Abuse Administration plans, coordinates, and develops capacity to create a balanced network of mental health and substance abuse services for both children and adults in the Panhandle of Nebraska.

Region I Mental Health and Substance Abuse Administration provides opportunities for training and support, monitors programs for best practices, and works to integrate multiple disciplines and services.

The concept of providing regional mental health services was originally introduced in Nebraska in 1973, by members of an interim Appropriations Committee which resulted in the Nebraska Comprehensive Community Mental Health Services Act. This Act organized Nebraska into six regions responsible for the provision of mental health services to those who live and work in each geographic area of the state. Nebraska is a diverse state in terms of population, resources, and needs; therefore, the regional system provides the avenue for local participation in the development and delivery of needed services to meet the unique needs of each region.

Statutory and Regulatory Responsibilities:
Organize, supervise, and ensure the availability of comprehensive mental health and substance abuse services; Report annually to the Department of Health and Human Services regarding the expenditure of funds and the evaluation of services; Develop an annual regional plan of expenditures that addresses the service needs in western Nebraska within the available resources; Establish the financial support requested of each county to ensure the provision of mental health and substance abuse services; and Appoint and consult with an Advisory Committee on planning, organization, contracting, program evaluation, and fiscal analysis of services in the Region.

Region I Roles and Responsibilities:
Network Development
Determine standards for network providers and assist with certification
Provider enrollment
Determine capacity for a balanced behavioral health system

Coordination
Develop an integrated service delivery system
Coordinate Regional youth services
Coordinate the Regional emergency system
Coordinate mental health and substance abuse prevention efforts

Advocacy
Advocate for children, adults, and families who experience behavioral health problems
Advocate for system improvements

Planning
Determine local behavioral health needs
Determine the effective use of resources
Utilize an annual and long-range planning process to ensure a balanced service system

Program Development and Management
Assess the current service delivery system, and identify gaps and barriers
Develop strategies to effectively meet needs

Fiscal Management and Accountability
Account for funds distributed
Monitor contract compliance
Track outcomes and performance standards
Monitor quality and capacity of services
Ensure effective utilization of resources

Technical Assistance and Consultation
Provide consultation of program design and implementation
Assist with grant applications
Provide technical assistance to community teams, family and consumer support networks, and child and family-service organizations

Evaluation and Quality Management
Ensure the effective utilization of resources
Ensure quality service delivery

Service Provision
Seek providers to fill gaps in services as needed and as monies are available
Coordinate services for children and families with multiple and complex needs utilizing the wraparound process

Box Butte General Hospital
PO Box 810
Alliance, NE 69301
Contact: Mary Mockerman
(308) 308-762-6660
Emergency Crisis Assessment (23:59)
Local Crisis Response Team
Emergency Services Coordination

Chadron Community Hospital
821 Morehead Street
Chadron, NE 69337
Contact: Harold Kruger
(308) 432-5586
Emergency Crisis Assessment (23:59)

Cirrus House
1509 1st Avenue
Scottsbluff, NE 69361
Contact: Marcia Estrada
(308) 635-1488
Mental Health Community Support
Day Rehabilitation
Vocational Support
Day Support

Assisted Living
Transitional Employment
Independent Housing

Destiny Counseling Services
PO Box 214
909 5th Avenue
Sidney, NE 69162
Contact: Nancy Bradford
(308) 254-0737
Local Crisis Response Team
Emergency Services Coordination

Human Services, Inc.
419 West 25th Street
Alliance, NE 69301
Contact: Glenda Day
(308) 762-7177
Substance Abuse Community Support
Emergency Social Detox
Emergency 24-hr Clinician/Phone
Substance Abuse Short Term Residential
Intensive OutpatientAdolescent & Adult
Outpatient Substance Abuse Services
Psychological Testing
Civil Protective Custody

In Touch Counseling
PO Box 857
250 Main Street
Chadron, NE 69337
Contact: Kim Loomis
(308) 432-4090
Local Crisis Response Team
Emergency Services Coordination

North East Panhandle Substance Abuse Center
PO Box 428
305 Foch Street
Gordon, NE 69343
Contact: Jane Morgan
(308) 282-1101
Emergency Social Detox
Emergency Stabilization
Civil Protective Custody
Short-term Residential

Panhandle Mental Health Center
4110 Avenue D
Scottsbluff, NE 69361
Contact: John McVay
(308) 635-3171
Mental Health & Substance Abuse Community Support
Emergency 24-hr Clinician/Phone
Intensive Outpatient-Substance Abuse
Outpatient Substance Abuse & Mental Health
Medication Management for Substance Abuse and Mental Health
Childrens Day Treatment
Psychological Testing
Therapeutic Foster Care
Psychiatric Home Health
Domestic Violence

Satellite offices in:
Alliance(308) 762-2545
Chadron(308) 432-6106
Sidney(308) 254-2649

Panhandle Substance Abuse Council
1517 Broadway, Ste. 124
Scottsbluff, NE 69361
Contact: Barb Jolliffe
(308) 632-3044
Prevention Services/Substance Abuse

Regional West Medical Center
4021 Avenue B
Scottsbluff, NE 69361
Contact: Mary Armstrong
(308) 630-1268
Emergency Crisis Assessment (23:59)
Emergency Protective Custody
Homeward Bound (Residential)
Psychiatric Inpatient
Emergency Service Coordination

Western Community Health Resources
821 Morehead Street
Chadron, NE 69337
Contact: Sandy Roes
(308) 432-2747
Mental Health Community Support

Region I Mental Health & Substance Abuse
4110 Avenue D
Scottsbluff, NE 69361
(308) 635-3171
Contact: Jodi Hall
Professional Partner Program
Chadron School Wraparound

SUBSTANCE ABUSE SERVICES—YOUTH

Panhandle Mental Health Center Substance abuse services are available to adolescents both individually and in a group process. This service is currently structured as an Outpatient program. The descriptor "outpatient" is defined as a minimum of 5 direct contact hours per week per client. Individual outpatient substance abuse counseling can be scheduled as needed, with collateral family counseling also available. Panhandle Mental Health Center also offers an Adolescent Group which is held twice weekly on Tuesday and Thursday evenings. Participants are educated about effects of alcohol and other drugs, social impairment, peer pressure, abstinence, community resources, development of support networks, and coping skills. The group follows the 12-step model, and participants are required to attend AA and/or NA meetings as a component of the program. The process requires a 12-week minimum commitment, but outcomes have shown that a longer period of time in the group is more effective. Some graduates of the program may take between 16-30 months before they are prepared to graduate. Key factors in successful completion of the group are the development of support networks in the community, and other supportive aftercare needs. Many participants choose to continue attending the group after they have graduated due to the support provided which is also necessary for youth to maintain a clean and sober lifestyle. Plans are in place to focus more intensely on promoting development of informal supports in the community and working more closely with family members of youth involved.

Currently, there are 11 youth participating in the Adolescent Group. In the last year, approximately 60 youth were enrolled in the group, with approximately 40% successful graduations. Overall, approximately 139 youth were served in the Substance Abuse programs through Panhandle Mental Health Center in both out patient counseling and/or participation in the Adolescent Group. Two of these youth were dually diagnosed (both substance abuse and mental health issues).

Evaluation Process:
This program is evaluated by the youth participants. Satisfaction questionnaires are sent out every 90 days after admission to the program asking participants for suggestions and ideas about their experience and level of success in the program. An evaluation is sent 90 days after completion of the program to gather information about client's ability to remain clean and sober, access to community resources, continued involvement in a 12-step program, family relationships, peer groups, and if they are in need of additional resources or assistance. For the purpose of this report, I was not able to access the results of these surveys and evaluations.

A quality assurance process is conducted during weekly staff meetings with Substance Abuse counselors and the Director of the Substance Abuse program. Both the Adolescent Group and outpatient services have been accredited by CARF. During the most recent survey in 2002, a three-year accreditation was granted.

PMHC offers mental health services in Scottsbluff, Alliance, Sidney and Chadron.

Funding: State dollars = $33,150.00
Federal dollars = $12,000.00

Future plans for the substance abuse services for youth include the development of a Regional Drug Court specific to adolescents. Approximately 10-15 youth have been targeted to participate in this strength-based treatment approach. Goals of the Drug Court are to prevent youth from being referred to higher levels of care, and the ability to treat youth in their own communities. The Drug Court will involve representatives from community school systems, law enforcement, probation, Judges, Public Defenders and Prosecutors, treatment professionals, and other community members. Training and preparation for development of the Drug Court has been initiated. The first training was completed in February 2003, the second training will take place in May, and the last will be completed by September. The timeframe for implementation is scheduled for January 2004. Lack of funding has been identified as a barrier at this time, with plans in place to seek out grant opportunities and other options available.

To compliment the involvement of the Drug Court, plans are also being made to develop a more intensive group program, thus the term "intensive outpatient". Intensive outpatient is defined as a minimum of 8-10 direct contact hours per client per week. This group will meet 3-4 times per week with plans to include a family component and the use of the wraparound philosophy.

Gaps in Service:
Panhandle Mental Health Center Substance Abuse services staff identified the following gaps in service:

- Additional qualified staff who are interested and effective in working with youth are needed in order to develop additional services for both youth and their families.
- Additional space is needed in order to conduct additional groups, and to offer them at different times, thus accommodating more clients and families.
- Adolescent specific AA groups are needed in the Region. Currently, AA participants are mainly adults with discussion focused on adult issues during meetings. The AA community is initiating plans to organize adolescent groups in the Panhandle.
- Lack of transportation is an issue in getting youth to and from counseling appointments, Adolescent Group, and AA or NA meetings. Solutions included the development of informal supports in the community and the use of mentors for youth in the substance abuse programs.

Recommendations:
The Region will continue to support the development of the program for youth Substance Abuse services. Areas for improvement include a more structured and consistent evaluation and data recording process. The above gaps in service will be reviewed in the strategic planning process of the program so identified solutions, goals, and objectives can be outlined and followed.

SUBSTANCE ABUSE SERVICES—PREVENTION

Panhandle Substance Abuse Council:
Prevention planning and implementation are conducted at the Panhandle Substance Abuse Council. During the last year, there are many highlights that PSAC should be credited for. These events and research projects include the following:

- The Third Annual Youth Leadership/Tobacco Prevention Conference was held in January 2003. Out of a total of 295 youth who registered, 262 attended the conference. Sessions included conflict resolution, leadership skill-building, the importance of staying in school, education about methamphetamines, club drugs, and others, and youth sexual issues including education about sexually transmitted diseases.
- PSAC has arranged and presented at all secondary schools in the Region to discuss drug-free youth groups and school needs pertaining to prevention.
- PSAC continues in its role as Coordinator of the Safe and Drug-Free Schools Consortia for ESU 13. Currently, PSAC is preparing for the 3-year follow up survey of area schools about prevention issues and identification of areas and services to develop. A baseline has been established recording attitudes, beliefs, and behaviors about youth use and other issues. The survey being newly presented will indicate changes, progress, or areas needing to be addressed. Areas of specific concern from the last survey indicated additional education and training for bullying and suicide prevention.
- PSAC is actively involved in the planning process for the SICA (State Incentive Cooperative Agreement) Grant for prevention of substance abuse for 12-17 year old youth. In-house community assessments have been completed and a technical report will be submitted to the state regarding Region I needs in preparation for the funding process for communities.
- PSAC has offered training the following areas: Step-Up, Asset-Building and Strength based Programming, Student Assistance Programs, Bully-Proofing Your School, HALO, and Individualized training for the 21st Century Grantees.
- Two area youth groups submitted advertising ideas about prevention from the 2001-02 Youth Conference, and were chosen to have commercials aired on KDUH TV during Red Ribbon Month.
- PSACs Prevention Resource Center continues to grow. Panhandle communities have access to these materials as needed. In the last year, there were 1,447 requests for information, and 24,469 pieces of information sent out.
- PSAC staff attend or serve on the following: Panhandle Partnership, HIV/AIDS PACT group, Human Needs Network/Sheridan County, Early Childhood Education Grant, Project Extra Mile, Family Focus/Box Butte County, Region I Service Providers, Region I Network Administrative Team, Kids Plus, (Sidney, NE.), Scottsbluff County Tobacco Collaborative, Kimball County Family Preservation, Prenatal Cessation Grant Advisory Committee, 21st Century Grant Advisory Committee, Dawes County Family Preservation, Garden County Family Preservation, and the State Tobacco Coalition.

The Region I Youth Coordinator is involved in some of these projects, and meets weekly with the director of PSAC for planning and information sharing. PSAC has served as a vital resource for prevention services and coordination of such services in the Region.

Funding: State Dollars = -0-
Federal Dollars = $195,435.00

Gaps in Service:

- Due to budget restraints, PSAC has been functioning with one less staff member since February 2002.
- Mental Health education and training are needed in communities and especially in the area schools. School representatives are requesting immediate assistance in developing effective strategies to work with emotionally/behaviorally impaired children and their family members.
- Parents need information about developing good mental health and wellness in their children (early intervention), and how to build on this for on going health.

Recommendations:
Region I will continue to support the development and funding of prevention services offered through PSAC. The above mentioned gaps in services will be used in the strategic planning of this resource, with continued planning and coordination between PSAC, the Region, and the community. This will be done through the continuation of weekly Region I Administrative Team meetings, identifying needs in the community, and specific work outlined as expected from the Office of Mental Health, Substance Abuse and Addictions Services.

MENTAL HEALTH SERVICES—YOUTH

Panhandle Mental Health Center:
Mental Health services are available through individual out patient therapy for youth, collateral therapeutic work their families, and family therapy. Psychologists are part of the clinical staff providing individual and family therapy, psychological testing and evaluations, and provide clinical supervision to other licensed clinicians and youth programs. PMHC's Medical Director is a Psychiatrist who conducts medication evaluations, medication management, and oversight of other medical staff.

The clinical staff offers therapy, psychological testing, and medication management to youth who are also referred from other PMHC/Region I programs in Scottsbluff, Alliance, Sidney and Chadron.

Evaluation Process:
Satisfaction surveys are given to clients or client's guardians after the initial intake has been conducted. This survey asks questions pertaining to the admission and intake process, how the client was treated by staff members, including the clinician, what areas need improved, and what areas were most comfortable or preferred. There is not an evaluation tool for client input during the time the client is actually utilizing services. If a client doesn't show up for his/her appointment, and 30 days pass without seeing the client, a letter is sent out to ask the client if he/she wishes to continue services or if they may be in need of other resources in the community. This is also done after 90 days. If the client does not respond, they are terminated from the program. For the purpose of this report, results of the surveys were not available.

Funding: State Dollars = $100,334.00
Federal Dollars = -0-

Programs funded through Region I are the PAL program, Adolescent Substance Abuse Program, Professional Partner Program, and School-based Wraparound Professional Partner Program. The Reach Out Foster Care Program (therapeutic foster care) is not funded through Region I.

Gaps in Service:
The following gaps in service have been identified in the area of Mental Health services:

- Therapy Groups for children and adolescents need to be developed.
- There is a shortage of dually licensed clinicians.
- There is a shortage of clinicians who like to work directly with youth and children's issues.
- There are no programs in place specific to youth who have sexual offender issues, or for those who are sexually victimized.
- There is a need for more therapeutic foster homes in the Panhandle.
- There is a need for mentoring, tutoring, and respite care services.
- There is a need for additional clinicians who provide play therapy to children.
- PMHC is in need of a play therapy room and appropriate equipment.

Recommendations:
The Region will continue to support and fund the existing mental health services available for area youth and their families. There will be a more formalized evaluation process developed for these services so that survey results may be gathered, reviewed, and stored. The above mentioned gaps in service will be part of the strategic planning discussion for the Mental Health program so that goals and objectives can be developed and followed.

PROGRAM FOR ALTERNATIVE LEARNING

This is a day treatment program for youth who are not able to obtain their educational needs in the public setting. Area school systems refer severely emotionally disturbed children to the PAL program where they are able to attend 6-hours per day, Monday through Friday. The age range of youth served is 6-14 years old. Currently, there are youth being served. The PAL program uses a 4-tiered level system and behavioral modification approach. Extensive behavior monitoring, behavioral contracts and goals agreements are used to reinforce positive and appropriate behaviors not only conducive to social functioning, but also are appropriate for in the classroom setting. Reintegration to the public classroom is the goal. Youth progress through the program at their own pace, and may be involved with PAL for several months to several years. In addition to academic instruction, PAL staff educates students about social, communication, and coping skills, group therapy and education, individual and family therapy.

Evaluation Process:
A Community Needs survey is sent to local school systems to gather information about the need for such a program. The form is sent to area Directors of Special Services, superintendents, principals, teaching staff, school counselors and psychologists, and social workers. This survey also gathers information about the typical profile of students with behavioral difficulties who attend each school. These descriptors include anger, anxiety, loss of temper, low self-esteem,

hyperactivity, physical aggression, impulsivity, and others. This survey is conducted once annually.

A School's Feedback Report is sent out each year after the end of the school sessions. This evaluation asks about team participation, the communication process between the school and the PAL staff, if skills were improved, academic performance improvement, and grievance issues. The results of this evaluation were mainly positive, with the following list of suggestions made:

- Continue to work on therapeutic interventions.
- More coordination in academic areas between home, school, and PAL.
- A stronger family component.
- Expand the program to older-aged youth.
- Develop a policy to address non-attendance.

Program Feedback evaluations are given to students so fill out each year in both January and May. This evaluation measures the student's awareness about his/her improvement with behaviors, social skills, and ability to perform academic work in a classroom setting. The majority of results were positive, with the following suggestions made:

- Would like to do more skills work.
- A bigger school with a gym and a lounge.

The PAL program also serves youth who are in the Residential Treatment Center at Regional West Medical Center. In the last year, approximately 28 youth were educated through the PAL program, with 9 youth from the RTC. (Regional funds were not used for the youth from the RTC).

Funding: State Dollars = $2850.00
Federal Dollars = $38,000.00

Gaps in Service:

- There are more children in need of these services, but the current location and size of the PAL facility is not conducive to expanding the program.
- The current PAL program only serves youth ages 6-14 years old, and there is need for this kind of program for youth 14 years and older.

Recommendations:
A new location and facility for the PAL program should be considered. More community education and public relations with the school systems would also benefit this program. Research will be conducted to find funding opportunities that will make it possible to consider building a new facility.

PROFESSIONAL PARTNER PROGRAM

The Professional Partner Program is funded through Region I to provide service brokerage to 14 youth and families. This means that Region I is funded for the service of a maximum of 14 slots. Typically, the Professional Partner Program has been able to serve additional youth and families

by maintaining a conservative approach with financial assistance. The program uses the wraparound approach to assist families and youth who have severe emotional disturbances. The wraparound concept is used to coordinate services and supports to youth and families, and to ensure they have appropriate representation and ownership in the development of their unique comprehensive, individualized support plan. The program is family-driven, strength –based, and acknowledges families as equal partners. Goals of the program are to provide flexible, individualized service plans that promotes utilization of the least restrictive, least intrusive, developmentally appropriate interventions which meet the unique needs of each youth and family. The program uses a no reject/no eject philosophy, which assures that youth are not discharged from the program until they and their family are appropriately prepared. Currently, 21 youth are being served through the Professional Partner Program. In the past year, approximately 35 were served.

The Professional Partner Program has most recently developed a pool of trained mentors to work with youth accepted into the program. A formal training curriculum has been developed, and all mentors are required to attend the training prior to being matched with youth.

Evaluation Process:
A quality assurance process is in place by conducting weekly staff meetings with Professional Partners and the PPP Supervisor. In January 2003, new standardized forms were implemented, including a refined fidelity index protocol. Weekly fidelity instruments are used to collect data on customer and team satisfaction, CAFAS scores are recorded upon admission, and then every 6 months to provide information about client outcomes. Program surveys are also conducted by an outside evaluation entity every November and May. The results are collected and sent to the state for data collection and review. Outcomes have been positive, with several youth graduating from the program and maintaining progress in the community It is also planned for peer audits to be conducted during the next year. Region I PPP has not been involved in this process before.

Funding: State Dollars = $125,575.00
Federal Dollars = -0-

Gaps in Services:
The Professional Partner Program receives several referrals that are declined due to being at or above capacity. It is hoped that the PPP can expand its services throughout the Region, thereby reaching more families in need. Currently, the majority of youth served are from the Scottsbluff County area. Plans are in place to develop a marketing strategy for the southern part of the Region.

- Because the PPP adheres to a no eject/no reject philosophy, it is a challenge to discharge some youth due to their request of continuing with the program. They enjoy the financial assistance and ability to access mentors who work one-on-one with each youth. Plans are currently in place to research the activity of the program and develop new ways to move youth and families through the program at a faster rate, while maintaining positive outcomes. This will allow the program to serve more youth.
- Additional mentors are needed to work with youth. Currently, mentors through the PPP are paid at an hourly rate. When youth are discharged, these mentors are encouraged to transition with the youth into an informal supportive role, which becomes voluntary. If mentors do not wish to transition with the youth upon discharge, plans are in place to

refer youth to the Panhandle Community Services Crossroads Mentoring program. This mentoring program uses community volunteers, and currently has a pool of 40-plus mentors available to match with area youth.
- Respite care providers are needed to allow for parents of high-needs youth to take "breaks".

The Professional Partner Program is collaborating with Panhandle Community Services and other mentoring programs in the Region to develop a Mentoring Coalition. Initial planning has been discussed, and the first meeting will be held in March 2003. This coalition will also include members of the Team Mates programs. The long-term goal is to develop a mentoring pool for different levels of care so youth with special needs can be matched appropriately with a mentor without the mentor being exclusive to a program or service. Another goal is to develop a collaboration of agencies and organizations in order to access options in funding for increased development of mentoring services.

SCHOOL-BASED WRAPAROUND PROFESSIONAL PARTNER PROGRAM

The School-Based Wraparound Professional Partner Program is operated out of Chadron, Nebraska. The contract for this service was awarded to the Region approximately 2.5 years ago to assist area school systems (Dawes County only). The program targets students who have been identified by the school as struggling in several areas, and who have severe emotional disturbances. The program uses the same wraparound approach while also focusing intensely on school/educational issues. Collaboration between the families, schools, and community are key in the success of this program. Program capacity is set at 10 youth. Currently, the program is operating at capacity. In the past year, 15 youth have been served.

Funding: State Dollars = $5,850.00
Federal Dollars = $78,000.00

Gaps in Service:
- The School-Based Wraparound Program receives referrals from the Chadron school system at a rate that is above program capacity. Other area schools that are not located in Dawes County have requested assistance, but the contract does not allow expansion to other counties. For example, Sheridan County has referred approximately 12 referrals that have been declined due to this reason. Other area providers are not able to sustain funding in order to provide similar wraparound services.
- Respite care is needed to allow parents of high-needs youth to take "breaks".

Recommendations:
The Professional Partner Program staff will gain training and additional knowledge of the wraparound approach so as to move families through the program process more rapidly and with less dependence being created on the program. A more formalized mentoring program will be expanded on the existing mentors and such services. There should be consideration for the Professional Partner Program to expand. This may be possible through acquisition of additional funding through grants specific to youth services.

REGION I YOUTH COORDINATION

The Region I Youth Coordinator functions as the Professional Partner Supervisor, as well as assists the Region I Program Administrator in the development of new programs and services. Currently, the Integrated Care Coordination Unit is being developed in collaboration with Health and Human Services. It is planned for the ICCU to serve 120 youth in the Region. ICCU has been established in Region III in collaboration with HHS, and has demonstrated positive outcomes in reducing the cost of treatment to youth in high-end levels of care, while also reducing the amount of time youth are in "the system". Region I and HHS are currently in the training stage regarding development of the program. It is planned for ICCU to begin serving youth and families by June 1, 2003.

Multi-systemic Therapy is a refined treatment approach used to target conduct disordered youth ages 14-17 years old. Region I collaborated with Lutheran Family Services, Partners In Behavioral Health, and Panhandle Mental Health Center in writing a proposal to develop a MST team in the Panhandle to serve above mentioned youth. In January, the Region was awarded the MST contract, but the process has recently been halted for further consideration of a standard case rate and other issues regarding cost and justification of MST teams in specific areas of the state.

The Region I Youth Coordinator facilitates a Youth Network Meeting that takes place every other month in Scottsbluff. The purpose of the group is to share information about services and youth issues in our area, identify gaps in services, plan ways to develop new services and improve existing ones, and gain a better understanding of area resources available to youth and their families. This meeting is also beneficial to networking opportunities for area community members and professionals. Participants of the Youth Network Meeting are from the following categories: representatives from area agencies and Regional youth providers, community members, consumers, law enforcement, clergy, school/educational staff (including ESU staff), mental health professionals, private clinicians, medical staff, representatives from multi-cultural agencies and organizations, HHS staff, Foster Care Review Board, CASA, and the Juvenile Justice system.

The Youth Network Meeting was re-established in December 2002. Thus far, meetings have been well attended (25-35 participants). Discussion is currently underway to possibly integrate functions of the Panhandle Partnership Continuum of Care meetings into the Youth Network Meetings. This will prevent duplication of planning and work toward similar purposes, plus the possibility of creating increased funding opportunities.

Funding: State Dollars = $36,000.00
($18,000.00 from Substance Abuse, $18,000.00 from Mental Health)

SUMMARY OF RECOMMENDATIONS—SUBSTANCE ABUSE/PREVENTION

1. Recruitment of additional qualified substance abuse counselors who are interested in working with youth and families.

2. Evaluate space issues with the current Panhandle Mental Health Center building. Additional staff are needed, but space is also limited.
3. Development of more intensive group programming by increasing frequency of days per week in program, and the inclusion of a family component.
4. Seeking out necessary funding to develop a Drug Court for area youth.
5. Create a safe setting for youth to detox.
6. Develop AA groups in the communities specifically for youth.
7. Develop solutions to transportation needs getting youth to and from necessary therapeutic appointments and groups.
8. Continue to develop training opportunities for area school staff and communities in managing high needs youth and their families. Training should be customized for specific needs. A long-term plan, which is more broad, is currently being developed to provide standardized training to educators.
9. Continue to gather data based on surveys presented to area schools indicating areas of need to youth (Bully-proofing, suicide prevention, drug use, sexual issues, etc…).
10. Continue to collaborate with other area agencies and organizations to combine efforts and skills.

SUMMARY OF RECOMMENDATIONS—MENTAL HEALTH

1. Develop additional services to meet the needs of area youth needing Sexual Offender/Victim treatment, Reactive Attachment Disorder, Conduct Disorder, Fetal Alcohol Issues.
2. Request expansion of the Professional Partner Program for both traditional PPP and the School-Based Wraparound program.
3. Expand PAL (Program for Alternative Learning) services to include students in the age range of 14-18.
4. Implement strategies in the Professional Partner Program to reduce dependence of the program and increase self-reliance and use of informal supports in the community.
5. Continue development of a formalized mentoring program through Panhandle Mental Health Center and Regional youth programs.
6. Proceed with development of a Region-wide mentoring coalition.
7. Develop an Emergency/Crisis Response protocol specific to mental health emergencies involving children. The model already established in Region I for adults can be used as a guide.
8. Hire additional mental health staff to accommodate the development of child and adolescent therapy groups.
9. Assist in recruiting well-trained and supported respite providers.
10. Pursue the development of Multi-Systemic Therapy in the Region.
11. Continue with the development of ICCU in the Region.

OTHER YOUTH SERVICES IN REGION I

1. Reach Out Foster Care—Therapeutic Foster Care providing both Treatment Level and Agency-based foster care. (Panhandle Mental Health Center). Visitation supervision and family support, biological parent support groups, foster parent support groups, parenting

skill-building training, respite care, Preparation for Adult Living Skills training, foster children group activities.

2. Nebraska Boys Ranch, Alliance.
3. Regional West Medical Center—Child and Adolescent In Patient services, Residential Treatment Center, OJS Evaluations, Out Patient Groups, School Groups, and Youth Shelter Groups.
4. Western Nebraska Juvenile Services.
5. Panhandle Community Services—Visitation Supervision Program, Crossroads Mentoring Program, Missing Links Program, Youth Shelter, Early Headstart.
6. Boys and Girls Home of Nebraska—Juvenile Tracking Service, Sidney Youth Shelter, Alternative School Program.
7. Human Services, Inc., Alliance—Adolescent substance abuse services for intensive out patient clients.
8. Lutheran Family Services, Scottsbluff, Kimball, Sidney—Individual and family therapy for both mental health and substance abuse services, therapy for gambling addictions, home-based therapy, family support, visitation supervision, parenting skill-building.
9. Western Community Health Resources, Chadron—Early Intervention Service Coordination, Family Advocacy, Community Support, Life-Span Respite Care Program, and more.
10. SPEAK OUT (Supporting Parents with Education and Advocacy for Kids, Outreach Understanding Training. This is a family organization that will be partially funded through the ICCU program. SPEAK OUT has been a vital component in the development and implementation of ICCU. SPEAK OUT will function as a support and empowerment for youth and families in the ICCU program.
11. Panhandle Partnership for Health and Human Services—Region-wide, member driven organization focusing on meeting diverse needs through protection, prevention, promotion, and provision of accessible services.
12. Center for Conflict Resolution, Scottsbluff—Mediation services, parent education classes, victim/offender mediation/restorative justice, study circles, Family Group Conferencing.
13. Job Corps, Chardon, NE.
14. CAPstone, Scottsbluff—Providing Region-wide coordination using a multi-disciplinary approach to address problems of and child victimization and trauma.
15. Carpenter Center, Scottsbluff—Child care and organized educational activities for children and adolescents.
16. YMCA, Scottsbluff—Organized day camps, activities, and wellness for youth and families.

Region 2 LB433 Report

Intention of Report:
As mandated by Nev. Rev. Stat. 71-5006 (Reissue 1996) this report was developed to evaluate the quality and quantity of community based mental health and substance abuse services that are available to children and youth within the Nebraska Behavioral Health System in Region II. The NBHS, comprised of the six Regions, the Office of Mental Health, Substance Abuse and Addiction Services, and the three Regional Centers, is the public, non-Medicaid system which funds behavioral health services for Nebraskans in need. This report also identifies service gaps that exist within the region and recommends prioritized actions to address identified gaps. Other issues that impact the Region and its ability to make appropriate services available to children and youth are also noted in this report.

Region II Human Services:
Serving 17 counties in west central Nebraska with mental health and substance abuse programs.

Our Service Mission:
To work toward the health, happiness and well-being of every person served by our organization.
To provide the highest quality Substance Abuse and Mental Health services to any person in need of those services.

17 County Area Served:
Arthur, Chase, Dawson, Dundy, Frontier, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, Thomas.

Population of Region II: 100,615 people

Governing Board:
One County Commissioner is appointed from each County to serve on a Governing Board created through an Interlocal Agreement. This Board serves as the Governing Body for Mental Health and Substance Abuse Services. This Board has been active since 1974. Monthly meetings average 71% attendance.

Region II Human Services serves adults and children. This report will only discuss children's services funded with State Behavioral Health Dollars.

SUBSTANCE ABUSE SERVICES

List of Services:
Outpatient (provided directly by Region II Human Services)
Short Term Residential (contracted with Touchstone and St. Monica's)
Community Support (provided directly by Region II Human Services
Prevention (provided directly by Region II Human Services)

Quality of Services:

Definition:

Persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of services. All services are tailored to the particular needs and preferences of children and adolescents and are provided in a setting that is relevant to and comfortable for this population.

Methodology:

Review of audits, accreditation standards, client satisfaction surveys, program evaluation including outcome measures, management reports, staff comments and input from community teams.

Results:

Region II Human Services received three year accreditation from CARF for children and youth programming in outpatient and prevention services. State audit by state of client charts showed no deficiencies. Program evaluation reports are available for review. Overall response is excellent. The need for access to medical and dental care noted. Programs provided received very high quality reports. More services are needed throughout the region. Client satisfaction survey revealed very high satisfaction with all levels of care provided by Region II Human Services. Contracted services have not yet done client surveys.

Key Findings/Trends:

There are very few direct services for youth in need of substance abuse care. Outpatient is the only easily accessible program. Short term residential and community support services need age waivers in order to serve youth. Substance abuse services are severely lacking for youth who do not have money, Medicaid or insurance. Region II Human Services has used St. Monica's new home in Grand Island for young women and has obtained waivers for community support.

Quantity of Services:

Definition:

Number of persons served by service by program location.

Methodology:

Internal computer system for services provided by Region II Human Services and monthly reports from contracted services.

Results:

These figures are from January 1,2002 to December 31, 2002. North Platte outpatient served 33 youth. Lexington outpatient served 30 youth. McCook outpatient served 21 youth. Ogallala outpatient served 27 youth. No youth were served in community support substance abuse. Prevention served youth in every county in the Region. All Stars, Halo, Asset programs, were offered throughout the region. Outcome measures show significant increase in knowledge and a finer ability to make healthy reasonable choices after classes.

Key Findings:

Outpatient and prevention are serving the region well but there needs to be many more levels of programming. There is not new funding available. In response to the need the region wrote a

Federal Planning Grant to plan and implement new services. Included in the grant were services specific to children and youth. The Region will be notified this Spring of the results.

Gaps:
Definition:
Gaps are evident in access, training, and number of substance abuse professionals. Rural areas have high need but not huge numbers and thus keeping services available is a challenge. Local community teams identified access to higher levels of care for youth needing substance abuse programs as a significant gap.

Methodology:
Review of numbers, public comments, staff input.

Results:
Gaps in funding make changes nearly impossible. Region II will continue exploring creative options and working with community teams to make the best use of local resources.

Key Findings:
The only access for residential care for youth is through the YRTC at Kearney which utilizes a substance abuse program at Hastings Regional Center. The program is for males only. Access to short or long term residential services is severely lacking in the state. A continuum of care does not exist for young people abusing and addicted to substances. The wrap-around programs that have been developed may work but at this time target severely emotionally disturbed youth and thus a mental health diagnosis is necessary. New dollars are needed to develop age appropriate accessible services in our region and across the state.

MENTAL HEALTH

List of Services:
Outpatient
Youth Care Coordination
Community Support
Therapeutic Consultation

Quality of Services:
Definition:
Persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of services. All services are tailored to the particular needs and preferences of children and adolescents and are provided in a setting that is relevant to and comfortable for this population.

Methodology:
Review of audits, accreditation standards, client satisfaction surveys, program evaluation, management reports, staff comments and input from community teams.

Results:
Region II Human Services received three year accreditation from CARF for children and youth programming in outpatient and prevention services. Audit by state of client charts showed no deficiencies. Program evaluation reports are available for review. Overall response is excellent. The need for access to medical and dental care noted. Programs provided received very high quality reports. Outcome data shows significant increase in functioning and quality of life for children and youth who follow treatment schedule and treatment plans. More services are needed throughout the region. Client satisfaction surveys revealed very high satisfaction with all levels of care provided by Region II Human Services. Contracted services have not yet done client surveys, but serve very few youth.

Key Findings/Trends:
Innovative collaborations have helped the region deliver quality services to children and youth. A psychologist who works for Region II Human Services practices with a pediatrician two days a month to provide a joint psychological/medical evaluation for children and youth.

Quantity of Services:
Definition:
Number of youth served in all Region II Human Services programs.

Methodology:
Reports pulled from internal computer system, from program evaluation reports, from Youth care Coordination reports.

Results:
For calendar year 02, North Platte served one youth in community support and Day Rehab through an age waiver. Outpatient services in North Platte served a total of 350 children and youth. 93 were 15-18; 71 were 12-14; 161 were 6-11; 25 were 5 or under. Lexington outpatient served 68. 23 were 15-18; 20 were 12-14; 21 were 6-11; 4 were 5 and under. McCook outpatient served 91. 35 were 15-18; 24 were 12-14; 30 were 6-11 and 2 were 5 and under. Ogallala/Imperial served 142. 57 were 15-18. 34 were 12-14; 45 were 6-11; 6 were 5 and under. Every county served by Region II Human Services had children or youth seen in one or more of our outpatient programs.

In July of 02, the Region became the provider for the Youth Care Coordination program previously known as the Professional Partner Program. The program has grown from 18 youth being served to 24 and care coordinators are located throughout the Region so that every county has access.

Therapeutic Consultation is a program developed in conjunction with three schools. Assessments and referral are offered for any student that the counselors refer. Therapists go to the school for the assessment and meet with parents as well as the student. This program is highly used at times and at other times is available but not as heavily used. The Region will assess whether to continue the program or to use the dollars to help expand the Youth Care Coordination program.

Key Findings:
Services are heavily used for assessment, evaluation, and ongoing therapy. Therapists are ranked very high on client satisfaction surveys. More therapists are needed to meet the demand for care. While community support is not seeing youth directly, community support workers often work with individuals who are struggling with rearing their kids and in many instances are working with us to help with reunification for their children who are state wards. The Youth Care Coordination Program has improved in quality and quantity. The training given the care coordinators has helped them establish best practices with each of the families.

Gaps:
Definition:
Insufficient capacity, training and levels of care.

Methodology:
Data collected through review of community planning efforts, information from youth care coordinators, therapists, pediatricians, psychologists.

Results:
Access to inpatient care is very limited and time allowed in inpatient is too short to make a significant difference for the child. While inpatient is inappropriate for many youth it is necessary in some cases and the distinctions are not used by insurance companies. There is a severe shortage of psychiatrists in the Region II area. Youth who need to see a child psychiatrist must travel long distances and even then the wait is four and five months. Therapists are extremely frustrated because options for families are so limited. Psychologists report seeing more severe difficulties and seeing youth at younger and younger ages. Yet the funding streams and the options for care have not changed. Managed care companies refuse to let families receive more than one service a day so our families who travel great distances are put in the position of having to travel twice. (Example: Evaluations use to be done in one day by linking all services, now due to reimbursement constraints families have to make two or three trips). The Region wrote a grant for case management services for youth diagnosed with ADHD. To date the grant has not been funded. Youth Care Coordination for severely emotionally disturbed youth is a small program that cannot meet the needs of the large number of youth in need of the service. So quality is excellent and the gap remains due to the need. Families report that medicines prescribed are too costly and they cannot afford the medicine that they know will help their child.

Key Findings:
The trend is more significant problems at earlier ages with huge deficits in the availability of resources and trained professionals. All systems are overburdened and underfunded to meet the needs. Community teams are working collaboratively but only so much can be done without more resources. Kids and families need help far beyond the skills being taught in higher education. Linking Psychologists, Pediatricians and General Practice Physicians can help in making sure that good diagnostic work is done and insure that we somehow help families who have no access to Psychiatrists.

Impact of other systems and services:
Most mental health and substance abuse services for children and youth are funded through the Office of Juvenile Services, Medicaid, Child Welfare, and various other funding streams. These funding streams often require services not readily available in rural areas. These systems are funding streams only and do not collaborate sufficiently with behavioral health services at the state level. Kid's Connection helped fill a gap but the number of youth that lost services in the last budget cut impacts the behavioral health system and becomes just a cost shift. Services are contracted without consultation with the mental health and substance abuse professionals.

Recommendations Section:
Region II Human Services recommends that all substance abuse counselors in the Region be trained in the CASI (Comprehensive Adolescent Severity Index) so that all counselors can do evaluations for the Criminal Justice System in a uniform manner.

Region II Human Services recommends continuing pursuing Federal Funds to increase the levels of care available in Western Nebraska.

Region II Human Services recommends moving the Therapeutic Consultation Dollars to the wrap around program and continue the consultation to schools through the outpatient program.

Region II Human Services recommends requesting the state to ask the managed care company to give rural exemptions for families so that they can receive all assessment services needed in one trip.

Region II Human Services recommends continuing the involvement in community teams including the 1184 child abuse prevention and treatment teams as well as the community coordinating teams.

Region II Human Services recommends continuing the pursuit of grant dollars to fund case management services for ADHD youth throughout the region who are diagnosed by Dr. Kimzey and Dr. Shepherd.

Region II Human Services recommends exploring possibilities for funding to help parents pay for the medicine needed for mental health needs for youth who do not have any other funding source.

Region II Human Services recommends continuing and increasing the partnerships with Pediatricians and General Practice Physicians with Psychologists and Mental Health Therapists to help alleviate the lack of access to psychiatric care.

Region 3 LB433 Report

Submitted: January 28, 2003
By: Beth Baxter, Regional Director
Jean L. Wojtkiewicz, Region III Youth Network Specialist and
The Region III Behavioral Health Advisory Committee

Acknowledgements:
A sincere "Thank You" to the many colleagues who assisted with the writing of this report. This report is only possible through their generosity of time, their enthusiasm in researching information and data, and their priceless editorial talents.

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Judy Vohland	Dorothy Aspergren
Carole Denton	Don Egenberger
Cammie Farrell	Susan Henrie
Captain Bill Holloway	Linda Jensen
Brenda Miner	Cindy Scott
David Walton	Mary Wells
Amy Richardson	Rodale Emken
Ken Olenik	

Their input, guidance, and vision continue to be invaluable.

Thank you to all the families we have served. We celebrate their successes and they direct us on how to best serve and support their children who live with serious mental, behavioral, and emotional challenges at home and in the community. They continue to be our voice on the effectiveness of the system of care approach.

EXECUTIVE SUMMARY

According to the Federation of Families, a national family advocacy organization, approximately six to eight million children and youth in the United States have an emotional, behavioral or mental disorder in need of treatment. It is estimated that the prevalence of children with diagnosable mental or addictive disorders is almost 21 percent of the U.S. children ages 9 to 17 according to the Surgeon General's 1999 Report. This does not take into account those children that may be suffering but have gone undiagnosed. Consistent with these findings is the research conclusions by the National Institute of Mental Health (NIMH) indicating that one in ten children and adolescents in the United States suffers from mental illness severe enough to cause some level of impairment, but fewer than one in five of these youth receives needed treatment.

A wide range of therapeutic, educational, and social services are necessary to address these children's needs. Nebraska's Regional Behavioral Health System, through the wraparound approach, has been achieving success in this area with its wide array of family-centered, community-based services and supports for children and families.

Unfortunately, in some Nebraska communities, these services may not remain available or only available in either limited outpatient services or residential care being the only choices. Many systems and services influence the delivery of mental health and substance abuse treatment and prevention programs for youth.

Our state's leadership can be a powerful and an influential force for change on behalf of our children with mental health and substance abuse needs and their families. Individuals, families, communities, institutions, and legislative bodies need to work collaboratively and creatively to help every child/family become emotionally strong and successful.

Intention of Report:
As mandated by Nebraska Revised Statute 71-5006 (Reissue 1996) this report was developed to evaluate the quality and quantity of community based mental health and substance abuse services that are available to children and youth within the Nebraska Behavioral Health System in Region III. This report also identifies service gaps that exist within Region III, and recommends prioritized actions to address identified gaps from fiscal year 2002.

Description of Region III:
The Nebraska Behavioral Health System (NBHS), comprised of the six Regions, the Office of Mental Health, Substance Abuse and Addiction Services, and the three Regional Centers, is the public, non-Medicaid system that funds Behavioral Health Services for Nebraskans in need. Each Region is responsible for coordinating mental health and substance abuse services based on individual needs, community needs and resources in that particular region. (See Appendix A, Schematic of Delivery Systems).

Region III is made up of twenty-two rural counties in central Nebraska. (See Appendix B, Regional Map of Counties Served) It covers 14,966 square miles and has a total population of 223,143 of which 57,432 are children under 18 years of age. (See Appendix C & D Census Bureau of Statistics) Region III has a culturally diverse population with 14 percent of Black, Native American, Hispanic, Asian, or other ethnic origins being represented according to the Census Bureau of Statistics.

Region III Behavioral Health Services is governed by a Regional Governing Board (and assisted through input of the Behavioral Health Advisory Committee) which is comprised of elected officials, county commissioners, or supervisors from Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties. (See Appendix E, Regional Governing Board Representatives). The Regional Governing Board contracts with the Department of Health and Human Services for funding while each county provides local match funds. The Regional Governing Board utilizes these funds to:

- Manage a network of behavioral health providers,
- Provide care coordination and wraparound services and support for children and adolescents experiencing serious emotional disorders and their families, and
- Ensure the provision of mental health and substance abuse treatment, rehabilitation, support and prevention for the residents of Central and South Central Nebraska that make up Region III.

Although Region III Behavioral Health Services also coordinates services and provides support for adults experiencing severe, persistent mental illness, the focus of this report will be on children/adolescents with behavior health needs and their families.

In the past twenty years, the field of children's mental health has seen a shift from institutional interventions to more community-based approaches. To remain effective through such change Region III continues to work directly with community leaders, consumers, and service providers to assess needs, identify resources, and provide assistance in service development. Region III is committed to providing children and their families with the services that best satisfy their needs in the least restrictive environment. To accomplish this, Region III continues to further develop and strengthen an integrated and coordinated system of care comprised of families, agencies, and providers who offer appropriate, community-based services for children/adolescents and their families. (See Appendix F Region III Timeline)

During fiscal year 2002, Region III expended a total of $2,900,618 for the purchase and support of a wide range of services and system coordination for children/adolescents and their families. These services include prevention as well as treatment and support in the areas of both mental health and substance abuse. (See Appendix G Overview of Contract Services for Youth) Region III is projecting expenditures in the amount of $2,775,674 for fiscal year 2003 that will end June 30, 2003. This projected decrease in budget will be a direct result of funding issues and explained further in this report.

Through a cooperative agreement between Region III Behavioral Health Services and The Nebraska Department of Health and Human Services Office of Protection and Safety, the Integrated Care Coordination Unit (ICCU) was created to reduce out-of-home placement for state ward youth with mental health disorders, by providing services with a wraparound approach. During fiscal year 2002, the Integrated Care Coordination Unit expended a total of $3,487,075. Due to the success of the program in fiscal year 2002, Region III Behavioral Health Services and The Nebraska Department of Health and Human Services Office of Protection and Safety have agreed to increase the number of youth to be served beginning fiscal year 2003 and going through fiscal year 2004, with possible contract renewal or extension for fiscal year 2005. The projected expenditures for fiscal year 2003 are $5,640,439. (See Appendix G Overview of Contract Services for Youth)

Another important initiative within Region III service area is the system of care enhancement activities of Nebraska Family Central. Nebraska Family Central is the collaboration between Region III Behavioral Health Services, Nebraska Department of Health and Human Services and Nebraska Department of Education, serving all 22 counties in Central and South Central Nebraska made possible through grant CFDA No. 93.104 by the Department of Health and Human Services, Public Health Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Nebraska Health and Human Services, and Region III Behavioral Health Services. Nebraska Family Central has developed a comprehensive approach to serving youth and families that allows children and adolescents with emotional and/or behavioral challenges the ability to remain in their homes, schools, and communities whenever possible. By coordinating public and private funding and policy development across health, education, child welfare, and juvenile justice systems, Nebraska

Family Central endeavors to provide opportunities for families to become equal partners in the care of their children.

Nebraska Family Central is steered by a Council that includes representation from Region III, Nebraska Department of Health & Human Services, Families CARE, Behavioral Health Resources Inc., Vocational Rehabilitation, Probation, Nebraska Department of Education, Association of Retarded Citizens (Arc) of Buffalo County, and the Community Partnering committee. One of the primary activities of the Council is to develop the capacity within local communities to meet the needs of children and families through early identification and intervention using the wraparound process. Community Team mini-grants were designed to support the development of an infrastructure necessary to provide an environment where youth are able to stay in their community and obtain assistance that is family friendly, strength-based, and unconditional whenever possible.

Additionally, Nebraska Family Central continues to support Families CARE (Families for Child Advocacy, Resources and Education), which is a family-centered, non-profit organization, governed by a board of directors and operated by staff and volunteers. Families CARE has three primary programs: Family Care Partner Program, Family Evaluation Program, and Y.E.S! (Youth Encouraging Support).

Nebraska Family Central Council also developed target milestones through the Outcome Engineering process. Outcome Engineering is a tool utilized to evaluate the progress and strategies of the Council and grant activities throughout the year. The target milestones measure five areas: Collaboration, Cultural Competency, Family Involvement, Individualized Service Delivery, and Evaluation and Accountability. Monitoring the target milestones is the joint responsibility of the Region III Evaluation Team, the Families CARE Evaluation Program, and the Nebraska Family Central Council.

Although the area we serve has a wide variety of behavioral health agencies and programs that provide services and supports for children with behavioral health needs, the focus of this report will be on those programs that receive funding through the Nebraska Behavioral Health System (NBHS) and funding through the cooperative agreements between Nebraska Health and Human Services and Region III Behavioral Health Services.

PREVENTION SERVICES

Description:

Prevention services have six overarching comprehensive strategies that include the following:

- Information Dissemination—Provides awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families, and communities. The strategy is also intended to increase knowledge & awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience with limited contact between the two.
- Prevention Education—Involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator

and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

- Alternatives—Provide for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would therefore minimize or remove the need to use these substances.
- Problem Identification—Aims to classify those who have indulged in illegal or age-inappropriate use of tobacco or alcohol and those who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted that this strategy does not include any function designed to determine whether a person is in need of treatment.
- Community-Based Process—Aims to enhance the ability of the community to more effectively provide substance abuse prevention and treatment. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building, and networking.
- Environmental—Establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service- and action-oriented initiatives.

During 2002, Region III Behavioral Health Services Alcohol, Tobacco and Other Drug Prevention Community Partnership Mini-Grants were awarded to 23 community-based organizations in our 22 county service area. These organizations had needs that far exceeded the funding available. (See Appendix H, Community Partnership Mini-Grants)

Additionally, the Regional Prevention Center coordinates services with non-funded youth prevention service providers (see Appendix I, Non-Funded Youth Prevention Services) and provides technical assistance to communities within the service area to meet their prevention needs.

The Regional Prevention Center conducts yearly strategic planning sessions with prevention staff and providers. Gaps and needs are assessed at this time using data from the Prevention Minimum Data Set System (MDS) and in 2000 included a Prevention School Needs Assessment. (See Appendix J, School Needs Assessment) The MDS was developed by The Center for Substance Abuse Prevention (CSAP) to enable states, substance abuse agencies, community-based service providers and others to quantify and compare the numbers and types of primary prevention and early intervention services delivered. Data is entered monthly on the MDS by all Region III Prevention staff and providers and reviewed during the strategic planning process.

Provided by:
Region III contracts with the following prevention providers to provide comprehensive prevention services throughout the Region's twenty-two counties;

- Central Nebraska Council on Alcoholism (serving area 1: Blaine, Custer, Garfield, Greeley, Hall, Hamilton, Howard, Loup, Merrick, Sherman, Valley, Wheeler counties)

- Hastings Area Council on Alcoholism (serving area 2: Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties)
- Family Resource Council/Fetal Alcohol Syndrome (serving areas 1 and 2: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties)
- Region III Behavioral Health Services (serving Areas 1 and 2: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties)

Funded Capacity:
During FY2002, Region III and the prevention providers served a total of 37,594 individuals of which 60.2% were under 18 years of age.

Funding Source(s):
Total funds disbursed to provide alcohol, tobacco, and other drug abuse prevention services throughout the Region III service area were $425,445 (14.67% of the regional FY2002 expenditures for youth services). However, $42,759 will not be renewed when the Nebraska Tobacco Free Coalition grant ends December 31, 2003. (The Regional Prevention Center is actively seeking national and regional grant funds.)

CHILDREN'S MENTAL HEALTH SERVICES

Family Advocacy, Education, and Support:
Description:
A family centered service that focuses on enhancing family partnerships across systems through inclusion of the family partnership component in wraparound, family involvement in policy development, and enhancement of support groups throughout our service area. Families CARE Partners provide assistance to children and families in communicating effectively with the agencies serving children. Additionally, they provide support groups, build parent-to-parent networks to help families strengthen their support bases, assist families in identifying needs and how to access the identified services, provide informative literature, the latest research-based information, and books that assist all ages and strive to be a national voice for children and families in policy making.

Criteria:
Families that have a child(ren) that has been diagnosed with a mental, emotional, and/or behavioral disorder. Additionally, parents that have a child(ren) that has not been diagnosed with a disorder but are seeking resources and support for early interventions.

Funded Capacity:
Caseloads were originally set for 20 families per Family Care Partner. Currently the Family Care Partners are serving an average of 30 families each. The number of families seeking assistance has been consistently increasing since August 2002 and is expected to continue to increase as more agencies in the area refer families for services.

Provided by:
Families CARE (Families for Child Advocacy, Resources, and Education) a chapter of the Federation of Families for Children's Mental Health. Serving all 22 counties of Region III.

Funding Source(s):
Total funds disbursed to provide family advocacy, education, and support services throughout the Region III service area was $150,000 (5.17 % of the regional FY2002 expenditures for youth services). These funds will be reduced to $37,500 in fiscal year 2004. However, ongoing funding will be provided through a contract between Region III and Families CARE to provide services to families enrolled in the Integrated Care Coordination Unit for fiscal years 2003 and 2004.

Day Treatment:
Description:
Facility-based program serving children/adolescents that have Severe Emotional Disturbances. Intensive, non-residential service providing counseling, family services, education, behavior modification, skill building and promoting reintegration back to the youth's community school.

Criteria:
Youth is in Kindergarten through eighth grade. Youth has not been successful in the classroom as documented by educational consultants through observation and assessment. Behavioral and emotional symptoms include: aggression towards self or others or property, behaviors and emotional experiences or a problem, which consistently interfere with the individual's learning process, and significant deficits in social skills and interpersonal functioning that interfere with the student's progress. Student is being returned to his or her school from a higher level of care. Parents or guardians must be willing to participate in the program. Student's IQ must be 70 or above (this may be reviewed on a case by case basis depending upon the circumstances). The youth must have a diagnosis through DSM-IV-TR and the school system must have exhausted their own resources.

Provided by:
Mid-Plains Center for Behavioral Healthcare Services (serving Hall, Hamilton, Howard, Merrick counties) and in collaboration with Grand Island Public Schools.

Funded Capacity:
Region III contracted for 37 youth to be served in FY 2002. The service was not available in 18 of the 22 counties in Region III service area.

Funding Source(s):
Total funds disbursed to provide day treatment services was $51,655 (1.78% of the regional FY2002 expenditures for youth services). Grand Island Public Schools provides the teacher, educational materials and transportation for the program. Mid-Plains also received limited funds through client fees (based on a sliding scale schedule), private insurance, and Medicaid.

Medication Management:
Description:
Service consists of prescription of appropriate psychotropic drugs, as well as following the therapeutic response to, and identification of side effects associated with the prescribed

medication. In addition, ancillary services necessary to support the medication regimen are also provided.

Criteria:
Children with low to severe symptoms (GAF 20-70), low to high risk for relapse, low to high risk for harm to self or others, low to high need for external professional structure, one or more functional limitations, and potential need for treatment plan adjustment at each visit.

Provided by:
Mid-Plains Center for Behavioral Healthcare Services (serving Areas 1 and 2: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties)

Funded Capacity:
During FY 2002 Region III contracted for 52 youth to participate in medication management services.

Funding Source(s):
Total funds disbursed to provide medication management throughout the Region III service area was $5,962 (0.21% of the regional FY2002 expenditures for youth services). Mid-Plains also received limited funds through client fees (based on a sliding scale schedule), private insurance, and Medicaid.

Multisystemic Therapy (MST):
Description:
Multisystemic Therapy is a family and community-based treatment using an ecological approach for youth with complex clinical, social, and educational problems. MST is short-term in duration (usually 3-5 months), with the MST therapist maintaining a small caseload. Youth referred to MST exhibit a combination of: physical and verbal aggression, school failure and truancy, criminal or delinquent behavior usually associated with contact with delinquent peers, and substance abuse issues The family, as a whole, will work with a trained MST therapist. The goal of MST is to reduce the frequency and intensity of the youth's referral behavior. The MST therapist will work with the parents assisting them in empowering themselves through gaining the skills and resources needed to address difficulties that will arise while parenting their children. In addition, the youth will learn coping skills to better address family, peer, school, and neighborhood issues.

Criteria:
Generally, youth range in age from age 6 through age 20 (this is a guideline subject to individual circumstances): The youth must have a mental illness diagnosable under the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) published by the American Psychiatric Association; Youth currently resides in natural or long-term foster (regular or agency based) home or in the process of reunification and is at-risk of a more restrictive placement; The youth is involved in the juvenile justice system or at-risk of committing a criminal offense; or at-risk of school failure, dropping out of or being expelled from school due to behavior problems; The youth's parents or caregivers are willing to participate in the program in a partnership role.

Provided by:
Mid-Plains Center for Behavioral Healthcare Services (serving Area 1: Adams, Blaine, Buffalo, Custer, Garfield, Greeley, Hall, Hamilton, Howard, Loup, Merrick, Sherman, Valley and Wheeler counties) South Central Behavioral Services is providing another therapy program, Intensive Family Therapy, for service Area 2.

Funded Capacity:
During FY2002, Region III contracted for 29 youth to be provided with Multisystemic Therapy (MST). However, South Central Behavioral Services discontinued their MST Program in August 2002 due to lack of funding. The Medicaid Managed Care funding mechanism (on a face-to-face session basis as opposed to the needed case rate basis) was not adequate to cover the intensity of the service and the required driving time to serve families in their home environment.

Funding Source(s):
Total funds disbursed to provide Multisystemic Therapy to youth in Region III service area was $185,748 (6.40% of the regional FY2002 expenditures for youth services). The Community Mental Health Services (CMHS) grant funding $133,233 of the total disbursements, will no longer be available in the Region III service area for FY2004. Mid-Plains did receive, in FY2002, Medicaid Funds and limited private insurance payments. Additionally, revenue from other regions will be assisting in expansion of this service to other regional service areas during FY2003.

Outpatient/Assessment:
Description:
Outpatient therapy is a specialized mental health treatment program for persons experiencing a wide range of mental health problems that cause moderate and/or acute disruptions in the individual's life. Outpatient treatment programs provide individual, family, or group treatment services, generally on a regularly scheduled basis. The outpatient program provides to each youth served the appropriate assessment and/or diagnosis of the mental health problem, as well as effective treatment to change behaviors, modify thought patterns, cope with problems, improve functioning, improve understanding of factors producing problems, identify workable steps to address the problems and/or other related goals. Such programs may include the collateral and/or adjunctive services. Adjunctive services are designed to link youth participating in the outpatient program to other programs and coordinating the various services to achieve successful outcomes. Adjunctive services include information gathering and reporting, coordination of services, referral facilitation, and related activities to assure there is coordination between the various programs serving the youth.

Criteria:
Provides services for youth with low to moderate symptoms (GAF 31-70), low to moderate risk of harm to self or others, one or more functional limitations, low to moderate risk of relapse, and need of professional structure.

Provided by:
Mid-Plains Center for Behavioral Healthcare Services (serving Area 1: Blaine, Custer, Garfield, Greeley, Hall, Hamilton, Howard, Loup, Merrick, Sherman, Valley and Wheeler counties), Center for Psychological Services – School Based (serving Kearney Public Schools in Buffalo

County), South Central Behavioral Services (serving Area 2: Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties).

Funded Capacity:
During FY2002, Region III contracted for 308 youth to be provided with outpatient/assessment services throughout Region III service area. In FY2003, The Center for Psychological Services has contract with Region III to provide outpatient mental health counseling, based in the schools, to 164 students.

Funding Source(s):
Total funds disbursed to provide outpatient/assessment to youth in Region III service area was $23,423 (0.81% of the regional FY2002 expenditures for youth services). School-based outpatient funding disbursements are estimated at $12,500 for FY2003. These providers received additional funds through client fees (based on a sliding scale fee schedule), private insurance payments, and Medicaid.

Professional Partner /School-Based Wraparound Programs:
Description:
The Professional Partner Program combines an ecological assessment and treatment planning process that utilizes the wraparound approach through intensive therapeutic care management. At the center of this program is the Professional Partner, who works in full partnership with each youth and his or her family. The program is strength-based, family-centered, and acknowledges families as equal partners. It promotes utilization of the least restrictive, least intrusive developmentally appropriate interventions in accordance with the strengths and needs of the youth and family within the most normalized environment. The program utilizes specific methods for moving toward an interagency system of care by developing referral sources, collaborative working relationships, and integration and coordination with families and public and private child serving systems. The mix, intensity, duration, and location of services and supports are individually tailored to meet the unique needs of each youth and his or her family. The program is based upon the wraparound approach to service delivery relying on the natural support systems of the family in their neighborhood and community. The program also holds the belief that as the needs of a child and his or her family become more complex, the interventions, services and supports they receive will become more individualized.

The School-based Wraparound Program (SBW) is similar to the Professional Partner Program with the distinction being utilizing a team effort with an educational facilitator and a family facilitator to assist in developing child/family teams. The mission of the School-Based Wraparound Program is to guide implementation of interventions through the wraparound approach that develop and support necessary academic and behavioral skills needed for students with serious emotional disorders to effectively participate in their families, schools, and communities.

Criteria:
For both Professional Partners Program and School-based Wraparound Program the youth must be under the age of 21 and have a mental health disorder that is diagnosable (a diagnosis will be acquired within 90 days of enrollment). 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. The mental health disorder must

result in functional impairments in two or more of the following areas: self-care at an appropriate developmental level; developmentally appropriate perception and expressive language; learning; self-direction, including developmentally appropriate behavioral control, decision-making, judgment, and value systems; and capacity for living in a family or family equivalent. Youth exhibits significant risk and needs in specific Life Domains.

Provided by:
Region III Behavioral Health Services (serving Areas 1 and 2: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties), ESU 9 (serving ESU 9 counties: Adams, Clay, southern Hall, Hamilton, Nuckolls, and Webster counties), ESU 10 (serving ESU 10 counties: Blaine, Custer, Garfield, Greeley, Loup, Sherman, Valley, and Wheeler counties), Grand Island Public Schools (serving Grand Island Public Schools), Kearney Public Schools (serving Kearney Public Schools)

Funded Capacity:
During FY2002, Region III contracted for 373 youth to be provided with Professional Partner/School-based Wraparound services throughout Region III.

Funding Source(s):
Total funds disbursed to provide Professional Partner/School-based Wraparound services to youth in Region III service area was $1,990,905 (68.64% of the regional FY2002 expenditures for youth services). The disbursement of funds includes the purchase of needed services and/or supports for the children enrolled in the Professional Partner/School-based Wraparound Program and their families ($53,334 or 3.3% of the total program expenditures). In fiscal year 2003 the Professional Partner/School-Based Wraparound Programs funds will be diminished to $1,935,315 and in fiscal year 2004 they will continue to decline to a projected expenditures of $922,815. By fiscal year 2005, this successful program will be crippled with the funds decreasing to a projected $585,315 due to declining CMHS funding.

CO-OP For Success (Program within the Professional Partner Unit)
Description:
Grand Island Public Schools, Region III Behavioral Health Services, and Nebraska Vocational Rehabilitation Services have partnered to create Co-op for SUCCESS. This resource started in February of 2000 to help meet the needs of "at-risk" students in the Grand Island area.
Co-op for SUCCESS is an effort combining wraparound planning and coordination of existing services/resources with some jointly funded services targeting transition of at-risk students with mental health/behavioral issues into competitive employment in the adult community. Students, ages 14-21 are being targeted for a continuum of planning and services. In planning, existing and new partnerships have been combined with proven methods to focus on individualized student and family needs.

Criteria:
The youth must be 14 – 21 years old and have a mental health disorder (a diagnosis is acquired within 90 days of enrollment). 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. The mental health disorder must result in functional impairments in two or more of the following areas: self-care at an appropriate

developmental level; developmentally appropriate perception and expressive language; learning; self-direction, including developmentally appropriate behavioral control, decision-making, judgment, and value systems; and capacity for living in a family or family equivalent. Youth exhibits significant risk and needs in specific Life Domains. Youth must meet Vocational Rehabilitation criteria as well as having an Individual Education Plan (IEP) or 504 Plan.

Provided by:
Region III Behavioral Health Services, Vocational Rehabilitation, and Grand Island Senior High School (serving Grand Island High School students)

Funded Capacity:
During FY2002, Region III contracted for 9 youth to be provided with Co-op for Success services in the Grand Island area.

Funding Source(s):
Funding was provided through a cooperative agreement between Region III Behavioral Health Services and Nebraska Department of Education Office of Vocational Rehabilitation. Due to the end of the CMHS grant and therefore the reduction of the Professional Partner/School-based Wraparound Program, it is yet to be determined whether the Co-op For Success funding will be sustained for fiscal years 2004 and 2005.

Mentoring Services:
Description:
Informal supports and services utilizing community members, agencies or organizations to provide guidance, supervision, and/or assistance to a youth/family member are provided by the Mentor Center. These services are broad-based in nature and provide resources for youth and families through mentors, tutors, respite, transportation, and family mentors. Mentors matched with youth provide one on one time with a positive adult role model, while working on specific goals with the youth. Tutors are an educational resource for youth and families and provide educational support to help the youth improve their academic performance. The services provided by the Mentor Center utilize the wraparound approach by implementing the least restrictive, least intrusive developmentally appropriate intervention in accordance with the strengths and needs of the youth. Additionally, The Mentor Center staff provides supervision and training for the Region III mentors.

The Mentor Center also utilizes resources within the 22 counties to recruit mentors and volunteers, including: University of Nebraska at Kearney, Hastings College, Central Community Colleges, churches, and civic/community organizations. The Mentor Center offers training, materials, technical assistance and support to other mentoring programs and to communities that are developing mentoring resources. Areas of focus for the Mentor Center in FY2002 included: a donation campaign, distribution of a bi-monthly newsletter, mentor recruitment and retention, and the implementation of a Mentor Orientation handbook. The Mentor Center promotes mentoring at the local, regional, state, and national levels.

Criteria:
Provides services to youth between 4-21 years with a diagnosable emotional or mental illness, juvenile justice involvement, and/or at-risk of (or already in) and out-of-home placement.

Provided by:
Region III Behavioral Health Services (serving Areas 1 and 2: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties)

Funded Capacity:
During FY2002, mentors from The Mentor Center provided more than 2,500 hours of mentoring for youth in the 22-county area of Region III. A total of 59 youth were served by The Mentor Center in FY2002. Currently The Mentor Center is only able to serve less than 7% of the youth and families served by the Region III Behavioral Health Services and Health and Human Services Integrated Care Coordination Unit. It is able to serve less than 10% of the youth and families served by the Region III Professional Partner Program and less than 1% of youth and families served by Health and Human Service, Protection and Safety which serves youth on parole and in out-of- home placements. Thus, the agencies and organizations that comprise the primary sources of referrals to the Mentor Center are seeking and not finding enough mentoring, tutoring, respite, transportation, and family mentoring resources. Over the last year the requests for mentors have continued to increase.

Funding Source(s):
The Mentor Center receives its funding from the Nebraska Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, the Center for Mental Health Services (CMHS), and pursues other grant funding where applicable. (The Mentor Center has currently applied for Nebraska Crime Commission Grant Funding.) Due to the end of the CMHS grant and therefore the reduction of the Professional Partner/School-based Program funds, it is yet to be determined whether the Mentor Center funding will be sustained for fiscal years 2004 and 2005. These are very difficult decisions to be made for programs that have had such a positive impact in the success of its children.

Community-Based Wraparound Teams:
Description:
Community-Based Wraparound Teams are a cross system collaboration that brings together stakeholders who are interested in services for families who have complex needs. The membership of the Community Teams may consist of representatives from the Protection & Safety, Education, Mental Health Providers, Families CARE, Courts, Faith Community, Law Enforcement, Business Leaders, Community Services and other formal service providers as well as informal support systems. Region III has continued to financially assist communities in the enhancement of their infrastructure through a mini-grant process. There are currently 8 community teams that utilize the wraparound approach at the community level to deliver services and supports to children and their families and have received mini-grant funding. This system component provides children and families access to the least restrictive, least intensive, and ecological services possible.

Criteria:
Children/adolescents under the age of 19, who are still living at home, with parents or legal guardian, and are still in school. The main presenting concerns are: academic problems, attention difficulties, poor self-esteem, poor peer interaction, and/or experience hyperactive-impulsive behaviors. The youth may not have a formal diagnosis and has not yet become involved in the

formal legal system, but is at risk of formal interventions. Referrals may come from parents/legal guardians, school personnel and/or other community members.

Provided by:
Custer County Family Preservation, Family Resource Council (Buffalo County), GLW (Garfield, Loup and Wheeler counties) Children's Council, Hall County Community Team, Merrick County Family Services, Phelps County FAST (Family Action Support Team), Sherman County Community Team, and WeCan (Webster, Clay, Adams and Nuckolls).

Funded Capacity:
During FY2002, Region III contracted for 93 youth and their families to be provided with Community-Based Wraparound services. The Community-Based Wraparound Teams represented 18 of the 22 counties within the Region III service area.

Funding Source(s):
Total funds disbursed to provide Community-Based Wraparound services to youth were $45,000 (1.55% of the regional FY2002 expenditures for youth services). This funding remains in place through fiscal year 2003, but will be eliminated thereafter. It is predicted that those children and families will seek a higher (and more costly) level of care due to this early intervention no longer being available.

Mobile Crisis:
Description:
Mobile crisis services have the ability to respond on-site where a child is experiencing an acute episode. The response may be in the child's home, at law enforcement headquarters, or another appropriate location.

Criteria:
Provides services to children and adolescents, 18 years of age or younger, with severe emotional disturbance and their families/care providers.

Provided by:
Center for Psychological Services (serving Area 2: Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties)

Funded Capacity:
During FY2002, Region III contracted for 10 youth to be provided with mobile crisis services through Center for Psychological Services. However, the service was not available to 12 of the 22 counties within Region III service area.

Funding Source(s):
Total funds disbursed to provide mobile crisis services to youth in Area I of the service area was $781 (0.03% of the regional FY2002 expenditures for youth services). Center for Psychological Services also received limited funds through client fees, private insurance, and Medicaid.

24-Hour Clinician/Crisis Line:

Description:

This service provides crisis intervention and stabilization services on a 24-hour, 7day/week basis for individuals experiencing periodic or acute episodes of problems in functioning.

Criteria:

Primary focus of service provision shall be for youth experiencing crisis situations that involve mental health and/or substance abuse problems.

Provided by:

Mid-Plains Center for Behavioral Healthcare Services (serving Area 1: Blaine, Custer, Garfield, Greeley, Hall, Hamilton, Howard, Loup, Merrick, Sherman, Valley and Wheeler counties), Center for Psychological Services (serving consumers age 18 and younger). (serving Area 2: Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties).

Funded Capacity:

During FY2002, Region III contracted for 35,800 units to be provided for 24-hour clinician/crisis services throughout Region III service area. It should be noted that these contracted units for services are for both adults and youth and could not be separated by age.

Funding Source(s):

Total funds disbursed to provide for 24-hour clinician/crisis services to youth in Region III service area was $63,315 (2.18% of the regional FY2002 expenditures for youth services). Again, it should be noted that these funds reflect the services provided to both adult and youth combined and was not able to be separated by age. Additional funds were received through Medicaid, client fees (based on a sliding scale fee schedule), and private insurance.

Youth Crisis Services:

Description:

Youth Crisis services are short-term hospitalization for children who are deemed mentally ill and dangerous to self and/or others. Services include crisis stabilization, medication management, psychiatric evaluation, substance abuse evaluation performed by a certified alcohol and drug abuse counselor (CADAC), coping skill building, individual and/or group therapy as appropriate, and recommendations to/testifying at mental health commitment board hearings.

Criteria:

Children who have been identified as dangerous to themselves and/or others and held in Emergency Temporary Protective Custody.

Provided by:

Richard H. Young Hospital (serving Areas 1 & 2: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties)

Funded Capacity:

During FY2002, Region III contracted for 16 youth to be provided youth crisis services throughout Region III service area.

Funding Source(s):
Total funds disbursed to provide for youth crisis services in Region III service area was $8,190 (0.28% of the regional FY2002 expenditures for youth services). Richard Young Hospital received additional funding through Medicaid and private insurance payments for providing this service.

Integrated Care Coordination Unit (ICCU):
Description:
Integrated Care Coordination combines an ecological assessment and treatment planning process that utilizes the wraparound approach through intensive therapeutic care management relying on the natural support systems of the family in their neighborhood and community. The program is strength-based, family-centered and acknowledges families as equal partners. It promotes utilization of the least restrictive, least intrusive developmentally appropriate interventions in accordance with the strengths and needs of the youth and family within the most normalized environment. (See Appendix I, ICCU Annual Report ending June 30, 2002)

Integrated Care Coordination utilizes specific methods for moving toward an interagency system of care by developing referral sources, collaborative working relationships, and integration and coordination with families and public and private child serving systems. The mix, intensity, duration, and location of services and supports are individually tailored to meet the unique needs of each youth and his or her family.

Criteria:
Youth are wards of the State of Nebraska and must have a mental health disorder diagnosable in the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; the mental health disorder must result in functional impairments in two or more life domains; 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. The youth also is assessed through the use of the Child and Adolescent Functional Assessment Scale (CAFAS), Preschool and Early Childhood Functional Assessment Scale (PECAFAS), or Office of Juvenile Services (OJS) Risk Assessment Scale, and his/her scores indicate moderate to severe impairment/risk. Other criteria that is strongly considered is that the child's total welfare payment is over $2100.00 per month; the youth has had multiple stays in shelter, or the current shelter care placement has been 20 days or longer; and the youth has tried all available less intrusive programs and services and his/her needs have not been met.

Children and adolescents served in ICCU experience a variety of issues. In addition to having serious emotional or behavioral challenges, 23.2% of the children also have one or more chronic physical health problems. These issues create complexities that require an ecological approach to care management. Multiple service involvement and risk factors place the youth in jeopardy of removal from their home and community, school failure, and entry into the juvenile justice system. One of the goals of ICCU is to reduce out-of-home placements in which these youth live.

Provided by:
Region III Behavioral Health Services in a collaborative partnership with the Nebraska Department of Health and Human Services, Office of Protection and Safety (serving Areas 1 and 2: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties with the exception of Furnas County which is outside the Central Service Area of the Nebraska Department of Health and Human Services)

Capacity:
ICCU was implemented in January of 2001 with 20 Care Coordinators. The desired average caseload of the ICCU Care Coordinators is 10 families. During the fiscal year that ended June 30, 2002, a total of 257 youth were served by ICCU. The ages of these youth served ranged from 3 to 18 years.

Funding Source(s):
The ICCU is not funded through the NBHS, but rather funding is through a cooperative agreement between Region III Behavioral Health Services and the Nebraska Department of Health and Human Services, Office of Protection and Safety. In FY2000, the average monthly cost to HHS for placement and other direct services was $2,101.84 for each identified youth. ICCU is funded through a monthly case rate per youth served. The case rate was negotiated at 95% of the HHS cost of serving the identified youth in 2000; therefore, the original case rate was $1,996.75. In July 2001, providers of child welfare services received a 7.5% rate increase. Subsequently, the case rate increased 7.0% to $2,136.52. For the fiscal year that ended June 30, 2002, ICCU expended $3,487,075 in serving 257 high-need state ward children and adolescents in Central Nebraska. Due to the success of the program, the cooperative agreement has been renewed and the number of youth to be served, at any given time, has been expanded from 201 to 230 children. Additionally, beginning in 2002, over $700,000 of cost savings has been reinvested, to assist in defraying start-up costs, with the implementation of the Integrated Care Coordination model in other areas of the state.

Care Management Team (Program within the Integrated Care Coordination Unit):
Description:
The Care Management Team's (CMT) primary function is that of utilization review and management of youth placement. The Care Management Team serves children at risk of out-of-home placement or children in out of home placement. This involves administering and scoring the CAFAS and interviewing caregivers; reviewing client records of the youth, including any psychological/mental health assessment information and the risk assessment completed for youth in juvenile services; and participating in child/family team meetings when necessary. Additionally, CMT tracks referrals from HHS and other service providers, determines needed and available support services, and identifies gaps in services.

If a youth is in a group home or more restrictive placement, the CAFAS and other review information helps determine whether the youth is in the appropriate level of care. If it is determined that the youth would be better served at a different level of care, the Care Management Coordinator (CMC) makes such a recommendation to the child/family team that includes no less than the youth, family, and case manager (a facilitator trained in the wraparound

approach). The CMC provides input into the care planning for the youth and helps identify the appropriate support services needed to maintain the youth in the least restrictive level of care.

The duties of CMT continue to evolve as needs change and demand for changes become apparent. The members of CMT are Region III employees and are co-supervised by Region III and HHS, which fosters collaboration and cooperation among staff in both organizations.

Provided by:
Region III Behavioral Health Services in partnership with the Nebraska Department of Health and Human Services (serving Areas 1 and 2: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties with the exception of Furnas County which is outside of the Central Service Area of HHS)

Funded Capacity:
During FY2002, Region III contracted for 257 youth to be served through the Integrated Care Coordination Unit. This number of youth does not reflect the additional number of youth served by CMT outside of the ICCU Program. CMT recommends an ideal caseload of 100 youth per team member.

Funding Source(s):
Funding is incorporated within the ICCU funding expenditures. (See ICCU Funding Source.)

CHILDREN'S SUBSTANCE ABUSE SERVICES

Intensive Outpatient:
Description:
Intensive Outpatient (SA) provides group focused, non-residential services for children that are substance abusing (SA) or chemical dependent (CD) that require a more structured treatment environment than that provided by outpatient counseling, but who do not require a residential program. Activities of this program must focus on aiding youth to recognize their substance abuse problems and to develop knowledge and skills for making lifestyle changes necessary to maintain a life free from substance abuse. It is a non-residential, facility based, multi-service program centered on group counseling services designed to stabilize and treat children with moderate to severe substance abuse problems. Other services could include 24-hour crisis management, individual counseling, education about alcohol and other drug issues, family education and counseling, self help group, and support group orientation.

Criteria:
Primary focus of service provision shall be for children that have an unstable substance abuse (SA) or chemical dependence (CD) problem that have moderate to severe symptoms (GAF 20-80), a moderate risk of relapse, low to moderate risk of harm to self and/or others, a need for moderate profession structure, and one or more limitations in functional areas (vocational, social, daily living skills) who require weekly service plan adjustment.

Provided by:
South Central Behavioral Services (serving Area 2: Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties)

Funded Capacity:
During FY2002, Region III contracted for 901youth to be provided with intensive outpatient treatment. However, this service was not available to 12 of the 22 counties within Region III service area.

Funding Source(s):
Total funds disbursed to provide for intensive outpatient treatment to 10 counties within the service area of Region III was $55,949 (1.93% of the regional FY2002 expenditures for youth services). The provider received additional funds through Medicaid, client fees (based on a sliding scale fee schedule), and private insurance payments.

Outpatient/Assessment:
Description:
Outpatient therapy is a specialized substance abuse (SA) treatment program for children experiencing a wide range of substance abuse problems that cause moderate and/or acute disruptions in the child's life. Outpatient treatment programs provide individual, family, or group treatment services, generally on a regularly scheduled basis. The outpatient program provides to each youth served the appropriate assessment and/or diagnosis of the substance abuse problem, as well as effective treatment to change behaviors, modify thought patterns, cope with problems, improve functioning, improve understanding of factors producing problems, and identify workable steps to address the problems and/or other related goals. Such programs may include the collateral and/or adjunctive services. Adjunctive services include information gathering and reporting, coordination of services, referral facilitation, and related activities to assure there is coordination between the various programs serving the consumer.

Criteria:
Provides services for youth experiencing a wide range of substance abuse problems that have low to moderate symptoms (GAF 31-70), low to moderate risk of harm to self or others, one or more functional limitations, low to moderate risk of relapse, and need of professional structure.

Provided by:
St. Francis Alcohol and Drug Treatment Center (serving Blaine, Buffalo, Custer, Garfield, Greeley, Hall, Hamilton, Howard, Loup, Merrick, Sherman, Valley, and Wheeler counties), South Central Behavioral Services (serving Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties).

Funded Capacity:
During FY2002, Region III contracted for 264 youth to be provided with outpatient/assessment services throughout the Region III service area.

Funding Source(s):
Total funds disbursed to provide for outpatient/assessment services to youth within the Region III service area was $18,443 (0.64% of the regional FY2002 expenditures for youth services).

South Central Behavioral Services received additional funds through client fees (based on a sliding scale fee schedule) and St Francis Alcohol and Drug Treatment Center received additional funds through Medicaid, client fees (based on a sliding scale fee schedule), and private insurance payments.

EVALUATION

Description:
Evaluation is a key component to the system of care. Its mission is to facilitate a timely continuous feedback process through data management and reporting to support the activities of Region III Behavioral Health Services. Evaluation's primary responsibilities are:

- To coordinate all aspects of the evaluation for the Nebraska Family Central, including the National Follow Up study with Families CARE and the National Comparison Study with Macro International, and Opinion Research Corporation company (ORC Macro).
- To coordinate the Quality Improvement Process for Region III, coordinate and organize the Annual Report.
- To collaborate with Families CARE on "Family and Friends Survey", satisfaction and fidelity for wraparound units.
- To coordinate the evaluation process for the Professional Partner Program, School-Based Wraparound Teams, the Integrated Care Coordination Unit and other departments as needed for Region III.

Funding Source(s):
Evaluation services are funded through various sources. These include state mental health funds through Regional Program Administration, the Professional Partner Program, and child welfare funds through the Integrated Care Coordination Unit. Evaluation services that are funded through the CMHS grant will no longer be available in FY2004 due to the grant coming to completion.

Measuring Quality of Services:
Region III Behavioral Health Services is committed to ensuring that services of the highest quality possible that meet the behavioral health needs of consumers either through our network of providers or our own specialized services are accessible. Such quality is ensured through ongoing evaluation of functions and services and through accreditations, certifications, and licensing of service professionals and programs. The following measures are utilized:

- Provider Enrollment Checklist
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Child Behavior Checklist (CBCL)
- Weekly Adjustment Indicator (WAI)
- Ohio Scales
- Graduation Checklist
- Wraparound Fidelity Index
- Wraparound Satisfaction and Fidelity Survey
- Descriptive Information Questionnaire (DIQ)
- Point-In-Time Survey
- Treatment Outcomes Program (TOP) **

- Region III CARF Survey Report from June 2001 survey outcome included a three-year accreditation expiring June 2004.
- Family & Friends survey through Families CARE (not since 2001 due to lack of funding)
- Nebraska Behavioral Health System Partnership survey for 2002
- Region III Consumer Satisfaction Survey completed in 2002
- Regional Coordination Satisfaction Survey of Prevention Providers Directors Fall 2002 *
- Region III Behavioral Health Services Alcohol, Tobacco and Other Drug Prevention School Needs Assessment (not since 2000 due to a statewide survey being planned) *
- Region III Behavior Health Services Annual Staff Strategic Planning
- Nebraska Family Central MACRO site visit 2002
- Program audits/site visits/unit audits/fiscal reviews
- Accreditation: Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Council on Accreditation (COA) **
- State certifications
- Professional licensing/certification requirements
- Region III Agency Directors Strategic Planning, January 2002 **
- Behavior Health Advisory Committee Goals Setting, November 2002 **
- Mental Health system Improvement Plan (MHSIP) 2002 Consumer Survey Report
- Quality Improvement Plan (QIP) Process

* Denotes exclusive substance abuse quality measurements.
** Denotes both substance abuse and mental health quality measurements.
All others not specifically noted are exclusive mental health quality measurements.

Impact of other systems and services:
Region III and the Region III Behavioral Health Network continues to provide an array of mental health and substance abuse treatment and prevention programs for youth, but meeting these needs are influenced by other systems and services such as:

- Managed care continues to impact the system by denying services or benefits leading more consumers to seek services through NBHS.
- A shortage of services and/or professionals in the rural areas persists. Providers have opened up satellite offices in rural areas, but it continues to be difficult to retain professionals or to financially maintain the rural sites. Because of this, not all consumers in the Region III service area have equal access to mental health or substance abuse treatment.
- As Medicaid's Kids Connection Program reduces benefits and in so doing reduces the number of children that can access needed services, those children and families seek out NBHS for help.
- As Nebraska addresses its financial restraints, the affect of its cutbacks in general, will have a multiplying affect; funding sources cancelled in one area will affect multiple programs' funding and service capabilities.
- While "start-up" funding initially funds new and creative programming to improve quality while seeking a cost-savings, ways to sustain this programming does not get addressed.

- National affiliations, such as the Federation of Families, are organizing and identifying policy changes needed in our system of care and voicing these needs to stakeholders.
- Parents are giving up custody of their children to receive mental health and substance abuse treatment. A national movement towards waiver option and TEFRA option is occurring to support families remaining together.
- Incarceration and forced compliance to rules as the only approach to juvenile justice are not effective interventions. A restorative approach to juvenile justice requires the involvement of judges, probation officers, social workers, mental health and substance abuse providers, and other professionals coming together in a collaborative effort to meet the needs of youth. This collaboration has been instrument in the formulation of a Comprehensive County Juvenile Justice Plan Initiative statewide.
- Nebraska Behavioral Health Integration Project has begun to examine the barriers, opportunities and range of possible solutions for effectively incorporating faith-based organizations (FBOs) and community-based organizations (CBOs) into Nebraska's behavioral health care system.
- Training availability, such as: In-Service Training, Classroom Training, Specialized Training, Extraneous Training (Conferences) affects the quality of services, yet funding in this area has not been a priority.
- Nebraska's increase in population has been largely due to immigration of non-white and Hispanic origins with the Hispanic population growing 155.4% becoming Nebraska's largest minority group. With this increase in minority population mental health and substance abuse agencies are facing the necessity of adapting to cultural needs, but there remains a lack of culturally competent services.

RECOMMENDATIONS

Through the information gathering process and after reviewing the literature much has been learned about our system of care for children with behavioral health needs. We have come a long way in meeting youth and family needs, but much is yet to be accomplished. As strategic planning and prioritization for the future takes place, we make the following recommendations:

- Commit to long-term sustainable and/or expanded funding for promising practices that are evidence-based, family-centered, individualized, comprehensive, community-based, coordinated/collaborated, strength-based, culturally competent, and least restrictive:
    1. Professional Partners
    2. Families support and advocacy
    3. Integrated Care Coordination
    4. School-Based Wraparound
    5. Prevention *
    6. Mentoring
    7. Evaluation Services
    8. Community-Based Wraparound
    9. Phelps County F.A.S.T. (community and school-based wraparound)

- Integrate behavioral health services into the mainstream of health services by:

1. Supporting access to mental health services through a Home/Community-based waiver system.
2. Initiating a mental health assessment procedure, for both schools and the juvenile justice system, screening youth to identify possible mental health needs at the earliest stages; allowing proper treatment through the lowest level of community based care.
3. Initiating a substance abuse assessment procedure, for both schools and the juvenile justice system, screening youth to identify possible substance abuse needs at the earliest stages; allowing proper treatment through the lowest level of community based care. *
4. Provide mental health training to primary care providers, educators, and case managers for they have the greatest potential for recognition of mental disorders in children and adolescents early on.
5. Provide substance abuse training to primary care providers, educators, and case managers for they have the greatest potential for recognition of substance abuse in children and adolescents early on. *
6. Provide integrated treatment for children and adolescents with co-occurring disorders. **
7. Update technology with such means as telemedicine to reach rural areas with behavioral health services. **
8. Provide integrated services for youth transitioning from Youth Regional Treatment Centers back to the community. **
9. Provide bilingual professional staff at all levels of assessment and treatment**

A growing body of research has been influential in determining what works in our system of care for children with behavioral health needs. Research has identified promising practices that have the following characteristics: family-centered, individualized, comprehensive, community-based, coordinated/collaborated, strength-based, culturally competent, and least restrictive.[1] There is increasing awareness of the benefits of prevention, assessment, early intervention, and family-centered treatment approaches. Family members are now being viewed as active members of a team in the design and implementation of services they need. They are increasingly involved in the planning and decision making of all levels of service delivery and services are becoming more community oriented with an emphasis on informal supports that will be there for families when the formal supports have ended.

In 1999, the Surgeon General's Report on Mental Health brought attention to mental health in general and devoted a chapter to children's mental health specifically. In this report an Integrated System Model was identified which emphasized the development of interagency community-based systems of care for treating large numbers of children with multiple needs and utilizing multiple services other than just mental health. It also reviewed the effectiveness of Systems of Care and found the research encouraging. "Collectively, the results of the evaluation of systems of care suggest that they are effective in achieving important system improvements, such as reducing use of residential placements and out-of-state placements and in achieving improvements in functional behavior. There also are indications that parents are more satisfied in

[1] Department of Health and Human Services. *Promising Practices in Children's Mental Health 2001 Series, Volume III.*

systems of care than in more traditional service delivery systems." [2] The Surgeon General suggests that to resolve barriers and overcome the gaps in the delivery of services, mental health must be part of the mainstream of health services, and consumers must be given access to individualized, evidence-based, and reimbursable mental health care. Similar outcomes and recommendations have been published in the following documents: The Health Care Reform Tracking Project (a 1999 Impact Analysis), The U.S. Department of Health And Human Services publication on Systems of Care-Promising Practices in Children's Mental Health (a 2001 Series), The Annual Report to Congress: 1999 Comprehensive Community Mental Health Services for Children and Their Families Program Executive Summary, The Annual Report to Congress: 1999 Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, and Assessing the Need For And Availability of Mental Health Services For Juvenile Offenders in Nebraska (2002) by Denise Herz, Ph.D. and Amy L. Poland, M.P.A.

Many children have mental health problems that interfere with normal development and functioning. Research findings by NIMH indicate that one in 10 children and adolescents in the U.S. suffers from mental illness severe enough to cause some level of impairment. Moreover, in any given year, it is estimated that fewer than one in five of these youth receives needed treatment. Recent evidence compiled by the World Health Organization indicates that by the year 2020, childhood neuropsychiatric disorders will rise proportionately by over 50 percent, internationally, to become one of the five most common causes of morbidity, mortality, and disability among children.

In the federally funded study by NIMH titled, "*Psychiatric Disorders Common Among Detained Youth*" it surveyed teens in juvenile detention and found nearly two thirds of boys and nearly three quarters of girls had at least one psychiatric disorder. These rates dwarfed the estimated 15% of youth in the general population thought to have psychiatric illness, placing detained teens on a par with those at highest risk, such as maltreated and runaway youth. More than 106,000 teens are currently in custody in US juvenile facilities. As welfare reform, managed care and a shrinking public healthcare system limit access to services, many youth with mental health and substance abuse needs may increasingly fall through the cracks into the juvenile justice system, which is poorly equipped to meet these needs.

The Kids Count 2000 Report, published by Voices for Children in Nebraska provided an all-encompassing report on mental health needs of youth offenders who are in the juvenile justice system. Nationally 73% of youth in juvenile facilities reported mental health problems during screening and 57% had previously received mental health treatment, 55% had symptoms associated with clinical depression, 50% had Conduct Disorders, and up to 45% had Attention-Deficit/Hyperactivity Disorder (ADHD), and 1% to 6% had Schizophrenia and other psychotic disorders. These were significantly higher than that of the general population. To compound the problem, at least half of these youth suffering from mental illnesses also had substance abuse disorders. In Nebraska, a significant proportion of youth admitted to the youth rehabilitation and treatment centers have identifiable mental health and substance abuse treatment needs. In the Juvenile Services Master Plan, completed in 1999, a review of female youth residing at YRTC-Geneva revealed that 63% displayed mild to moderate mental health symptoms and 84% had co-occurring mental health and substance abuse issues. In a sampling of 50 male youth residing at

[2] *The Surgeon General's Report on Mental Health (1999).*

YRTC-Kearney, reviewed during the same period, 90% showed indications of mild to moderate mental health symptoms and 76% had co-occurring mental health and substance abuse problems. The Kids Count 2002 Report showed a total of 718 youth in the YRTC-Kearney and YRTC-Geneva combined, with the average stay for girls at 8 months and the average stay for boys at approximately 5 months. While in their care, the Youth Rehabilitation and Treatment Centers (YRTC) are making an impact with these youths but continued commitment to resources is needed to provide mental health and substance abuse services/interventions both while the youth is located at the YRTC and as they transition from the YRTC back to their communities.

These reports reflect the needs of the majority of the 22 counties in Region III service area. Often the mental health needs of the youth are not identified and therefore go untreated, subsequently they are inappropriately placed in the juvenile justice system that is ill equipped to identify or meet these mental health needs. Another concern for the youth who have untreated mental illness is their self-medication with alcohol and other drugs in an attempt to deal with the effects of their mental illness.

A process that can be effective for youth who are charged or adjudicated is an assessment procedure that screens youth to identify possible mental health and substance abuse needs. Through such an assessment process, youth's issues can be identified and properly treated through the lowest level of community-based care at a cost that has shown to save the state system dollars (See Appendix K, Integrated Care Coordination Unit Annual Report). In addition, prevention and early intervention programs and services may deter youth from inappropriately entering the juvenile justice system, but these alternatives are under-funded and/or have limited funding without long term sustainability, and are not meeting the demand for services (i.e., The Mentor Center's capacity and funding report).

The Federation of Families for Children's Mental Health, a national organization of families, has identified the following policy issues:

- Funding for family networks & children's services
- Providing access to care through TEFRA or Home and Community-Based Waiver system so parents do NOT have to relinquish custody to obtain necessary treatment for their children
- Integrate treatment for co-occurring disorders
- The Individuals With Disabilities Education Act-IDEA
  Policies are still under development
- Addressing children's needs that live in families where adults have serious mental illness
- Promoting the emotional well-being of young children and their families by providing a national standard for mental health screening for all children entering school

A state initiative*, Nebraska Behavioral Health Integration Project: Nebraskans Coming Together to Eliminate Barriers, Ensure Access, and Maximize Resources for Behavioral Health Care*, is in the planning stages. The philosophy of the Integration project is that an integrated system is best suited to reduce barriers, promote access, and maximize human and fiscal resources. The project's long-term goal is to eliminate service barriers, ensure access to care, and maximize resources.

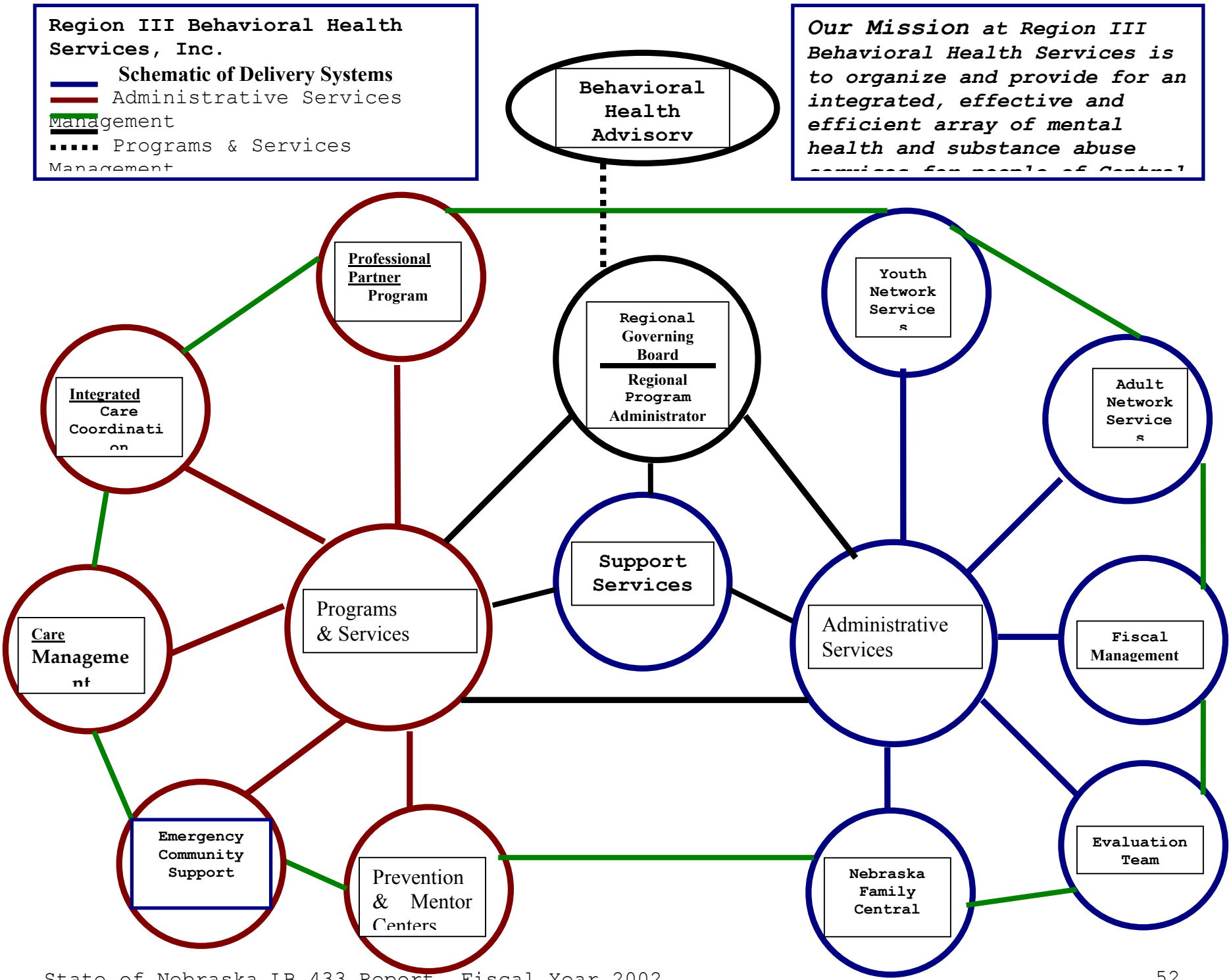
The multiple problems associated with "serious emotional disturbance" in children and adolescents are best addressed with a "systems" approach. A system approach is what makes our behavioral health system so distinct and why it is used in this challenging environment. But this system approach involves many stakeholders: legislators, policy makers, governing/regulations agencies, funding agencies, national alliances, advocacy groups, state administrators, counties, program managers, local organizations and administrators, front-line providers, families, consumers, local evaluators, and the media.

Mental disorders and mental health problems appear in families of all social classes and of all backgrounds. No one is immune and Nebraskans are no exception, yet Nebraska rates 49th in the country for state mental health expenditures. This needs to change if we are going to be responsive to our children's mental health and substance abuse needs and be more effective with scarce fiscal resources.

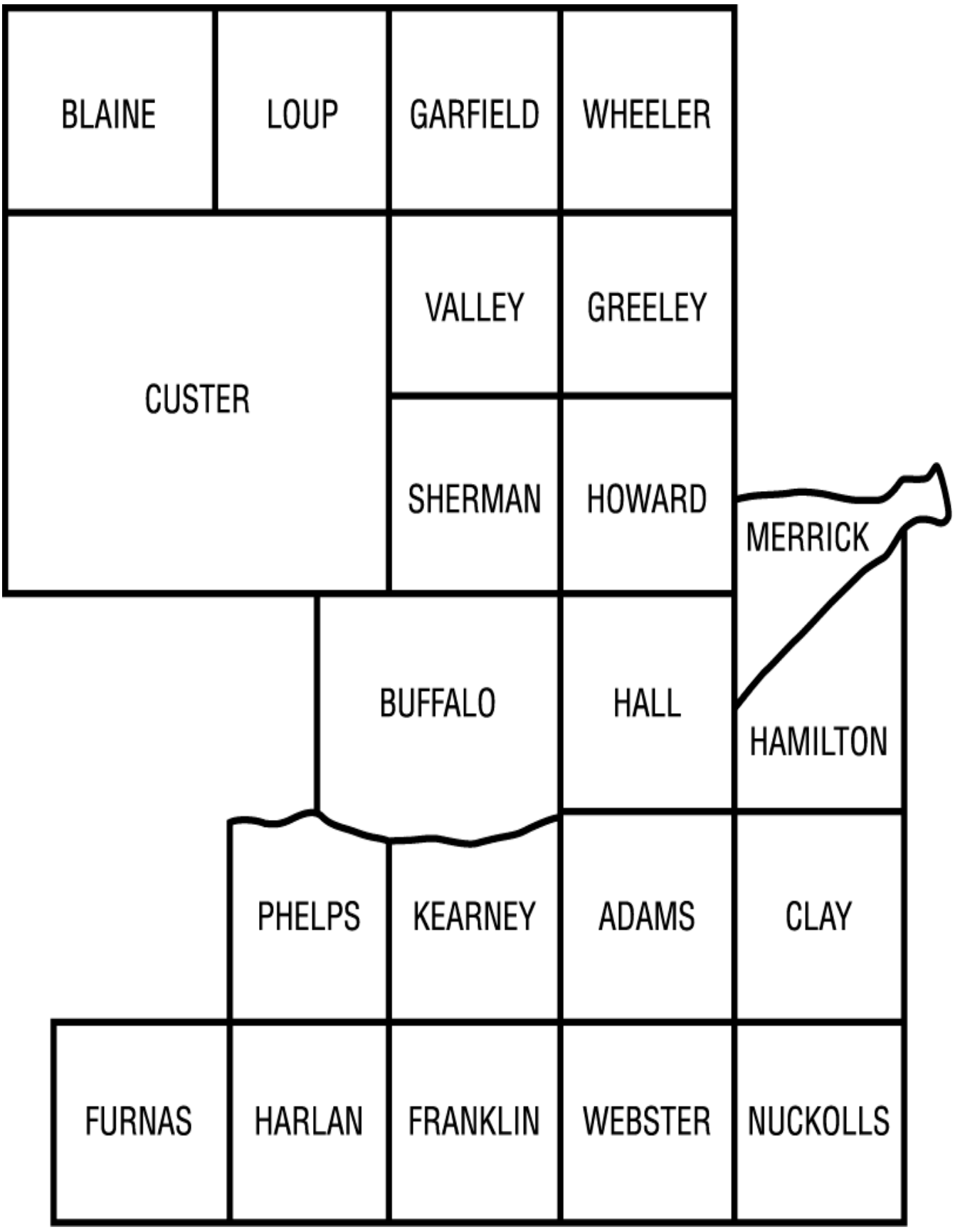
In addition, our Nebraska Behavioral Health System (NBHS) must place more of their focus on children's behavioral issues than it currently does. 90 percent of current NBHS resources serve adults; therefore, if we are going to be more responsive to children's needs then we must see a more even distribution of funding for children's mental health and substance abuse services.

REGION 3 APPENDIXES

APPENDIX A


Region III Behavioral Health Services, Inc.
Schematic of Delivery Systems
Administrative Services Management
Programs & Services Management
Our Mission at Region III Behavioral Health Services is to organize and provide for an integrated, effective and efficient array of mental health and substance abuse
Behavioral Health Advisory
Professional Partner Program
Regional Governing Board
Regional Program Administrator
Youth Network Services
Integrated Care Coordination
Adult Network Services
Support Services
Programs & Services
Administrative Services
Care Management
Fiscal Management
Emergency Community Support
Prevention & Mentor Centers
Nebraska Family Central
Evaluation Team

APPENDIX B


BLAINE
LOUP
GARFIELD
WHEELER
CUSTER
VALLEY
GREELEY
SHERMAN
HOWARD
MERRICK
BUFFALO
HALL
HAMILTON
PHELPS
KEARNEY
ADAMS
CLAY
FURNAS
HARLAN
FRANKLIN
WEBSTER
NUCKOLLS

APPENDIX C

APPENDIX D

County	Children Ages 0-17	Medicaid Eligible Children
Adams	7393	1203
Blaine	183	37
Buffalo	9641	1795
Clay	1943	319
Custer	3308	722
Franklin	919	113
Furnas	1350	304
Garfield	553	87
Greeley	933	136
Hall	13960	2598
Hamilton	2598	256
Harlan	941	148
Howard	1709	268
Kearney	1774	240
Loup	188	32
Merrick	2263	295
Nuckolls	1509	235
Phelps	2619	363
Sherman	1052	144
Valley	1290	239
Webster	1012	133
Wheeler	311	40
Total	57432	9707

APPENDIX E

Regional Governing Board:

Robert Dyer, Adams
John Jefferson, Merrick
Richard Hartman, Hall
Scott Scheierman, Clay
Rodale Emken, Phelps
Ruby Hardin, Harlan
David Walton, Franklin *
R. Dale Melia, Valley
Don Egenberger, Kearney *
Jerald Mead, Garfield
Dale Hixson, Wheeler
Michael Goldfish, Greeley
Sherry Morrow, Buffalo
Joe Sullivan, Nuckolls
Paul Kemling, Hamilton
Larry Hickenbottom, Custer *
Wendell Glinsman, Sherman
Robert Dvorak, Howard
Clinton Olmsted, Furnas
John Soucek, Webster
D. Wade VanDiest, Loup

Blaine County is part of Region III, but elects not to send a representative to the Board

*Denotes Executive Committee

APPENDIX F

APPENDIX G

APPENDIX H

2002 REGION III BEHAVIORAL HEALTH SERVICES ALCOHOL, TOBACCO AND
OTHER DRUG PREVENTION COMMUNITY PARTNERSHIP MINI-GRANTS

During 2002, $16,400 was awarded to 23 community-based organizations to 22 counties to strengthen Central Nebraska's alcohol, tobacco, and other drug prevention efforts. The organizations which received grant awards for 2002 are:

ALMA POST PROM: $700 - Harlan County Alternatives and Community-Based Prevention Strategies (requested $1,000) Funding awarded for:

- Community-wide effort to organize the Post-Prom event.

BROKEN BOW SODA/YOADA DRUG-FREE YOUTH GROUPS: $1,125 - Custer County Prevention Education, Environmental, and Alternatives Prevention Strategies (requested $ 3,135) Funding awarded for:

- youth registration to attend the Youth Congress event and Middle School Day at Champions Recreational Center for Middle School Youth and
- *"ALL* STARS" Curriculum for 75, 6th grade students.

CENTRAL PLAINS CENTER FOR SERVICES: $790 - Adams, Blaine, Buffalo, Clay Custer, Franklin, Hamilton, Harlan, Keamey, Loup, Phelps, Sherman, and Valley Counties Prevention Education, Information Dissemination, and Problem ID and Referral Strategies (requested $1,973) Funding awarded for:

- Spanish translation of Early Intervention workbook for rehabilitation/diversion programs.

GOOD BEGINNINGS-FRANKLIN COUNTY MENTORING PROJECT: $733- Franklin County Alternative Prevention Strategy (requested $1,215.75) Funding awarded for:

- Youth registration to attend Education Service Unit 11 Summer Enrichment Camps.

HARVARD DRUG-FREE YOUTH GROUP: $1,011- Adams, Clay, and Hamilton Counties Prevention Education, Community-Based, and Alternatives Strategies (requested $1226,60) Funding awarded for:

- "ALL STARS" curriculum for 25 youth;
- registration for "ALL STARS" facilitator training;
- student books for 6th grade Skills for Adolescence Program; and
- partial funding for community-wide efforts to organize the Post-Prom event.

HASTINGS COLLEGE PEER UMBRELLA ORGANIZATION: $925 - Adams, Buffalo, Clay, and Hall Counties Prevention Education, Information Dissemination, and Alternatives Strategies (requested $1,1519) Funding for:

- Certified Peer Educator books for 15 students;
- performance travel budget for Pear Educators;
- materials for National College Alcohol Awareness Week; and
- partial funding for Peer Educator Training Retreat and conference registration for 8 Peer Educators.

LITCHFIELD DRUG-FREE YOUTH GROUP (T.A.D.A.): $450 - Custer, Buffalo and Sherman Counties Information Dissemination, and Alternatives Strategies (requested $550) Funding awarded for:

- Elementary Fun Night and End of the Year Dance sponsored by the Drug-Free Youth Group.

LOUP COUNTY TWISTIN: $1,038- Blaine, Garfield, Loup, Valley, and Wheeler Counties Prevention Education, Information Dissemination, Alternatives, Community Based, and Environmental Strategies (requested $1,138) Funding awarded for:

- tobacco prevention speaker;
- tobacco prevention billboard;
- community-wide effort to organize Post-Prom and Graduation Dance for youth; and
- expenses for youth to travel to Lincoln to lobby the proposed tobacco tax increase.

MERRICK COUNTY YOUTH COUNCIL: $175- Merrick County Altemative Prevention Strategy (requested $1,000) Funding awarded for:

- expenses related to development of' Youth Council.

MID-NEBRASKA COMMUNITY ACTION, INC., CHILD ABUSE RESOURCES AND EDUCATION PROGRAM (CARE): $1,121 -Buffalo County Prevention Education Strategy (requested $1,656) Funding awarded for:

- Active Parenting Program materials and guides;
- repair of Happy Bear costume and funding for additional Happy Bear costume; and
- travel budget for Happy Bear to speak to pre-school youth about prevention topics.

MULTI-AGENCY DRUG ENFORCEMENT TASK FORCE/COMMUNITY ACTION GROUP: $ 625 - Adams, Clay, Nuckolls, and Webster Counties
Prevention Education and Information Dissemination Strategies (requested $1,597.50) Funding awarded for:

- RAVE Awareness presentations to local schools and
- partial funding for Girl Power/Wise Guy workshop incentives and speaker honorariums.

PHELPS COUNTY F.A.S.T.: $918 - Phelps County Prevention Education and Information Dissemination Strategies (requested $968.75) Funding awarded for:

- "ALL STARS" curriculum for 140 middle school students.

PLEASANTON PARENTS INTERESTED IN KIDS (PIK): $400 - Buffalo and Sherman Counties Prevention Education, Information Dissemination, and Alternatives Prevention Strategies (requested $1,390) Funding awarded for:

- youth IMPROV team training and Leadership Training for reentering program.

RAVENNA YOUTH LEADERSHIP (STAR): $1,550 - Buffalo and Sherman Counties *Prevention* Education, Information Dissemination, Alternatives, and Environmental Prevention Strategies (requested $1,550) Funding awarded for:

- registration cost provided for Middle School Days at Champions Recreational Center for Middle School Youth;
- tobacco prevention information for Health and Wellness Fair for 5th-10th grade students;
- Drug-Free Lock-In;
- Tobacco Free Signs; and
- Leadership Day sponsored by STAR.

SHERMAN COUNTY PREVENTION POLICY BOARD: $650- Sherman County Prevention Education and Alternatives Strategies (requested $650) Funding awarded for:

- Back to School Swim Panty; Summer Golf Clinic, Christmas Dance; Pizza and Bowling Night Drug Free events for youth.

SOUTHWEST NEBRASKA YOUTH~ SERVICES: $60% Furnas County Prevention Education Strategy (requested $879.00) Funding awarded for:

- Juvenile Diversion travel budget to travel to Furnas County;
- training video for Juvenile Diversion class; and
- partial funding awarded for Juvenile Service Training.

SUTTON ADAPT - ALCOHOL DRUG AWARENESS PREVENTION TEAM: $640

- Clay and Hamilton Counties Prevention Education, Information Dissemination, and Community-Based Prevention Strategies (requested $760) Funding warded for:
- IMPROV Youth Leadership Workshop for 150 students.

TRI-VALLEY HEALTH SYSTEM: $ 694 - Fumes and Hamilton Counties Prevention Education, Information Dissemination, and Problem ID and Referral Strategies (requested $843.95) Funding awarded for:

- Fatal Vision Starter Kit and prevention video.

WE CAN REGIONAL CONSORTIUM-HASTINGS: $ 525 - Adams, Clay, Nuckolls, and Webster Counties. Prevention Education, Information Dissemination, and Community-Based Prevention Strategies (requested $1,000) Funding awarded for:

- Educational Retreat for The Bridge residents (women's therapeutic community) and
- “Talking With Your Kids About Alcohol" curriculum for The Bridge parenting class participants.

WHEELER CENTRAL BOOSTER CLUB: $175 - Wheeler County Alternatives and Community-Based Prevention Strategies (requested $1,970) Funding awarded for:

- community-wide effort to organize the Post-Prom event.

WOLBACH LEADERSHIP TEAM: $630 - Greeley, Howard, and Merrick Counties Prevention Education, Alternatives, and Information Dissemination Strategies (requested $660) Funding awarded for:

- speaker's fees/mileage for Health and Wellness Fair for 7th-12th grade students and
- Grim Reaper Activity.

APPENDIX H (continued)

YMCA "THE ZONE" AFTER-SCHOOL PROGRAM- HASTINGS: $743 - Adams County Community-Based, Alternatives, Education. and Information Dissemination Prevention Strategies (requested $3,016) Funding awarded for:

- two Drug-Free Dance expenses;
- parent and youth prevention educational materials; and
- prevention education speaker fees.

YWCA- GRAND ISLAND: $175 - Hall and Merrick Counties Information Dissemination Prevention Strategy (requested $1,086) Funding awarded for:

- partial funding awarded for print materials and production cost for commercial to promote prevention programs available through the YWCA of Grand Island.

GRANTS NOT FUNDED:

· Burwell Against Drags- Garfield County- $1,521.20
· Girl Scouts Goldenrod Council- Buffalo County- $1,425
· REACH-UP- University of Nebraska at Kearney- Buffalo County- $1,140

TOTAL AMOUNT REQUESTED: $ 35,180.75

TOTAL AMOUNT AWARDED: $ 16,400

26 GRANTS SUBMITTED/23 GRANTS AWARDED

APPENDIX I

Non-funded Youth Prevention Services (from NBHS) in Region III - July 1, 2001 -June **30, 2002 for the** LB 433 Report * received mini-grant funding from Region III

American Cancer Society
20 West 23rd
Kearney, NE
Information dissemination regarding tobacco prevention

ARC of Buffalo County
2022 Avenue A #17
Keamey, NE 68847
(308) 237-4343
ALL STARS curriculum

Blessed Sacrament Church - Grand Island
1724 N Walnut Street
Grand Island, NE 68801
(308) 384-0532
Prevention class for 9-12th grade high school students

Big Brothers Big Sisters
Grand Island
Mentor program

Boys Scouts of America
Grand Island, Hastings and Kearney
Prevention curriculum, alternative activities

Buffalo County Community Health Partners
Kearney
(308) 865-2284
Grant funding for prevention activities

Buffalo County Community Health Partners Domestic Violence and Child Abuse Task Force

Building Developmental Assets in the Schools Cadre
5 trained facilitators who present about developmental assets in schools and communities in Region HI

Michael Burke & Associates
Kearney
(308) 234-5644
Alcohol Education Classes

Burwell Against Drugs
PO Box 232
Burwell, NE 68823
Provides drug free activities for youth grades 7-12 (e.g., teen dances)

Central Nebraska Community Services, Inc.
PO Box 509
Loup City, NE 68853
(308) 745-0780
Smoking cessation intervention program for pregnant women enrolled in the Women, Infants & Children Program & Commodity Food Program distributes prevention information twice a year

Central Plains Center for Services*
908 South E Street
Broken Bow, NE 68822
(308) 872-6176
Classes such alcohol and drugs, anger control, stress factors, value clarification, trust, responsibility, decision malting, peer pressure, self worth and goal setting for youth ages 8 to 18

Community Youth Council - Grand Island

Community Plus, Inc.
2121 North Webb Road Suite 309
Grand Island, NE 68803
Prevention and intervention programs

Custer County Family Preservation

Educational Service Unit #9
PO Box 2047
Hastings, NE 68902
(402) 463-5611
Prevention training's, Youth Congress, Student Assistance Program training, Youth Leadership events, Safe and Drug Free Schools consortium (K-12)

Educational Service Unit #10
PO Box 850
Kearney, NE 68848
(308) 237-5927
Prevention training's, Youth Congress, Developmental Asset Presentations, Safe & Drug Free Schools consortium (K-I2)

Educational Service Unit #11
PO Box 858
Holdrege, NE 68949
(308) 995-6585
Prevention training's & Youth Congress (I<2-12)

Girl Power Programs - Adams and Buffalo Counties Educational prevention programs for girls grades 3-12

GLW Children's Council (Garfield, Loup and Wheeler counties) PO Box 232
Burwell, NE 68823
(308) 346-4200
Promotes health and safety and wellness of children and families

Goldenrod Girl Scout Council - Grand Island, Kearney & Hastings 707 West State
Grand Island, NE 68801
(308) 382-2020
Prevention curriculum for girls ages 5-18

JoAnna Godziemski Counseling
Kearney
(308) 236-9031
Alcohol Education Classes

Good Beginnings in Franklin County*
PO Box 266
Franklin, NE 68939
(308) 425-6277
Prevention programs for youth

Good Samaritan Health Systems
PO Box I990
Kearney, NE 68848
(308) 865-7513
Emergency Nurses Cancel Alcohol Related Emergencies (EN CARE) - elementary, middle school and high school programs, Parent Project teen classes, smoking cessation classes

Harvard United Methodist Church
ALL STARS core curriculum for youth

Hastings College BACCHUS*
PO Box 269
Hastings College
Hastings, NE 68901
(402) 461-7372

APPENDIX I (continued)

On Campus Talking About Alcohol Class, Peer Educator Programs, National Campaign Awareness, alternative activities (ages 17 & 18)

Kearney Mentoring Coalition

Mothers Against Drunk Driving - MADD Chapters
Kearney and Grand Island
Information dissemination, programs and awareness campaigns for drunk driving prevention

Wendy McCarty
Kearney
(308) 865~8074
Prevention Research Institute Alcohol Education Classes

Mid Nebraska Community Action, Inc.
PO Box 2288
Kearney, NE 68848
(308) 865-5685
Happy Bear Program for pre-school youth

Multi-Agency Drug Enforcement Task Force - Adams County
Girl Power, Information dissemination and community programs

Nebraska Asset Coalition

Parents Interested in Kids (PIK) Pleasanton

Phelps County Family Action Support Team (FAST)*
1038 Second Avenue
Holdrege, NE 68949
008) 995-4222
ALL STARS curriculum for youth

Positive Pressure Coalition
PO Box 908
Kearney, NE 68848
(308) 234-3880
Youth Congress, Community Educational Programs, Local Policy watchdog, youth alternative activities, information dissemination

Pride and Pizza Program
4009 6th Avenue #18
Kearney, NE 68845
(308) 237-4472
6th grade prevention program for Kearney youth and their parents

APPENDIX I (continued)

Sherman County Prevention Policy Board*
PO Box 621
Loup City, NE 68853
(308) 745-1513
Prevention curriculum, youth alternative activities

South Central Early Childhood Coalition

South Central Health Alliance

Teaming Up Project
Kearney Hub
PO Box 1988
Kearney, NE 68848
(308) 233-9749
Prevention media

Tri-Valley Health Systems (Furnas, Red Willow and Harlan counties)*

WE CAN Coalition {Webster, Clay, Adams, Nuckolls)

University of Nebraska Cooperative Extension - Clay County
111 West Fairfield
Clay Center, NE 68933
(402) 762-3644
Character Counts Curriculum, Tobacco Awareness Program, and Developmental Asset Presentations

University of Nebraska at Kearney
Health Center and Counseling Center
(308) 865-8248
Peer Education programs, Alcohol Education Classes, Social Norms Campaign Youth age 17 and 18

YMCA - Adams County*
After School program, alternative activities

YMCA Grand Island
Alternative activities, ALL STARS Curriculum

YMCA Kearney
(308) 237-9622
Alternative activities

APPENDIX I (continued)

YWCA of Adams County
604 N St Joseph Avenue
Hastings, NE 68901
(402) 462-8821
Girl Power Program, drug bee activities for girls age 0-18

YWCA - Grand Island*
Information dissemination, alternative activities

Schools
There are 130 schools in Region III. Each school has there own unique prevention programs which could include prevention curriculum (such as DARE, ALL STARS, Life Skills, Quest), Drug Free Youth Groups, Alternative activities, information dissemination, Red Ribbon Weeks, Safety and Security Committees, Teen Talk Groups, SC]P, Student Assistance Teams, IMPROV troupes (Arcadia, BurweI1, Clay Center, Harvard, Hastings St. Cecilia, Litchfield, Ord, Pleasanton, St. Paul, Sutton, Wilcox, Wolbach), Health exhibits, Speakers, etc. Current ALL STARS classes are being held at Southern Valley School, Anselmo-Merna, Harvard, Kearny High School and Horizon Middle School in Kearney.

Churches
There are a number of churches in Region HI that provide prevention activities including prevention curriculum, youth groups, alternative activities and Wellness Committees.

APPENDIX J

APPENDIX K

Region 4 LB433 Report

Intention of Report:
As mandated by Neb. Rev. Stat. 71-5006 (Reissue 1996). This report was developed to evaluate the quality and quantity of community based mental health and substance abuse services that are available to children and youth within the Nebraska Behavioral Health System in Region 4. The Nebraska Behavioral Health System, comprised of the six Regions, the Office of Mental Health, Substance Abuse and Addiction Services, and the three Regional Centers, is the public, non-Medicaid system which funds behavioral health service for Nebraskan in need. This report also identifies service gaps that exist within the region, and recommends prioritized actions to address identified gaps. Other issues that impact the Region and its ability to make appropriate services available to children and youth have been noted in the paper.

Description of Region 4:
Region 4 Behavioral Health Systems encompasses 22 counties in Northeast and North Central Nebraska. The region is made up of approximately 21,000 square miles. Forty-five percent of its land is designated as frontier and 54 percent is designated as rural, leaving the remaining 1 percent designated as metro, which is located in Dakota County.

The population of Region 4 is approximately 216,388 individuals with a median age of 38. Individuals under the age of 18, make up 27.9% of the population.

Farming, Ranching and Agri-business make up the economic base of Region 4. The average per capita income is $21,250, which is well below the state average of $27, 630. The percent of individuals who fall below the poverty level in Region 4 is 10.9%.

Region 4 has four recognized Native American tribes. They are the Ponca, Santee Sioux, Omaha Nation and the Winnebago. Three of the tribes, the Santee, the Omaha Nation, and the Winnebago, live on reservations in Region 4.

SUBSTANCE ABUSE

No children substance abuse services are being funded at this time through Region 4.

MENTAL HEALTH

Professional Partner Program:
The Professional Partner Program provides wraparound services to families with a child who has severe emotional or behavioral difficulties. The program is funded by Region 4 in the amount of $402,480.00.

Region 4 Behavioral Health System also provides 208 units ($15,894.00) of Outpatient Mental Health Services for children. So far this year, 88 units ($6717.04) have been utilized. The

outpatient mental health counseling for children is provided at Behavioral Health Services in Norfolk, Heartland Counseling in South Sioux City and O'Neill and Catholic Charities in Columbus.

Quality of Services:
Region 4 Behavioral Health System through the Professional Partner Program provides quality services to children with serious emotional and behavioral disorders and their families as evidenced by continued progress on the identified performance outcomes identified by HHS. These indicators include information on school attendance, criminal offenses, therapy, placement, and employment of youth receiving services. In addition several standardized assessments are utilized to measure program effectiveness in addition to the Wraparound Fidelity Index.

The semi-annual Wraparound Fidelity Index which is distributed to youth, caregivers, and team members demonstrates the program's effectiveness in providing services and supports to meet the needs of youth with serious emotional and/or behavioral disorders and their families. This was accomplished by providing strength-based, culturally competent services and supports in the least restrictive manner to improve school performance as evidenced by decreases on the school sub-scale of the Child and Adolescent Functioning Assessment Scale (CAFAS) in addition to improving home and community subscales. Youth enrolled in this wraparound program are assessed at three month intervals using the Child and Adolescent Functioning Assessment Scale (CAFAS) and have continually exhibited and overall decrease in severity of the seven subscales. Overall, CAFAS scores were decreased by 53 points from point of intake to discharge which is statistically significant. This is an increase of 15 points from the previous fiscal year. Youth, caregivers and team members identified that they felt services available to the youth and families were culturally competent and respectful of their culture, lifestyle, traditions and spiritual beliefs. A full report of the survey results is available at the Region 4 Behavioral Health System office or through Health and Human Services.

Professional Partners also utilized the Behavior and Emotional Rating Scale (BERS) which measures strengths of youth as reported by the parent or caregiver demonstrated an increase of strengths at the sixth month interval and upon discharge. Of the fifty (50) youth discharged from services in FY02 the average score at intake was 96, at the sixth month assessment period the aggregate score had risen to 103 and at discharge the score was 109. Families were able to identify more strengths and utilize these as a means for positive change as their children progressed through the wraparound process.

Region 4 Behavioral Health System conducted an annual Audit of Program Fidelity Program and Unit audit of the Professional Partner files. This program fidelity audit includes a review of clinical records and other programmatic and clinical details of the Professional Partner Program that verifies that the services provided comply with the minimum state standards and wraparound components. The Unit audit includes a review of any documentation including clinical records and progress notes, and other documentation that is deemed necessary to verify that the services purchased were delivered. The audit documented that all units were verified and accurate.

Region 4 Behavioral Health System conducted an annual Audit of Program Fidelity Program and Unit audits of the children outpatient mental health units. This program fidelity audit includes a

review of clinical records and other programmatic and clinical details of the service and verifies that the services provided comply with the minimum state standards. The Unit audit includes a review of any documentation including clinical records and progress notes, and other documentation that is deemed necessary to verify that the services purchased were delivered. The audit documented that all units were verified and accurate.

Quantity of Services:
In fiscal year 2002 the Professional Partner Program was able to serve six additional youth and families as compared with those in FY01. Due to increased referrals from the Platte County area a Professional Partner was located in the Platte County Courthouse located in Columbus, NE to increase access and ease of services to families located in that service area. In addition, several staff serve more than the 1:10 ratio recommended by Health and Human Services. Although the Professional Partner Program is only contracted to serve 48 youth and families our average monthly served is 55. We are able to serve the additional youth and families by reinvesting programmatic cost savings back into services while continuing to operate within our annual budget.

At the request of the Norfolk Public School system and Parent to Parent NETWORK, (an advocacy and support organization which is staffed by parents of children with emotional and behavioral disorders) for increased capacity, the Professional Partner Program responded to a grant which dedicated a full time wraparound specialist to be located in the Norfolk Public High School. The grant was submitted and subsequently awarded to PPP in March 2002. This program encountered some minor difficulties which delayed the onset until July of 2002.

As stated above, there were 208 units of children outpatient mental health contracted with Region 4 providers, with 88 units being used as of January 2003. It has been noted that many of the children services in Region 4 have had other payer sources for funding.

Gaps:
The Professional Partner Program had 106 referrals and accepted 41 youth. There is definitely a need for more capacity in the Professional Partner Program.

Region 4 Behavioral Health System has also identified that the information submitted, by the Professional Partner Program, to the state for the data management system does not come back to the region. This would be useful for further analysis by the Region.

Psychiatric coverage and inpatient services for youth has been identified as a need/gap by Region 4 providers, parents, health and human service representatives, and other providers in the community. Individuals are going outside of the Region to seek psychiatric services and/or going to the general practitioners for medication management.

It was also identified by the above mentioned groups, that there is a need for more Spanish speaking therapists, more psychologists for evaluations in a timely fashion, dollars for drug testing of youth, intensive outpatient substance abuse for youth, treatment group home services for females, and mental health day treatment for youth. There is also a need for funding for services for the individuals who are in the 18 – 19 age bracket. This age group seems to be most likely not to fall into the programs where funding is available for services.

Impact of other systems and services:
During the past few years, it had become apparent to Region 4 that other systems throughout the Region were for the most part, funding the services requested by Region 4 youth. Intensive outpatient substance abuse, treatment group home services for males, shelter care, mentoring services, group homes for females, outpatient counseling for youth in the areas of mental health and substance abuse, intensive in home therapy, tracking systems through probation, Team Mates and alternative education program through the educational system, and community treatment aides are available throughout Region 4 and funded through systems outside of the region.

Parent to Parent NETWORK, a family operated support and advocacy organization for families of children with serious emotional and behavioral issues is also a resource for families throughout Region 4. The Parent to Parent NETWORK provides information and trainings for families and have monthly meetings throughout the region.

The reducing of funding available to Kids Connect is expected to have an impact on youth in Region 4. We do not know at this time what effect it will have, but we do anticipate some reduction in funding.

Region 4 Behavioral Health System and the Department Health and Human Services in Region 4 are working together to develop an ICCU (Integrated Care Coordination Unit.) This unit will provide services to 200 state-wards throughout the Northern Tier of the Central Service Area.

RECOMMENDATION SECTION

Substance Abuse:
Region 4 Behavioral Health System would recommend to use substance abuse funding to provide flex funding for youth who "fall through the cracks" and have no other source of funding for services such as intensive outpatient, drug testing, or any number of substance abuse related service.

These funds would be authorized through the Region and providers seeking the funds would have to show that no other funding is available to the youth. The Region would allow for flexibility of requests to make sure individuals are getting the services they need.

Mental Health:
Region 4 Behavioral Health System would recommend to use mental health funding to provide flex funding for youth who "fall through the cracks" and have no other source of funding for services that would benefit the youth.

These funds would be authorized through the Region and providers seeking the funds would have to show that no other funding is available to the youth. The Region would allow for flexibility of requests to make sure individuals get the services they need.

Region 5 LB433 Report

This report was developed to evaluate the quality and quantity of mental health and substance abuse treatment services that are available to children and youth through Region V Systems' funding. This funding is part of the overall Nebraska Behavioral Health System as mandated by Neb. Rev. Stat. 71-5006 (Reissue 1996). The report also identifies service gaps that exist in the Regional System of Care and recommends prioritized actions to address identified gaps. Other issues that impact Region V Systems and its ability to make appropriate services available to children and youth have been noted in this report.

Description of Region V Systems:
Region V Systems is comprised of 16 counties in southeast Nebraska. All the counties, except Lancaster, are considered rural counties. The Region is governed by the Regional Governing Board, a group of county commissioners who are elected from each of the counties they represent. The Behavioral Health Advisory Committee, a diverse group representing people served, meets regularly to offer recommendations to the Board. Region V Systems administers over $13,000,000 annually.

The mission of Region V Systems is to encourage and support a System of Care for the provision of a full range of mental health, alcoholism, and drug abuse programs and services to the youth and adults of Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York counties in Nebraska.

Specifically, Region V monitors services and provides program, fiscal, and technical assistance to certified and licensed public and private service providers in the Region.

The planning for and provision of services by Region V and its affiliate service providers is "client-centered" and its focus is the provision of services which are community-based and individualized to meet the needs of the client and his or her family.

SUBSTANCE ABUSE SERVICES

Quality of Substance Abuse Services:
Definition of Quality:
Region V Systems conducts annual audits of each of the funded programs in the Regional System of Care. Ninety-five percent compliance in the audit is the minimum level of service quality. The chart below contains a description of each of the substance abuse programs.

CHILDREN'S SERVICES	DESCRIPTION OF SERVICE	PROVIDED BY
Intensive Outpatient (Intensive Youth Treatment)	Group-focused (10 hours/week for up to 6 weeks), non-residential treatment services for substance abuse /dependent youth including counseling, linkage with health services, and employment / educational programs, etc.	Blue Valley Mental Health Center
Outpatient	Assessment, diagnosis, and psychotherapy / counseling for a variety of substance abuse problems. May include individual, group, or family therapy.	Blue Valley Mental Health Center, CenterPointe, Child Guidance Center
Therapeutic Community	Highly structured residential treatment for youth with substance abuse issues who may or may not also have a serious emotional disturbance.	CenterPointe
Youth Assessment (Youth In Crisis)	Evaluation and recommendation for mental health and/or substance abuse services for youth who are detained at the Juvenile Detention Center.	Child Guidance Center
Youth Assessment (Youth In Crisis)	Early intervention for youth identified by schools as experiencing difficulty in school for non-academic reasons. Youth receive an evaluation and recommendation for mental health and/or substance abuse services.	Blue Valley Mental Health Center

Description of Methodology for Audits:
Nebraska Administrative Codes 203 (substance abuse regulations dated 5-27-92) and 204 (mental health regulations dated 11-18-96) require that Nebraska's Regional Governing Boards shall be accountable for funds disbursed under provisions of the Nebraska Comprehensive Community Mental Health Services Act. Therefore, Region V Systems is responsible for monitoring, reviewing, and performing programmatic, administrative, fiscal accountability, and oversight functions on a regular basis with all Network Providers in Region V Systems' Behavioral Health Provider Network, known as the "Network."

Region V Systems annually conducts a site visit of each member of the Network. Site visits are conducted, auditing records for the Network Provider's current fiscal year. The site visit includes the following components: 1) an audit of program fidelity; 2) an audit of services purchased for all service categories for which the provider receives funds under a contract with the Regional Governing Board on a FFS or NFFS basis; and 3) a review of the Network Provider's minimum standards and contract requirements.

The Regional Governing Board employs a regional program administrator who is responsible for the general administrative management of Region V Systems. The regional program administrator has designated the fiscal director, the director of Network Services, and the assistant director of Network Services as the primary persons responsible for direct implementation and coordination of the site visit; other staff may conduct portions of the site visit as deemed necessary.

Audit of Program Fidelity:
The audit of program fidelity is a review of documentation including clinical records and other programmatic and clinical detail of the service that is sufficient to verify that the services provided comply with the state regulations and service definition components. A sample of consumer and program records are reviewed for each program which receives reimbursement from Region V Systems.

Audit of Services Purchased:
The audit of services purchased is a review of any documentation, including clinical records, progress notes, and other tests and examinations, as deemed necessary, to verify that the services purchased were delivered. This audit is completed whether the service was paid by unit or by expense reimbursement.

A sample of consumer and financial records is reviewed for all services that are billed to Region V Systems. The audit of services purchased includes the following:

a) At a minimum, verification includes a random selection of at least 2 percent (2%) or more of the services purchased for all mental health and substance abuse services.
b) The sample size is increased to at least 5 percent (5%) of the units purchased or 5 percent (5%) of the annual services purchased if either of the following two situations is present, whichever is less:
    1) When errors are encountered in the initial sample and, in the judgement of the reviewer, there are a material number;
    2) The error rate exceeds 5 percent (5%).
c) The randomly selected services purchased are from at least two different months within the same fiscal year the services were purchased and includes services purchased from all locations that services were provided by the Network Provider.

Compliance with Minimum Standards and Contract Requirements:
The site visit includes a review of the Network Provider's organization, ensuring minimum standards and contract requirements are up to date and accurate. This includes a review of organizational records, policies and procedures, and licenses.

Source Documentation:
The procedures for audit of program fidelity, audit of services purchased, and review of Network Provider's compliance with minimum standards and contract requirements are derived from the following source documentation:

1. Minimum Standards for Enrollment in Region V Systems' Behavioral Health Provider Network
2. Region V Systems' Network Provider Contract

3. Regulations 203 and 204 NAC
4. Department of Health and Human Services Behavioral Health Service Definitions

Reporting and Distributing Results of the Site Visit:
A written report of the site visit findings is prepared by Region V Systems and sent to the Network Provider's executive director, its board chair, and the Department of Health and Human Services' Region V field representative following completion of the site visit. Site visit reports are presented to the Behavioral Health Advisory Committee (BHAC) and the Regional Governing Board (RGB) at a regularly scheduled meeting.

Corrective Action:
Corrective action is required if the Network Provider is not meeting standards. If units of service, that have been paid by Region V Systems, have not been verified in the Network Provider's consumer/program records, are not verifiable due to non-availability of the Network Provider's consumer/program record, do not agree with the claims with respect to date, type, and length of service as per contract requirements, do not meet the state's service definitions and/or unit designations, do not meet the state regulation requirements, or the record is incomplete, the Network Provider may be required to: a)make reimbursement for services not provided in accordance with procedures outlined in this policy; b) revise its recording procedure format; or c) prepare a detailed plan of correction.

If the Network Provider does not take corrective action or does not submit needed documentation of corrective action by the designated date, payment may be withheld to the Network Provider. Refusal to take corrective action, by the Network Provider, may result in a termination of its contract with the Region V Systems.

Accreditation:
Although mental health programs with national accreditation are exempt from NAC 204-5.004, the above standards are used by Region V Systems during the review process. If a deficiency is noted which is due to a difference between a national accreditation requirement and a requirement of state regulations, it is given consideration. The Network Provider must produce the accreditation standard by which it abides and shows how compliance with the national accreditation standard is met.

Stakeholder Surveys:
All Region V children's services have the Mental Health Statistical Improvement Program (MHSIP) survey available. The survey was developed by consumers, providers, and state and federal representatives. Outcomes are used to monitor quality and desired outcomes across different provider systems. The survey is distributed to consumers and returned to NHSS for tabulation and reporting. To date, we have not received the report from HHS for 2002.

Results:
Following is a summary of the site visit report for children's substance abuse treatment services for FY 00-01. It has always been the practice of Region V Systems that when audits are conducted, the previous year's records are audited. Therefore, during FY 01-02 the audit was conducted for FY 00-01. In FY 02-03, Region V Systems changed its policy and will conduct audits for the current fiscal year.

Substance Abuse Site Visit Audit Summary for FY 00-01 Conducted in FY 01-02

Blue Valley Mental Health Center - Children's Substance Abuse

Program	2% Sample	# Units Reviewed	# Units Verified	% Units Verified 2% Sample	5% Sample	# Units Reviewed	# Units Verified	% Units Verified 5% Sample
Outpatient	7.44	23.75	21.75	92%	18.6	23.75	21.75	92%
Intensive Outpatient Intensive Youth Treatment	19.20	29.25	28.75	98%	N/A			
Assessment (Youth in Crisis)	14.40	16.00	14.25	89%	36.00	36.00	34.25	95%

CenterPointe - Children's Substance Abuse

Program	2% Sample	# Units Reviewed	# Units Verified	% Units Verified 2% Sample	5% Sample	# Units Reviewed	# Units Verified	% Units Verified 5% Sample
Therapeutic Community	13.22	39.00	39.00	100%	N/A			
Outpatient	3.18	4.00	4.00	100%	N/A			

Child Guidance Center - Children's Substance Abuse

Program	2% Sample	# Units Reviewed	# Units Verified	% Units Verified 2% Sample	5% Sample	# Units Reviewed	# Units Verified	% Units Verified 5% Sample
Assessment (Youth in Crisis)	10.66	*			N/A			
Outpatient	24.06	43.25	41.75	97%	N/A			

* See YIC - MH (Mental health & substance abuse units are combined for Child Guidance - Youth in Crisis)

Key Findings/Trends:

During the audits and in other interactions with providers, Region V Systems staff noted barriers which sometimes inhibit optimal children's service delivery by providers. The following are some of those barriers which should be addressed:

- There are no true standard service definitions for children's services; therefore, there is less consistency than in adult services where definitions are in place.
- When working with youth, schools are often the best place to provide services; however, there are complications when looking at funding school-based services. There are similar problems regarding home-based services, especially in rural areas.
- Issues of confidentiality. For example, at what point does a provider get parental consent (assessment vs intervention).
- Children's services are spread through diverse agencies (CPS, OJS, Region V Systems, public and private schools, agencies, etc.), and there is no comprehensive listing of resources available, especially in rural areas.

Quantity of Substance Abuse Services:

Definition of Quantity:

The following charts reflect the children's substance abuse treatment services funded in FY 01-02 by Region V Systems. The first chart includes descriptions of the services, who provided the service and where. Units are the number of hours of service paid for by Region V Systems, with the exception of Therapeutic Community, which is measured in bed days. The second chart breaks down the funding for each service by agency and original funding source. The units and dollar amounts were taken from the year-end provider actuals.

SERVICE	DESCRIPTION	TARGET POPULATION	PROVIDED BY	LOCATION	UNITS
Outpatient	Individual, group, or family therapy.	Males and females, ages 13-19	Blue Valley Mental Health Center	All 15 rural counties in Region V	373 hours
			CenterPointe	Lancaster County	73 hours
			Child Guidance Center	Lancaster County	1207 hours
Intensive Outpatient (Intensive Youth Treatment Services)	Holistic approach to service delivery, which includes tradi-tional treatment (counseling), assistance with linking to health services, employ-	Males and females, ages 8-18	Blue Valley Mental Health Center	Gage, Jefferson, Saline, and Seward counties	964 hours

	ment programs, education, etc.				
Youth Assessment (Youth in Crisis)	Early intervention for youth identified by schools as experiencing difficulty in school for non-academic reasons.	Males and females, in school, ages 4-20	Blue Valley Mental Health Center	All 15 rural counties	719 hours
Youth Assessment (Youth in Crisis)	Youth detained at the Juvenile Detention Center receive mental health and/or substance abuse counseling on site.	Males and females, ages 12-18	Child Guidance Center	Youth from all counties detained in Lancaster County	533 hours
Therapeutic Community	Residential treat-ment for youth with substance abuse issues who may or may not also have a serious emotional disturbance.	Males and females, ages 12-18	CenterPointe	Lancaster County (Primarily)	661 bed days

Region V Systems Children's Substance Abuse Funding

Service-Agency	Total Funds	Federal Funds	State Funds	County Funds
Outpatient Blue Valley Mental Health Center	27,927	7,476	20,451	0
Outpatient CenterPointe	5,475	2,296	3,179	0
Outpatient Child Guidance Center	90,467	53,060	37,407	0
Intensive Outpatient (IYT) Blue Valley Mental Health Center	72,251	67,210	5,041	0
Youth Assessment (YIC) Blue Valley Mental Health Center	50,309	40,000	10,309	0
Youth Assessment (YIC) Child Guidance Center	37,243	0	37,243	0
Therapeutic Community CenterPointe	106,586	35,000	71,586	0

Gaps in Substance Abuse Service:
The following substance abuse elements were identified in some of the Region V Sytems' counties' juvenile service plans. These came mainly from those counties who identified substance use as a priority problem. Many of these counties are rural areas and some of these items may only apply to lower population areas.

- Communication between parents, providers, education, law enforcement, businesses, task forces, etc.
- Resource coordination
- Youth-focused support groups
- Youth-focused treatment
- Full array of services
- Intensive mentoring
- Wraparound facilitation
- Drug court
- Alcohol / drug evaluations
- Accommodation for Hispanic youth in programming
- Increase in community-based / least restrictive services

The following elements are from meetings hosted by Region V Systems to identify outcomes for services. Providers listed the following as items that they hoped the System of Care could achieve.

- Improve condition of client
- Consistent and appropriate placements for youth
- Funding is coordinated with overall outcomes within mental health
- No secrets in "goals" at different levels that affect decision making
- Systems should match
- Stability and maximum function in community
- Improvement in school
- Intervention at the earliest possible time
- Right service at the right time
- Appropriate accessibility and availability for family
- Transition must be supported and allowed
- Statewide planning that maximizes services, dollars, etc.
- Levels of care accessible no matter what "eligibility"
- Funding follows child
- Case coordination
- Matrix of services
- Accountability is found at all levels
- Reciprocity for licensures and numbers of licensed providers

MENTAL HEALTH SERVICES

Quality of Mental Health Services:
Definition of Quality:

Region V Systems conducts annual audits of each of the funded programs in the Regional System of Care. Ninety-five percent compliance in the audit is the minimum acceptable level of service quality. The chart below contains a description of each of the mental health programs.

CHILDREN'S SERVICES	DESCRIPTION OF SERVICE	PROVIDED BY
Intensive Outpatient (Intensive Youth Treatment)	Group-focused (10 hours/week for up to 6 weeks), non-residential treatment services for substance abuse /dependent youth including counseling, linkage with health services, and employment/educational programs, etc.	Blue Valley Mental Health Center
Outpatient Mental Health	Assessment, diagnosis, and psychotherapy/ counseling for mental health problems. May include individual, group, or family therapy.	Blue Valley Mental Health Center, Child Guidance Center
Professional Partner	Intensive therapeutic case management for seriously emotionally disturbed children (SED) and their families.	Region V Systems
Therapeutic Consultation	A collaborative multi-disciplinary clinical intervention for youth with early indications of Severe Emotional Disturbance including family and staff from Lincoln Public Schools and Child Guidance.	Child Guidance Center
Youth Assessment (Youth In Crisis)	Evaluation and recommendation for mental health and/or substance abuse services for youth who are detained at the Juvenile Detention Center.	Child Guidance Center
Youth Assessment (Youth In Crisis)	Early intervention for youth identified by schools as experiencing difficulty in school for non-academic reasons. Youth receive an evaluation and recommendation for mental health and/or substance abuse services.	Blue Valley Mental Health Center

Description of Methodology:
See substance abuse section for description.

Results:
Following is a summary of the site visit report for children's mental health treatment services for FY 00-01. It has always been the practice of Region V Systems that when audits are conducted,

the previous year's records are audited. Therefore, during FY 01-02 the audit was conducted for FY 00-01. In FY 02-03, Region V Systems changed its policy and will conduct audits for the current fiscal year.

Mental Health Site Visit Audit Summary for FY 00-01 (Conducted in FY 01-02)*

Blue Valley Mental Health Center - Children's Mental Health

Program	2% Sample	# Units Reviewed	# Units Verified	% Units Verified 2% Sample	5% Sample	# Units Reviewed	# Units Verified	% Units Verified 5% Sample
Intensive Outpatient - Intensive Youth Treatment	12.50	46.00	43.00	94%	31.25	46.00	43.00	94%
Outpatient	24.04	43.25	39.00	90%	60.10	60.75	56.50	93%
Assessment (Youth in Crisis)	7.68	19.75	16.50	84%	19.20	19.75	16.50	84%

Child Guidance Center - Children's Mental Health

Program	2% Sample	# Units Reviewed	# Units Verified	% Units Verified 2% Sample	5% Sample	# Units Reviewed	# Units Verified	% Units Verified 5% Sample
Youth Assessment (Therapeutic Consultation)	30.26	139.75	139.75	100%	N/A			
Assessment (Youth in Crisis)*	25.24	273.25	273.25	100%	N/A			
Outpatient	56.36	72.50	70.00	97%	N/A			

*Mental health & substance abuse units are combined for Child Guidance -Youth in Crisis

Family & Youth Investment - Professional Partner

Program	2% Sample	# Units Reviewed	# Units Verified	% Units Verified 2% Sample	5% Sample	# Units Reviewed	# Units Verified	% Units Verified 5% Sample

Professional Partner Program	16.32	18	17	94%	40.8	43	42	98%

Key Findings/Trends:
See substance abuse section for key findings/trends.
Quantity of Mental Health Services:
Definition of Quantity
The following charts reflect the children's mental health treatment services funded in FY 01-02 by Region V Systems. The first chart includes descriptions of the services, who provides the service, and where the service is provided. Units are the number of hours of service paid for by Region V Systems, with the exception of the Professional Partner Program, which is measured in months the client is enrolled. The second chart breaks down the funding for each service by agency and original funding source. The units and dollar amounts were taken from the year-end provider actuals.

SERVICE	DESCRIPTION	TARGET POPULATION	PROVIDED BY	LOCATION	UNITS
Outpatient	Individual, group or family therapy	Males and females, under 19 years old	Blue Valley Mental Health Center	All 15 rural counties	1206 hours
			Child Guidance Center	Lancaster County	2801 hours
Intensive Outpatient (Intensive Youth Treatment Services)	Holistic approach to service delivery, which includes tradi-tional treatment (counseling), assistance in linking to health services, employ-ment programs, education, etc.	Males and females, ages 8-18	Blue Valley Mental Health Center	Gage, Jefferson, Saline, and Seward counties	628 hours
Therapeutic Consultation	A collaborative service between Child Guidance staff and Lincoln Public Schools that focuses on youth with serious emotional disturbances.	Males and females, ages 5-12	Child Guidance Center	Lancaster County	1505 hours
Youth Assessment	Youth detained at the Juvenile	Males and females, ages	Child Guidance	Youth from all counties	1260 hours

(Youth in Crisis)	Detention Center receive mental health and/or substance abuse counseling on site.	12-18	Center	detained in Lancaster County	
Youth Assessment (Youth in Crisis)	Early interven-tion for youth identified by schools as experiencing difficulty in school for non-academic reasons.	Males and females, in school, ages 4-20	Blue Valley Mental Health Center	All 15 rural counties	484 hours
Professional Partner Program	Wraparound facilitation	Males and females, ages 0-20	Family & Youth Investment	All 16 counties	696 client months

Region V Systems Children's Mental Health Funding

Service-Agency	Total Funds	Federal Funds	State Funds	County Funds
Outpatient Blue Valley Mental Health Center	90,445	0	90,445	0
Outpatient Child Guidance Center	210,029	0	173,839	36,190
Intensive Outpatient (IYT) Blue Valley Mental Health Center	47,064	35,838	11,226	0
Therapeutic Consultation Child Guidance Center	90,300	73,000	17,300	0
Youth Assessment (YIC) Blue Valley Mental Health Center	33,862	0	33,862	0
Youth Assessment (YIC) Child Guidance Center	88,173	0	88,173	0
Professional Partner Program Family & Youth Investment	580,440	150,921	429,519	0

Gaps in Mental Health Services:
The following mental health elements were identified in some of the Region V Systems' counties' juvenile service plans.

These came mainly from those counties who identified mental health as a priority problem. Many of these counties are rural areas, and some of these items may only apply to lower population areas.

· Therapists trained in adolescent work

- Psychiatrist trained in adolescent work
- Access to psychiatrist
- In home services available/funded
- Long-term or specialized treatment is hard to find and obtain
- Trained respite
- Mental health training for school staff
- Group home and shelter availability
- Availability of day treatment
- Increase community-based / least restrictive services

The following elements are from meetings hosted by Region V Systems where providers identified outcomes for services that they hoped the System of Care could achieve.

- Improve condition of client
- Consistent and appropriate placements for youth
- Funding is coordinated with overall outcomes within mental health
- No secrets in goals at different levels that affect decision making
- Systems should match
- Stability and maximum function in community
- Youth improvement in school
- Intervention at the earliest possible time
- Right service at the right time
- Appropriate accessibility and availability for family
- Transition must be supported and allowed
- Statewide planning that maximizes services, dollars, etc
- Levels of care accessible no matter what "eligibility"
- Funding follows child
- Case coordination
- Matrix of services
- Accountability is found at all levels
- Reciprocity for licensures and numbers of licensed providers

The following element came from Region V Systems' Behavioral Health Advisory Committee review.

- Increase services that are linguistically and culturally competent.

IMPACT OF OTHER SYSTEMS AND SERVICES

Prevention:

Regional Prevention Center

The role of the Regional Prevention Center is to provide technical assistance and training to communities to build prevention capacities and sustainability of programs.

Roles of the Regional Prevention Center

- Serve as Regional lead entity in providing prevention information referrals, resources, and technical assistance to communities and prevention providers.
- Build community capacity and sustainability for prevention.

- Ensure that quality prevention training for Regional prevention professionals is available and accessible.
- Serve as an Associate Regional Alcohol and Drug Awareness Resource Network (RADAR) site.
- Assess, address, and communicate Regional prevention needs with the public and providers.

Region V Systems Prevention Funding (MH = Mental Health SA = Substance Abuse)

Agency / Type of Prevention	**Total Funds**	**Federal Funds**	**State Funds**	**County Funds**
Blue Valley Mental Health Center - MH	69,241			69,241
Child Guidance Center - MH	24,756			24,756
Cedars Youth Services - SA	23,949	12,949	11,000	
Lincoln Council on Alcoholism and Drugs - SA	215,033		215,033	
Lincoln Medical Education Foundation - SA				
Nebraska Council to Prevent Alcohol and Drug Abuse - SA	164,762	164,762		
Mini-Grants	17,532	17,532		

Priority Recommendation:

Communication and Coordination

There is a need for both mental health and substance abuse services to have improved communication and coordination both within the Regional System of Care and with the wide range of other agencies providing services. Below are three specific items which would be a start to a more family-friendly and efficient system.

- Establish definitions and set service rates for children's services.
- Create a comprehensive, easy-to-use directory of children's services (web-based and hard copies).
- Create communication and referral mechanisms that allow families flexibility and choice while maintaining confidentiality regardless of the child's status in the various system.

Region 6 LB433 Report

This report is a summary of the Region 6 Behavioral Healthcare report on the quantity and quality of mental health and substance abuse treatment services for youth as well as an attempt to look at trends, needs, and over-all capacity. The legislative requirement of LB 433 – 1986 states: The Advisory Committee shall file an annual report with its Governing Board on the quality and quantity of mental health services available to children and youth in the Region and the service gaps that exist within the Region. Such committee shall prioritize and recommend to the Governing Board the types of programs needed to fill identified service gaps.

Description of Region 6 Behavioral Healthcare:
Region 6 Behavioral Healthcare has the statutory responsibility for organizing and supervising comprehensive public mental health and substance abuse services in its catchment area which consists of the 5 counties of Cass, Dodge, Douglas, Sarpy, and Washington in eastern Nebraska. Region 6 is governed by a board of County Commissioners, the Regional Governing Board, who appoints a Regional Advisory Committee for the purpose of advising the Governing Board regarding the provision of behavioral health services that best address the needs of the Region.

The mission of Region 6 Behavioral Healthcare is " To organize and provide an effective and efficient system of quality Behavioral Health Services for the people of Cass, Dodge, Douglas, Sarpy, and Washington Counties" with a vision of "Working together in partnership for a united and comprehensive Behavioral Health Service System driven by consumer needs". Operating with a value system that includes cultural competence, strength-based services, consumer input, competent staff, and continuous improvement, Region 6 provides coordination, program planning, financial and contract management and evaluation of mental health and substance abuse services funded through a network of providers.

Youth Services Summary
Mental Health
- Children and Youth Outpatient
  - Alegent
  - Family Services
  - Lutheran Family Services
- Children and Youth Respite Care
  - Lutheran Family Services
- Children and Youth Medication Management
  - Alegent
  - Lutheran Family Services

Substance Abuse
- Children and Youth Outpatient
  - Alegent
  - Lutheran Family Services
- Children and Youth Partial Care
  - NOVA

- Children and Youth Therapeutic Community
  - NOVA

Region 6 Wraparound Services – Professional Partners
Contact: Beth Sparks, Professional Partners Director
444-6560

Regional Wellness and Prevention Center
Contact: Justin Mickles, Wellness and Prevention Director
996-8381

Provider Network
- Information Dissemination
  - Pride
- Prevention Education
  - Chicano Awareness
  - Family Services
  - Nebraska Council
- Alternatives
  - Nebraska Council
- Problem Identification/Referral
  - Chicano Awareness
  - Family Services (2001)
- Environmental
  - Pride

Tobacco Free Nebraska Project (20 Providers)

SUBSTANCE ABUSE SERVICES

Methodology:
Region 6 Behavioral Healthcare verifies that minimum standards and contract requirements are being met and those services claimed for reimbursement from federal, state and/or county funds have been delivered and documented properly according to Health and Human Services System (HHSS) standards and Regional Governing Board policy.

Regulations 204 NAC 3-010 and 203 NAC 4-004 require that the Regional Governing Board shall be accountable for funds disbursed by it under provisions of the Acts. This site visit process is designed to fulfill that portion of the requirement pertaining to purchase of services for eligible persons.

Unit and program audits will be conducted on an annual basis with all Network Providers. A minimum of 2% of the reimbursed services (or a minimum of 5 client records) is reviewed and the expected unit verification rate of 92% has been established.

The Network Services Specialist, under the supervision of the Director of Network Services, is responsible for the site visit process. This includes, but is not limited to, developing a master schedule, scheduling the visits with the providers, organizing other reviewers when appropriate, and developing the individual provider reports as well as an annual report.

Agencies Reviewed:
- Alegent Health Center
- Lutheran Family Services
- Nova Therapeutic Community

Services Reviewed:
- Outpatient Substance Abuse
- Partial Care Substance Abuse

Gaps/Trends identified in Substance Abuse Services:
- Youth sitting in detention, because level of care recommended has either been denied by the ASO or no appropriate level bed available in the community
- Dissonance between medical mental health criteria for placement and juvenile justice system's concern for public safety issues, as well as holding the youth more directly accountable
- ASO requirements for less intense services to be implemented before more restrictive levels of care are utilized
- Juvenile Justice assessments clearly showing many youth entering system at stages beyond what outpatient treatment modes can effectively impact
- 50% increase in number of assessments being completed by Region 6 provider agency
- Over – all lack of resources for substance abuse services for youth

Substance Abuse Services:

Providers	Service	Description	Amount Budgeted
Alegent Health Care	Outpatient Substance Abuse		$6,450
Lutheran Family Service	Outpatient Substance Abuse		$11,841
NOVA Therapeutic Community	Therapeutic Community	Residential service which provides highly structured peer oriented treatment activities	$111,384
NOVA Therapeutic Community	Partial Care		$19,568

MENTAL HEALTH SERVICES

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Agencies Reviewed:
- Alegent Health Center
- Family Services
- Lutheran Family Services
- Region 6 Professional Partners

Services Reviewed:
- Outpatient Mental Health
- Respite Care
- Professional Partner Program

Gaps identified in Mental Health Services:
- Youth ready to transition from inpatient to residential placements but no beds available (limited numbers of Group Home I & II as well as RTC placements for sexual offenders); child welfare funds not always being approved for hospitalized youth de-certified for inpatient but with no appropriate placement available.
- Difficulty placing Developmentally Disabled youth who have mental health issues due to IQ requirements of most group home and RTC options.
- Placement options for youth under 13. Treatment foster homes in limited supply compared to need.

Trends Identified in Mental Health Services:
- Youth being seen in clinics that suggest need for specialized treatment-- one agency, LFS , initiated treatment groups for sexually aggressive youth which work in conjunction with individual therapy------participants are divided according to age and gender
- Specialized treatment for incest victims (ages 8-17)-----increase in referrals to that program seen
- Parent/Child conflicts reported as the most frequent presenting problem and depression and anxiety the two most frequent diagnoses

- Region 6 Professional Partner program seeing increase in children ages 4-8 being referred to the program; coalition of providers who serve this age group has been established-Early Childhood Mental Health providers to assess and promote cooperative interventions
- Agencies reporting success in accessing Medicaid and other third party payments for outpatient services for children and families
- Alegent Health Center reporting a sharp increase in youth who self mutilate

Mental Health Services:

Providers	Service	Description	Amount Budgeted
Alegent Health Care	Outpatient	Individual, family and group therapy generally on a regular basis	$1,600
Lutheran Family Service	Outpatient	Individual, family and group therapy generally on a regular basis	$32,450
Lutheran Family Service	Respite		$21,479
Family Service	Outpatient	Individual, family and group therapy generally on a regular basis oriented treatment activities	$10,750
Professional Partner Program	Wraparound	SED youth Case Management	$876,770

QUALITY/REVIEW OF AUDITS-RESULTS

In completing the audits of provider agencies, a 92% compliance rate is the minimum standard. Files are reviewed for the presence of thorough screening and consumer information, including financial and medical, as well as ensuring consumer involvement in the treatment planning process.

Revisions to Procedures:
In FY 2002, Region 6 implemented revisions that included:
- An expanded clinical review by staff persons who are licensed and/or credentialed
- Staff from the Environment of Care Committee conducting health and safety checks.
- Staff from the Clients Rights Committee conducting reviews that specifically targeted client's rights issues.

Source Documents:
The criteria used for the site visits are taken from the following source documents:
- Contract requirements
- Service Definitions
- Mental Health regulations
- Substance Abuse regulations

Review of Clinical Files - Key Findings/Trends:

- Appropriate screenings are being conducted.
- Consumers are being oriented to the services they are being provided.
- Medical information and medication histories are documented.
- Releases of information are in place and there is documentation that consumer confidentiality is being protected.
- Providers are doing comprehensive assessments and the treatment plans reflect the results of the assessments.
- Consumers and their guardians have input into goals and objectives on their treatment plans.

Verification of Units Billed:

There were no significant problems with verification of units. All but one provider received acceptable scores. The one provider that received an unacceptable score of 83% had funds deducted and was required to submit a corrective action.

Environment of Care:

The services are being provided in clean, safe environments; safety precautions and internal disaster plans are in place and evacuation drills are being conducted and documented.

Review of Audit Results:

Progress notes are generally in place for the units billed. They are comprehensive and reflect the goals and objectives of the treatment plans. In those cases where progress notes were not in place or did not properly reflect the units billed, deductions were made and in some cases the providers were asked to provide corrective actions.

Key Findings/Trends:

- Appropriate screenings are being conducted.
- Consumers are being oriented to the services they are being provided.
- Medical information and medication histories are documented.
- Releases of information are in place and there is documentation that consumer confidentiality is being protected.
- Providers are doing comprehensive assessments and the treatment plans reflect the results of the assessments.

IMPACT OF OTHER SYSTEMS AND SERVICES

Medicaid Eligibility changes:

The agencies funded through Region 6 collectively report success in being able to access Medicaid/Kids Connection and other third party payers. Many expressed concern about the Medicaid eligibility guidelines changing which could impact the need to utilize funding through the Region. Ramifications of this will probably be seen as this fiscal year continues.

ICCU Implementation:

The implementation of the Integrated Care Coordination team in Region 6 has already increased the communication and collaboration of Region 6 and the local Health and Human Service

region. This effort will need to involve community providers and force everyone to look at the provision of mental health services in a different way. The Community buy-in to wrap-around services was not emphasized or developed when the Professional Partner programs were established in 1996. This has been a continual struggle in Region 6 and hopefully with Health and Human Services support, the community will be tapped for their involvement and support.

Substance Abuse Prevention Center

AGENCY	PROGRAM(S)	AGE	DOMAIN	IOM CATE-GORY	STRATEGIES
Chicano Awareness Center (CAC)	Esperanza WHY Advantage Boys2Men Sepas	10-12	Peer School	Selective Indicated	Information Education Identification and Referral
Family Service	FAST	5-11	Family	Selective	Community-based
Family Service	HALO	3-6	Individual	Universal	Education
PRIDE-Omaha, Inc.	SAFE Homes RADAR site MIP Hotline	Parents All ages	Environment Community	Universal	Information Environmental
Nebraska Council	ALL STARS	10-15	Peer	Universal	Education
Region VI Prevention Center	RADAR site TFN YAB 6 TA/Training	All ages Youth 14-18 All ages	Community School/peer Individual Community/ Environment	Universal	Information Community-based Alternatives

Parent Support and Advocacy:
There is a tremendous void in terms of support groups and advocacy for parents of children with emotional and behavioral issues in Region 6. Agencies and schools report frustration with the inability to get parents to attend support groups in spite of the fact that many report needing such assistance. Consultation relative to establishing an effective parent network should be priority for the next fiscal year.

Early Childhood Mental Health:
The trend toward younger children needing to access mental health services reinforces the need for community providers to be aware of resources in the community to effectively serve these youth and their families. A coalition of providers in the Omaha area has begun to form and address this trend and the subsequent needs.

RECOMMENDATIONS

The yearly reports of kids sitting at inappropriate levels of care continues with the issue sometimes being non- availability of beds, sometimes disagreement over level of placement

needed. It seems evident that there is a lack of substance abuse services, especially residential services for youth in Region 6. Some effort in creating these services would be appropriate. However, it will be important to follow the progress of the ICCU's and see if expansion of the wrap-around process will alleviate some of these concerns.

In addition, specialized programs for youthful sexual offenders and physically aggressive youth would fill another identified void, but training for providers should be emphasized, as accurate assessment is a key factor in treatment.

Some discussion among providers has suggested the need for a Youth Crisis Center where families in crisis could take a youth needing immediate mental health intervention but not necessarily inpatient care. A similar facility for adults is already in operation in Region 6.

Family organization development is critical to the success of ICCU implementation and could also enhance the Professional Partner Program's fidelity to the wrap-around process. I would strongly recommend utilizing some of the Region's youth service funds toward this effort.

State of Nebraska LB433 Report Summary

LB433 requires each Region to submit an annual report to summarize the quantity and quality of substance abuse and mental health services offered for youth by each Region. This is a summary of the trends in services, gaps, and recommendations reported throughout the state of Nebraska.

Substance Abuse Services

Regions 1, 2, 3, 5, and 6 offer substance abuse services to youth. Region 4 does not fund substance abuse services specifically for youth. Youth have access to outpatient therapy services in all 5 Regions that offer substance abuse services. Prevention services are available in all Regions. Assessment of substance abuse problems is available in Regions 2, 3 and 5, and residential or partial care services are offered in Regions 6. Intensive outpatient services can be seen in Regions 3 and 5, and will soon be introduced to Region 1. Region 6 also offers services through the Tobacco Free Nebraska Project and Provider Network Information Services. Scottsbluff County will soon be establishing an Adolescent Drug Court in cooperation with Region 1. In summary, five Regions offer substance abuse outpatient therapy services, and some mixture of prevention, community support, assessment and residential services.

Mental Health Services

All 6 Regions in the state of Nebraska offer mental health services to youth. Outpatient therapy services can be seen in all 6 Regions. Professional Partner Program wraparound services are offered in all 6 Regions, and Regions 1, 3 and 4 offer additional wraparound services in area schools. Youth mental health assessment services are offered by Regions 1, 2, 3, and 5. Integrated Care Coordination Unit exists in Lancaster County and Regions 1, 3 and 6. ICCU will soon be introduced to Region 4. Therapeutic consultation services are available in Regions 2 and 5, while medication management services are available in Regions 2, 3 and 6. A number of Regions offer services unique to their area. Region 1 offers services through their Program for Alternative Learning and will soon be establishing a Mentoring Coalition. Region 2 offers a youth assessment program in three area schools and a specialty clinic for the diagnosis of ADHD that includes a pediatrician and a psychologist in partnership. Region 3 has day treatment services, Multisystemic Therapy services, mobile crisis and youth crisis services, and a 24-hour clinician/crisis line. Region 5 offers intensive outpatient services, and Region 6 helps youth through their Regional Wellness and Prevention Center. In summary, mental health services for youth are available throughout the state of Nebraska. Youth can access outpatient services, the Professional Partner Program Wraparound services, and a variety of community, family and youth support services.

Gaps in Services

A number of gaps in services were reported by each Region. All of the 6 Regions throughout the state of Nebraska have expressed the need for more qualified staff and professionals, more specialized training for all staff and professionals, and the need to expand facilities and services in order to serve more youth and more rural areas. The state of Nebraska would benefit from

more education and training in the community and schools, and more early intervention and assessment services. The need for more psychiatric services, transitional services, mentoring and respite services, integrated treatment for youth with co-morbid disorders, and more placements have been noted by all 6 Regions. Furthermore, the need for more cooperation and communication between the medical and mental health systems, and the need for more culturally competent services was emphasized.

Future Recommendations

A number of recommendations have been suggested by all of the Regions in Nebraska. The desire to pursue extra funding for a variety of reasons has been expressed. Specific areas in which additional dollars are needed are to expand the Professional Partner Program (Region 1), to help parents with the cost of mental health-related medications (Region 2), to have access to long-term sustainable and expandable funding (Region 3), and to help youth "falling through the cracks" (Region 4). Additionally, all 6 Regions of the state of Nebraska are interested in funding that will help to expand services.

The desire to expand services appears throughout the State, and takes a variety of forms. Region 1 recommends finding a new facility for day treatment, offering more community education and public relations with the area schools, and creating a more formalized mentoring program. Region 2 suggests expanding access to services, and introducing case management services for ADHD youth. Region 3 recommends providing integrated treatment to youth with comorbid disorders, providing integrated services to transitioning youth, and allowing access to services through waivers. Region 5 suggests creating a communication and referral mechanism to allow flexibility and choice to families. And lastly, Region 6 recommends creating more services, especially residential services, finding more beds, improving decision making and communication about the level of needed placement for youth, creating specialized programs for sex offenders and physically aggressive youth, and developing a Youth Crisis Center. Lastly, Region 1 would like to create a more structured and consistent evaluation process of their own services.

A number of Regions would like to see improvement in the areas of training and assessment. Region 2 recommends training substance abuse counselors in the CASI (Comprehensive Adolescent Severity Index). Region 3 suggests providing substance abuse and mental health training to all primary care providers, educators and case managers. Region 3 would also like to initiate a substance abuse and mental health assessment/screening procedure for area schools and the juvenile justice system. Region 5 would like to address gaps in training for psychiatrists and psychologists specific to serving adolescent populations, as well as a gap in general mental health training for educators, respite providers, and other community service employees. Region 6 recommends training providers in accurate assessment for the specialized programs (sex offenders and physically aggressive youth) into which they would like to expand services.

It has been recommended that the communication and collaboration be improved between medical and mental health services. Region 2 will be asking the state to request that the managed care company give rural exemptions for families so they can receive all assessment services that they need in one day/trip. Region 2 would also like to see an increase in the partnerships between pediatricians, doctors, psychologists and therapists. Region 3 recommends

a technology update (i.e., tele-medicine) so that rural areas can be reached with services. Region 5 would like to improve communication and coordination within the Regional System of Care and with other agencies providing services for the purposes of establishing definitions, setting rates, and creating a directory of services.

In summary, all 6 Regions across the state of Nebraska would like to pursue additional funding, recommend expanding services, suggest specific assessment and training goals, and would like to see an improvement in the communication and collaboration between medical and mental health services. All Regions would like to move toward a more bilingual staff, and recommend reviewing and planning to implement the identified gaps in service.