State of Nebraska

LB433 Report

Fiscal Year 2003

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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 Sioux. 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 which has continued to be an issue 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 is 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, and SPEAK-OUT Family Organization;
SAMHSA Proposal (Substance Abuse and Mental Health Services Administration—Comprehensive Community Mental Health Services for Children and Their Families, a Child Mental Health Initiative) was submitted in July 2003 with results pending; mental health services offered to the local jail system; and medication management services available to the community by local qualified psychiatric nurses and other professionals.

Other successful forums where networking and collaboration continue to be fostered are through routine meetings held by county Family Preservation groups, Panhandle Partnership/Continuum of Care for Children, Youth and Families, study circles, Provider's meetings, a Youth Network meeting, SPEAK-OUT Family Organization, Native American Outreach, 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. In anticipation of the upcoming Behavioral Health Reform, LB1083, Region I has been highlighted especially in regards to the development of the Emergency Crisis System in the Panhandle and the Homeward Bound project in collaboration with Regional West Medical Center and other area facilities. 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
(Box Butte General Hospital—Continued)
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 Outpatient Adolescent & 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
(In Touch Counseling—Continued)
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
Outpatient Substance Abuse & Mental Health
Medication Management for Substance Abuse and Mental Health
Children's Day Treatment
Psychological Testing
Therapeutic Foster Care—Reach Out Foster Care Services
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
Community Resource Center

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
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-based Wraparound Professional Partner Program
Integrated Care Coordination Unit
Program for Alternative Learning (PAL)
Mental Health and Substance Abuse Services for Youth and Families

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 is 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 12-18 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 individual clients and family members of youth involved. Currently, the substance abuse program director is working with the Mental Health Center's executive director, clinical director, and medical director to develop such Intensive Outpatient Services (IOP). It is hoped to begin IOP services for substance abuse by May 2004.

Currently, there are 19 youth participating in the existing Adolescent Group. In the last year, approximately 40 youth were enrolled in the group, with approximately 40% successful graduations. Overall, approximately 125 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. Five 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. The results of these consumer surveys and evaluations have not been gathered on a consistent basis; however, this has been identified as a primary goal for the substance abuse program as well as the Mental Health Center in its entirety.
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.

Currently, PMHC offers substance abuse health services in Scottsbluff, Alliance, Sidney and Chadron. However, it is planned to restructure operation of these services and sites by July 1, 2004 in such a way that other community agencies and professionals may submit RFAs to continue providing these services to area community members.

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 2003, and the last will be completed by September 2003. The timeframe for implementation is scheduled for March 1, 2004. Lack of funding has slowed this process somewhat, but it is appears that plans will successfully be implemented on the above date in March.

To compliment the involvement of the Drug Court, the proposal for Substance Abuse IOP was recently submitted to Nebraska Medicaid. As mentioned above, it is intended that the IOP program will be implemented by May 2004.

Gaps in Service:

Substance Abuse Number of youth served in FY 02-03 125 11% Dual Dx 5 1.9%	• Development of In Patient Substance Abuse services • Recruitment of SA counselors who are comfortable working with youth and families, and dually diagnosed youth • Expansion of facility space to accommodate development of groups and other SA services • Creation of AA/NA groups specific to youth • Assistance with transportation for youth with limited ability to access services • Development of an Emergency/Crisis plan specific to youth and those who are using at the time of potential EPC, including, law enforcement training, respite care and detox shelters • Development of SA services in outer areas of the Panhandle (received a specific request for Kimball, NE.)

Recommendations:
The Region will continue to support the development of the program for youth Substance Abuse services. The process for development of Substance Abuse IOP will be continued. 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:

- PSAC conducted its fourth annual Youth Leadership Conference on January 27, 2004 at the Gering Civic Center, with 302 youth and sponsors participating. The RATPAC, PSAC's advanced youth leadership group, facilitated the day. Ty Sells from Youth to Youth, International was the keynote speaker for the conference. Sessions included education about methamphetamines, suicide prevention, eating disorders, and leadership skills. Student groups left the conference after developing an action plan for their community outreach. School groups will be visited to offer technical assistance with projects to be completed by May 15th, 2004.
- Development of community coalitions focusing on applying for the State Incentive Cooperative Agreement (SICA) funding has been a continuing process for the PSAC staff..
- Twenty-two (22) school districts participated in the Nebraska Risk and Protective Factor School Survey in our region, and those school districts have coalesced into 10 groups working on the SICA process. Applications are due April 30th, 2004. PSAC staff has been involved in all the training, and has also been available to communities for technical assistance.
- PSAC organized and implemented the first Region I Prevention and Treatment Conference this spring. Several Region I professionals formed the committee to develop the conference. Attendance was 91 the first day and 53 the second. It was reported to be a very beneficial

learning opportunity. Subjects included dual diagnosis, Bully Proofing Your School, and Cultural Competency in Treatment Settings.

- Through PSAC, these additional trainings have occurred: Step Up, Individualized training for the 21st Century Grant Programs, Fetal Alcohol Syndrome, Assets and special training for ESU 13 developmental disability students going out to the world of work (75). Also, the drug-free youth groups provided an interactive tobacco prevention opportunity for the Scotts Bluff County third grade health fair which involved 724 third graders.
- The Resource room provided 27,595 items for information to 1,293 contacts. An additional 6,947 red ribbons were purchased by communities.
- PSAC staff serves on the following: HIV/AIDS PACT group, Early Childhood Education Grant, Project Extra Mile, Region I Service Providers, Panhandle Partnership, Scotts Bluff County Tobacco Collaborative, 21st Century Learning Center Advisory, Multicultural Youth Conference Committee, and all the Panhandle Family Preservation groups (6).
- Program staff served on the 2003 Multicultural Youth Conference Planning Committee. Over 221 persons attended the first conference.
- Work is continuing on a region-wide needs assessment for prevention. This will culminate in a 3-year strategic plan for prevention within the region.
- PSAC has been given the opportunity to work with some of the Native American communities in the Panhandle. This work is ongoing and beneficial to prevention. Owen Patton of the Department of Education has been working with PSAC in this process. PSAC has also been working with the Chadron Native American Center in an ongoing role.
- PSAC continues in its role as coordinator of the ESU 13 Safe and Drug Free Consortia. This involves 33 school districts and also works collaboratively with Scottsbluff and Gering School districts. The Consortia completed its 3-year follow-up survey this spring. Information is available on attitudes, behaviors, and beliefs of community members of the Northern Panhandle.
- PSAC has completed campaigns for Red Ribbon Week, Drinking and Driving Prevention Week, and Alcohol Awareness Month. These campaigns generally contain newspaper releases, TV ads, school messages, advertisements and mail outs.
- PSAC is a pilot site for a Community Service Learning Grant for Suspended and Expelled students for the Nebraska Department of Education. This involves a half-time staff person who is researching this project for the rural areas.

Evaluation Process:

Evaluation occurs in the PSAC programs in the following ways:

- Resource Room: All materials were reviewed this summer for content, message, method of delivery and timeliness. There are approximately 3,000-plus materials. All materials that are checked out go out with an evaluation card to assess PSAC's services.
- Speaking engagements: PSAC has a small card that is returned to our agency after a speaking engagement that is an evaluation of the event.
- Larger training events have more detailed evaluation component.
- Projects have goals and objectives with outcomes and a review is accomplished after completion.
- Surveying has been completed with the ESU 13 Consortia process. Work is done with Dr. Ian Newman of Buffalo Beach to accomplish this.
- Focus groups have been utilized for the needs assessment process.

Funding: State Dollars = 0
Federal Dollars = $203,435.00

Gaps in Service:

Panhandle Substance Abuse Council	• Budget constraints have made it difficult to maintain staff • Development of a resource directory so access to PSAC information is better marketed and utilized by the community and Panhandle consumers and organizations • Development of more formalized data analysis/evaluation processes re: resource materials, speaking engagements, and other events • Additional services and training for parents/families

Recommendations:
Due to budget restraints PSAC is now functioning with 2 staff positions not being filled.

Information gathered by PSAC indicates that the mental health service needs of the Panhandle are in crisis. Families lack services, training to address the issues with limited insurance. In addition, the Panhandle has a limited supply of professionals to handle the needs of area residents. The PSAC director will continue to work with Region I Prevention Team to meet the changes and guidelines at the state level for prevention, services, coordination, technical assistance, and resource development

The opportunities for prevention are limitless, but help is needed to address the opportunities.

MENTAL HEALTH SERVICES--YOUTH
Panhandle Mental Health Center Mental Health services are available through individual out patient therapy for youth, play therapy, collateral therapeutic work with 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 licensed Psychiatrist who conducts medication evaluations, medication management, and oversight of other medical staff. PMHC's Clinical Director is a licensed Psychologist who provides clinical oversight to other licensed clinicians, as well as other clinical programs such as Reach Out Therapeutic Foster Care, and the above mentioned substance abuse IOP planned for implementation soon. The clinical director has also been instrumental in the development of Primary Care combined with Behavioral Health services through Panhandle Community Services in Scottsbluff/Gering.

The clinical/medical 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. However, it is anticipated that there will be changes in how these other sites will be operated in the near future. This will involve the possibility for other area agencies to submit RFA's to continue with both mental health and substance abuse services in these outer areas.

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 or 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. A more formal evaluation process is being developed specific to the mental health program as well the Center in its entirety. For the purpose of this report, results of the surveys were not available.

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

Note: Programs funded through Region I are the PAL program, Adolescent Substance Abuse Program, Mental Health Services, 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:

Mental Health Number of youth served in FY 02-03 260 22% Dual Dx 5 1.9%	• Specific/customized training in area schools on MH diagnoses • Clergy in the Panhandle need additional training and information re: resources and MH services • Development of children and adolescent MH therapy groups • Recruitment of additional bilingual MH practitioners • Development of MH IOP services for youth and families • Further development of parenting education/enhancement for biological parents and caregivers • Recruitment for additional therapeutic foster care homes and respite care services • Addition of specific treatment needs in therapeutic foster care in the Panhandle such as DD/MR, eating disorders, substance abuse, and sexual offender/victim issues • Development of an Emergency System/Crisis plan specific to youth • Recruitment of mentors for youth and family mentors • Development of a treatment group home that would serve both male and female youth • Additional home-based therapy opportunities (transportation and accessibility issues addressed) • Development of a collaborative system of care for Early Children's Mental Health, ages 0-5, and clinicians to serve this population • Access to insurance for services and medication • Tele-health communication for the Panhandle • Other needs which have been identified by the Panhandle Partnership Continuum of Care for Children Youth and Families (Housing and Poverty, Wellness and Nutrition, Abuse and Neglect, and more)

Recommendations:
The Region will continue to support and fund the existing mental health services available for youth and families in the Panhandle. Plans will continue to meet the needs identified in the gaps in services by conducting strategic planning, developing goals and objectives, and defining immediate priorities. A more formalized evaluation process will be developed for this program, as well as the Center in its entirety.

PROGRAM FOR ALTERNATIVE LEARNING (PAL)

PAL is a day treatment program/Alternative School for youth who are not able to obtain their educational needs in the public school environment due to severe emotional and behavioral problems. Area school systems refer severely emotionally and behaviorally disturbed children to the PAL program where they attend 6-hours per day, Monday through Friday. The age range of youth served is 7-13 years of age. The capacity of the program is 18 students. Currently, there are 15 youth being served.

PAL offers therapeutic teaching, social skill and coping skill training, group therapy, individual therapy and family counseling as needed. It is based on a four tiered level system. It utilizes extensive behavior monitoring, contracts, goal agreements and a behavioral modification reinforcement structure to improve the student's emotional, behavioral and academic functions. Family involvement and support are important to success in this program.

Reintegration to public school is the goal. The program actively supports transition from PAL to public school through an extended follow-up period. The students progress through the program at their own rate and may be involved with PAL over the course of a year or two. The student and the family are empowered to succeed through the Program for Alternative Learning. All students in PAL are verified as needing special services through the school's Multidisciplinary Team and Individualized Education Program process.

Evaluation Process:
Starting in May of 2001, a community assessment was sent to local school systems to gather information regarding gaps in services in relation to education and emotional behavioral health problems. The form was sent to area Directors of Special Services, Principals, School Counselors, Psychologists, and Social Workers. This survey also gathered 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 assessment will be sent our at 4 year intervals.

A school's feedback report is sent out at the end of each school year. This questionnaire evaluates team participation and communication between the public school and PAL staff on skill improvements, academic performance improvement, and grievance issues. The results of this evaluation were constructive, with the following list of suggestions:

- Continue to work on therapeutic interventions
- Expand the program to older students
- Perhaps have younger students
- More family involvement

Program feedback evaluations are given to students each year in both January and May. This evaluation measures the youth's awareness about improvement in behaviors, social skills, and academic performance. The majority of results are positive and helpful toward improving program efficiency.

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

Gaps in Service:

Program for Alternative Learning (PAL)	• Development of programming for additional students and within the age-range of 14 and above, and possibly a younger age-range (capacity development, expansion of facility, additional funding not currently available) • Development of additional therapeutic resources and interventions • Increased family involvement

Recommendations:
A new location and facility for the PAL program should be considered. Greater community education and outreach efforts would also benefit this program. Research is being conducted to locate 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 15 youth and families. This means that Region I is funded for the service of a maximum of 15 slots. Typically, the Professional Partner Program has been able to serve additional youth and families by maintaining a conservative approach with financial assistance. However, the program has restructured staff from two full-time employees to one FTE and one PTE, and will take a maximum of 15 youth for the next year. This budget error was discovered after operating costs seemed to exceed the norm, and modifications were made immediately to fit the financial guidelines of the program.

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 promote 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 and have adequate informal supports in the community.

Currently, 16 youth are being served through the Professional Partner Program, and 15 siblings of these identified youth are also benefiting from the program. The average length of stay in the

program has averaged approximately 18 months. The program has served up to 23 youth in the last year.

Last year, the Professional Partner Program 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 submit background checks and attend training prior to being matched with youth. Active recruitment and training of mentors is ongoing.

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 which is conducted twice annually (May and November). Weekly progress notes are used to collect data on customer and team satisfaction. CAFAS (Child/Adolescent Functional Assessment Scale) scores are recorded upon admission, every 6 months after admission, and at client discharge. The purpose of this assessment is to provide information about client outcomes. 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. Peer audits are conducted annually with other Regal PP program staff and the Regional Field Representative.

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

Gaps in Service:

Professional Partner Program—Scottsbluff Funded for 15 slots Have served up to 23 in FY 02-03 Including 15 siblings of identified youth Professional Partner Program—Scottsbluff	• Increased slots/youth that can access PPP services in the Panhandle (currently capped at 15) • Development and additional training in the Wraparound process • Recruitment of mentors and formalization of the existing mentoring program with other Panhandle mentoring programs (PCS-Crossroads, TeamMates—Alliance) • Increased training and development of informal supports in Panhandle communities (marketing, awareness, and training issue) • Development of current and accurate resource directory for PPP families to access, including transportation as needed

Recommendations:
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. Currently, PPP staff are tracking he activity of the program to 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.

Strategic planning and the use of an improved wraparound/informal support philosophy will continue over the next year. Additional mentors are also 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 utilized to allow for parents of high-needs youth to take "breaks". Respite care is funded through the PP program, as well as the Life Span Respite program through Western Community Health Resources out of Chadron, NE.

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 3 and ½ 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 as the Scottsbluff PPP, 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, 17 youth have been served, including 8 siblings of identified youth.

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

Gaps in Service:

School-based Professional Partner Program—Chadron Funded for 10 youth Including 6 siblings of identified youth	• Increased slots/youth that can access school-based wraparound services • Development of Wraparound services (specific to both school-based and traditional PPP) in the northern tier of the Panhandle (Rushville, Gordon, Hay Springs, Hemingford, Crawford) • ***SAME AS ABOVE WITH OTHER GAPS IN SERVICES RE: PPP—SCOTTSBLUFF***

Recommendations:

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 youth that have been declined due to

this reason. Other area providers are not able to sustain funding in order to provide similar wraparound services.
As with the Scottsbluff PPP, respite care is needed to allow parents of high-needs youth to take "breaks".

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. Specifically, it is hoped that the Panhandle will be awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant, concentrating on Comprehensive Community Mental Health Services for Children and Their Families—Children's Mental health Initiative. The proposal was submitted in July 2003, and results are pending, with expected results to be announced in June 2004. If awarded the grant, the Panhandle will be able to promote and increase the use of wraparound services throughout communities in the entire region.

REGION I YOUTH COORDINATION SUMMARY OF ACTIVITY

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. In the past year, the Integrated Care Coordination Unit was developed and implemented in the Panhandle. The ICCU currently serves up to 85 high-needs youth who are in Agency-based foster care and treatment services above that level of care.

The Region I Youth Coordinator continues to facilitate 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, improve existing services, 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 created a sub-group that is currently working toward developing and improving services for Early Mental Health for the population of children ages 0-5 years. This group meets every other month to discuss the needs around the Panhandle regarding children in this age range. Currently, the ECMH group has established a purpose and mission, and has plans to bring specialized training into the area for other Panhandle clinicians and professionals.

Discussion has been initiated regarding the possibility of integrating functions of the Panhandle Partnership Continuum of Care for Children, Youth, and Families 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.

The Youth Coordinator will continue to be involved in the ongoing development and operation of the ICCU. It is also planned to re-establish an 1184 community treatment team, as the current

1184 team only meets for investigation purposes. Another goal for the upcoming year is to develop an Emergency Crisis System for youth in the Panhandle.

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

NOTE: The Youth Coordinator presented the intent of the LB433 report, along with gaps in services and recommendations to the Region I Behavioral Health Advisory Board on Dec.10th, 2003. The same information was presented to the Panhandle Mental Health Governing Board members on Feb. 19th, 2004. The Youth Coordinator requested the members of both forums to send other suggestions, recommendations, or responses to the draft of this report. They received a final draft of this report on Apr. 8th, 2004. Any suggestions, recommendations, or responses submitted from members of either forum will be submitted as an addendum to this report to Sue Adams, Region I Field Representative, Office of Mental Health, Substance Abuse and Addiction Services.

Addendum:
This is an addendum to the LB433 Report submitted by the Region I Youth Director earlier this year. The information in this addendum notates the responses given regarding the final draft of the LB433 report. These responses were provided from the Panhandle Mental Health Center's Governing Board and the Region I Behavioral Health Advisory Committee members. Responses are specific to gaps in service and suggestions to either develop or improve on services in each area of the Panhandle.

The additions are as follows:
- Recruitment and training of more volunteers to assist with delivery of services
- Need additional Community Support Teams throughout the outer areas of the Panhandle
- Hire more people/professionals to deliver Mental Health and Substance Abuse services
- Continue to use the Panhandle Partnership and Western Nebraska Community College Training as collaborative support
- We need more mental health therapists, psychologists, and psychiatrists in the Panhandle
- Continue with the Wraparound concept, and develop additional training for community members on this philosophy
- Need additional funding for youth and family programs

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. CARF did their three year survey visit in November of 03 and results will be available in late January of 04. State audit by state officials

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. Survey results from contracted services reported high satisfaction. Waiting lists for short term residential services remains a problem. Dual diagnosis programs are not available to youth.

Key Findings/Trends:
There are very few direct services for youth in need of substance abuse care. Prevention services and Outpatient care are the only easily accessible programs. 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 had used St. Monica's new home in Grand Island for young women but that is now closed. Region II has obtained waivers for community support and short term residential services.

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, 2003 to December 31, 2003. North Platte outpatient served 13 youth. Lexington outpatient served 15 youth. McCook outpatient served 15 youth. Ogallala outpatient served 11 youth. One youth was served in community support substance abuse. Prevention served youth in every county in the Region. 36 youth were in Alcohol Education Classes throughout 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 was notified that they did not receive the grant. A Diversion program was created by a community team in Chase County. The Region is providing the programming.

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. Specific programming for youth addicted to meth was a need identified at community forums.

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 Hasting 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 (waiver)
Therapeutic Consultation
Emergency Protective Custody

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. That accreditation expired in November and a survey visit was conducted. Resutls will be reported in this report as soon as they come to the Region. 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 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 03, the Region served several youth in community support and Day Rehab through an age waiver. Outpatient services in North Platte served 2 youth emergency clients,11 med management clients, 264 children and youth were seen in outpatient. Lexington had 2 youth emergency visits, 10 med management clients, and in outpatient 55 youth were seen. McCook had one emergency, 27 med management, and in outpatient served 72. Ogallala/Imperial had 3 emergency youth clients, 6 in med management, and served 82. Every county served by Region II Human Services had children or youth seen in one or more of our outpatient programs.

The Region continued providing the Youth Care Coordination Program this year previously known as the Professional Partner Program. The program has grown from 18 youth being served to 24 at this time and care coordinators are located throughout the Region so that every county has access. A total of 42 different individual youth were served in this program in 2003.

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 continue assessing whether to continue the program or to use the dollars to help expand the Youth Care Coordination program.

Emergency Protective Custody is a program that the Region contracts with two hospitals to provide. The program serves mostly adults but did serve 6 youth in 2003.

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. 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. Services that are contracted through OJS and child welfare are completed without consultation with the mental health and substance abuse professionals.

Recommendations Section:

2002 Recommendations and Results

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. **COMPLETED.**

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

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. **NOT COMPLETED. THE REGION WAS ABLE TO INCREASE CASELOAD BY USING OTHER RESOURCES. RECOMMENDATION CHANGE RECOMMENDED IN NEXT SECTION.**

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. **THE REGION WAS UNSUCCESSFUL IN THIS REQUEST. RECOMMEND THAT THE STATE HELP THE REGION REQUIRE THE MANAGED CARE COMPANY'S COOPERATION.**

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. **ONGOING**

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. **ONGOING**

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. **ONGOING**

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. **THE REGION RECRUITED A FAMILY PRACTICE PHYSICIAN TO BE ON REGION II STAFF TO HELP ALLEVIATE THE SHORTAGE.**

2003 Recommendations for 2004

Continue the ongoing recommendations from 2002.

Introduce and require evidence-based and best practices training to all Region II staff who work with children and youth and to all agencies who contract with Region II who serve children and youth. Request that Lee Kimzey, Ph.D. develop and provide this training. Use the money in therapeutic consultation and pursue grant dollars to accomplish this goal.

Enhance substance abuse treatment services for youth. Explore all possibilities with the state, community teams and others.

Continue working with communities as they plan for and access SICA grant funds.

Continue working on the following Youth System Coordination Goals established in July 2003.

Youth System Coordination Goal:
Goal for 2003-04:
Create a report on quality of services, quantity of services, and gaps in children and youth services that impacts funding and organizing decisions. Create positive outcomes for children and youth.

Objective 1: Organize and participate in community teams that impact youth services.

Performance Indicator: Amount of participation in and the number of community teams created as well as the impact on the communities served.

Desired Trend: More teams and more positive community based involvement. Teams that can become independent of the Region's resources.

Baseline 4 teams

Activity: Attend community team meetings in Ogallala, McCook, North Platte, Curtis, Lexington, Imperial and help facilitate implementation of goals.

Responsible Party: Program Director and staff as asked.

Due date: All year

Progress as of January 2004: Staff attended community team meetings in the above locations and helped formulate planning efforts. Imperial developed a Diversion program for their County with the help of Region II staff.

Objective 2: Conduct necessary assessments of services and gaps and write a reader/community friendly report by February 2004.

Performance Indicator #2: Report written and distributed to Advisory Committee, Community Teams, and Governing Board.

Baseline Last year's report

Activity: Access data from all NBHS systems that serve children and youth and utilize the data and verbal input in the written report.

Responsible Party: Program Director

Due Date: February 2004
Progress as of January 2004: Report ready for review by Advisory Committee and Governing Board.

Objective 3: Insure that all children's programs funded by Region II Human Services are performing according to funding and program regulations.

Performance Indicator #2: Every penny expended is accounted for. CARF accreditation achieved for children and youth programs.

Activity: Prepare for CARF in each program. Conduct program and unit audits.

Responsible Party: Program Director, auditor.

Due Date: June 30, 2004

Progress as of January 2004: CARF accreditation visit completed. Awaiting results.

Region 3 LB433 Report

Submitted: March 26, 2004
By: Beth Baxter, Regional Program Administrator
Jean L. Wojtkiewicz, Region III Youth Network Specialist
The Region III Behavioral Health Advisory Committee

Acknowledgements:

Recognition goes to the Region III Behavioral Health Advisory Committee:

July Vohland	Dorothy Aspergren
Carole Denton	Ken Olenik
Cammie Farrell	Susan Henrie
Captain Bill Holloway	Linda Jensen
Brenda Miner	Cindy Scott
David Walton	Mary Wells
Rodale Emken	Martin Gonzales

Recognition also goes to all the families we have served. We celebrate their successes. 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. Families continue to be our voice on the effectiveness of the system of care approach.

EXECUTIVE SUMMARY

"We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community." This was our nation's leader speaking out on the challenges of mental illness.

Mental illnesses are common, they affect almost every American family, from any background, at any stage of life, from childhood to old age, and no community is unaffected by mental illnesses. But getting help may not be as common.

In 2002, President George W. Bush's New Freedom Commission on Mental Health identified three obstacles preventing Americans with mental illnesses from getting the excellent care they deserve:

- Stigma that surrounds mental illnesses,
- Unfair treatment limitations and financial requirements placed on mental health benefits in private health insurance, and
- The fragmented mental health service delivery system.

The Commission's findings confirmed that there are many barriers that hamper people with mental illnesses from getting their needs met.

In any given year, about 5% to 9% of children suffer from a serious emotional disturbance (mental illness). These figures mean that millions of children are disabled by mental illnesses every year in our nation. According to the 2000 Census, there are 450,242 children between the ages of 0 to 17 in Nebraska of which 23,537 children and adolescents aged 9 to 17 are "Seriously Emotionally Disturbed (SED). Additionally there are 35,345 children and adolescents aged 9 to 17 who abuse alcohol and/or drugs.

Kids Count 2002, in its publication called, *Voices For Children In Nebraska*, reported approximately 30% of all Nebraska children under 18 were provided health coverage through Kids Connection, a free health care coverage program for children living in families at or below 185% of the federal poverty level. But in August 2002 legislative budget-cuts affected more than 15,000 of these children's eligibility to access the Kids Connection health insurance program. They came mostly from employed families whose employers did not offer insurance, the insurance that was offered was too expensive to afford, or the insurance did not cover all the necessary medical needs of the family.

One of the most distressing and preventable consequences of undiagnosed, untreated or under-treated mental illnesses is suicide. In fact, suicide is the third leading cause of death among youth between the ages of 15 and 24. In addition to the tragedy of lost lives, mental illnesses come with a devastatingly high financial cost. In 1997, the United States spent more than $1 trillion on health care, including almost $71 billion on treating mental illnesses. Mental health expenditures are predominantly publicly funded. Mental health spending has not kept pace with general health care because of declines in private health spending under managed care and cutbacks in hospital expenditures.

According to the President's Commission on Mental Health, "… most individuals could recover from even the most serious mental illnesses if they had access in their communities to treatment and supports that are tailored to their needs. In short, the Nation must replace unnecessary institutional care with efficient, effective community services that people can count on." Nebraska's Governor, Mike Johanns, agrees as he makes mental health system reform his priority. His plan is to fund Children's Task Force recommendations and mental health reforms as two key areas to be addressed in the 2004 legislative session. The Children's Task Force Report includes the expansion of mental health treatment for children and youth to ensure early identification and treatment of problems. We need to keep in mind that it will take a wide range of therapeutic, educational, and social services to address the behavioral health needs of our children. Presently, in some Nebraska communities, these services may not remain available or only available in either limited outpatient services or residential care, as other systems and services influence the delivery of mental health and substance abuse treatment and prevention programs for youth. We need to integrate programs that are fragmented across levels of government and among many agencies.

Our governor has recognized that to be successful at transforming the mental health services delivery system, we must include child/family centered services and treatments that are culturally competent, we must focus on recovery and not just on managing symptoms, and we must provide it in a community setting.

Our state's leadership can be a powerful and 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 to help every child/family become emotionally strong and successful. As we address the challenges of funding and sustaining resources, we must be creative and flexible without losing our determination to deliver the best quality of care to our most vulnerable population.

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. The Nebraska Behavioral Health System, comprised of the six Regions (See Appendix A, Nebraska State Map of Regional Behavioral Health System Service Areas), 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 all Nebraskans in need. While Region III Behavioral Health Services coordinates services and provides support for both adults experiencing severe, persistent mental illness, and children/adolescents with serious emotional disorders and their families, the focus of this report will be on children/adolescents with behavior health needs and their families. This report also identifies service gaps that exist within Region III, 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 this report.

Region III Service Area:
Serving twenty-two counties in Central and South Central Nebraska with mental health and substance abuse programs. These twenty-two rural counties are: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, Wheeler, (See Appendix B, Map of

Region III Service Area) which covers 14,972 square miles of rural (51 percent) and frontier (49 percent) land area. The economic base for the Region III service is predominately agriculture followed by meatpacking, manufacturing, health services, educational services, and tourism/conventions.

Region III Service Mission:
Is to organize and provide for an integrated, effective, and efficient array of mental health and substance abuse services for the people of Central and South Central Nebraska.

Population of Region III:
The 2000 Census counted 1,711,263 persons in Nebraska of which 450,242 are children under the age of 18. This total state population reflects an 8.4 percent increase since 1990 and was the largest percentage increase since the 1910-20 decade. Overall, 40 of Nebraska's 93 counties added population during the 1990s. Counties with cities under 2,500 continue to decline in population with the most rapid decline in the age groups of 25 to 34 and young children under 10 years of age. Additionally, the state is getting older overall as the median age increased from 33.0 to 35.3 years. The fastest growing age group was persons aged 45 to 49 with a growth rate of 52.1 percent.

The population within the Region III twenty-two county service area is 223,143 of which 26 percent are children under 18 years of age, 38.5 percent are adults 45 years of age and older, with a median age of 41. In Region III nine counties have shown population growth since 1990: Adams, Kearney, Phelps, Buffalo, Hall, Hamilton, Merrick, Howard, and Loup. All the remaining thirteen counties have show a decline in population (See Appendix C, Counties, within the Region III service area, Classified By Population Change, 1990-2000.)

The population growth in Nebraska has been mostly due to immigration, predominately the Hispanic population with a growth of 155.4% overall, statewide. The Hispanic population has become the largest minority group in Nebraska. These finding are consistent within the Region III service area. (See Appendix D, Population Change for Counties within the Region III Area). Nineteen percent of Nebraska's children are living in single parent households, eighteen percent are categorized as a racial or ethnic minority, and twelve percent are living in poverty. The range of median income for the Region III service area is $38,500 – $54,100, which is below the state median income of $55,693 and 11 percent of Region III population, was living below poverty level.

Region III Governing Board:
Is comprised of elected officials, county commissioners, or supervisors from the twenty -two county service area. (See Appendix E, Regional Governing Board Representatives.) The Regional Governing Board contracts with the Department of Health and Human Services for funding along with each county providing local match funds. The Regional Governing Board utilizes these funds to:

- Manage a network of behavioral health providers,
- Provide care coordination, in services and supports for children and adolescents with serious emotional disorders and their families, that is based upon the principles of wraparound,
- Provide intensive case management for adults experiencing a psychiatric crisis,

and support substance abuse prevention education and programming. (See Appendix F, Schematic of Delivery Systems and Appendix G, Youth Services Expenditures & Funded Capacity Report.)

SUBSTANCE ABUSE SERVICES

Quality of Substance Abuse Services: (See Table A)

- **Program Review Audit**

Definition:
The purpose of a program review, conducted at the same time as a unit audit, is to assess annually the quality and fidelity of the program and services delivered. Regulations 204 NAC 3-008 and 203 NAC 3-011.01 require that the Regional Governing Board be accountable for funds disbursed through contracts with network providers.

Methodology:
The Region III Behavioral Health Services Audit Team assesses quality of services and audits samples of each agency's reimbursement claims at least once during the contract period.

Results:
Following completion of the fiscal year 2003 audit of children's substance abuse services, the Audit Team determined that all agencies were providing quality services as evidence by the "Key Findings/Trends" listed below.

Key Findings/Trends:
Region III Behavioral Health Services Audit Team found that, for the most part, consumers received proper orientation regarding the services being provided, releases of information were in place, and consumer confidentiality was protected. Initial assessments were comprehensive, treatment plans were individualized, and progress notes were detailed and reflected the goals and objectives of the treatment plans. These findings were consistent with the previous fiscal year's audit and programmatic review outcomes.

Apparent in the audit was the fact that Region III Behavioral Health Services does not contract for specialized youth services, such as: dual diagnosis treatment, and Region III contracts for adolescent intensive outpatient treatment in only 12 counties within the service area.

TABLE A
Region III Overview of Children's Substance Abuse Services – FY03

SUBSTANCE ABUSE SERVICES	PROVIDED BY	DESCRIPTION	TARGET POPULATION (GENDER & AGE RANGE ONLY)	LOCATION	FUNDED CAPACITY FY02	FUNDED CAPACITY FY03
Prevention Services (SA)	Region III Behavioral Health Services	•Information Dissemination •Prevention Education •Alternatives •Problem Identification •Community-Based Process	Males & Females, all ages	22 counties of Region III	37,594	34,315
	Hastings Area Council on Alcoholism			Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties.		
	Family Resource Council/FAS			22 counties of Region III		
	Central NE Council on Alcoholism Richard Young Hospital			Blaine, Custer, Garfield, Greeley, Hall, Hamilton, Howard, Loup, Merrick, Sherman, Valley, and Wheeler counties		
Outpatient/Assess (SA)	South Central Behavioral Services	Outpatient/Assessment is a specialized substance abuse (SA) treatment program for youth experiencing a wide range of substance abuse 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.	Males & Females, up through age 20.	Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties	264	225
Outpatient/Assess (SA) continued…	St. Francis Alcohol & Drug Tx Center			Blaine, Custer, Garfield, Greeley, Hall, Hamilton, Howard, Loup, Merrick, Sherman, Valley and Wheeler counties.		
Adolescent Intensive Outpatient (SA)	South Central Behavioral Services	Intensive Outpatient (SA) provides group focused, non-residential services for youth who 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.	Males & Females, ages 12 through 18.	Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties.	901	1,107

Region III Behavioral Health Services Stakeholders Satisfaction Survey

Definition:
The Stakeholder Satisfaction Survey is utilized on an annual basis to assess Region III services and operations and to identify needs and needed improvements. The Evaluation Team distributes, collects, enters, and analyzes the data. The results are summarized in a report with suggestions for improvements and each program creates their own action steps for change, which are reviewed by Leadership Team and all staff. The results of the survey are utilized for planning purposes and incorporated into the overall quality improvement activities of Region III.

Methodology:
The Stakeholders Satisfaction Survey consists of 17 questions and is mailed out annually. For fiscal year 2003, the survey was distributed the first part of October 2003. The list of chosen participants included contracted providers and people with whom Region III Behavioral Health Services employees had regular contact.

After the survey was mailed out, participants had three weeks to complete, if they chose to, and send back to Region III Behavioral Health Services. Once the surveys were received, Region III Behavioral Health Services evaluation staff entered the data, analyzed the data, and created a report based on that analysis. A copy of the report was then sent to the providers.

Results:
We received back 68 of 193 surveys. The overall response by the participants was favorable toward their interactions with Region III staff. They found Region III staff to be knowledgeable, resourceful, helpful, responsive, and as a resource for training and technical assistance.

Key Findings/Trends:
Central Nebraska is experiencing a rapid immigration population growth, which in turn has stimulated a need for services in alternative languages. Consistent with this finding is the results of this survey identifying language, both in written and verbal form, as a barrier. Continuing to be aware and sensitive to the values and cultural differences of consumers, providers, and others, is a challenge while striving to understand diverse cultures is on going.

- **Community Survey**

Definition:
This was a survey to determine strengths and gaps of services in the community, within the Region III service area, for youth with behavioral health needs.

Methodology:
The Community Survey was a 5-question phone survey conducted by a member of the Region III Behavioral Health Services evaluation team. (See Appendix H, Community Survey Questionnaire.) Participants were members of a community-based team in their county. Each participant was called and given information on the regional summary of the LB433 Annual Report and asked if they would like to complete the survey. Those who chose to answer completed the survey in 15 to 20 minutes. The data collected was then entered and analyzed by a member of the Region III Behavioral Health Services evaluation team. A short report was written based on the analysis.

Results:
The Community Survey identified multiple community strengths that assist children and adolescents with behavioral health needs. These community strengths included: good school systems, good choice of youth activities, safe communities, dedicated adult involvement, and community networking and sharing of resources. Services they specifically found helpful were: Community and School-based Wraparound, mentoring programs, health clinics, educational service units' special education programs, after-school programs and diversion programs.
The Community Survey also identified challenges or barriers to accessing needed behavioral health services for youth as: hesitancy to embrace new programs or services within the community, availability of services within the community and transportation issues to access services outside the community, funding sources to continue services, consumer access to financial resources to participate in the service(s), and community awareness of what services are available and how to contact services.

Key Findings/Trends:
The strengths within communities are providing a supportive environment for youth with behavioral health needs. Community strengths can be enhanced by providing better information of what services are available both within the communities and regionally, improve accessibility to services, and support the dedicated people with resources to continue to provide innovative and effective programs and services that benefit children and adolescents with behavioral health needs.

Quantity of Substance Abuse Services:

- **Unit Audit**

Definition:
The purpose of a unit audit is to verify units of service claimed for reimbursement on a fee for service (FFS) and a non-fee for service (NFFS) basis from federal, state and/or county funds have actually been delivered. This process also includes reviewing financial records of services contracted on a NFFS (expense reimbursement) basis. Regulations 204 NAC 3-008 and 203 NAC 3-011.01 requires the Regional Governing Board be accountable for funds disbursed through contracts with network providers.

Methodology:
Region III Behavioral Health Services conducts annual unit audits of service and financial records of each provider in all service categories for which the provider receives funds under a fee for service and for non-fee for service contract. The Region III Behavioral Health Services Audit Team audits a sample of each agency's reimbursement claims at least once during the contract period. Units of service detailed in monthly reimbursement claims are compared to the documentation of those units, which appear in consumer, program or financial records.

Results:
The reviewer, for approval by the Regional Program Administrator (RPA), prepares a written report of the audit findings, detailing exceptions and recommendations. Copies of the report are sent to the agency/program director and the Region's field representative from the Department of Health and Human Services within 30 days of the completion of the audit. Agencies must have at least a 95% verification rate regarding all services audited.

When all scheduled audits within a program area have been completed, a record audit summary report for the contract period is prepared for the Regional Governing Board with a copy forwarded to the Region's field representative from the Department of Health and Human Services.
Reimbursement is not made for units of service, which are not verifiable in the agency's consumer/program records, do not agree with the reimbursement claim, with respect to date, type and length of service, or do not meet the appropriate service definitions. If the units of service defined as not reimbursable equal or exceed 5 percent of the units audited, a subsequent audit is conducted within 60 to 90 days.

As a result of record audit findings, the RPA may require the agency to take certain corrective steps: file a plan of corrections with the Region within 30 days of the time of receipt of the audit summary, file a revised reimbursement requisition for the months audited, revise a recording procedure/format. In all such instances, Region III Behavioral Health Services provides a reasonable length of time (30 to 90 days), depending on the scope of deficiencies, for the agency to make the needed corrections and submit follow-up documentation.

If the agency does not take corrective action or does not submit needed documentation of corrective action by the due date, Region III withholds payment to the agency until Region III receives such required documentation.

If similar or additional sanctions are required in successive annual unit audits/program reviews and financial reviews, or if corrective actions are not made, additional sanctions are imposed, including, but not limited to, termination of the contract between the Region and the agency.

Key Findings/Trends:
Region III Behavioral Health Services Audit Team found that, for the most part, progress notes were in place, as a confirmation of services delivered. However, on-going training needs were apparent, as evident by the minimal deficiencies in documentation.

- **Region III Behavioral Health Services Stakeholders Satisfaction Survey**

Definition:
The Stakeholder Satisfaction Survey is utilized on an annual basis to assess Region III services and operations and to identify needs and needed improvements. The Evaluation Team distributes, collects, enters, and analyzes the data. The results are summarized in a report with suggestions for improvements and each program creates their own action steps for change, which are reviewed by Leadership Team and all staff. The results of the survey are utilized for planning purposes and incorporated into the overall quality improvement activities of Region III.

Methodology:
The Stakeholders Satisfaction Survey consists of 17 questions and is mailed out annually. For fiscal year 2003, the survey was distributed the first part of October 2003. The list of chosen participants included contracted providers and people with whom Region III Behavioral Health Services employees had regular contact. The survey was expanded in 2003 to ask participants for their opinion on improving our children services and supports. The question asked was as follows:

"What do you see as the primary gap(s) in services and supports in the Region III service area: Please provide specific County(ies) where these services and supports are needed."
After the survey was mailed out, participants had three weeks to complete, if they chose to, and send back to Region III Behavioral Health Services. Once the surveys were received, Region III Behavioral Health Services evaluation staff entered the data, analyzed the data, and created a report based on that analysis. A copy of the report was then sent to the providers.

Results:
We received back 68 of 193 surveys. Of those 68 surveys received, 22 respondents identified multiple supports and services needed for children's substance abuse services. They are listed under "Key Findings/Trends".

Key Findings/Trends:
The Stakeholders Satisfaction Survey findings included the need for developing a tri-city medical detoxification center, improve access to clinical services in rural areas, expand services for transitional age youth, provide services for non-English speaking families, invest in early childhood interventions, and furnish intermediate dual diagnosis treatment.

- **Regional Plan of Expenditures (POE)**

Definition:
The Regional Plan of Expenditures (POE) is designed to develop a budget-plan and service capacity report to allow the Office of Mental Health, Substance Abuse, and Addictions Services to enter into a contract with the Region to insure that community services are provided within the Region III service area.

Methodology:
The annual POE is developed from information supplied by service providers within Region III service area and based on previous fiscal year's service utilization trends and funding allocation. Through working closely with a Office of Mental Health, Substance Abuse, and Addictions Services Field Representative, the regional capacity and budget are revised, moved, or adjusted as needed to enable the region to provide as balanced a system of behavioral health services as possible with the funds available. Once the POE is developed, it is reviewed through the Regional Behavioral Health Advisory Committee, approved by the Regional Governing Board, forwarded to the Office of Mental Health, Substance Abuse, and Addiction Services for approval, before obtaining final approval from the Director of Health and Human Services**.**

The fiscal year 2003 Plan of Expenditures included goals and objective for the five (5) administrative roles of the Region that outlined the Region's operational responsibilities at the regional level. These five administrative roles included: Regional Administration, Regional Youth Coordination, Regional Emergency System Coordination, Regional Prevention System Coordination, and Regional Consumer Strategy Coordination. Performance improvement outcomes were also developed for each of the administrative roles/functions. (For purposes of this report, only the administrative role of Regional Youth Coordination was included in more detail.)

The Regional Youth Coordination Goal was to integrate services and resources with other systems. To achieve this goal, a consistent wraparound process was to be developed; maintenance of state and federal funding resources for Professional Partner Program was to be sought; and progress toward a sustainable System of Care.

Results:
Region III provided a planning forum to develop key components and core elements of wraparound that will be followed by Region III wraparound programs.
A national educational consultant was utilized, along with various stakeholders' participation, to develop a strategic sustainability plan for System of Care components, which included Professional Partners Program (PPP), Integrated Care Coordination Unit (ICCU), Families CARE (FC), Community-Based Wraparound (CBW), and The Mentor Center (TMC). Educational Service Unit 9, Educational Service Unit 10, and Grand Island Public Schools have all committed to funding Student Facilitators of the School-Based Wraparound Teams. Additionally, Grand Island Public Schools have expanded to two School-Based Wraparound Teams. The Mentor Center has been formally incorporated into the Integrated Care Coordination Unit with a process being developed for the Professional Partners Program to access services as needed.

Key Findings/Trends:
The Professional Partner Program, School-Based Wraparound, and the Integrated Care Coordination Unit continue to demonstrate positive outcomes.

Gaps of Substance Abuse Services:
Gaps have been identified in areas of service or programming for youth struggling with substance abuse. The gaps include the need for dual diagnosis treatment, a medically assisted detoxification center, expansion of adolescent intensive outpatient services to all twenty-two counties in the Region III service area, need to continue investing in substance abuse prevention programs to make an impact at a younger age, on-going training for providers, better knowledge dissemination to communities and consumers of services available, improved access to clinical services in rural communities, and the need for services to be available to non-English speaking youth and families.

MENTAL HEALTH SERVICES

Quality of Mental Health Services: (Table B)

- **Program Review Audit**

Definition:
(See Definition under Substance Abuse Services.)

Methodology:
(See Methodology under Substance Abuse Services.)

Results:
Following completion of the audits conducted by the Region III Audit Team for children's mental health services for fiscal year 2003, the Audit Team determined that all agencies were providing quality services as evidence by the "Key Findings/Trends" listed below.

Key Findings/Trends:
Region III Audit Team found that, for the most part, consumers received proper orientation regarding the services being provided, releases of information were in place, and consumer confidentiality was protected.

Initial assessments were comprehensive, treatment plans were individualized, and progress notes were detailed and reflected the goals and objectives of the treatment plans. These findings were consistent with the previous fiscal year's audit outcomes.

Apparent in the audit was the fact that Region III Behavioral Health Services does not contract for specialized youth services, such as: dual diagnosis treatment, sexually aggressive offender treatment, or treatment for sexually abused children.

- **Community Survey**

Definition: (See Definition under Substance Abuse Services.)

Methodology: (See Methodology under Substance Abuse Services.)

Results: (See Results under Substance Abuse Services.)

Key Findings/Trends: (See Key Findings/Trends under Substance Abuse Services.)

- **Region III Behavioral Health Services Stakeholders Satisfaction Survey**

Definition: (See Definition under Substance Abuse Services.)

Methodology: (See Methodology under Substance Abuse Services.)

Results: (See Results under Substance Abuse Services.)

Key Findings/Trends: (See Key Findings/Trends under Substance Abuse Services.)

Quantity of Mental Health Services:

- **Unit Audit**

Definition: (See Definition under Substance Abuse Services.)

Methodology: (See Methodology under Substance Abuse Services.)

Results: (See Results under Substance Abuse Services.)

Key Findings/Trends: (See Key Findings/Trends under Substance Abuse Services.)

TABLE B
Region III Overview of Children's Mental Health Services – FY03

MENTAL HEALTH SERVICES	PROVIDED BY	DESCRIPTION	TARGET POPULATION (GENDER & AGE RANGE ONLY)	LOCATION	FUNDED CAPACITY FY02	FUNDED CAPACITY FY03
Youth Crisis Services (MH)	Richard Young Hospital	Assessment and stabilization of an acute episode and short-term hospitalization for youth who are determined mentally ill and dangerous to self and/or others.	Male & Females, up through age 18. .	22 counties of Region III	16	35
24 hour Clinician/Crisis Line (MH) (Adult & Youth)	Mid-Plains Center for Behavioral Healthcare Services Center for Psychological Services	Crisis intervention and stabilization services are provided on a 24-hour, 7day/week basis for youth experiencing periodic or acute episodes of problems in functioning.	Males & Females, up through age 18.	22 counties of Region III	35,800	37,396
Mobile Crisis (MH)	Center for Psychological Services	Mobile crisis services have the ability to respond on-site where an individual is experiencing an acute episode. The response may be in the individual's home, at law enforcement headquarters, or another appropriate location.	Males & Females, up through age 18.	Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties	10	4
Day Treatment (MH)	Mid-Plains Center for Behavioral Healthcare Services	Facility-based program serving children and adolescents that have Severe Emotional Disturbances. Intensive, non-residential service providing counseling and family services, education, behavior modification and skill building, and promoting reintegration back to the child's regular school.	Males & Females in Kindergarten through eighth grade.	Hall, Hamilton, Howard, and Merrick	37	38
Multisystemic Therapy (MH)	Mid-Plains Center for Behavioral Healthcare Services	Multisystemic Therapy is a family and community-based treatment using an ecological approach for youth with complex clinical, social, and educational problems.	Males & Females, ranging in age from age 6 through age 20 (this is a guideline subject to individual circumstances.	22 counties of Region III	29	24
Intensive Family Services (MH)	South Central Behavioral Services	Intensive Family Services is a community-based, family centered treatment using an ecological approach for youth with complex clinical, social, and educational problems.	Males & Females, ranging in age from age 6 through age 20 (this is a guideline subject to individual circumstances.	Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties	N./A	12

MENTAL HEALTH SERVICES	PROVIDED BY	DESCRIPTION	TARGET POPULATION (GENDER & AGE RANGE ONLY)	LOCATION	FUNDED CAPACITY FY02	FUNDED CAPACITY FY03
Professional Partner Program/ Wraparound (MH)	Region III Behavioral Health Services	The Professional Partner Program combines an ecological assessment and treatment planning process that utilizes the wraparound approach through intensive therapeutic care management.	Males & Females, under the age of 21.	22 counties of Region III	351	226
School-Based Wraparound (MH/ED)	Region III Behavioral Health Services	The 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.	Males & Females, under the age of 21.	22 counties of Region III	73	92
Integrated Care Coordination Unit (ICCU) (CW/OJS)	Region III Behavioral Health Services	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.	Males & Females, under the age of 19.	22 counties of Region III	257	363
Care Management Team (CW/OJS)	Region III Behavioral Health Services	Performs utilization management and review for the Integrated Care Coordination Unit.	Males & Females. Referrals from Health & Human Services and Protection & Safety only.	22 counties of Region III		
Mentor Center (MH)	Region III Behavioral Health Services	Informal supports and services utilizing community members, agencies or organizations to provide guidance, supervision, and/or assistance to a child/family member. These services are broad based in nature, while more specific services (e.g., tutoring) should be assigned to specific categories of services.	Males & Females. Youth must be between 4-21 years of age.	22 counties of Region III	59	47
Medication Management (MH)	Mid-Plains Center for Behavioral Healthcare Services	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.	Males & Females, up through age 18.	Blaine, Custer, Garfield, Greeley, Hall, Hamilton, Howard, Loup, Merrick, Sherman, Valley and Wheeler counties.	52	40
Outpatient School-based (MH)	Center for Psychological Services	Outpatient School-based is a specialized mental health treatment program for youth experiencing a wide range of mental health problems that cause moderate and/or acute disruptions in the youth's life. Outpatient School-based program provides youth and family treatment services.	Males & Females, Kindergarten through 6th grade.	Kearney Public Schools	N/A	125

MENTAL HEALTH SERVICES	PROVIDED BY	DESCRIPTION	TARGET POPULATION (GENDER & AGE RANGE ONLY)	LOCATION	FUNDED CAPACITY FY02	FUNDED CAPACITY FY03
Outpatient/Assess (MH)	Mid-Plains Center for Behavioral Healthcare Services	Outpatient/Assessment is a specialized mental health treatment program for youth experiencing a wide range of mental health problems that cause moderate and/or acute disruptions in the youth's life. Outpatient treatment program provides youth, family, or group treatment services, generally on a regularly scheduled basis.	Males & Females, up through age 18.	Blaine, Custer, Garfield, Greeley, Hall, Hamilton, Howard, Loup, Merrick, Sherman, Valley and Wheeler counties.	308	488
	South Central Behavioral Services			Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster counties		

- **Region III Behavioral Health Services Stakeholders Satisfaction Survey**

Definition: (See Definition under Substance Abuse Services.)

Methodology: (See Methodology under Substance Abuse Services.)

Results:
We received 68 of 193 surveys. Of those 68 surveys received, 22 respondents identified multiple supports and services needed for children's mental health services. They are listed under Key Findings/Trends.

Key Findings/Trends:
The Stakeholders Satisfaction Survey findings included the need for continuing school-based wraparound and Professional Partner Program for high risk youth while expanding into the pre-school level, develop a tri-city crisis center, improve access to clinical services in rural areas, expand independent living and supported independent living (similar to adolescent halfway-house services) for transitional age youth, provide services for non-English speaking families, and invest in early childhood interventions.

- **Plan of Expenditures (POE)**

Definition: (See Definition under Substance Abuse Services.)

Methodology: (See Methodology under Substance Abuse Services.)

Results: (See Results under Substance Abuse Services.)

Key Findings/Trends: (See Key Findings/Trends under Substance Abuse Services.)

Gaps of Mental Health Services:
Gaps have been identified in areas of service or programming for youth suffering from a serious emotional disturbance (mental illness). The gaps include the need for sexually aggressive youth offender treatment, specialized treatment for sexually abused children, a need for a tri-city crisis center, need to invest in earlier interventions to make an impact at a younger age, a need for on-going training for providers, better knowledge dissemination to communities and consumers of services available, a need for improved access to clinical services in rural communities, and the need for services to be available to non-English speaking youth and families.

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:

- The Rural Health Advisory Commission has designated 88 counties in the State of Nebraska as state-designated psychiatry/mental health shortage areas. Of those 88 designated counties, all 22 counties within the Region III service area, are designated as shortage areas. Lack of mental health professionals directly affects the ability to provide services (See Appendix I, State of Nebraska Health Profession Shortage Areas for Psychiatry. (See Appendix J, Nebraska Medical Center's Health Professionals Tracking Center table).

- National Children's Alliance, at the close of 2003, awarded the Family Advocacy Network (FAN) a grant to expand its mental health capacity to serve child sexual abuse victims and their families within FAN's 32-county area in west-central Nebraska. FAN, in collaboration with South Central Behavior Services, Region III Behavioral Health Services, Richard H. Young Hospital, Good Samaritan Hospital, Buffalo County Community Health Partners, and Dr. Karen Hazen (a Child Advocacy Center team member) will be planning for a two-day training for area therapists on increasing their capabilities to effectively care for child physical and sexual assault victims and to establish linkage agreements with a network of providers in rural Nebraska. This collaboration will also be developing a resource directory of therapists, creating a list-serve of providers, and providing mentoring by establishing therapists with expertise in treating child sexual abuse victims and their families and by peer review, utilizing the Mid-Nebraska Telemedicine Network (MNTN).
- Juvenile firesetting is a visible and unmistakable characteristic of adolescent behavior. Firesetting is a deviant mechanism for coping with stress and conflict The National Association of State Fire Marshals (NASFM) in collaboration with the Nebraska State Fire Marshals Services are in the process of developing effective, comprehensive prevention and intervention programs in communities across Nebraska to address juvenile firesetting. This statewide project is also working toward establishing a data gathering network which will provide an enhanced picture of the nature and extent of juvenile firesetting, understanding the juvenile's risk factors, and to measure the impact of the local juvenile firesetting prevention and intervention programs.
- The Early Childhood Mental Health Project of the University of Nebraska Public Policy Center, at the close of 2003, awarded the Mary Lanning HealthCare Foundation a grant to support the Central Nebraska Early Childhood Mental Health System of Care Project. Over the next year, the project will focus on providing perinatal depression screenings, develop a community and faith-based volunteer force, administer the Brief Infant-Toddler Social and Emotional Assessment-Revised (BITSEA) as an early intervention, develop a behavioral center with resources, assessment services, helpline, research and telemedicine capabilities.
- In the fall 2001, the State of Nebraska received a grant from the Center for Substance Abuse and Prevention (CSAP) Substance Abuse Mental Health Services Administration (SAMHSA) entitled the State Incentive Cooperative Agreement (SICA). The mission of SICA is to develop and implement a comprehensive statewide substance abuse strategy to identify, coordinate, leverage, and/or redirect prevention funding streams and resources to fill identified gaps in prevention services in order to reduce alcohol, tobacco and other drug use by 12-17 year old youth. As a three-year project, through a grant process, SICA will have brought in $2.6 million dollars into communities across Nebraska to strengthen and enhance community prevention efforts.
- Nebraska population has grown over the last 10 years. However, rural and frontier communities continue to decline in population with the most rapid decline in the age groups under 35. Without its young people, a community is not likely to grow and/or survive. As populations decline in what is already rural settings, providing services becomes even more costly, that is if they are provided at all to these remote areas. Many services become inaccessible as the distance to travel to obtain services produces hardships.
- The population growth has been mostly due to immigration, predominately the Hispanic population with a growth of over 155% statewide. The Hispanic population has become the largest minority group in Nebraska and within the Region III service area. 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.

- The Central Nebraska Area Health Education Center (CN-AHEC) received an implementation grant from the Robert Wood Johnson Foundation (RWJF) through its national program, *Hablamos Juntos: Improving Patient-Provider Communication for Latinos,* for the improvement of health care for the Latino population in six counties of central Nebraska. This project will increase the availability and quality of interpretation services for Latino patients who speak little English, providing useful materials and information in Spanish, and utilize technology for training and delivery of interpreter services within the six counties.
- Nebraska Behavioral Health Integration Project examined 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. This collaboration became NEBHANDS (Nebraskans Expanding Behavioral Health Access through Networking Delivery Systems) funded in October 2002 through the Compassion Capital Fund, Office of Community Services, and the United States Department of Health and Human Services. In its first year over $250,000 was provided to faith-based and community based organizations across Nebraska. Its second year brought about over $500,00 slated for sub-award distribution to new and strengthened partners to provide social services to support persons who are challenged by mental health, substance abuse, or addiction.
- 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.
- National affiliations, such as the Federation of Families, have organized and identified policy changes needed in our system of care and are voicing these needs to stakeholders.
- As part of the Region III Strategic Plan a Grant Action Team was formed. The Grant Action Team researches grant and funding opportunities, disseminates information and assists service providers within the Region III service area in an effort to improve resources for our system of care.
- 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 instrumental in the formulation of a Comprehensive County Juvenile Justice Plan Initiative statewide. In reviewing these plans, six priorities for services emerged: substance abuse, mental health, parenting issues, prevention programs, early intervention programs, and truancy. Most communities used their funds for prevention and early intervention programs/services such as mentoring, after school, community wraparound, and diversion. While the present funding is not enough to address every identified gap/need at once, the planning process has helped communities prioritize.
- A Challenge Grant from the Crime Commission was awarded in 2002 to conduct a pilot study of the Youth Level of Services/Case Management Inventory (YLS/CMI) that was completed in December 2003. This pilot study was significant in helping to determine the risk factors (i.e., controlling behavior, truancy, poor peer relations, substance abuse, poor use of leisure time, authority defiance, poor frustration tolerance, and resistance to asking for help) that keep youth from entering or continuing in the juvenile justice system. These were similar to the issues communities targeted as priority needs in their Comprehensive Juvenile Justice Community Plans.

- 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.

RECOMMENDATIONS

- Commitment 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. School-Based Wraparound
    3. Families support and advocacy
    4. Integrated Care Coordination
    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. Providing culturally competent services for an increasing non-English speaking population.
    2. Providing mental health and substance abuse training to primary care providers, educators, and case managers for they have the greatest potential for recognition of mental health needs in children and adolescents early on.
    3. Providing integrated services for youth with special needs transitioning from the youth/ adolescent system of care into the adult system of care.
    4. Providing integrated treatment for children and adolescents with co-occurring disorders.
    5. Collaborating with education institutions to encourage behavioral health as a profession in Nebraska.
    6. Expanding adolescent intensive outpatient treatment to all 22 counties of Region III. (Presently 12 counties within the Region III service area receive services.)
    7. Updating technology with such means as telemedicine to reach rural areas with behavioral health services.
    8. Supporting early childhood preventions and interventions.
    9. Developing specialized areas of treatment for youth victims of sexual abuse and youth perpetrators of sexual abuse.
    10. Expanding our array of services to include a tri-city detoxification and crisis center for youth.

- Continue to aggressively seek resources of funding for children's behavioral health services.

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. 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. Yet barriers still exist. 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, without having to give up custody and many times "hope", for their children.

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 United States 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.

In the fall of 2001, The Office of Mental Health, Substance Abuse and Addiction Services contracted with the Western Interstate Commission for Higher Education (WICHE) Mental Health Program to perform a study titled, *Nebraska MHSIP/Prevalence, Utilization, and Penetration,* to study the need for mental health services in Nebraska. They found that while there was an estimated 23,537 youth suffering with Severe Emotion Disorder (SED) only 79 percent (or 18,607) youth were served; leaving 4,930 with unmet needs.

In a report to Nebraska Governor Johanns by the University of Nebraska Medical Center, Creighton University, and the State of Nebraska, they identified gaps in services that included: insufficient capacity of behavioral health services in the community, no single state behavioral health system in Nebraska, inadequate information system to track and manage the delivery of behavioral health services, costly medication, lack of appropriate housing for people with mental illness and low income, rural areas and elderly being underserved in relation to other population groups within the system, lack of culturally competent service providers within the behavioral health system, and insufficient capacity of appropriate services for youth who are transitioning from adolescent services to adult services.

In the federally funded study by The National Institute of Mental Health (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. 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. In Nebraska, a significant proportion of youth admitted to the youth rehabilitation and treatment centers have identifiable mental health and substance abuse treatment needs. While in their care, the Youth Rehabilitation and Treatment Centers (YRTC) are making an impact with these youths. 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 work with the Integrated Care Coordination Unit (ICCU) to transition from the YRTC back to their communities.

Nebraska has taken a step forward in agreeing to find a common tool that could be shared across agencies to determine risk factors that bring youth to the attention of the juvenile justice system.

Another 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. In addition, prevention and early intervention programs and services may deter youth from inappropriately entering the juvenile justice system in the first place, but these alternatives are under-funded, have limited funding without long term sustainability, or the demand is greater than the service can provide.

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. It will take a "system" approach to address the issues at hand: reduce the stigma of seeking behavioral health care, bring behavioral health into the mainstream of health care while promoting evidence-based practices, make behavioral health youth/family driven and culturally competent, improve availability and access to behavioral health services in our rural communities and incorporate telemedicine technology to help access and coordinate care, and promote the mental health of children and adolescents by making early mental health screening, assessment, and referral to services common practice. Built around children and family needs, the system must be seamless and convenient and the funding to do so must be committed and flexible.

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. To appreciate our achievements in the Regional III service area, let us step back in time.

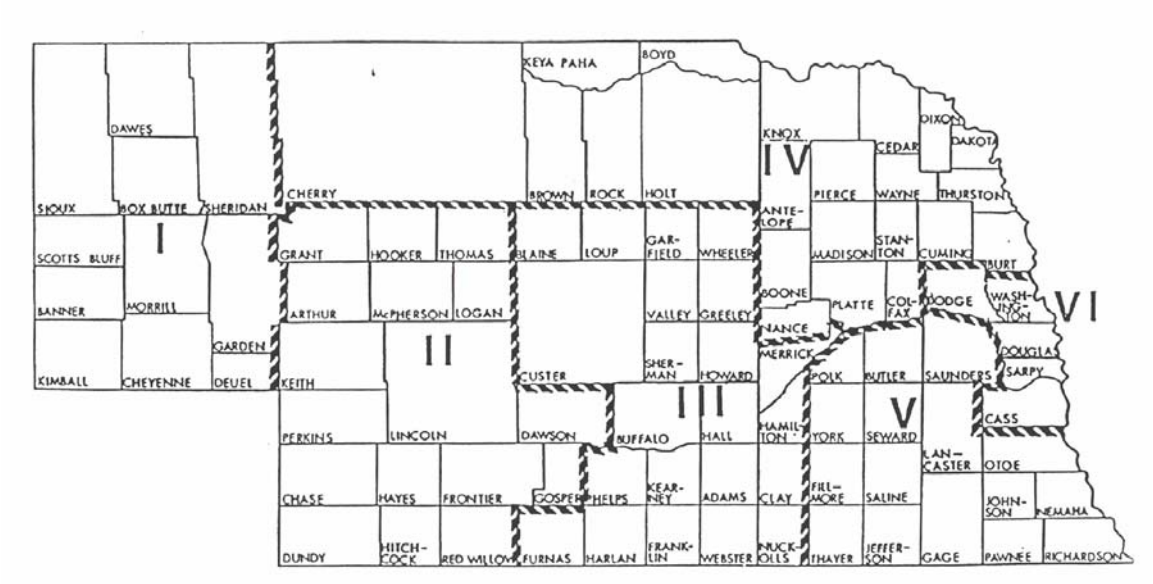
Nebraska Family Central (NFC), a collaboration between Region III Behavioral Health Services, Nebraska Department of Health and Human Services, and Nebraska Department of Education. NFC began in 1997 through a grant funded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Nebraska Department of Health and Human Services, Office of Mental Health, Substance Abuse and Addiction Services, and Region III Behavioral Health Services. Nebraska Family Central has developed a comprehensive approach to serving and supporting youth and families that allows children and adolescents with emotional and/or behavioral challenges the ability to remain in their homes, schools, and communities. By coordinating public and private resources and policy development across mental health, child welfare, education and juvenile justice, Nebraska Family Central has provided opportunities for families to become equal partners in the care of their children.

Since the inception of Nebraska Family Central a total of 976 youth have been served through the Region III Professional Partner Program, School-Based Wraparound, and the Integrated Care Coordination Unit. Many other youth have been served through respite programming, mentoring, community wraparound and other supportive services throughout Region III.

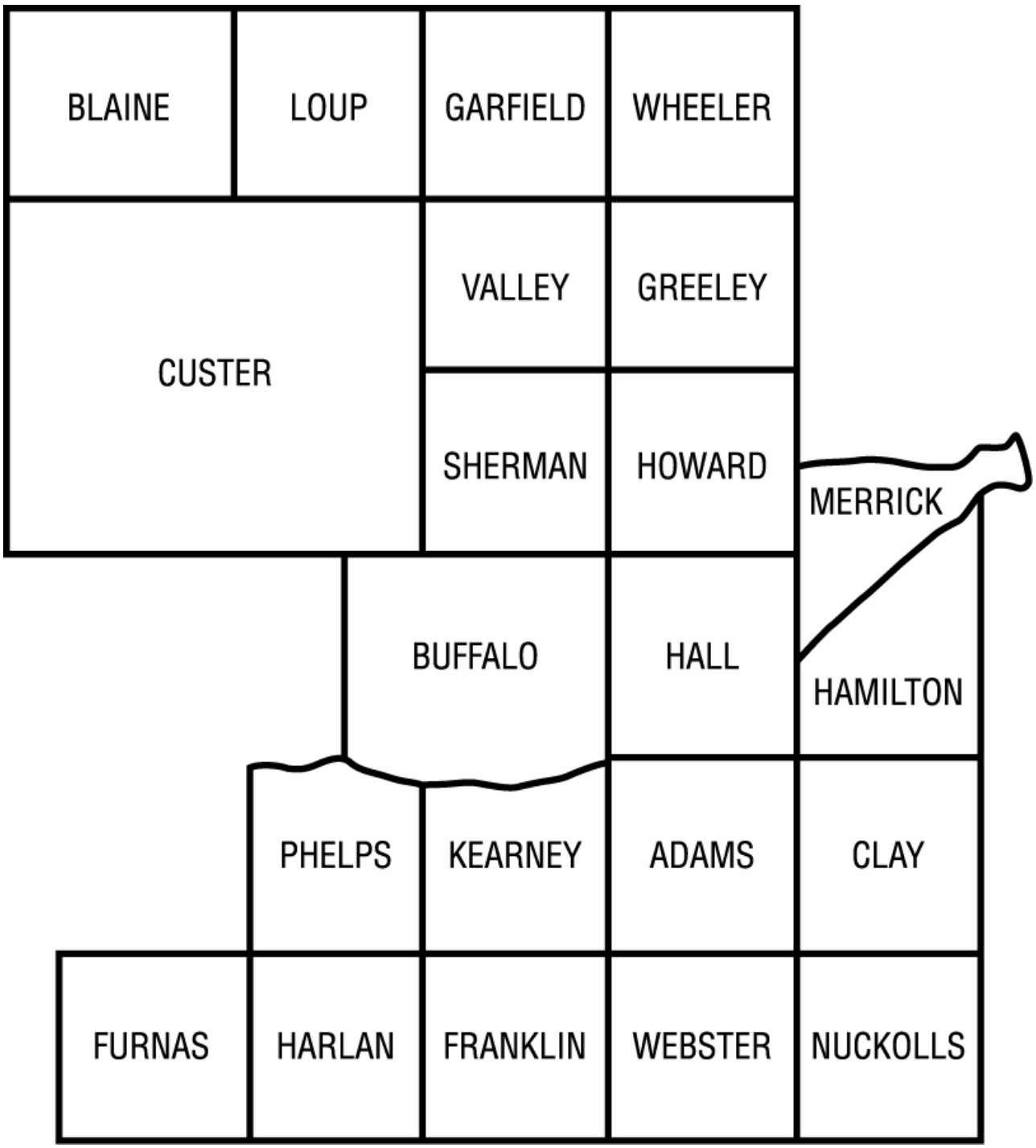
Families are key to the success of Nebraska Family Central. Families CARE (Families for Advocacy, Resources and Education) are central to all of the wraparound-based programs within Region III. Within the system of care, Families CARE promotes families as the most important voice in their children's lives. Families CARE supports families and their children to be successful by nurturing and respecting the distinctive culture of each family. Families CARE also provides a powerful voice for youth through Y.E.S.! (Youth Encouraging Support). Nebraska Family Central has been a six-year commitment to improving the system of care for children and families in Central and South Central Nebraska. The grant funding cycle ended August 30, 2003; however efforts have been successful in sustaining many of the system of care improvements developed throughout the project. (See Appendix G, Youth Services Expenditures & Funded Capacity Report.)

We look forward to our continued endeavors with system partners to integrate mental health, education, child welfare and juvenile justice in an effective child and family-serving system of care

APPENDIX A
(Nebraska State Map of Regional Service Areas)



APPENDIX B
Map of Region III Service Area



Appendix C

(Population Change for Counties within the Region III Area)

Nebraska Counties Classified by Population Change, Net Migration, and Natural Change, 1990 to 2000

Counties With Increasing Population Between 1990 and 2000

Both Net In-migration and Natural Increase		Natural Increase Larger Than Net Out-migration	Net In-migration Larger Than Natural Decrease
Adams*	Howard	Cuming°	Butler°
Buffalo*	Kearney°	Dawes°	Gage*
Cass	Keith°	Phelps°	Gosper
Cheyenne°	**Lancaster**	Pierce	Loup
Colfax°	Lincoln*	Platte*	Morril
Dakota	Madison*	Scotts Bluff*	Otoe°
Dawson*	Merrick°	Stanton	Saline°
Dixon	**Sarpy**	Thurston	
Dodge*	Saunders°	York*	
Douglas	Seward°		
Hall*	**Washington**		
Hamilton°	Wayne°		

Counties With Decreasing Population Between 1990 and 2000

Both Net In-migration and Natural Increase		Natural Increase Larger Than Net Out-migration		Net In-migration Larger Than Natural Decrease
Boyd	Jefferson°	Antelope	Keya Paha	Burt
Brown	Johnson	Arthur	Logan	Furnas
Chase	Nance	Banner	McPherson	Garden
Clay	Nemaha°	Blaine	Red Willow°	Harlan
Custer°	Nuckolls	Boone	Sioux	Hooker
Deuel	Perkins	Box Butte*	Thomas	Kimball°
Dundy	Rock	Cedar	Wheeler	Knox
Fillmore	Sheridan	Cherry°		Pawnee
Franklin	Sherman	Frontier		Polk
Garfield	Thayer	Grant		Richardson°
Greeley	Valley	Hayes		Webster
Hitchcock		Holt°		

Bold type indicates metropolitan counties.
***** Indicates non-metropolitan counties with largest city 8,000 or more.
° Indicates non-metropolitan counties with largest city 2,500 to 7,999.
Regular type indicates non-metropolitan counties with no city at or above 2,500.

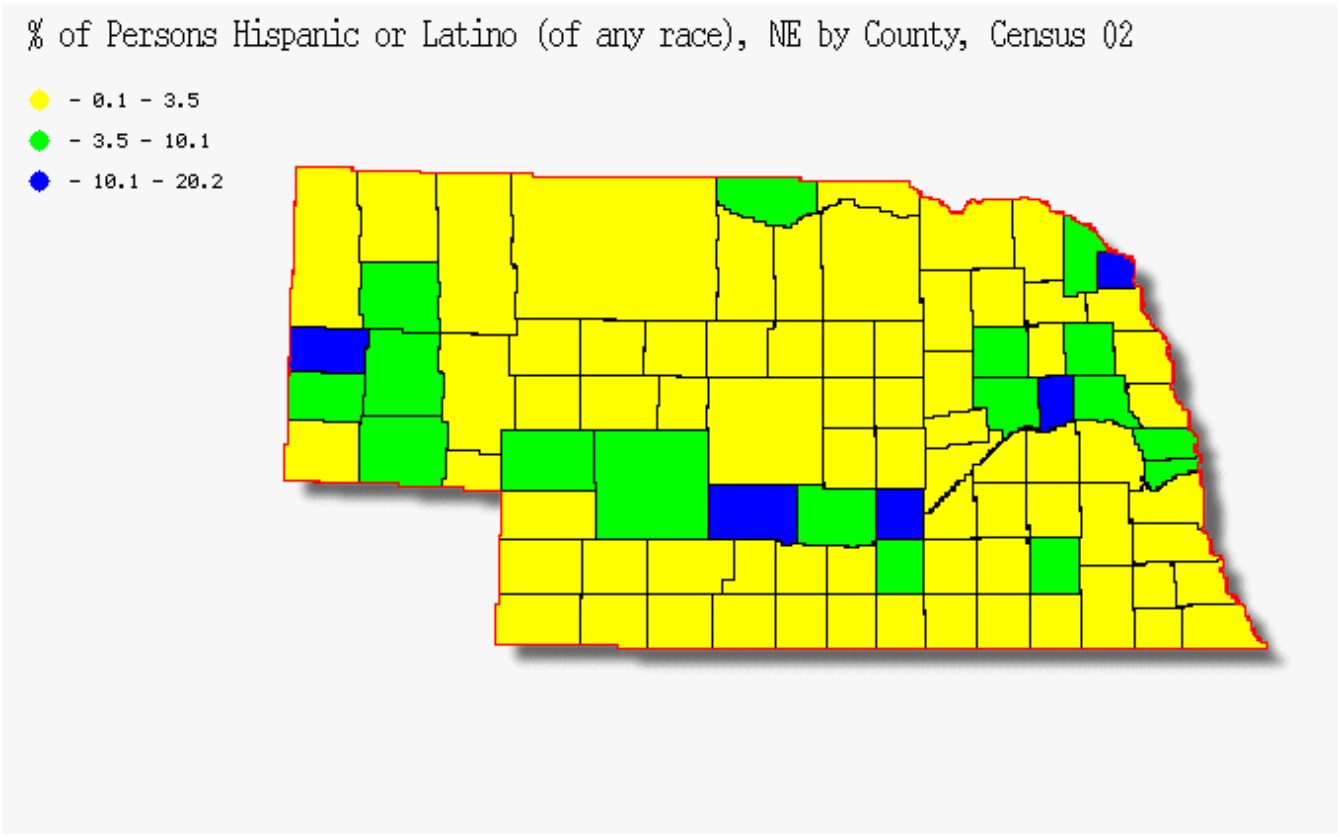
Natural increase – births exceed deaths. Natural decrease – deaths
Net In-migration – more people move into a county than out of a county.
Net Out-migration – more
Source: U.S. Bureau of the Census and Nebraska Division of Vital Statistics
Calculations by: Nebraska State Data Center, Center for Public Affairs Research, and University of Nebraska at Omaha.

APPENDIX D
(Counties, Within the Region III Service Area, Classified By Population Change, 1990-2000)

Population Change for Counties within the Region III Area Data from the 1990 and 2000 U.S. Census

County	Population 2000	Population 1990	Number of People Change	Percentage of Change	Hispanic/ Latino Population 2000	Hispanic/ Latino Population 1990	Number of People Change	Percentage of Change
Adams	31151	29625	1526	5.2%	1428	303	1125	371.3%
Blaine	583	675	-92	-13.6%	1	0	1	N/A
Buffalo	42259	37447	4812	12.9%	1970	1023	947	92.6%
Clay	7039	9139	-84	-1.2%	245	224	21	469.8%
Custer	11793	12270	-477	-3.9%	108	84	24	28.6%
Franklin	3574	3938	-364	-9.2%	23	8	15	187.5%
Furnas	5324	5553	-229	-4.1%	61	37	24	64.9%
Garfield	1902	2141	-239	-11.2%	19	3	16	533.3%
Greeley	2714	3006	-292	-9.7%	23	2	21	1050.0%
Hall	53534	48925	4609	9.4%	7497	2116	5381	254.3%
Hamilton	9403	8862	541	6.1%	107	57	50	87.7%
Harlan	3786	3810	-24	-0.6%	29	6	23	480.0%
Howard	6567	6055	510	8.4%	66	42	24	57.1%
Kearney	6882	6629	253	3.8%	161	114	47	41.2%
Loup	712	683	29	4.2%	12	1	11	1100.0%
Merrick	8204	8042	155	1.9%	168	71	97	136.6%
Nuckolls	5057	5786	-729	-12.6%	51	17	34	200.0%
Phelps	9747	9715	32	0.3%	220	91	129	141.8%
Sherman	3318	3718	-400	-10.8%	34	8	26	325.0%
Valley	4647	5169	-522	-10.1%	75	17	58	341.2%
Webster	4061	4279	-218	-5.1%	22	11	11	100.0%
Wheeler	886	948	-62	-6.5%	5	0	5	N/A
	223143	216415	8735		12325	4235	8090	
Overall Percentage of Change in Population for 22 Counties				**4.0%**				**191.0%**

APPENDIX D – Cont'd
(Counties, Within the Region III Service Area,
Classified By Population Change, 1990-2000)



Appendix E
(Regional Governing Board Representatives)

Jack Hynes, Adams

John Jefferson, Merrick

Jim Eriksen, Hall

Scott Scheierman, Clay

Rodale Emken, Phelps

Ruby Hardin, Harlan

*David Walton, Franklin

R. Dale Melia, Valley

Jean Rush, Kearney

Jerald Mead, Garfield

Dale Hixson, Wheeler

Michael Goldfish, Greeley

Sherry Morrow, Buffalo

*Joe Sullivan, Nuckolls

Paul Kemling, Hamilton

*Larry Hickenbottom, Custer

Richard Panowicz, Sherman

Phil Bader, Howard

Clinton Olmsted, Furnas

John Soucek, Webster

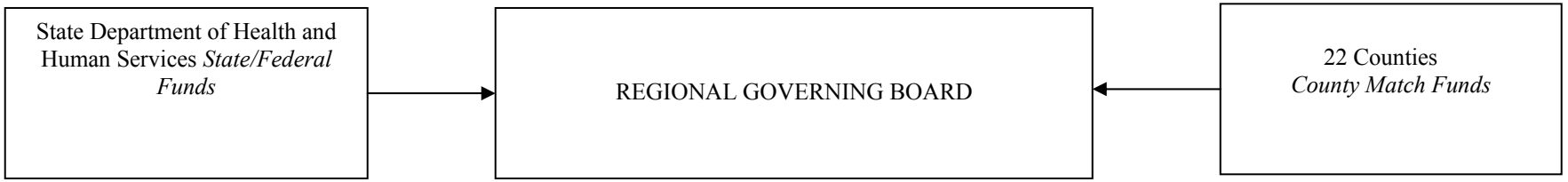
D. Wade VanDiest, Loup

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

APPENDIX F

2003/2004 FUNDING

	BH Funds	Federal	CMHS Federal Youth Grant	State	State Tobacco	County	Total
Mental Health	$507,989	$268,202	$1,240,268	$2,813,137	$326,860	$264,468	$5,421,284
Substance Abuse	$448,051	$1,028,144	-0-	$530,222	$545,241	$68,824	$2,620,482
Vocational Rehabilitation	-0-	-0-	-0-	$129,321	$4,919	$31,169	$165,409
Child Welfare and Juvenile Justice	-0-	-0-	-0-	$5,640,439	-0-	-0-	$5,640,439
	$956,040	$1,296,346	$1,240,628	$9,113,119	$877,020	$364,461	$13,847,614



REGION III BEHAVIORAL HEALTH SERVICES NETWORK

South Central Behavioral Services
Mid-Plains Center for Behavioral Healthcare Services
St. Francis Alcohol and Drug Treatment Center
Central Nebraska Goodwill Industries
Friendship House
Milne Detox Center
Mary Lanning Memorial Hospital
Richard H. Young Hospital
Center for Psychological Services

The Bridge
BHS, Seekers of Serenity
Central Nebraska Council on Alcoholism
Hastings Area Council on Alcoholism
Family Resource Council
Families CARE
Grand Island Public Schools
Educational Service Unit 9
Educational Service Unit 10

Various providers contracted to serve children and their families who are enrolled in the wraparound system including the Professional Partner Program, School-Based Wraparound, and the Integrated Care Coordination Unit

Appendix G
(Youth Services Expenditures & Funded Capacity Report)

Youth Services

Service	FY02 Expenditures	Funded Capacity for FY02	% of FY02 Expenditures	FY03 Expenditures	Funded Capacity for FY03	% of FY03 Expenditures	Projected Expenditures for FY04	Projected Funded Capacity for FY04	% of FY04 Projected Expenditures	Projected Expenditures for FY05	Projected Funded Capacity for FY05	% of FY05 Projected Expenditures
Prevention (SA): Service Coordination, Regional Prevention Center, & Service Delivery (Adult & Child)	$ 425,445	37,594	14.67%	$ 388,686	34,315	14.19%	$ 390,686	34,315	17.22%	$ 390,686	34,315	31.47%
Emergency Protective Custody (MH)	$ 8,190	16	0.28%	$ 14,087	62	0.51%	$ 17,424	35	0.77%	$ 17,424	35	1.40%
24 hour Clinician/Crisis Line (MH) (Adult & Child)	$ 63,315	35,800	2.18%	$ 51,331	37,396	1.87%	$ 8,009	1,294	0.35%	$ 8,009	1,294	0.65%
Mobile Crisis (MH)	$ 781	10	0.03%	$ 246	4	0.01%	$ 1,206	15	0.05%	$ 1,206	15	0.10%
Intensive Family Services (Funding in Professional Partner Prgm and Integrated Care Coord Unit)	N/A	N/A	N/A	(See Expenditures included under ICCU and PPP)	12	N/A	(See Expenditures included under ICCU and PPP)	12	N/A	(See Expenditures included under ICCU and PPP)	12	N/A
Day Treatment (MH)	$ 51,655	37	1.78%	$ 51,655	38	1.89%	$ 51,655	38	2.28%	$ 51,655	38	4.16%
Multisystemic Therapy (MH)	$ 185,748	29	6.40%	$ 158,512	24	5.79%	$ 56,215	8	2.48%	$ 56,215	8	4.53%
Professional Partner Prgm/Wrap (MH)	$ 1,566,778	351	54.02%	$ 1,485,612	226	54.22%	$ 1,202,466	259	52.99%	$ 585,315	128	47.15%
Community Wraparound Teams	$ 45,000	N/A	1.55%	$ 20,250	N/A	0.74%	$ 40,000	N/A	1.76%	$ -	N/A	0.00%
School-Based Wraparound (MH)	$ 424,127	73	14.62%	$ 431,767	92	15.76%	$ 368,717	85	16.25%	$ -	-	0.00%
Mentor Center (MH)	$ 25,802	59	0.89%	$ 18,689	47	0.68%	$ 2,000	5	0.09%	$ -	-	0.00%
Medication Management (MH)	$ 5,962	52	0.21%	$ 2,275	40	0.08%	$ 5,375	47	0.24%	$ 5,375	47	0.43%
Outpatient School-based (MH)	N/A	N/A	0.00%	$ 9,491	125	0.35%	$ 12,500	164	0.55%	$ 12,500	164	1.01%
Outpatient/Assess (MH)	$ 23,423	308	0.81%	$ 38,467	488	1.40%	$ 33,658	443	1.48%	$ 33,658	443	2.71%
Outpatient/Assess (SA)	$ 18,443	264	0.64%	$ 15,770	225	0.58%	$ 27,413	394	1.21%	$ 27,413	394	2.21%
Intensive Outpatient (SA)	$ 55,949	901	1.93%	$ 53,132	1,107	1.94%	$ 51,837	835	2.28%	$ 51,837	835	4.18%
TOTAL	**$ 2,900,618**	**N/A**	**100.00%**	**$ 2,739,969**	**N/A**	**100.00%**	**$ 2,269,161**	**N/A**	**100.00%**	**$ 1,241,293**	**N/A**	**100.00%**
Integrated Care Coord Unit (CW/OJS)	$ 3,487,075	257	N/A	$ 5,516,520	363	N/A	$ 5,640,439	363	N/A	$ 5,640,439	363	N/A

Appendix H
(Community Survey Questionnaire)

1. What are the 3 primary strengths of your community in regards to children and adolescents with behavioral needs that include mental health and substance abuse?

2. How accessible are the following services to your community? Please rate the accessibility as follows: 1) **A** accessible, 2) **SA** sometimes accessible, 3) **NA** not accessible, 4) **SDNE** service does not exist. **IF ANSWER NOT ACCESSIBLE HAVE THEM EXPLAIN WHY** (will list services and ratings)

	A	SA	NA	SDNE
Emergency Behavioral Health Services				
• 24 hour clinician/crisis line (MH)	1	2	3	4
• mobile crisis (MH)	1	2	3	4
• youth crisis inpatient (MH)	1	2	3	4
Behavioral Health Services				
• intensive outpatient program (SA)	1	2	3	4
• dual program (MH & SA)	1	2	3	4
• outpatient program (MH)	1	2	3	4
• outpatient program (SA)	1	2	3	4
• medication management (MH)	1	2	3	4
• psychological testing/evaluation (MH)	1	2	3	4
• day treatment (MH)	1	2	3	4
• multisystemic or intensive family preservation program (MH)	1	2	3	4

1) **A** accessible, 2) **SA** sometimes accessible, 3) **NA** not accessible, 4) **SDNE** service does not exist

	A	SA	NA	SDNE
• integrated care coordination-ICCU (MH)	1	2	3	4
• professional partner program-PPP (MH)	1	2	3	4
• school-based wraparound-SBW (MH)	1	2	3	4
• community wraparound (MH)	1	2	3	4

Behavioral Health Prevention Services

- community teams/community coalitions (MH) 1 2 3 4
- prevention services (SA) 1 2 3 4
- mentors (MH) 1 2 3 4

Other Services

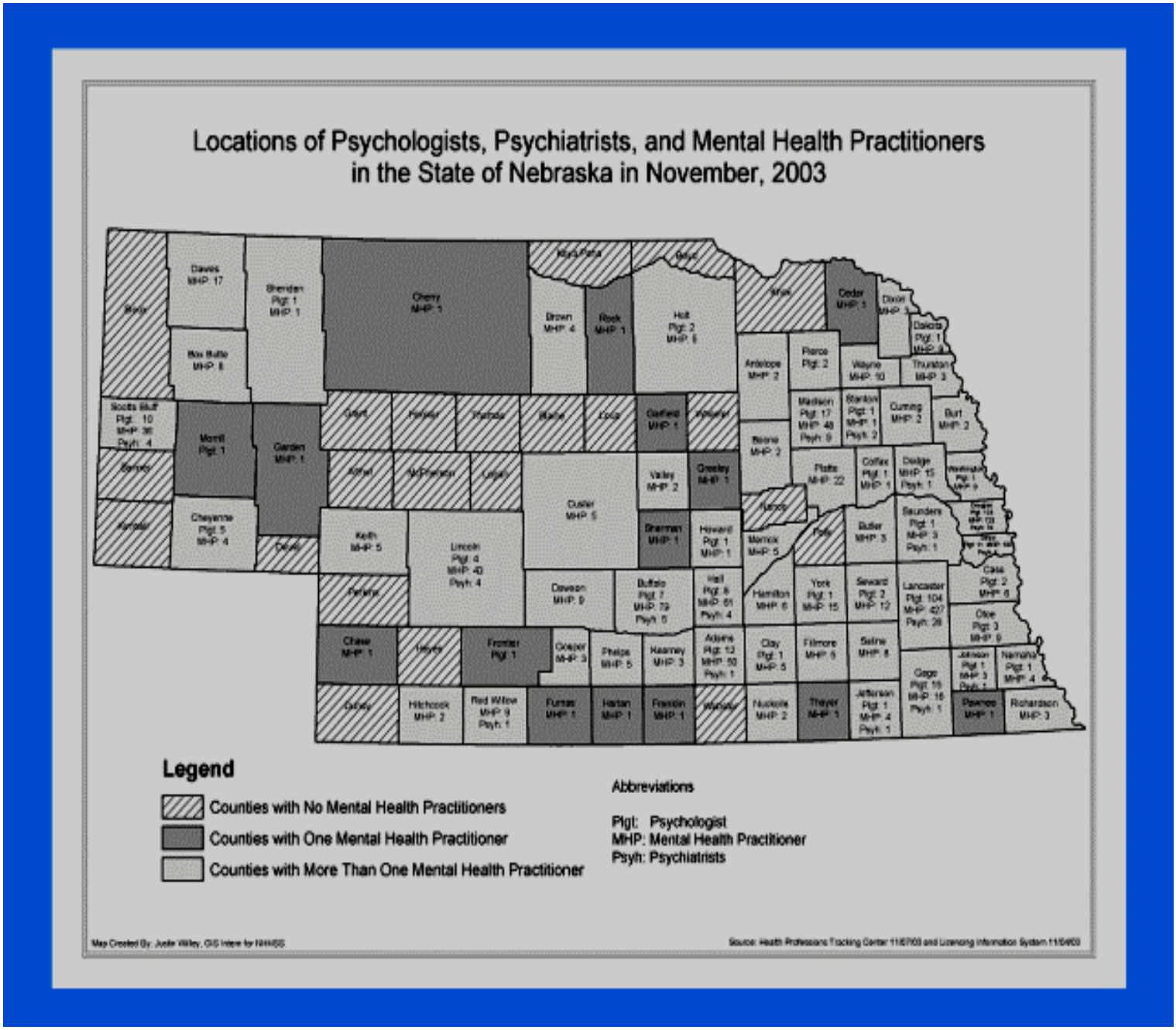
- family advocacy (MH) 1 2 3 4
- family care partner (MH) 1 2 3 4
- youth support group (MH) 1 2 3 4
- parent support group (MH) 1 2 3 4
- resource library (MH & SA) 1 2 3 4
- parent education/training (MH & SA) 1 2 3 4
- any other service not mentioned above 1 2 3 4

2a. What are the barriers to your community for accessing services? e.g.; lack of funding, lack of insurance, not available to youth, lack of interest by youth, lack of transportation, fees/payments, lack of knowledge regarding existing services (e.g. not well advertised), lack of bilingual services.

3. What changes would you recommend to improve services to your community for children and adolescents with behavioral health needs?
4. What services to your community have you found most helpful regarding children and adolescents with behavioral needs?
5. What services to your community would be beneficial regarding development or enhancement for children and adolescents with behavioral health needs?

Do you have any other questions or concerns? If yes, please explain. (If they do, go to next question)
With your question(s) and/or concern(s), would you like a Region III representative to provide follow up? (IF yes, please have them provide their name, phone# and email address.)
Thank you for your time and participation.

Appendix I
State of Nebraska Health Professionals
Shortage Areas



APPENDIX J
(Nebraska Medical Center's Health Professionals Tracking Center Table)

	Psychiatrists		Child/Adol. Psychiatrists		Nurse Practitioners		Physician Assistants		TOTALS	
	#	%	#	%	#	%	#	%	#	%
Region I	5	4%	1	5%	1	5%	0	0%	7	4%
Region II	4	3%	1	5%	0	0%	0	0%	5	3%
Region III	**16**	**13%**	**3**	**14%**	**3**	**15%**	**0**	**0%**	**22**	**13%**
Region IV	7	6%	0	0%	0	0%	2	40%	9	5%
Region V	23	18%	3	14%	4	20%	1	20%	31	18%
Region VI	72	57%	13	62%	12	60%	2	40%	99	57%
TOTAL	127		21		20		5		173	

	CADAC	Provisional CADAC	LMHP	Provisional LMHP	Psychologists	TOTAL
Region I	21	8	64	22	8	123
Region II	11	7	65	17	5	105
Region III	**60**	**21**	**213**	**63**	**28**	**785**
Region IV	20	22	114	61	21	249
Region V	89	59	493	183	129	963
Region VI	110	63	815	329	137	1454
Multi-Region	24	5	152	9	20	210
TOTAL	346	185	1916	684	348	3479

Abbreviations:
CADAC – Certified Alcohol and Drug Counselor
CPADAC – Provisional Certified Alcohol and Drug Counselor
LMHP – Licensed Mental Health Practitioner
PLMHP – Provisional Licensed Mental Health Practitioner

*According to the Nebraska Office of Rural Health and Primary Care, regions one through five are designated mental health professional shortage areas.

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.

Statutory and Regulatory Responsibilities:
- Organize and supervise comprehensive mental health and substance abuse programs, services and facilities under its' jurisdiction
- Ensure that needed services are provided
- 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 based upon need and availability of resources
- Appoint Mental Health and Substance Abuse Advisory Committees
- Consult with Advisory Committees on planning, organizing, contracting, program evaluation, and fiscal analysis of services in the Region

Roles and Responsibilities:
NETWORK MANAGEMENT
- Determine minimum standards for behavioral health providers
- Provider enrollment
- Determine the capacity necessary to meet a balanced behavioral health system
- Provide technical assistance to providers as needed
- Quality management
- Assist with program certification

COORDINATION
- Develop a coordinated and integrated behavioral health delivery system
- Ensure that coordination is both internal (within the Region and/or between contract services) and externally (between Regions, the State, and non-publicly funded services)
- Coordinate services for children and adolescents with serious emotional disorder and their families utilizing a wraparound approach
- Regional Youth Coordination
- Psychiatric Emergency System Coordination
- Prevention Services

ADVOCACY

- Responsible for advocating for children, adults and families who experience mental health and substance abuse problems
- Advocate for system improvements

PLANNING

- Determine local behavioral health needs
- Determine the effective use of existing resources
- Annual and long-range planning to ensure the development of a balanced service system
- Represent the needs of communities and gain support for the regional system of care

PROGRAM DEVELOPMENT AND MANAGEMENT

- Assess the current service delivery system and identify gaps and barriers
- Develop strategies to effectively meet needs, fill gaps and overcome barriers

FISCAL MANAGEMENT AND ACCOUNTABILITY

- Accountable for all sources and expenditures of public funds (federal, state and county) it administers
- Contract Monitoring
- Monitor and track outcome and performance standards
- Annual fiscal programmatic reviews of contract providers

EVALUATION AND QUALITY MANAGEMENT

- Responsible for ensuring the effective utilization of its resources within the regional network
- Ensure quality services and improvements as necessary

TECHNICAL ASSISTANCE AND CONSULTATION

- Provide technical assistance to numerous community teams, family support networks and child and family serving organizations
- Assist with grant applications
- Provide independent service coordination and community support services

SERVICE PROVISION

- Provide necessary mental health and substance abuse services to ensure that all Nebraskans have access to needed care
- Fill gaps in services as needed
- Provide independent service coordination and community support services

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.

One County Commissioner is appointed from each County to serve on the Governing Board created through an Interlocal Agreement. This Board serves as the Governing Body for Mental Health and Substance Abuse Services. The Board has been active since 1974.

Counties Served:
Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston, and Wayne.

According to the 2000 US Census Bureau Report, the population of Region 4 is approximately 216,388 individuals with a median age of 38. Individuals under the age of 18, comprise 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

Catholic Charities based in Columbus is currently providing limited Intensive Outpatient services for youth needing substance abuse services. Catholic Charities has the capacity to serve approximately 45 youth.

No other substance abuse services funded through Region 4 are being provided to youth at this time.

MENTAL HEALTH

Youth Crisis Services:
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.

Although these services are not currently available within Region 4, funding is available for those eligible as needed to provide these services at the most appropriate placement as determined by referring practitioners or law enforcement personnel.

Behavioral Health Specialists:
Mental health services are available through individual outpatient therapy for youth which includes family therapy, psychological testing and evaluation. These services are provided by both psychologists and licensed mental health practitioners.

Heartland Counseling:
Mental health services are available through individual outpatient therapy for youth which includes family therapy, psychological testing and evaluation. These services are provided by both psychologists and licensed mental health practitioners.

Catholic Charities:
Mental health services are available through individual outpatient therapy for youth which includes family therapy, psychological testing and evaluation. These services are provided by both psychologists and licensed mental health practitioners.

Funding:
The aforementioned providers make available a total of 208 Outpatient Mental Health units to youth with a reimbursement rate of $15,894.00 annually. Historically these units have been under utilized.

Professional Partner Program:

Mission and Philosophy

The mission of the Professional Partner Program is to utilize the wraparound approach to coordinate services and supports to families who have children with a serious emotional disorder and to ensure they have a voice, ownership, and access to a comprehensive, individualized support plan.
The philosophy of the Professional Partner Program is strength-based, family-centered, and acknowledges families as equal partners. The program promotes utilization of the least restrictive, least intrusive, developmentally appropriate interventions in accordance with the strengths and needs of the youth.

Wraparound is:
A value orientation
A planning process
A collaborative system of care

Value Base:
Build on strengths to meet needs
One family – one plan
Best fit with culture and preferences
Community-based responsiveness
Increase parent choice and family independence
Care for children in the context of families
No reject – No eject

Funding:
The program continues to be funded in the amount of $402,480.00 by Region 4 Behavioral Health System. Capacity for this program is 38 units per month for wraparound through the Professional Partner Program and an additional 10 units per month for school based wraparound. The Program continues to provide services to approximately 56 youth and families per month.

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 58 points from point of intake to discharge which is statistically significant. 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 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 and Unit audits of the children outpatient mental health units at Behavioral Health Specialists, Heartland

Counseling Services, and Catholic Charities. 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 2003 the Professional Partner Program served one hundred (100) youth and their families. PPP received 130 referrals and was able to accept 58 new youth into the program. During this same time frame 50 youth were discharged from services. 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, all 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 served on a monthly basis 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. The school wraparound coordinator serves as average of eleven or twelve youth and their families per month.

As previously stated, there were 208 children's outpatient mental health units contracted with Region 4 providers, with 57 units being used as of December 2003. It should be noted that many children receiving services in Region 4 have other payer sources for funding.

Gaps:
- The Professional Partner Program had 130 referrals and accepted 58 youth. This demonstrates a need for increased capacity in the Professional Partner Program.

- Inpatient psychiatric services for youth provided within the Region 4 service delivery areas continues to be strongly needed. Currently law enforcement personnel and/or parents/guardians are required to drive long distances to hospitalize children and youth in need of this service.

- Community support services for youth for substance abuse issues has been identified as a shortfall within our 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 consumers and providers that there is a need for more Spanish speaking therapists and interpreters.

- Increased capacity for evaluations completed by psychologists and to have those evaluations completed and distributed in a timely fashion.

- Dollars for drug testing of youth.

- Intensive outpatient substance abuse for youth. This has been implemented by Catholic Charities in the Columbus area but continues to be a need in the more frontier parts of the Region.

- Treatment group home services for females.

- 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. In addition they have expanded their services and are currently working with the Region 4 Integrated Care Coordination Unit under a contract to provide family advocacy and complete semi-annual surveys to ensure quality services are being provided to families.

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 have developed the Region 4 Integrated Care Coordination Unit. This unit provides services to 200 of the highest needs state-wards throughout the Northern Tier of the Central Service Area. The program was implemented in March with Region 4 hiring additional staff and HHS providing existing staff. Youth and families were not accepted into the program until August of 2003 due to the mandated extensive training curriculum required by HHS. At this time, the ICCU is currently

serving 187 youth and families through twenty (20) care coordinators located in five (5) offices throughout the Northern Tier of the Central Service Area. The impact of this initiative on the existing system of care has not been measured but will be monitored and reported on to determine program effectiveness and overall reduction of the amount of time youth spend in restrictive placements.

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.

Increased Intensive Outpatient units to be provided throughout the Region.

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.

The Professional Partner Program continues to receive numerous referrals of which they are able to serve only a limited amount of youth and families. Increased capacity for this program continues to be a need throughout Region 4 and in the school systems.
Region 4 currently does not have inpatient psychiatric services available to youth in the service area. Law enforcement and parents/guardians are forced to drive long distances to provide psychiatric services to their children. In addition, an adequate number of beds are not available to serve the number of youth requiring this level of care.

The Region currently has unexpended funds for Community Support services in the area of substance abuse for youth. It is recommended that a provider be found who is willing and capable of providing quality services.

There is a lack of psychiatrists available to provide psychiatric and medication management services to children and youth. Many families are forced to go outside of the region or to general practitioners for this service.

The Hispanic and Sudanese populations continue to increase as do those seeking mental health and substance abuse services. There is critical need for interpreters and mental health professionals who are Spanish speaking and who are culturally competent.

Although the Region does have Treatment Group Home services available to adolescent males there are currently no existing services meeting this capacity for adolescent females. This has been identified as a needed service or gap in services by both providers and consumers. These services should be developed and made available to the youth and families of Region 4.

A critical recommendation would be to fund services for youth between the ages of 18 and 19. Often times youth are not eligible for services and supports due to these age restrictions and are not provided with adequate and much needed services. This issue has been being discussed in the political arena and will hopefully receive the attention it deserves. Change will need to occur at the legislative level to impact the appropriate level of services needed to support these youth.

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, a political subdivision of the State of Nebraska, has the statutory responsibility for organizing and supervising comprehensive mental health and substance abuse services in the Region V Systems catchment area which includes sixteen counties in southeast Nebraska.

Region V Systems, one of six mental health Regions in Nebraska, along with the state's three Regional centers, make up the state's public mental health and substance abuse system, also known as the Nebraska Behavioral Health System (NBHS). Region V Systems is governed by a board of county commissioners, who are elected officials from each of the counties represented in the Regional geographic area. The Regional Governing Board (RGB) is under contract with the Nebraska Department of Health and Human Services System (HHSS), the designated authority for administration of mental health and substance abuse programs for the state.

Each RGB appoints a regional program administrator (RPA) to be the chief executive officer responsible to the RGB. The RGB also appoints an advisory committee for the purpose of advising the Board regarding the provision of coordinated and comprehensive behavioral health

services within the Region to best meet the needs of the general public. In Region V, the Behavioral Health Advisory Committee (BHAC) is comprised of 15-20 members including consumers, concerned citizens, and representatives from other community systems in the Region.

Region V Systems' purpose is to promote a System of Care through coordination, program planning, financial and contractual management and evaluation of all mental health and substance services funded through a network of providers.

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)	Provides services to youth who do not have success in the traditional outpatient setting. Youth may be resistant to therapy or have other barriers that prevent them from pursuing treatment. As a result, counselors are allowed flexibility in how treatment is provided in order to ensure success. Significant time is spent providing therapeutic case management services. Clients may be seen several times during the week as well as in various settings. Extensive collateral coordination occurs in the service and caseloads are small.	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 and the 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 process includes the following criteria:

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 organizational capacity, 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 a 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 distributed through the Region V Systems Continuous Quality Improvement Communication Plan which includes Network Providers, the Behavioral Health Advisory Committee (BHAC), and the Regional Governing Board (RGB).

Results :
Following is a summary of the site visit report for children's substance abuse treatment services for FY 02-03. In the past, it has 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 conducted audits for the current fiscal year to more accurately reflect current service provision.

Substance Abuse Site Visit Audit Summary for FY 02-03

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	7.42	19.5	19.25	98.7%	NA			
Intensive Outpatient - Intensive Youth Treatment	19.18	19.25	19.25	100%	NA			
Assessment (Youth in Crisis)	14.32	14.75	14.5	98.3%	NA			

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	13.16	61	61	100%	NA			
Outpatient	2.8	7	7	100%	NA			

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
Youth Assessment (Youth in Crisis)*	23.88	192.5	192.5	100%	NA			
Outpatient	24.48	24.5	24.5	100%	NA			

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

Key Findings/Trends:
As part of Region V Systems' audits, recommendations are given to agencies to assist them in continuous quality improvement. Each program receives specific feedback related to its audit. The following are recommendations that were given to more than one program.

All files should contain a copy of a recent assessment.

There should be a smooth flow of information from screening, assessment, treatment plans, and updates to demonstrate client progress.

Youth and family members' involvement should be demonstrated through signatures on plans and through individualized goals which are client driven.

Frequency and duration of interventions as well as client participation should be noted in treatment plans and contact notes.

Emergency contact information (including physician name and number, medications, etc.) should be current and easily accessible.

The 2001-02 LB 433 report listed several items under "Key Findings / Trends" which are an ongoing concern. These items are listed below for reference.

Key Findings/Trends 2001-02 LB 433 Report:
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 (Child Protective Services, Office of Juvenile Services, 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 02-03 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	242 hours
			CenterPointe	Lancaster County	40 hours
			Child Guidance Center	Lancaster County	1308 hours
Intensive Outpatient (Intensive Youth Treatment Services)	Provides services to youth who do not have success in the traditional outpatient setting. Counselors are allowed flexibility in how treatment is provided in order to insure success. Significant time is spent providing therapeutic case management services.	Males and females, ages 8-18	Blue Valley Mental Health Center	Gage, Jefferson, Saline, and Seward counties	899 hours
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	716 hours
Youth Assessment (Youth in Crisis)	Youth who are 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	505 hours
Therapeutic Community	Residential treatment 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)	658 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	$18,169	$17,476	$693	$0
Outpatient CenterPointe	$3037	$0	$3037	$0
Outpatient Child Guidance Center	$98,089	$58,060	$40,029	$0
Intensive Outpatient (IYT) Blue Valley Mental Health Center	$67,425	$57,210	$10,215	$0
Youth Assessment (YIC) Blue Valley Mental Health Center	$50,057	$40,000	$10,057	$0
Youth Assessment (YIC) Child Guidance Center	$35,282	$0	$35,282	$0
Therapeutic Community CenterPointe	$106,053	$35,000	$71,053	$0

Gaps in Substance Abuse Service:
Substance Abuse Waiting List Averages - Two-Year Comparison

PROGRAM / AGENCY	FY 01-02 AVERAGE NUMBER OF PEOPLE	FY 02-03 AVERAGE NUMBER OF PEOPLE
Outpatient	10.75	5.75
Blue Valley Mental Health Center	2	3.75
Centerpointe	8.75	1.75
Chid Guidance	0	0.25
Youth Assessment (YIC)	4.5	4
Blue Valley Mental Health Center	4.5	4
Child Guidance	0	0
Intensive Outpatient (IYT)	7.75	6.5
Blue Valley Mental Health Center	7.75	6.5
Therapeutic Community	11	4
Centerpointe	11	4

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

Increase services that are linguistically and culturally competent.

The 2001-02 LB 433 report listed several items under "Substance Abuse Gaps" which are an ongoing concern. These items are listed below for reference.

Substance Abuse Gaps 2001-02 LB 433 Report:
The following substance abuse issues were identified in some of the Region V Systems' 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, tasks 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)	Provides services to youth who do not have success in the traditional outpatient setting. Youth may be resistant to therapy or have other barriers that prevent them from pursuing treatment. As a result, counselors are allowed flexibility in how treatment is provided in order to ensure success. Significant time is spent providing therapeutic case management services. Clients may be seen several times during the week as well as in various settings. Extensive collateral coordination occurs in the service and caseloads are small.	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 of methodology.

Results:

Following is a summary of the site visit report for children's mental health treatment services for FY 02-03. In the past, it has 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 conducted audits for the current fiscal year to more accurately reflect current service provision .

Mental Health Site Visit Audit Summary for FY 02-03

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	12.5	12.5	12.5	100%	NA			
Outpatient	24	24	24	100%	NA			
Assessment (Youth in Crisis)	9.64	9.25	9.25	100%	NA			

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)	29.96	166.25	165.25	99.38%	NA			
Youth Assessment (Youth in Crisis)*	23.88	192.5	192.5	100%	NA			
Outpatient	56.9	57	55.25	96.92%	NA			

*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	7	14	14	100%	NA			

Key Findings/Trends:
As part of Region V Systems' audits, recommendations are given to agencies to assist them in continuous quality improvement. Each program receives specific feedback related to its audit. The following are recommendations that were given to more than one program.

All files should contain a copy of a recent assessment.

There should be a smooth flow of information from screening, assessment, treatment plans, and updates to demonstrate client progress.

Youth and family members' involvement should be demonstrated through signatures on plans and through individualized goals which are client driven.

Frequency and duration of interventions as well as client participation should be noted in treatment plans and contact notes.

Emergency contact information (including physician name and number, medications, etc.) should be current and easily accessible.

The 2001-02 LB 433 report listed several items under "Key Findings / Trends" which are an ongoing concern. These items are listed below for reference.

Key Findings/Trends 2001-02 LB 433 Report:
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 (Child Protective Services, Office of Juvenile Services, Region V Systems, public and private schools, agencies, etc.), and there is no comprehensive listing of resources available, especially in rural areas.

Gaps in Mental Health Services:
Mental Health Waiting List Averages - Two-Year Comparison

PROGRAM / AGENCY	FY 01-02 AVERAGE NUMBER OF PEOPLE	FY 02-03 AVERAGE NUMBER OF PEOPLE
Outpatient	29	15.75
BVMH	14.25	9.75
Chid Guidance	14.75	6
Youth Assessment (YIC)	5	1.5
BVMH	5	1.5
Child Guidance	0	0
Intensive Outpatient (IYT)	9.75	4.5
BVMH	9.75	4.5
Therapeutic Consultation	0	0
Child Guidance	0	0
Wraparound Facilitation	7.06	7.59
Professional Partner Program	7.06	7.59

The 2001-02 LB 433 report listed several items under "Mental Health Gaps" which are an ongoing concern. These items are listed below for reference.

Mental Health Gaps 2001-02 LB 433 Report:
The following mental health issues 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.

Quantity of Mental Health Services:
Definition of Quantity:
The following charts reflect the children's mental health treatment services funded in FY 02-03 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	1200 hours
			Child Guidance Center	Lancaster County	2845 hours
Intensive Outpatient (Intensive Youth Treatment Services)	Provides services to youth who do not have success in the traditional outpatient setting. Counselors are allowed flexibility in how treatment is provided in order to ensure success. Significant time is spent providing therapeutic case management services.	Males and females, ages 8-18	Blue Valley Mental Health Center	Gage, Jefferson, Saline, and Seward counties	625 hours
Therapeutic Consultation	A collaborative service between Child Guidance staff and Lincoln Public Schools staff which focuses on youth with serious emotional disturbances.	Males and females, ages 5-12	Child Guidance Center	Lancaster County	1498 hours
Youth Assessment (Youth in Crisis)	Youth who are 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	1194 hours
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	482 hours
Professional Partner Program	Wraparound facilitation	Males and females, ages 0-20	Family & Youth Investment	All 16 counties	687 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	$89,993	$0	$89,993	$0
Outpatient Child Guidance Center	$213,360	$0	$171,170	$42,190
Intensive Outpatient (IYT) Blue Valley Mental Health Center	$46,828	$35,838	$10,990	$0
Therapeutic Consultation Child Guidance Center	$89,848	$73,000	$16,848	$0
Youth Assessment (YIC) Blue Valley Mental Health Center	$33,692	$0	$33,692	$0
Youth Assessment (YIC) Child Guidance Center	$83,532	$0	$83,532	$0
Professional Partner Program Family & Youth Investment	$480,440	$150,921	$329,519	$0

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	58,611	0	0	58,611
Child Guidance Center – MH	12,765	0	0	12,765
Cedars Youth Services – SA	23,829	12,949	10,880	0
Lincoln Council on Alcoholism and Drugs – SA	215,033	215,033	0	0
Lincoln Medical Education Foundation – SA	38,802	28,104	10,698	0
Mini-Grants – SA	17,532	17,532	0	0

Priority Recommendations:

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 within 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

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 6. 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 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 have been noted in the report.

Description of Region:

Region 6 Behavioral Healthcare is comprised of five counties in eastern Nebraska and covers rural, suburban, and urban areas The counties or Region 6 are Dodge, Washington, Douglas, Sarpy, and Cass. These five counties make up approximately 39% of the state's population with the majority of the Region 6 population concentrated in Douglas and Sarpy Counties (2000 U.S. Census Bureau).. The counties of Region 6 Behavioral Healthcare have 150,254 children between the ages of 0-17. According to the *kidscount 2003 report in Nebraska* (Voices for

Children in Nebraska), when the different counties of Region 6 are tallied for the number of children in foster care, Region 6 has 44% of the state total.

Region 6 Behavioral Healthcare's vision is "Working together in partnership for a united and comprehensive Behavioral Health Service System driven by consumer needs." 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.

Current Services Funded by Region 6 Behavioral Healthcare:

- Network Management
- Emergency System Coordination
- Prevention System Coordination
- Youth Services System Coordination
- Community Support
- Emergency Community Support
- The Spring Center
- Professional Partner Program
- Integrated Care Coordination Unit
- Regional Prevention Center

Region 6 Behavioral Healthcare received a total of $ 15,577,443 for mental health services, homeless services, Integrated Care Coordination Unit and Omaha Public Schools' SAFE grant. The federal government provided 6% of the revenue, as did the counties. The State of Nebraska funded 88%.

Substance Abuse Revenue includes substance abuse services, Tobacco Free Nebraska, Drug Court, and SAMHSA grants. The federal government provided 40% of the funding, the counties funded 3%, and 57% came from the State of Nebraska for a total of $7,001,966 received.

Substance Abuse Services for Children and Youth:

Provider	*Service*	*Amount Budgeted*
Alegent Health Center	Outpatient	$ 1,500
Lutheran Family Services	Outpatient	$ 11,825
Nebraska Urban Indian Health	Outpatient	$ 6,580
NOVA	Therapeutic Community	$ 112,395
NOVA	Partial Care	$ 15,813
	TOTAL	$ 148,113

Quality of Services:
Region 6 Behavioral Healthcare expects high quality services delivered to clients in a timely and professional way that addresses the clients' needs. Region 6 monitors those agencies it contracts with in order to ensure they are meeting minimum standards and contract requirements for reimbursement from governmental funds. This is done by making annual program and unit audits. Region 6 Behavioral Healthcare has established 92% as a target verification rate. The verification rate for all agencies and all services was 96%. For fiscal year 2003, the youth and children's services audits were not kept separately, so these findings were for the contracting providers' overall performance. The exception to this was NOVA Therapeutic Community. The results of their children and youth site audit results were kept separate. NOVA rated a 100% on this contracted service for youth.

For fiscal year 2004, each agency is expected to set a goal for improving their services based on effectiveness, efficiency, and satisfaction of consumers. The agencies will report their progress in meeting these goals to Region 6.

Quantity of Services:
The quantity of services for the region is based on the units of service. The unit of service varies depending on the service being offered. For example, in outpatient treatment 1unit = 1 hour of service, but in the therapeutic community treatment 1 unit = 1 day. Based upon the Nebraska Behavioral Health System Service Standards, the following units of service were provided by Region 6 Behavioral Healthcare's network of providers:

Outpatient =	118.0 units
Therapeutic Community =	882.0 units
Partial Care =	149.9 units
Therapist/counselor assessment =	24.8 units
TOTAL	1,174.7 units

These numbers are reported monthly by each agency to Region 6 for reimbursement. Annual audits are performed on each network provider looking at units and services provided. In order to receive a satisfactory rating on the audit, the agency must score a 92% or above.

Network providers who contracted for youth substance abuse treatment and/or prevention services include:

Alegent Health Behavioral Services
Immanuel Medical Center
6901 North 72nd Street
Omaha, NE 68122
Phone: (402) 572-2916

Alegent Health Behavioral Services
Fremont Medical Center
2350 North Clarkson
Fremont, NE 68025
Phone: (402) 721-2045

Alegent Health Behavioral Services
1309 Harlan Drive, Suite 206
Bellevue, NE 68005
Phone: (402) 291-6789

Chicano Awareness
4821 S. 24th St.
Omaha, NE 68107
Phone: (402) 733-2720

Family Service (HALO & FAST Prevention Programs)
4007 Harrison
Bellevue, NE 68147
Phone: (402) 734-3000

Family Service
6714 North 30th Street
Omaha, NE 68112
Phone: (402) 451-6244

Lutheran Family Services
730 North Fort Crook Road
Bellevue, NE 68005
Phone: (402) 292-9105

Lutheran Family Services
403 South 16th Street, Suite C
Blair, NE 68008
Phone (402) 426-5454

Lutheran Family Services
510 "D" Street
Fremont, NE 68025
Phone: (402) 721-1774

Lutheran Family Services
124 South 24th Street
Omaha, NE 68102
Phone: (402) 342-7007

Lutheran Family Services
4980 South 118th Street
Omaha, NE 68137
Phone: 333-5430

Lutheran Family Services
1201 Golden Gate Drive
Papillion, NE 68046
Phone 592-0639

Lutheran Family Services
546 Avenue A
Plattsmouth, NE 68048
Phone 296-3315

Nebr. Urban Indian Health Coalition
2240 Landon Court
Omaha, NE 68108
Phone: (402) 346-0902

NOVA Therapeutic Community
3483 Larimore Avenue
Omaha, NE 68111
Phone: (402) 455-8303

NOVA Therapeutic Community
1915 South 38th Avenue
Omaha, NE 68105
Phone: (402) 344-2583

PRIDE Omaha (Prevention Only)
3534 South 108th Street
Omaha, NE 68144
Phone: (402) 397-3309

SUBSTANCE ABUSE SERVICES

Region 6 supported fifteen community-based agencies, schools, and community groups through contract and sub-grant arrangements. Services ranged from school-based programs to environmental strategies aimed at policy change implemented by local coalitions and agencies.

One of the goals of the Regional Prevention Center is to increase the number of coalitions within the region that effectively implement science-based policies, programs and services. Through system coordination activities headed by the Prevention Center team, a regional coalition advisory group comprised of key community members was established to improve the prevention system and fill identified gaps has grown. The regional coalition advisory group has been

working to complete a region-wide, comprehensive substance abuse prevention plan increasing communication, coordination, and resources related to a reduction in alcohol, tobacco, and other drug use among youth and adults.

Gaps and Trends:
As a result of effective community coalition work, social climate data indicates a significant increase in public acknowledgement of second-hand smoke exposure as dangerous and growing support for policies banning smoking in all workplaces. In addition, momentum continued to build in the area of reduced youth access to tobacco. There was a reduction of non-compliance failure rates from 13% to 8% among Douglas County retailers who refused to sell tobacco to underage youth attempting to purchase it. There was also growth in the prevention community partnerships from 24 to 36 organizations.

MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

Provider	*Service*	*Amount Budgeted*
Alegent	Outpatient	Not specified for youth
Family Service	Outpatient	Not specified for youth
Lutheran Family Services	Outpatient	$ 26,447
Lutheran Family Services	Respite	$ 87,205
Professional Partners	Wraparound	$ 876,770
	TOTAL	$ 990,422

Quality of Services:
Region 6 Behavioral Healthcare checks that services are delivered to clients in ways respecting the clients and addressing the clients' needs. Region 6 performs annual site audits to ensure contracting agencies are documenting services provided in a timely fashion; policy and procedures are in place and are being followed; and clients' needs are being addressed. Region 6 has a determined 92% as the target verification rate. Children and youth services site audits were not kept separately for the most part. The respite care provided by Lutheran Family Services was kept separately for the site audit. This service rated a 100%.

As with the substance abuse services, Region 6 Behavioral Healthcare has helped each agency establish goals to improve services even more in the upcoming year.

Quantity of Services:
The quantity of services for mental health is usually billed for each client/family as one hour of service provided as the equivalent of one unit. The exception to this is the Professional Partners

program which bills per client served per month. The following number of units were determined by the units billed to Region 6 Behavioral Healthcare.

Outpatient =	383 units
Respite =	1,845.9 units
Therapist Assessments =	67.5 units
MD assessments =	26 units
Wraparound =	1,260 units
TOTAL	3,582.4 units

Those agencies providing mental health services to youth in the Region 6 area include:

Alegent Health Behavioral Services
Immanuel Medical Center
6901 North 72nd Street
Omaha, NE 68122
Phone: (402) 572-2916

Alegent Behavioral Health Services
Fremont Medical Center
2350 North Clarkson
Fremont, NE 68025
Phone: (402) 721-2045

Family Service
6714 North 30th Street
Omaha, NE 68112
Phone: (402) 451-6244

Family Service
614 North 108th Court
Omaha, NE 68154
Phone: (402) 339-2544

Family Service
1246 Golden Gate Drive, Suite 2
Papillion, NE 68046
Phone: (402) 963-9699

Lutheran Family Services
730 North Fort Crook Road
Bellevue, NE 68005
Phone: (402) 292-9105

Lutheran Family Services
403 South 16th Street, Suite C
Blair, NE 68008
Phone: (402) 426-5454

Lutheran Family Services
510 "D" Street
Fremont, NE 68025
Phone: (402) 721-1774

Lutheran Family Services
124 South 24th Street
Omaha, NE 68102
Phone: (402) 342-7007

Lutheran Family Services
1201 Golden Gate Drive
Papillion, NE 68046
Phone: (402) 592-0639

Region 6 Behavioral Healthcare
Professional Partners
3801 Harney Street
Omaha, NE 68131
Phone: (402) 444-6573

IMPACT OF OTHER SYSTEMS AND SERVICES

- The Integrated Care Coordination Unit started in Region 6 in February 2003 with 94 youth enrolled. At the end of the fiscal year in June, 16% of the children served were returned home. This collaboration of services has increased communication and cooperation between Region 6, Health and Human Services, and community providers.

- Professional Partners continues to provide wraparound services for children and their families. Without their support and guidance, many more children would surely have become state wards. Through collaborative efforts funded through a SAMHSA grant, Omaha Public Schools, Region 6, and many community organizations an expansion of the program was possible.

- There is increased concern about early childhood mental illness in the region and the importance of recognizing and treating mental health issues in younger children who are showing symptoms. An extensive cooperative effort was made to obtain a grant to address concerns. Although the grant was not awarded to Region 6 Behavioral Healthcare, the interest has not waned in continuing to cooperate and share information to address the concerns and issues recognized.

- The Nebraska Family Support Network is the family-run non-profit corporation serving Region 6. It is one of six (6) affiliates of the statewide organization, the Nebraska Federation of Families for Children's Mental Health. The Network provides advocacy, support, education, training, and referrals for families of children birth to 21 who have either a psychiatric or behavior disorder. Starting in 2003, it partnered with the Region 6 Integrated Care Coordination Unit (ICCU) to provide family advocacy, as well as working with Health and Human Services Protection and Safety Office to provide family mentoring to families involved in the foster care system outside of the ICCU.

Trends and Gaps in Services:
With 44% of the Nebraska's foster care children residing in the Region 6 Behavioral Healthcare counties, it is important to address some gaps and trends Health and Human Services have identified.

Discussions with HHS staff and ICCU staff indicates there continues to be a lack of placement options for state wards which are also appropriate to the level of care. Court orders have been received from some judges for placement when that level of placement may not be the most appropriate, or is not available. It is then difficult to get providers to accept these youth and to receive approval for payment.

Children with behavior disorders and/or mental illnesses who also have developmental disabilities are at a disadvantage for receiving services and placements. Local programs do not want to accept these children with lower IQs for placement because they are unable to work through their programs.

Specialized programs for youthful sexual offenders and physically aggressive youth continue to be a problem for not only HHS as they look for placement, but also for treatment.

RECOMMENDATIONS

We would encourage HHS to pursue funding sources to significantly expand children's services. A marriage of Medicaid dollars, Child Welfare dollars, and other current funding is in order to join forces in an effort to reduce duplication and maximize funding resources.

Providers need support and encouragement to expand services to serve those children and youth that fall through the cracks because of age, sexual offending, aggressive behavior, and developmental disabilities. Providers may need some help financially to accomplish this.

Communication about appropriate placements for youth needs to be improved and should be on-going between the courts, HHS, Magellan, and providers. Inappropriate placements are sometimes being made, and all parties are frustrated. A more interdisciplinary approach to placement and treatment may help.

The Family Support Network in Region 6 needs to expand and to be more widely known in the area. Few providers or community members are aware of its existence; therefore, it is not being utilized in many situations where their services could be helpful. Although it is being used by the Professional Partners and ICCU, it could be used even more.

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

All six Regions offer substance abuse services to youth. Youth have access to outpatient therapy services in all Regions. Prevention services are available in all Regions. Assessment of substance abuse problems is available in Regions 2, 3, 5, and 6, and residential or partial care services are offered in Region 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, Provider Network Information Services, and the Regional Prevention Center. Scottsbluff County has established 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 six Regions in the state of Nebraska offer mental health services to youth. Outpatient therapy services can be seen in all six Regions. The Professional Partner Program (wraparound) is offered in all six Regions and Regions 1, 3, 4, and 6 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 (ICCU) exists in Lancaster County and Regions 1, 3, 4, and 6. Therapeutic

consultation services are available in Regions 2 and 5, while medication management services are available in Regions 1, 2, 3, and 6. A number of Regions offer services unique to their area. Region 1 offers services through their Program for Alternative Learning (PAL). Region 2 offers a youth assessment program in three area schools and offers Emergency Protective Custody (EPC) provided by two hospitals. 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. Region 6 offers EPC through one hospital and has a crisis line for professionals. In summary, mental health services for youth are available throughout the state of Nebraska. Youth can access outpatient services, the Professional Partner Program (wraparound), 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 six 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, specialized training for professionals, specialized programs/treatments for youth with various substance abuse and mental health problems, and more placements have been noted by all six Regions. Furthermore, the need for more cooperation and communication between the medical, mental health system, and judicial system, and the need for more culturally competent services was emphasized.

Future Recommendations

A number of recommendations have been suggested by all 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 and 4); 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 enhance communication and coordination in order to follow the progress of children in the system of care (Region 5). Additionally, all six Regions of the state of Nebraska are interested in funding that will help expand all children's mental health services.

The desire to expand services appears throughout the state, and takes a variety of forms. Region 1 recommends finding a new facility for PAL, offering more community education and outreach efforts, 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 co-morbid disorders, providing integrated services to transitioning youth, and expanding adolescent intensive outpatient treatment to all 22 counties of Region 3. Region 4 suggests expanding Treatment Group Home services to adolescent females. Region 5 suggests creating a communication and referral mechanism to allow flexibility and choice to families. And lastly, Region 6 recommends promoting the services available through the Family Support Network, improving decision making and communication about the level of needed placement for youth, and creating specialized programs for sex offenders and children with behavior disorders and/or mental illnesses who also have developmental disabilities.

A number of Regions would like to see improvement in the areas of training and assessment. Region 2 suggests the continuous training of 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 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, developmentally disabled youth, and behaviorally 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 Systems of Care and with other agencies providing services for the purposes of establishing definitions, setting rates, and creating a directory of services. Region 6 recommends increasing the communication between Medicaid, Child Welfare, and other funding sources in an effort to reduce duplication and maximize funding resources.

In summary, all six 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.