

NEBRASKA'S PROFESSIONAL PARTNER PROGRAM

Individualized Care for Children with
Serious Emotional Disorders and their Families

Annual Report
Executive Summary
FY 1999

Nebraska Health and Human Services
Division of Health and Well Being
Office of Mental Health, Substance Abuse, and Addiction Services

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NEBRASKA'S PROFESSIONAL PARTNER PROGRAM

October 1999

Dear Friends:

I want to take this opportunity to introduce to you Nebraska's Professional Partner Program! Nebraska is fortunate to be one of the leaders in the effort to provide quality, home based services to families. Through a wraparound, and multi-systemic therapy approach, many children and families in Nebraska who are in trouble, are able to get the support they need to keep their families together.

Nebraska's Professional Partner Program offers a unique approach to serving families. The wraparound approach involves not only the family, but neighbors, schools, churches, law enforcement, service agencies, and communities, in finding out what it takes to make the family stronger. When families are breaking apart because of one reason or another, often the cause is simple. If problems can be taken care of quickly, in the future more serious problems can be avoided. If children can stay with their family in time of trouble, the end result is not only a cost savings for out-of-home care, but a family that feels more secure. They also have the confidence that they can work things out together.

Professional Partners help to coordinate services around the family, assist them in becoming stronger, and offer them tools to cope with their struggles. The family learns the necessary skills to continue to work out their problems, learn to listen to each other, and have a community support system to go to when it seems they are all alone.

The following report describes the history of the program, its goals and objectives, and also provides data to support the success of the program. I invite you to read the next few pages to learn more about this exciting program. I also invite you to become involved in families – your own and others – as we seek to build stronger families and communities in Nebraska.

Respectfully,

Ron Ross
Director of the Department of Health and Human Services

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NEBRASKA'S PROFESSIONAL PARTNER PROGRAM

Purpose --- History --- Mission



The *history* of the **Professional Partner Program** began in the fall of 1995 when Professional Partners began working in each of Nebraska's six regions. In Fiscal Year 1997 the program served 223 families and by Fiscal Year 1999 the Professional Partner Program had served 477 youth and their families.

The *purpose* of the **Nebraska Professional Partner Program** is to improve the lives of Nebraska's children with serious emotional disturbances and their families by preventing expensive out-of-home placements, reducing juvenile crime, increasing school performance and attendance, and preventing children from becoming state wards just to access services.



The *mission* of the **Professional Partner Program** is to use 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.

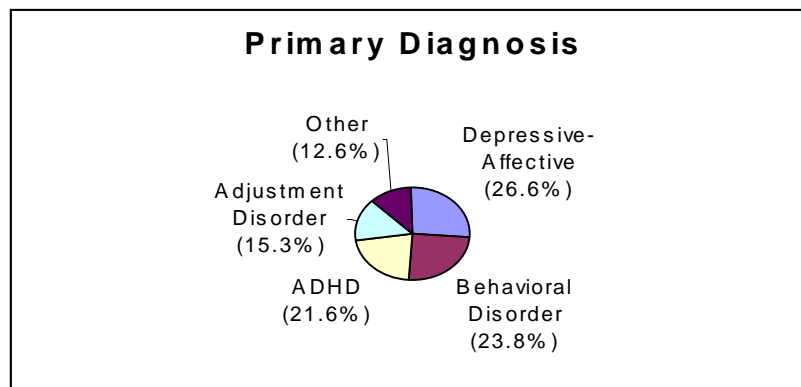


COMPONENTS OF THE PROFESSIONAL PARTNER PROGRAM

- ❖ A Family-centered philosophy and working with families as equal partners. This approach includes providing the majority of professional partner services in the natural environment of the youth and family (e.g., home, school) rather than in the professional partner's office
- ❖ Access to services is based on need and there is a clear, single point of access to services 24 hours per day, 7 days per week
- ❖ A "no reject, no eject" approach of unconditional care to eligible youth. Youth with extremely difficult behaviors shall not be terminated or excluded based upon difficult behaviors
- ❖ Meaningful involvement of parents, family members and consumers in advisory and policy development capacities
- ❖ Coordinated, interagency collaboration for assessment, referral, and service plan development, including an Individual and Family Service Plan (IFSP)
- ❖ Purchase and development of creative and individualized services and supports identified in the IFSP
- ❖ A Professional Partner to lead the coordination of services, with a small client load that ranges from 10-15 youth so the Partner can spend adequate amounts of time with each family
- ❖ Culturally competent and gender sensitive policies and processes
- ❖ The least restrictive, least intrusive, developmentally appropriate intervention in accordance with the youth and family needs within the most normalized environment
- ❖ Specific methods for moving toward an interagency system of care by developing referral sources, collaborative working relationships, and integration and coordination with families and public and private systems serving youth with emotional disorders such as schools, social services, probation, courts, law enforcement, developmental disability services, health providers, youth shelters and substance abuse services
- ❖ Maintained within an organization which does not provide any other mental health services, if possible, to enable an independent choice of service provider
- ❖ Flexible funds which follow the child and family, including traditional and non-traditional community-based services and support based on a case rate
- ❖ Measurable outcomes

WHO DO WE SERVE?

- **How many served**—In Fiscal Year 1999, 477 families were served with an average length of service of 13.28 months.
- **Age/Gender**—The average age is 15.25 years. The majority are males (66.6%).
- **Ethnicity**—Most of the children are Caucasian (77.8%) although many other ethnic groups are served (African American 2.3%, Latino 5.0%, Native American/Alaskan Native 1.7%, Asian 0.8%, and other 12.2%).
- **Diagnoses**—The most common diagnoses include Depressive-Affective (26.6%), Behavioral Disorders (23.8%), and ADHD (21.6%).



- **Juvenile Justice Involvement**—58% of youth had some juvenile justice involvement.
- **School**—41.5% of youth had been suspended from school in the previous six months. In addition, 34% reported that they were failing at least half or all of their classes.
- **Single-Parent Families**—Only 32.4% of children served lived in two-parent biological families.
- **Income Level**—Over half of the families served were below the poverty level.
- **CAFAS**—The average CAFAS score (a survey that measures a child's functioning) of youth at intake is 91.5. This score indicates that restrictive or supervised living situation may be needed.

Jeff was diagnosed with oppositional defiant disorder. He was referred for fighting, academic problems, problems when expressing anger, especially in school with authority and at home with parents. The Professional Partner Program helped with things such as a mentor, help with transportation, self-care supplies including clothes that were not gang related and not torn and dirty, incentives for behavior, recreational experiences such as fishing and low rider bikes, and vocational assistance. With the combined help of parole and the Professional Partner Program, Jeff completed his GED, returned to a series of counseling sessions, was able to move out of his neighborhood with a sister, secure a job, and successfully complete his 6-month probation.

WHAT SERVICES ARE THEY RECEIVING?

In addition to the wraparound process and service coordination provided by the Professional Partner, the Program funds mental health and other services for which alternative funding is not available. These services include family therapy, individual therapy, mentoring, home-based care, tutoring, and support services. Families often receive informal supports through donations from communities and businesses.

Andy was diagnosed with Oppositional Defiant Disorder, Attention Deficit Disorder with Hyperactivity, and Depressive Disorder. He would often run away from home, throw outrageous temper tantrums for no apparent reason, bang his head against walls, hit himself, attack me and other children, and would often put his own life in danger without even realizing it. At one point we were on the verge of divorce, our financial burdens were overwhelming, we had no food, our house was getting ready to be repossessed, and Andy was getting ready to be removed from our home. We were referred to the Professional Partner Program and they paid for therapy and Andy's medication, helped us buy some groceries, go to school meetings when there were problems to provide moral support, organized parenting classes tailored for SED children, taught us how to follow a budget, provided respite care, and paid so that our basement could be finished so Andy could have a room of his own. Now, my husband and I are getting along great, we are paying our bills on time, and Andy has graduated from therapy. He is genuinely happy and has several friends now. The Professional Partners have truly made a difference in our family.

AT WHAT COST?

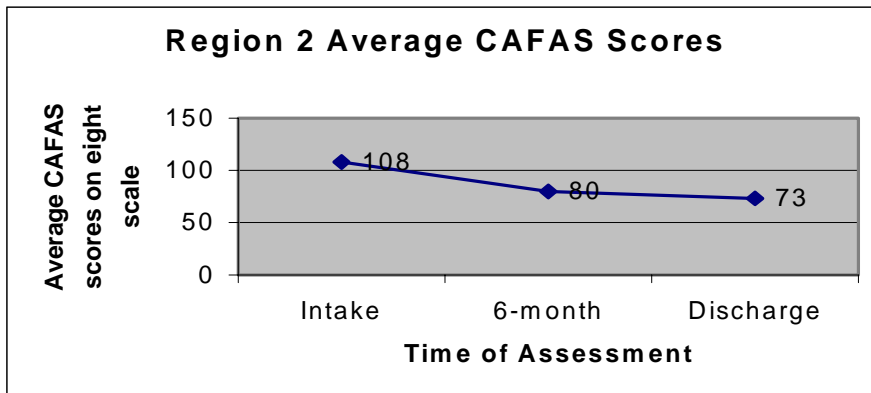
- Funding is based on case rate which includes \$7,000 for children eligible for Medicaid and \$10,000 for children not eligible for Medicaid. This compares favorably to other service options.

Placement	Cost per Year
Group Home II	\$70,554.50
Agency Based FC	\$20,075.50
Kearney YRTC	\$63,875.00
Professional Partner	\$10,000.00/\$7,000.00

WHAT ARE THE OUTCOMES?

The outcome data that has been gathered on the Professional Partner Program has just begun, however the initial results look very promising.

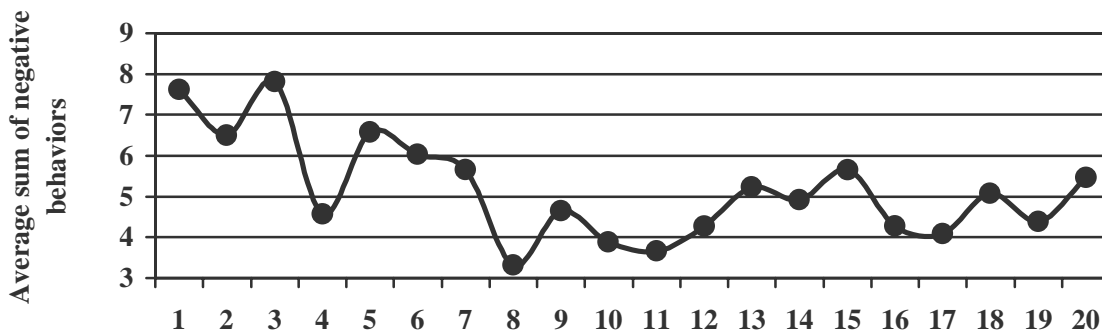
- The CAFAS scores across regions consistently indicate that the youth are doing better in many different areas of their life. Region 2's CAFAS scores are typical:



- A score of 90 or above indicates the child needs residential treatment or intensive wraparound
- A score of 70 – 80 indicates the child can live in the

- The results from the satisfaction surveys were also very positive indicating that the families, team members and youth feel good about their involvement with the Professional Partner Program and believe it is beneficial for the youth and their families. For example, 75% of families believed their child was doing better as a result of the program and 90% would use the program again.
- In addition, Regions 3 and 4 both had a decrease in out of home placements among the youth they served. In Region 3 the number of youth residing out of home decreased from 6.6% to 1% of youth served over a 6-month time period.
- Data gathered from Region 4 show that youth's negative behaviors decrease over time, as assessed by the Weekly Adjustment Indicator, and that positive behaviors increase.

Negative behaviors (N = 26)



- **Summary**—Together these results demonstrate that the Professional Partner Program is having a positive impact on the families that are served, and are providing this individualized care within home environments.