PROFESSIONAL PARTNER PROGRAM ANNUAL REPORT

FISCAL YEAR 2006

July 1, 2005 – June 30, 2006

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IN THIS REPORT…

Nebraska's Professional Partner Program

Written by a Parent regarding a Professional Partner's work with her family:

Dear PPP,

My family and I have been working with L since May or June 2005. L has by far gone above and beyond the call of her duties and responsibilities. Not only has she guided us through with resources, finances, goals and battles with our daughter's struggle for recovery, but she has always had time to "listen" and "take care" of me.

I honestly don't know how I could have survived without here!!!!!!!!!!!!!!!!

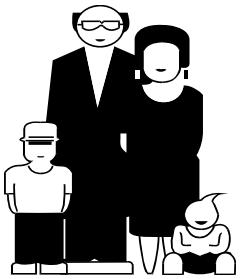
Since January of 2006, I have volunteered more than 70 hours at the NAMI State Office, taken the Family to Family Course through community Alliance, and consider myself on a slow and steady rise as a strong advocate for Mental Health. Whenever I have any type of opportunity, I praise and advertise the Region, L in particular.

I just want to express my feelings not only to L but the entire Region staff, corporate office, directors and anybody associated with behavioral healthcare. I sincerely thank you for allowing my family and myself to benefit from L's professional and personal outstanding abilities.

Thanks from the deepest part of my heart.

NEBRASKA'S PROFESSIONAL PARTNER PROGRAM
Purpose --- History --- Mission

The *purpose* of the **Professional Partner Program** is to improve the lives of Nebraska's children with serious emotional/behavioral problems, as well as improving the lives of their families. This is done 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 *history* of the **Professional Partner Program** began in the fall of 1995 when Professional Partners began working in each of Nebraska's six mental health regions. Since 1996, the Professional Partner Program has served 4,738 of Nebraska's youth and families. In Fiscal Year 2006 alone, 530 youth received services statewide.

The *mission* of the **Professional Partner Program** is to use the wrap-around approach to coordinate services and supports for the families of children with serious emotional/behavioral problems, and to ensure they have a voice in, ownership of, and access to their own comprehensive, individualized support plan.

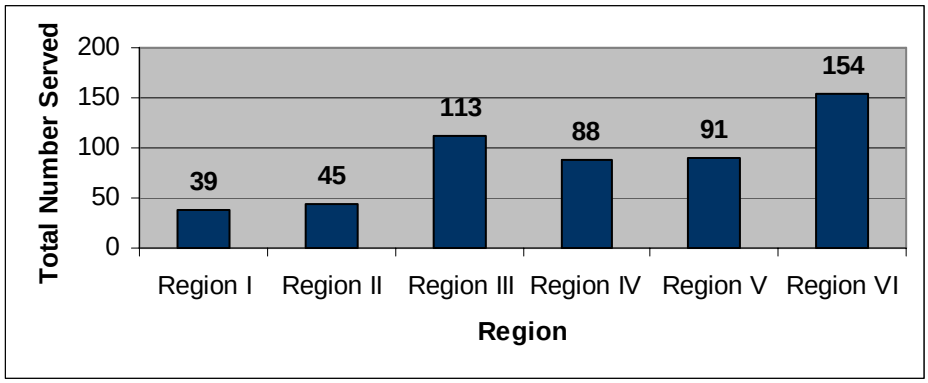
COMPONENTS OF THE PROFESSIONAL PARTNER PROGRAM

- A family-centered philosophy and working with families as equal partners. This approach includes providing a majority of professional partner services in the natural environment of the youth and family (e.g., home, school) rather than in the professional's office.
- Access to services is based on need. 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 shall not be terminated or excluded based upon their extremely difficult behavior.
- Meaningful involvement of parents, family members and consumers in advisory and policy development capacities.
- Coordinated collaboration among agencies for assessment, referral and service plan development, including an Individual and Family Service Plan (IFSP).
- Purchase and development of creative, individualized services and supports identified in the IFSP.
- A Professional Partner to lead the coordination of services with a small client load of 10-15 youth so the Partner can spend adequate amounts of time with each family.
- Culturally competent and gender sensitive policies and processes.
- A least restrictive, least intrusive, developmentally appropriate intervention in accordance with the youth and family needs within the most normalized environment.
- Specific methods for developing an interagency system of care by expanding referral sources, collaborative working relationships and integration and coordination of families and public and private systems serving youth with emotional disorders. This includes schools, social services, probation, courts, law enforcement agencies, 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 that follow the child and family, including traditional and non-traditional community-based services and support based on a case rate.
- Measurable outcomes.
- A public information strategy to inform others on how to access the Professional Partner system.

WHO DO WE SERVE?

- **Number Served**: In Fiscal Year 2006, 530 children and families were served by the Professional Partner Program.

Figure 1: Total Number of Youth Served in Each Region



- **Number Discharged**: In Fiscal Year 2006, 316 children and families were discharged by the Professional Partner Program with an average length of service of 12.28 months.

Table 1: Number of Youth Discharged and Average Length of Service in Months*

Region	I	II	III	IV	V	VI	Total
Number of Youth Served	16	18	49	51	34	148	316
Average Length of Service (mos.)	17.05	13.31	16.58	16.65	19.25	8.15	12.28

The following analyses are based on those *children and families who were discharged* during Fiscal Year 2006. There were a total o f316 children discharged during Fiscal Year 2006:

- **Age/Gender**: The average age of youths served was 13.74. More males than females were served (Males: 220, 69.6%**;** Females: 96**,** 30.4%), although the male-female ratio varied by region.

Figure 2: Total Number of Youth in Each Region by Gender

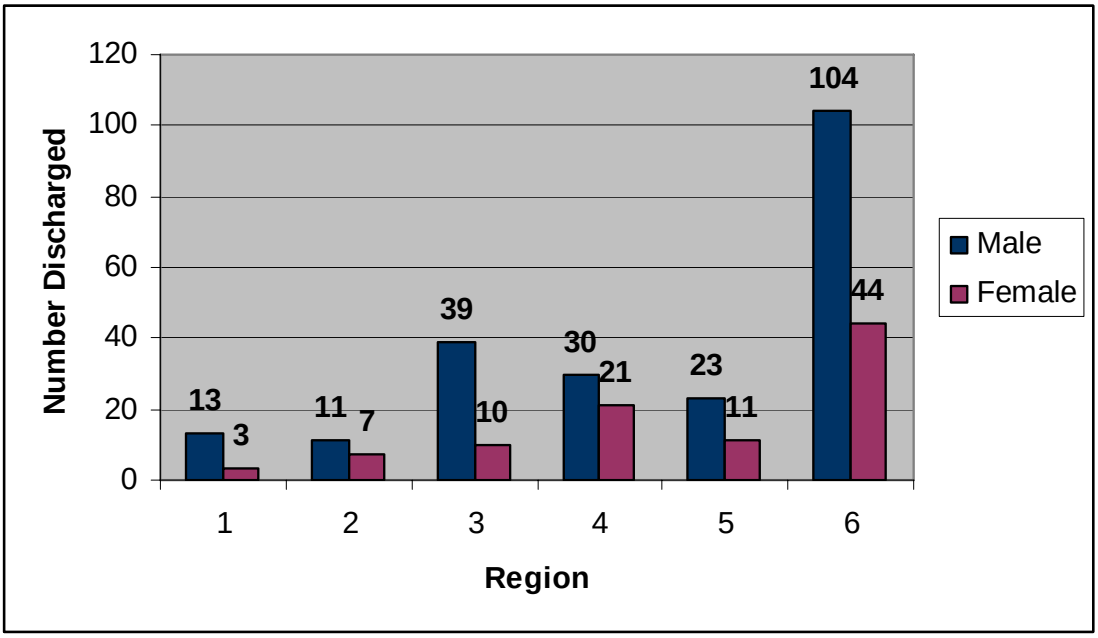
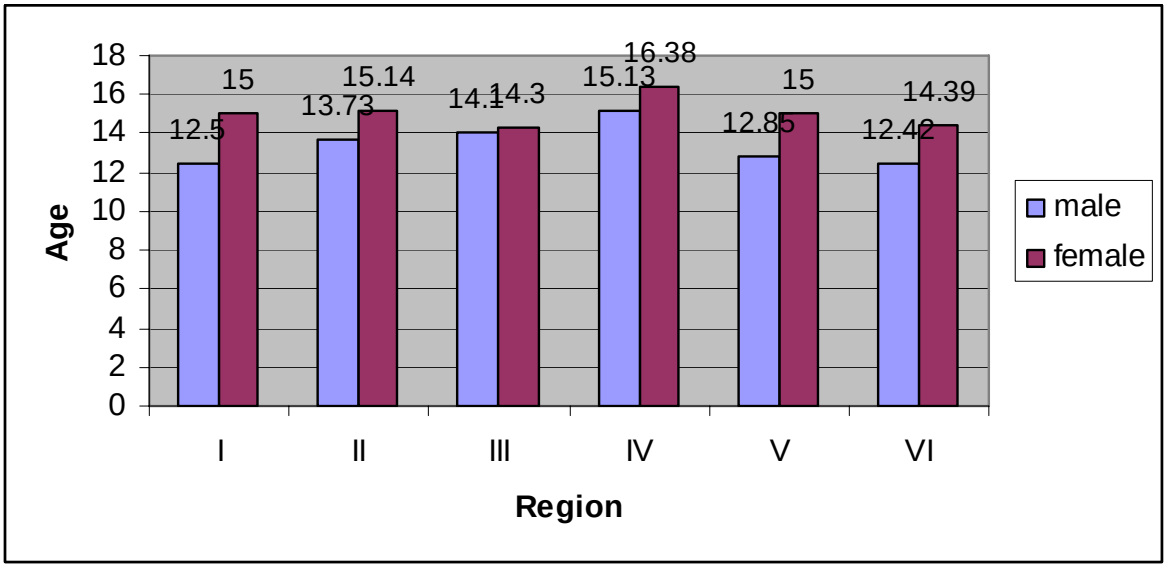
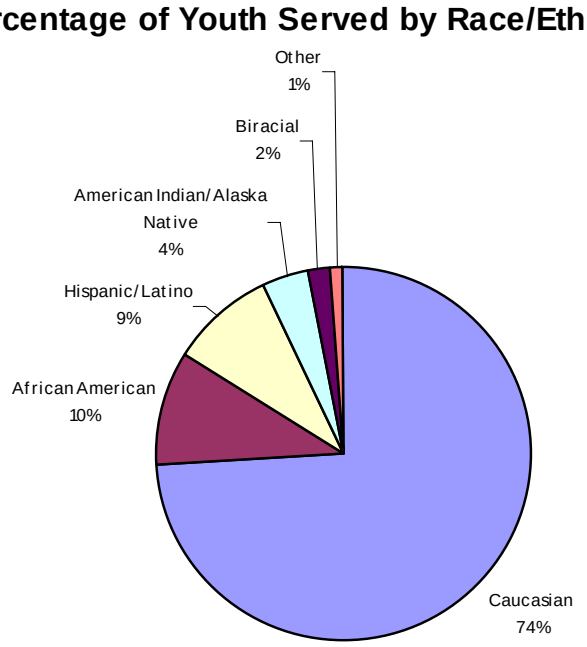


Figure 3: Average Age of Youth in Each Region by Gender



Race/Ethnicity: Most of the children served during Fiscal Year 2006 were Caucasian (73.7%). Many other ethnic groups also received services including African American, 9.5%; Hispanic/Latino, 8.6%; Native American/Alaskan Native, 3.9%; Asian American, .3%, Biracial, 2.6 % and other, 1.4%). These percentages are similar to the representation of these groups in Nebraska's overall population of youth aged 18 years and younger.

Figure 4: Percentage of Youth Served by Race/Ethnicity (N = 316*)



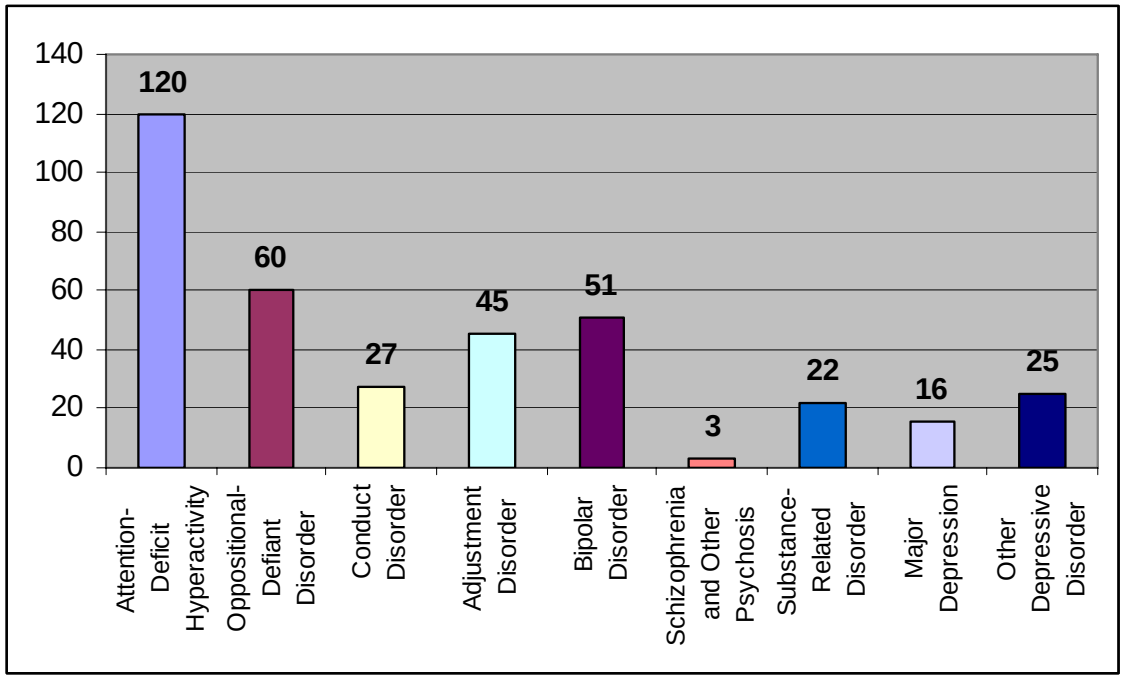
*Note: This number includes missing data.

- **Presenting Problems**: Youth entering the program have a variety of presenting issues. The following are the most common presenting problems at intake across the regions:

Depression / Anxiety	**Poor Peer Interactions**
Hyperactive-Impulsive	**Poor Self-esteem**
Attention difficulties	**Academic Problems**
Physical Aggression	**Extreme Verbal Abuse**
Non-compliance	**Property Damage / Theft**

- **Diagnoses**: The most common diagnoses across regions were: ADHD (120), ODD (60), Bipolar Disorder (51), Adjustment Disorder (45), Conduct Disorder (27), and Substance-Related Disorders (25). Approximately 49.7% had two or more co-morbid disorders at the time of referral.

Figure 5: Diagnosis at Intake for all Regions (N = 316*)

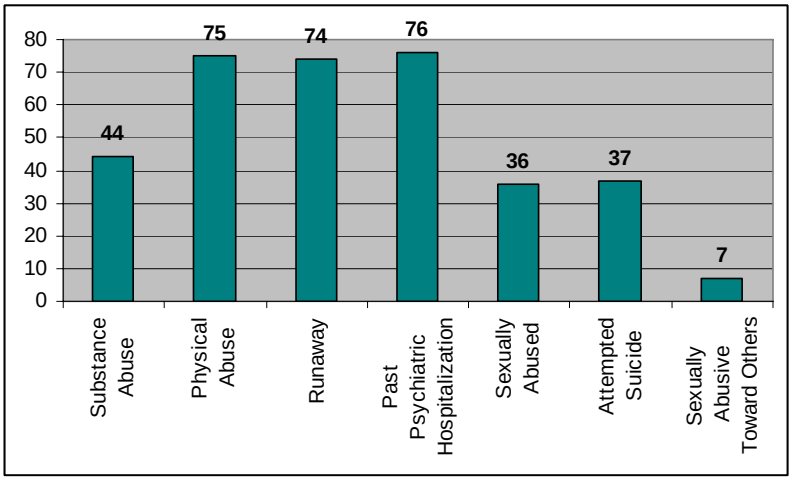


*Note: This number includes youth who had multiple diagnoses.

- **CAFAS**: At intake, the average 8-Scale CAFAS score was **108.37.** The CAFAS is a survey which measures a child's functioning on an 8-point scale. This average score indicates that residential treatment programs would be needed if wraparound was not available.
- **Youth Risk Factors**: Across all six regions, 44 youth reported a history of substance abuse, 75 had been physically abused, 74 had a history of runaway behavior, 76 had a previous psychiatric hospitalization, 36 reported a history of

sexual abuse, 37 had attempted suicide, and 7 had been sexually abusive towards others.

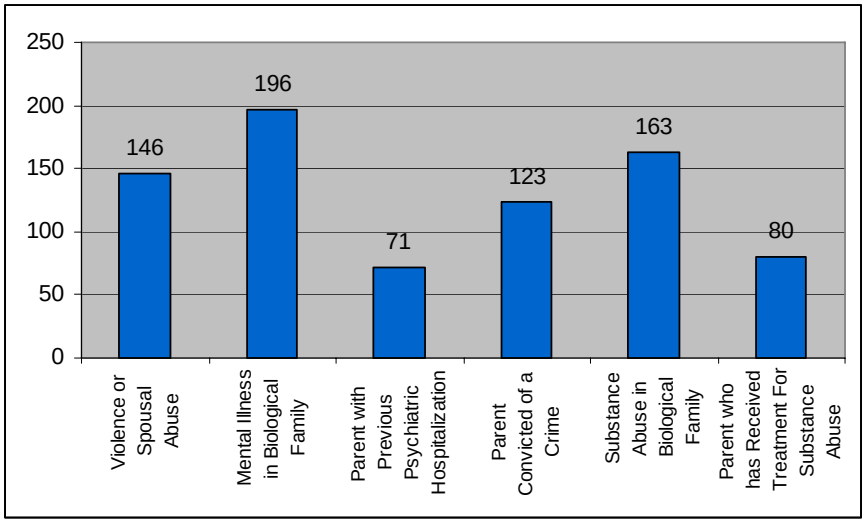
Figure 6: Youth Risk Factors for Regions 1, 2, 3, 4, 5, and 6 (N = 296*)



*Note: This number includes missing data and youth who had multiple risk factors.

- **Family Risk Factors**: Across all of the six Regions, 146 had a history of domestic violence or spousal abuse in their families, 196 had a history of mental illness in their biological family members, 71 had a parent with previous psychiatric hospitalization, 123 had a biological parent who was convicted of a crime, 163 had substance abuse in their biological families, and 80 had a biological parent who had received treatment for substance abuse.

Figure 7: Family Risk Factors for Regions 1, 2, 3, 4, 5, and 6, (N = 296*)

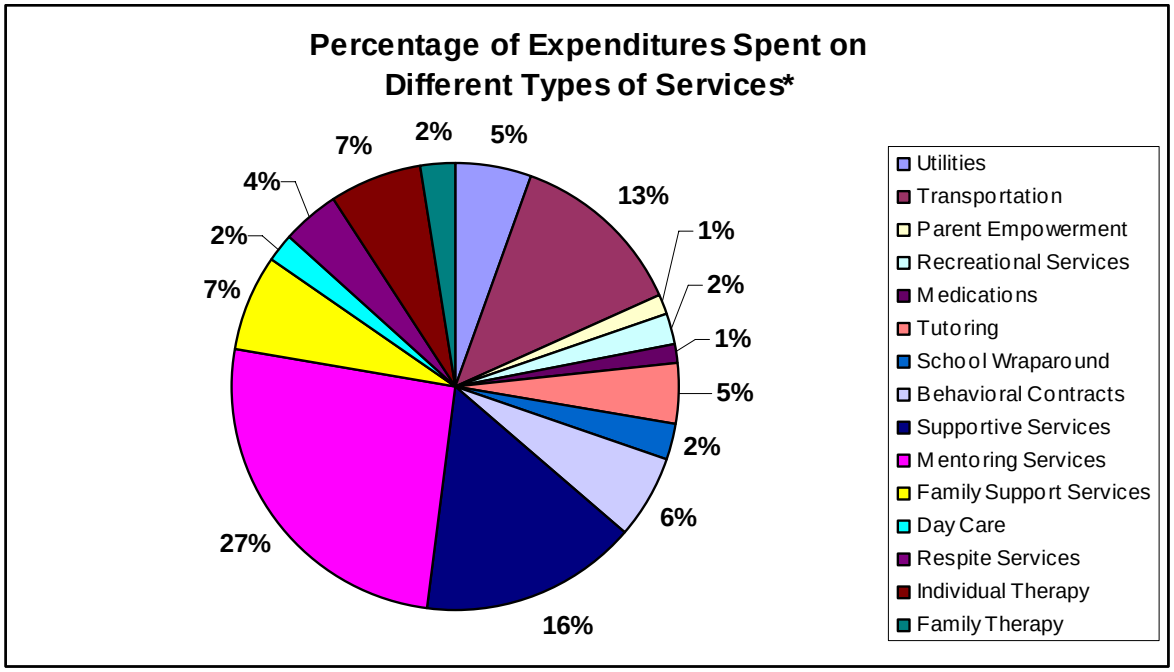


* This number includes missing data and youth who had multiple risk factors associated with their families.

WHAT SERVICES ARE THEY RECEIVING?

In addition to the wraparound process and service coordination components provided by the Professional Partner, the Program uses flexible funding to provide participants with mental health treatment and other services for which alternative funding is not available. These services typically include mentoring services, supportive services, family therapy, individual therapy, recreational services, tutoring, transportation, and family support services. However, the funding may be used in any way the wraparound team feels will be most beneficial to the youth and family. In addition, families often receive informal supports through donations from communities and businesses.

- **Figure 8: Percentage of Annual Expenditures Spent on Different Types of Services***



*Note: Approximately 3% of expenditures were spent on a variety of other services including day treatment, independent living skills, health systems, legal services, juvenile justice and assessments.

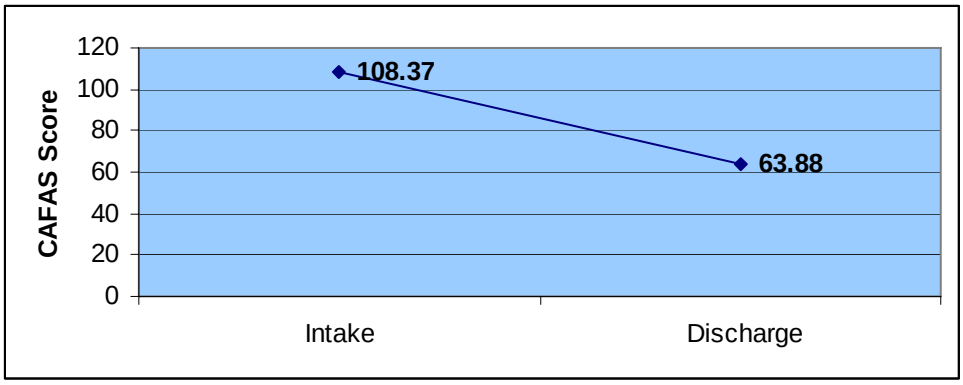
WHAT ARE THE OUTCOMES?

The six regions of the Professional Partner Program gather a variety of outcome data. These results indicate that youth are satisfied with the program, are functioning significantly better, and families are feeling less strain and more support. A sample of these results are presented below.

• The Professional Partner Program administers the **Ohio Youth Problem, Functioning, and Satisfaction Scales** quarterly to assist them in evaluating ongoing progress of the youth served in the program. Four primary areas or domains of assessment comprise the tool, i.e. 1) Problem Severity, 2) Functioning, 3) Hopefulness, and 4) Satisfaction with behavioral health services. The **Wraparound Fidelity Index** is utilized by the PP Program to assess adherence to the essential elements of the Wraparound intervention approach. It is administered two times a year, with youth, parents, and family team members each completing an interview or survey. The results have been very positive, which indicate 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. Beginning in 2004, all regions analyzed their own Fidelity data, which will make the data more easily accessible to them. The data will be reviewed at Statewide Professional Partner meetings and audits to provide supportive services if needed.

• **CAFAS Scores.** CAFAS scores across regions consistently indicate that overall youth functioning has improved after involvement with the program. The following figure presents CAFAS scores at Intake and at Discharge for youth from all regions during Fiscal Year 2006.

Figure 9: Average CAFAS Scores at Intake and Discharge for Youth in all Regions



- *A score of **100 or above** indicates that the child likely needs residential treatment or another form of intensive services, such as wraparound.*
- *A score of **50 – 90** indicates that the child can live in the community with additional supports.*

Results: CAFAS Scores. Examining the average CAFAS scores at intake and discharge reveals that at discharge the scores have decreased considerably. In the real world, this means that at the end of the intervention and services the youth is better able to cope and function in school, home, and community. Lower scores across the eight components being measured by the CAFAS indicate that the youth is functioning at an adequate level.

- For example, in the School Role scale the youth may be attending school regularly, following rules, completing assignments, engaging in less disruptive behavior, and is passing academic courses.

- Lower scores on the Home Role scale indicate that the youth is engaging age-appropriate self care, partaking in household chores and responsibilities, as well as following rules set up at home by parents.

- In the Community Role the youth is acting in such a way that others are not at risk of being hurt or injured, respecting other's property and public property, and obeying laws.

- In the Behavior Towards Others scale the youth is better able to control him or herself with peers, by not engaging in offensive, negative, or troublesome behaviors towards others.

- The Moods/Emotions scale assesses the degree to which the youth engages in age-appropriate experiences, control and expression of feelings such as anxiety and depression.

- Lower scores on the Self-Harmful Behavior scale indicate that the youth is at lower risk for engaging in self-mutilating behaviors not due to accidental cuts, bruises etc.

- Lower scores on the Substance Use scale indicate that the youth does not use substances or that the use is infrequent in excess, such as getting drunk or high without any serious consequences.

- Lower scores on the Thinking Scale indicate that the youth has occasional difficulty in communicating with others, in behavior, or interactions with others but which are not pathological or do not interfere with current functioning and do not predict poor functioning in the future.

- Furthermore, the performance goals for each region is that after six months in the program, the youth should demonstrate a decrease in their overall CAFAS score of at least 20 points, which was accomplished this year!

SUMMARY

Together, these data illustrate the success of Nebraska's Professional Partner Program in targeting youth with severe emotional and behavioral problems for wraparound services. These services focus on the strength of the family, community supports, and flexible funding for individualized services. A majority of youth in the program are happy with the progress they have made in the program. The below figure details CAFAS scores at intake and discharge for Fiscal Years 2002 – 2006 These scores indicate that youth show significant improvement in several life domains throughout involvement with the Professional Partner Program. Fiscal Year 2006 is no exception.

Table 2: Number of Youth Served and Average Length of Services Across Fiscal Years

	FY 2002	FY 2003	FY 2004	FY2005	FY 2006
Number Youth Served	752	735	728	600	530
Average Length Service (mos.)	14.24	13.02	13.19	13.4	8.59
Average CAFAS Score at Intake	109.92	108.21	104.63	108.91	108.37
Average CAFAS Score at Discharge	67.11	68.94	63.28	62.82	63.88

Indeed, the Professional Partner Program is happy with the progress made in providing cost-effective and successful services to youth in Nebraska!

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