FISCAL YEAR 2004 REPORT

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Dear Professional Partner

I just wanted to write a brief letter letting you know how I appreciated all your help with my son M over the past nine months. Our Professional Partner has been a great person to work with. She has been very supportive and encouraging and helpful in setting goals for M as well as for our family to work towards. I think anger management classes are a good idea. They were also helpful in being able to talk to other parents who were having similar problems. That may be an option for you to consider in the future.

M has gone from being defiant and irritable, angry, disobedient anxious and failing in school to his previous demeanor of being pleasant, caring, and cooperative. He is back to excelling at school and is active in drama and making friends now. I have regained confidence in my parenting skills and feel we can handle any further difficulties that surface. I have been able to take the lessons learned and use them with my older son as well. Their sibling relationship has improved by working on feelings, communication and respect.

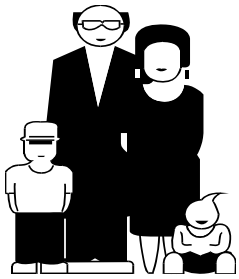
The whole process has also made me realize and admit that my relationship with my husband is also in need of work, which has an impact on the family as well. My husband ha not been willing to make changes but I have begun the process of changing how I relate to him putting boundaries on his verbal and emotional abuse which I believe will be of benefit to my children as well. Thank you.

- *Written by a Parent to a Professional Partner*

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 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 *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 3,688 of Nebraska's youth and families. In Fiscal Year 2004 alone, 728 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 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, who 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 2004, 728 children and families were served by the Professional Partner Program with an average length of service of 13.19 months. **The following analyses are based on those children and families who were discharged and not the complete number served during Fiscal Year 2004.

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

Region	1	2	3	4	5	6	Total
Number of Youth Served	45*	38	210	98	105	232	728
Avg. Length of Service (mos.)	18.73	9.8	15.42	12.12	14.59	11.24	13.19

*This includes 14 youth from the Chadron School Program. These 14 youth are not included in the following analyses due to missing data.

- **Age/Gender**—The average age of youths served was 12.9. More males than females were served (Males = 264, 71.5%; Females = 105, 28.5%), although the male-female ratio varied by region. *Note that total of males and females does not total Number of Youth Served due to missing/excluded data.

Figure 1: Average Age of Youth in Each Region by Gender

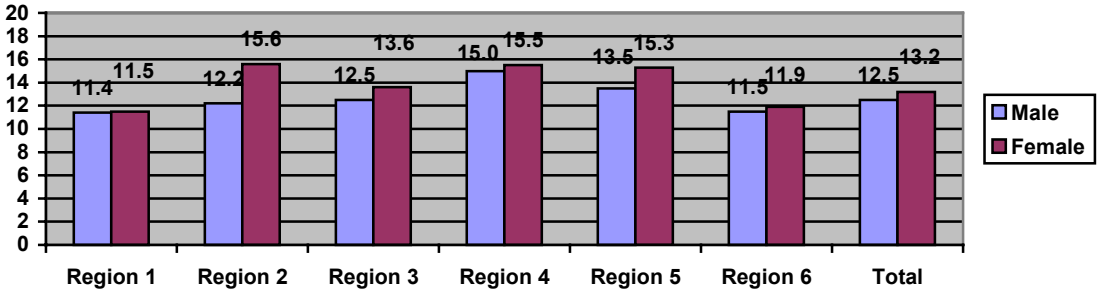
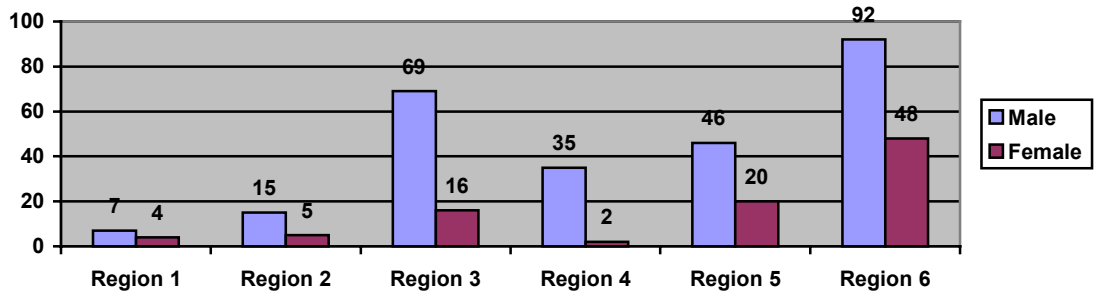
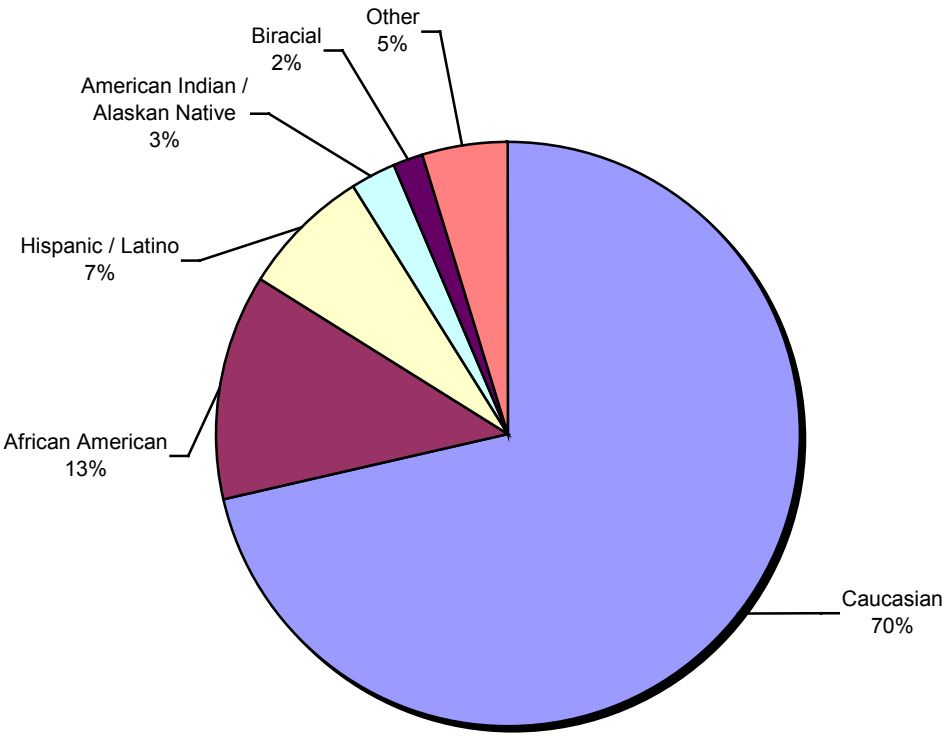


Figure 2: Total Number of Youth in Each Region by Gender



- **Race/Ethnicity**—Most of the children served during FY04 were Caucasian (70%) although many other ethnic groups also received services (African American- 13.0%, Hispanic- 7.0%, Native American/Alaskan Native- 3%, Biracial- 2% and other- 5.0%). These percentages are similar to the representation of these groups in Nebraska's overall population of youth aged 18 years and younger.

Figure 3: Percentage of Youth Served by Race/Ethnicity (N = 383*)
*Note: The total of Race/Ethnicity does not Total Number of Youth served due to missing or excluded data.

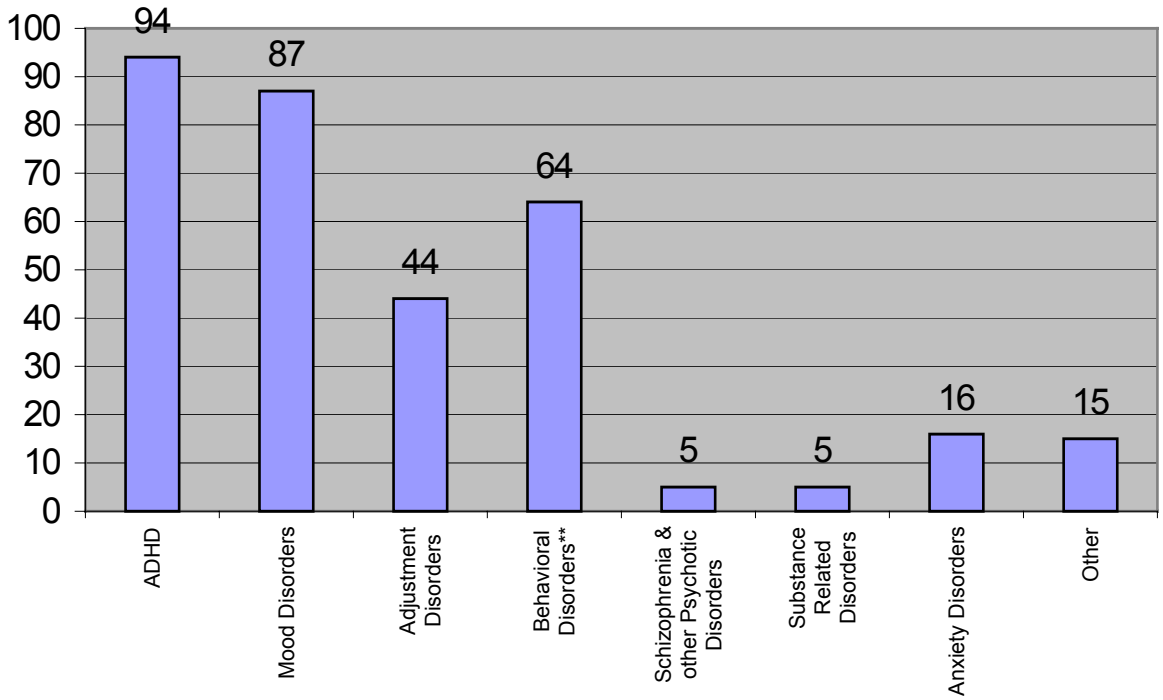


- **Presenting Problems**—Youth entering the program have a variety of presenting issues. The following are the most common presenting problems at intake across the regions:

Depression / Anxiety
Substance Abuse
Attention Deficit Hyperactivity
Non-Compliance
Antisocial / Illegal / Criminal Activity
Physical Aggression
Property Damage / Theft
Poor Peer Interactions
Academic Problems / Truancy
Need for Community Services

- **Diagnoses**—The most common diagnoses across regions were Behavioral Disorders (64), ADHD (94), Mood Disorders (87), and Adjustment Disorders (44). Less than half of youths (39.2%) had two or more co-morbid disorders at the time of referral.

Figure 5: Diagnosis at Intake for all Regions (N = 330*)
* The total N is smaller than the number of youth served during Fiscal Year 2004 due to missing/excluded data, however this number includes youth who had multiple diagnoses.

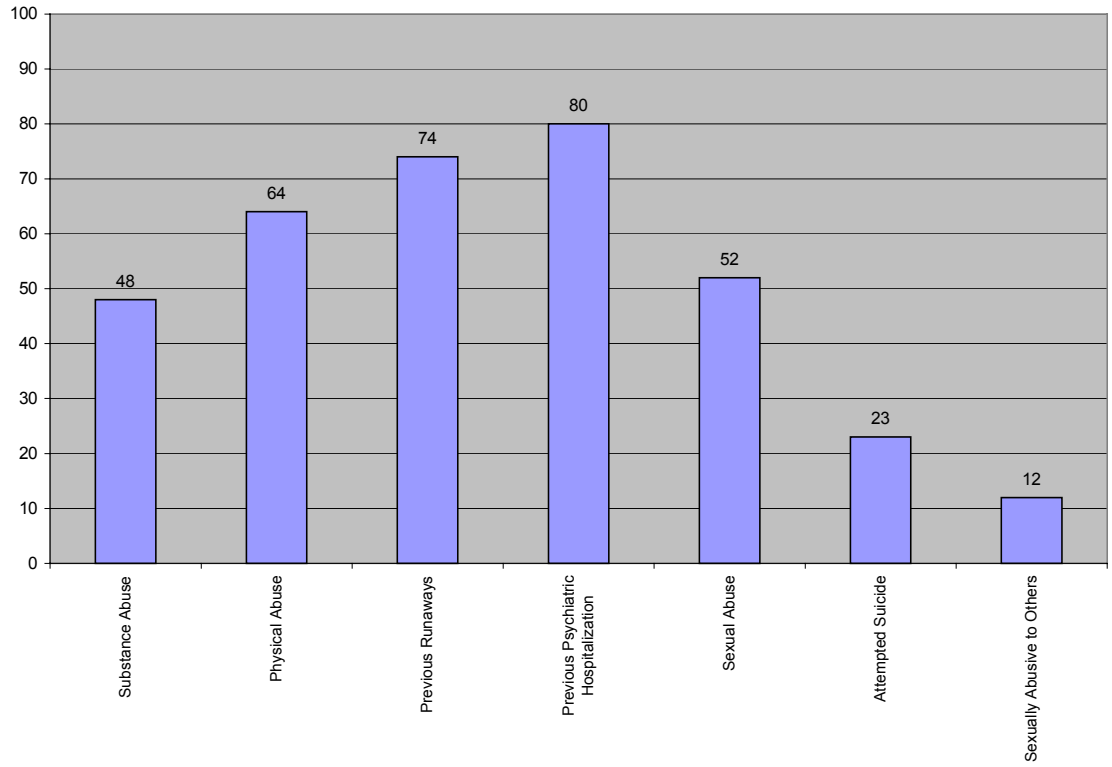


- **CAFAS**—The average 8-Scale CAFAS score, a survey that measures a child's functioning, of youth at intake was 104.63. This score indicates that residential treatment programs would be needed if wraparound was not available.

- **Youth Risk Factors**—In Regions 1, 2, 3, 4, 5, and 6, 64 of youth reported a history of physical abuse, 80 had a previous psychiatric hospitalization, 74 had a history of runaway behavior, and 52 had been sexually abused.

Figure 6: Youth Risk Factors for Regions 1, 2, 3, 4, 5, and 6 (N = 332*)

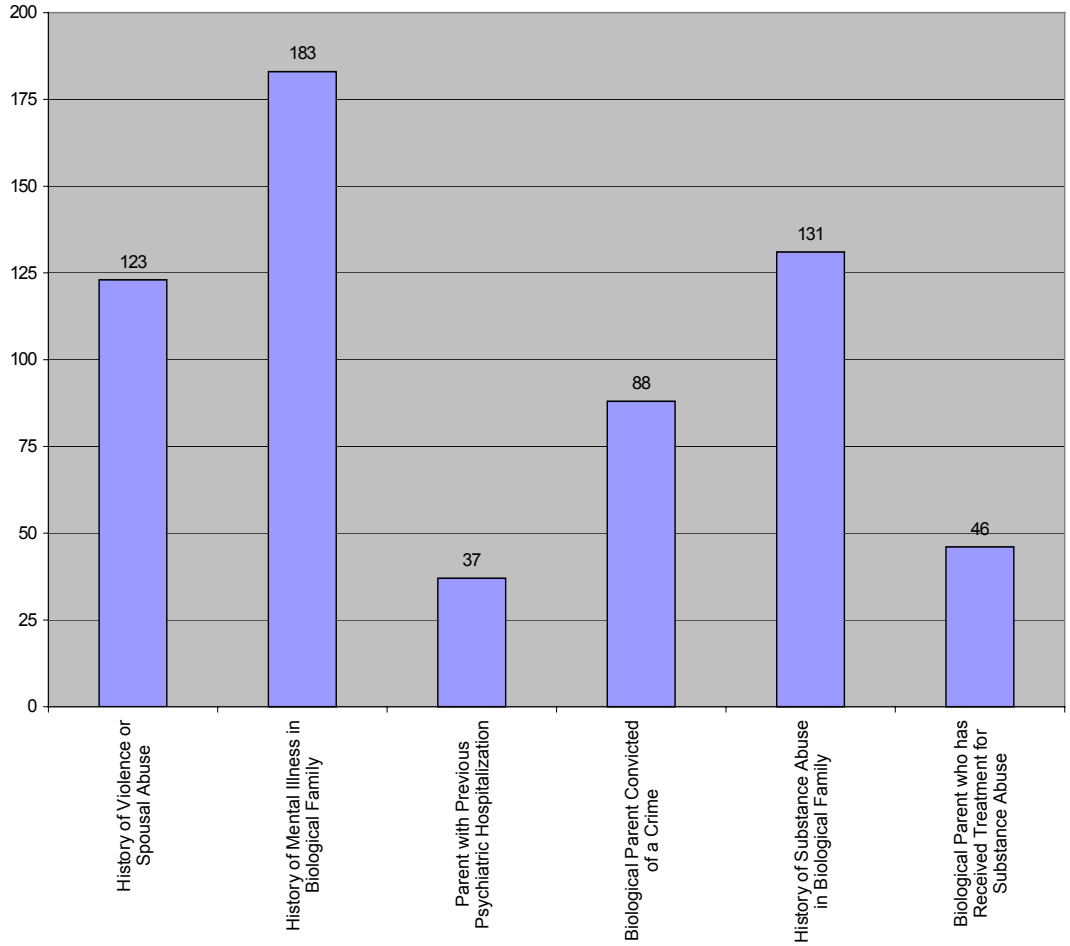
* The total N is smaller than the number of children served by Regions 1, 2, 3, 4, 5, and 6 (728 youth served) during Fiscal Year 2004 due to missing/excluded data, however this number includes youth who had multiple risk factors.



- **Family Risk Factors**—In Regions 1, 2, 3, 4, 5, and 6, 131 of youth reported a history of substance abuse in their biological families, 183 had a history of mental illness in their families, 123 had violence or spousal abuse in their families, and 88 had a parent who was convicted of a crime.

Figure 7: Family Risk Factors for Regions 1, 2, 3, 4, 5, and 6, (N = 608*)

- The total N is smaller than the number of children served by Regions 1, 2, 3, 4, 5, and 6 (728 youth served) during Fiscal Year 2004 due to missing/excluded data, however this number includes 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.

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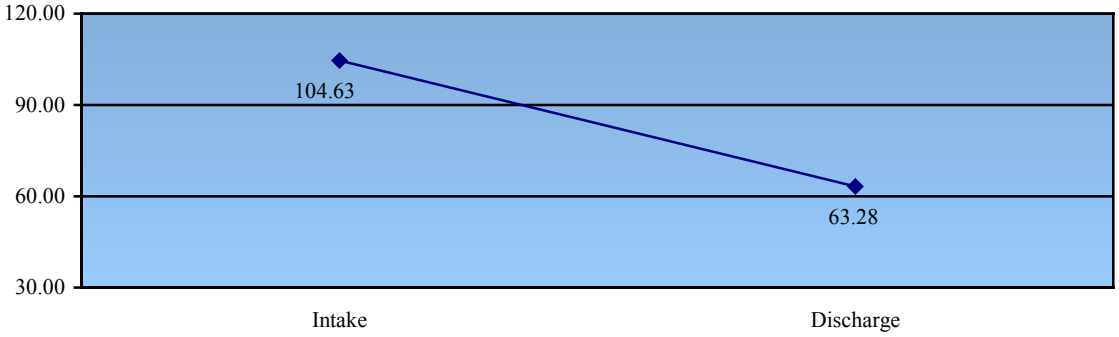
WHAT ARE THE OUTCOMES?

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, 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. 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.

• The *CAFAS scores* across regions consistently indicate that the youth are functioning better in many different areas of their life after involvement with the program. The following figure presents CAFAS scores at Intake and at Discharge for youth from all regions during Fiscal Year 2004.

Figure 8: Average CAFAS Scores at Intake and Discharge for Youth from 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.*

- 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 Toward 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.

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 that 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. 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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AA/ADA/EOE

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