



System of Care

COMMUNITY RESPONSE AND SYSTEM OF CARE

The implementation of the Nebraska Behavioral Health System of Care is a private-public partnership between the DHHS Division of Behavioral Health and the Nebraska Children and Families Foundation. Private funds have been granted and flow through 10 Nebraska Children-funded Community Response collaborations. The private funds will allow the development of behavioral health services available to communities through Community Response.

Community Response is a voluntary system that's available to all families in a community, connecting them with resources and support to help them meet their goals and strengthen their relationships within their community.

Community Response is designed to reduce unnecessary involvement of higher-end systems (child welfare, juvenile justice, etc.) while increasing the informal and community supports in place for children, youth, and families. The goal of Community Response is to coordinate existing resources within the community to help children, youth, and families either by matching them with a resource to solve an immediate need or through developing a longer-term relationship. That longer-term relationship is meant to increase family

and community protective factors, strengthen parent and child resiliency, increase self-sufficiency, and realize positive life outcomes over time. Family-driven goals can include:

- Meeting basic needs, like housing, utilities, food, and transportation
- Developing parenting skills, navigating challenging behavior, and seeking further education on parenting topics
- Building life skills such as job searching, budgeting, and money management
- Strengthening family support systems and building community connections so all families feel they have partners who provide a "safe zone" to ask for help

continued on page 3



WHAT SYSTEM OF CARE MEANS TO ME....

By Sharon Dalrymple,
Lead Family Contact

As a parent and an advocate for families, I have struggled over the years as I have watched how things were done within silos of systems and services. There was not one door to walk through to get the help and support needed for my youth and our family. Instead there were many doors we entered only to be told "we cannot help you." This was very difficult and as time went by my feelings of frustration and hopelessness only grew. When I did finally find the right service for us, I soon learned that the planning would be done around me, not with me. I would often ask how can any system or service know what would work for our family or any family without asking us for our input within our own personal planning and how can system and service change happen if families and youth are not invited to the table to be a part of the system and service decisions that would affect us.

The best way we can truly make a long-term difference in the lives of the families and youth across the state in a culturally and linguistically way and to reach positive outcomes and successes is to ensure that families, other caregivers, young adults and youth are full partners in all aspects of

continued on page 4

LET'S TALK ABOUT PACT

PACT is an acronym for Parent and Children Together. In collaboration with KVC Nebraska, it is the program Region 6 Behavioral Healthcare is initiating as part of the System of Care (SOC) grant. PACT is a promising in-home model of service delivery designed after the HOMEBUILDERS® evidenced-based Intensive Family Preservation model. The program provides in-home counseling/therapy, skill building, and social support development to children and youth experiencing challenges at home, in school or their community and their families. The goals of the program are to intervene early to teach families the skills necessary to keep children safe at home and avoid further penetration into the public child welfare system. PACT builds on children and families' strengths, thereby improving outcomes for children.

PACT therapists generally meet with families 1-2 times a week with services lasting approximately three months. The average PACT family receives approximately 18-20 hours of face-to-face time. The program's

skills-based and cognitive/behavioral intervention approach is very effective for helping children and parents learn new, more helpful and appropriate skills for improving family interactions, parental capabilities, family safety, and child wellbeing. The North Carolina Family Assessment Scale (NCFAS) is used to measure "pre" and "post" intervention changes. Since the program is designed to be short term, the program also focuses on helping families identify and access other community supports and services, if needed. This may include locating housing, health or mental health services, recreational opportunities, and a variety of school/educational services and supports.

The PACT program promotes respect and uses approaches that are culturally responsive and individually tailored to the diverse families and communities we serve. All program staff are trained to use skills for working in a culturally diverse environment, including: modeling awareness of personal biases; demonstrating respect for, and value of, diversity; and participating in appropriate resolution of conflict that arises from cultural differences.

Region 6 and KVC Nebraska have begun to hire staff, create marketing materials and define the referral process for the PACT program. We are anxious to begin strengthening and empowering families by working together as a team to achieve positive outcomes. ■



84 MORE FACILITATORS TRAINED TO DELIVER CIRCLE OF SECURITY™ PARENTING

Circle of Security™-Parenting (COS-P) is an 8-week parenting program based on years of research about how to build strong attachment relationships between parent and child. It is designed to help parents learn how to respond to their child's needs in a way that enhances the attachment between parent and child. It helps parents give their children a feeling of security and confidence so they can explore, learn, grow, and build positive relationships; all essential skills for life-long success. Currently, COS-P is being implemented statewide within agencies and by independent facilitators. The first Nebraska training of facilitators occurred in September 2014 with 114 individuals. In May 2017, an additional 84 individuals were trained. Additionally, System of Care partnered with the Society of Care to train the following tribal facilitators:

- Danielle Campbell - The Indian Center, The Iowa Tribe of Kansas and Nebraska
- Raven Perales - Ponca Tribe
- Salena Snake - Winnebago Tribe

continued on page 3



Behavioral Health Education Center of Nebraska plays large role in System of Care

The Nebraska DHHS Department of Behavioral Health has been awarded a multi-year “System of Care” grant from the Substance Abuse and Mental Health Administration (SAMHSA) to create an integrated approach to serving children and adolescents with severe emotional disorders. A major concept for System of Care is the coordination of services across systems including child welfare, probation, developmental disabilities, behavioral health, etc. In turn, DBH has contracted with the Behavioral Health Education Center of Nebraska (BHECN) to create training materials, conduct “train the trainers” workshops, and work with Behavioral Health Regional programs in implementing the philosophy and tenets of the System of Care.

As one of many partners in the Nebraska System of Care (NeSOC), BHECN is collaborating with national experts in the behavioral health workforce to provide training resources for providers in meeting the needs of children and families utilizing the system.

Led by Project Coordinator, Susan Feyen-Reay, LICSW, from the Grace

Abbott School of Social Work at the University of Nebraska at Omaha, and Joe Evans, Ph.D., Program Director, the BHECN project team is also developing an online repository of training resources, including existing training programs and new training designed specifically for NeSOC providers.

“We want to not only identify appropriate training for our providers but also deliver a seamless, centralized resource for evidence-based training and information,” said Feyen-Reay. “We will also provide a train-the-trainer toolkit, ongoing consultation, and technical assistance, when needed.”

A certification program on NeSOC values and principles is being developed by project team members and mental health trainers, Taira Masek, LCSW, and Mandy Busch, LMHP.

“With a focus on care for youth with serious disorders, training and preparation of our workforce is crucial,” said Dr. Evans. “We look forward to making an impact on improving access to behavioral health through these efforts.”

New Nebraska Behavioral Health System of Care (NeSOC) Materials Available

The following documents have been developed by the various work teams, advisory groups and others and are available for you. Please contact Bernie Hascall, Bernie.hascall@nebraska.gov, or Nathan Busch, nbusch@nebraskachildren.org, to request copies or an electronic copy.

- NeSOC Guiding Principles (English)
- NeSOC Guiding Principles (Spanish)
- NeSOC Glossary and Acronyms
- NeSOC Standards to Ensure Family and Youth Friendly Meetings
- NeSOC Strategies to Ensure Family Involvement, Support and Development at All Levels
- NeSOC Mobile Youth Crisis Response Brochure

COMMUNITY RESPONSE AND SYSTEM OF CARE

continued from front page

A Community Response team should be contacted when families with multiple crises (such as housing, basic life skills) cannot be resolved by one or two services or organizations and, if left unresolved, would likely result in CPS involvement and out-of-home placements. The team helps families who are willing to work to resolve crises and access assistance to strengthen their family and remain intact. There are currently 10 collaboratives under the Community Response umbrella:

1. Douglas County
2. Lift Up Sarpy (Sarpy County)
3. Lancaster County
4. Dakota County Connections
5. Families 1st Partnership (Lincoln and Keith Counties)
6. Fremont Family Coalition (Dodge and Washington Counties)
7. Hall County Community Collaborative (Hall, Howard, Valley, Sherman, and Greeley Counties)
8. Norfolk Family Coalition (Madison and Stanton Counties)
9. Panhandle Partnership (Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux, Morrill, Garden and Banner Counties)
10. Zero 2 Eight Collaborative (Platte and Colfax Counties) ■

CIRCLE OF SECURITY PARENTING

continued from page2

- Sloan Cornelius-Ponca Tribe
- Brittany Parker-The Indian Center, The Omaha Tribe
- Eugene Decora-The Indian Center, The Winnebago Tribe

You can find more information about COS-P in Nebraska at www.necosp.org. On this website there are informational brochures, class calendars, and Facilitator contact information. If you cannot find a Facilitator in your area on this website please contact Jen Gerdes, jgerdes@nebraskachildren.org and she will be able to assist you. ■

REGIONAL UPDATES:



Region 1

Region 1 Behavioral Health Authority continues to expand Mobile Youth Crisis Response in the Panhandle. CrossRoads Resources in Chadron is in the process of expanding their current Crisis Response program to serve youth under the System of Care grant in Dawes, Sheridan and Sioux Counties. Additionally, two Requests for Proposals (RFP) will soon be in progress to identify service providers in Box Butte, Cheyenne, Garden, and Deuel Counties.

Region 1 issued an RFP for Mental Health and Substance Use Intensive Outpatient for Youth in the Panhandle. Efforts are underway to finalize the contract process with service provision beginning in October.

Collaboration continues with ESU #13 and school districts on the development and service delivery of Day Treatment for youth in the Panhandle. Implementation details continue to be confirmed. ■

UPCOMING EVENTS:

August 22-25

Dan Embree coaching and consultation (Region 6)

September 12-13

Dr. Kenneth Ginsburg - Reaching Teens (Region 6)

WHAT SYSTEM OF CARE MEANS TO ME...

continued from front page

the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation. Their voice must be inclusive and be heard.

Like the well-known statement, “it takes a village to raise a child” my belief is “it takes a System of Care to truly meet the needs of families and youth who have mental, emotional, and/or behavioral health challenges.” Through the System of Care process utilizing principles such as, family and youth centered; system and service partnership and collaboration; availability and accessibility to services that are culturally and linguistically appropriate for individual youth and families across the state (and truly meet their needs); and, infusing the strength-based approach, we will achieve the best outcomes and success for the families and youth.

Though I do believe the systems and services have always had the best intentions, it is exciting for me to be a part of the process of the Nebraska System of Care as I watch the amazing collaboration of the systems, service providers, community partners, families and youth as they come together to tackle the changes needed. This is truly an uplifting experience that gives me new hope for the future of all families and youth across Nebraska. ■

NeSOC Collaborative

- Department of Health and Human Services
- Administrative Office of the Courts
- Administrative Office of Probation
- Behavioral Health Education Center of Nebraska (BHECN)
- Children’s Commission
- Nebraska Family Run Organizations
- Nebraska Department of Education
- Nebraska Children and Families Foundation
- Regional Behavioral Health Authorities
- Tribal Society of Care
- Youth Partners & Family Partners with lived experience

NeSOC Priority Outcomes

- Decrease the proportion of youth who report living in a setting that is not their home (i.e. foster care, group home, detention, residential treatment, or hospital).
- Increase the number of children and youth who attend school regularly.
- Decrease costs per youth receiving services.
- Decrease in average age of first system contact.

To learn more about NeSOC:

- http://dhhs.ne.gov/behavioral_health/Pages/beh_systemofcare.aspx
- Nathan Busch
nbusch@nebraskachildren.org
- Bernie Hascall
Bernie.Hascall@nebraska.gov

1-888-866-8660

Youth Mobile Crisis Response supports youth and families who are experiencing a behavioral health crisis anywhere in Nebraska.

Help is only a call away.