Division of Behavioral Health

Division of Children and Family Services

Pursuant to LB603

Children's Behavioral Health Support Act

December 1, 2010

Executive Summary

In May 2009, Nebraska Legislature passed LB603 and Governor Heineman signed it into law. This authorized the creation of the Children's Behavioral Health Help Line and Family Navigator Services, and the Post Adoption/Post Guardianship Services as defined in LB603 Section 71-801, sections 5-11 and cited as the Children and Family Behavioral Health Support Act. The declaration of such services, and their evaluation, provided the framework for three separate Request for Proposals and three subsequent contracts managed by the Division of Behavioral Health and the Division of Children and Family Services of the Department of Health and Human Services (DHHS). The contents of this report summarize the events occurring after the passage of LB603 (designated to DHHS) thru the remainder of fiscal year 2009 –2010 as they pertain to the:

- Nebraska Family Helpline
- Family Navigator Program
- Right Turn (Post Adoption/Post Guardianship Service)
- Evaluation Services for the Nebraska Family Helpline, Family Navigator and Right Turn (Post Adoption/Post Guardianship) Programs
- Funding to the Regional Behavioral Health Authorities

DHHS offers this report in compliance with the LB603 Section 71-801 section 9 reporting requirements for an annual report presented by December 1 to the Governor and the Legislature.

Introduction

The Department of Health and Human Services (DHHS) has served children, youth and families with a variety of services for years. The last few years mark a time of significant change for the children's system.

The legislative session of 2009 represented significant investment towards children, youth and families; and LB603 provided for initiatives that have resulted in a demonstration of that commitment. This report contains information for the portions of LB603 charged to DHHS: the Children's Behavioral Health Help Line (Nebraska Family Helpline) and Family Navigator Services, Post Adoption/Post Guardianship Services (Right Turn) and the Evaluation Services for the aforementioned new services.

These new services, with less than a year of operation, have already demonstrated a healthy investment of collaborative effort by many to bring these new services to fruition. The Nebraska Family Helpline, Family Navigator and Right Turn all 'went live' on January 1, 2010 and have continued to make adjustments in operation and work collaboratively with the Evaluator to identify best practices in service implementation and data sharing processes.

Early reporting highlights program effectiveness, family satisfaction and service outcomes that support increased youth and family stability and well being, intervening earlier to prevent further crisis and/or need for more intensive and restrictive services. It would seem that based upon early information, these new programs are showing to be a successful addition to Nebraska's children's behavioral health system.

Nebraska Family Helpline

Description: Nebraska Family Helpline

The Nebraska Family Helpline serves as a single point of access to children's behavioral health services in Nebraska. In addition, the Helpline functions as a crisis intervention and support service to families of youth experiencing an immediate behavioral health challenge as well as provides information and referrals for other formal and informal services and supports for families.

The primary target population for the Helpline service is parents/guardians/primary caregivers of youth experiencing behavioral health challenges, although youth may also utilize the Helpline for their own assistance.

The primary aim of this service is to address the urgent behavioral health situations that prompted the call, identify immediate safety concerns, and provide recommendations and/or referrals for an appropriate course of action which may include identifying the eligibility of the caller for referral to the Family Navigator or Right Turn (Post Adoption/Post Guardianship) services. The Nebraska Family Helpline offers a range of services, including:

- 24/7/365 crisis intervention and support
- Screening for immediate safety needs; connecting with first-responders
- Identification of and referrals to local resources
- Development of strategies with families
- Collaborative problem solving
- Empowerment of youth and families
- Helping youth and families make informed decisions
- Assistance to families navigating the system

The Nebraska Family Helpline is operated by Boys Town via contract with DHHS, and administered by the Division of Behavioral Health.

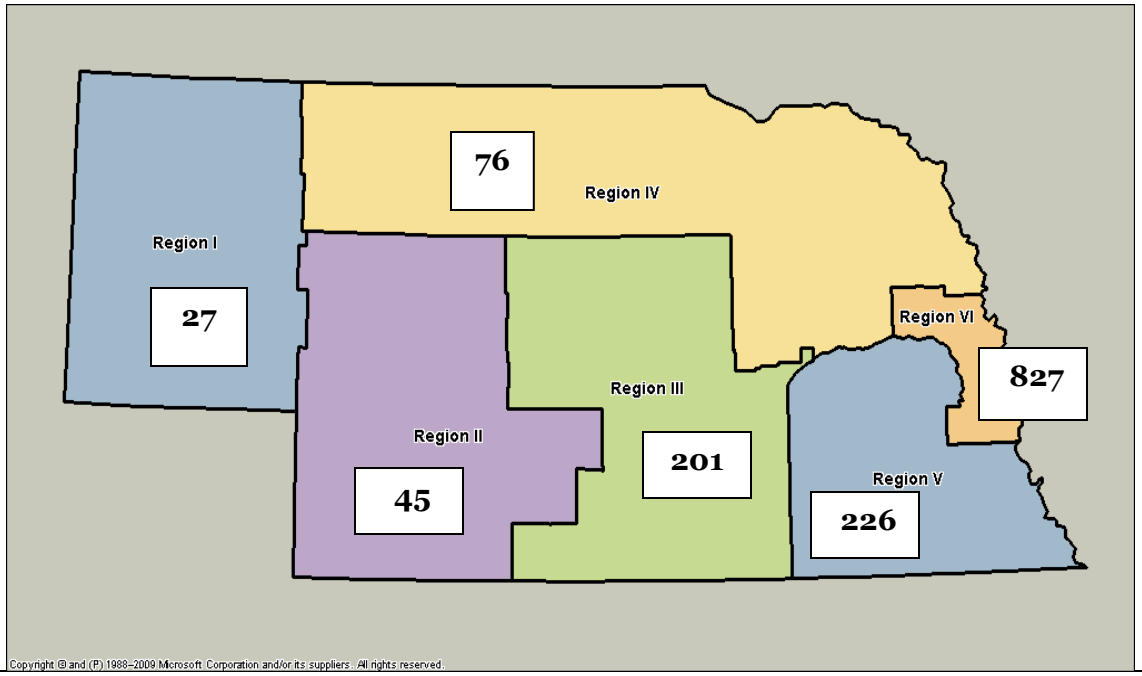
FY10 Helpline Appropriation	FY10 Helpline Expenditures
$1,015,000.00	**$541,508.00**

Nebraska Family Helpline

Program Statistics and Outcomes

The Nebraska Family Helpline and Family Navigator programs achieved a number of successes in FY 2010. The Helpline served a total of **1,130** unique families throughout Nebraska during the first six months of operation (January 1 – June 30, 2010). Those families made a total of **1,464** calls to the Helpline. Nearly **60%** of calls to the Helpline came from behavioral health Region VI.

Of the **1,130** families that contacted the Helpline, **249** families were offered Family Navigator service (**22%**) and **182** families accepted Family Navigator service (**16%**). Helpline Counselors and/or Family Navigators provided families with a total of **2,291** referrals for a range of services. More than **40%** of callers were from single-parent households, with the next highest percentage being from families with both biological parents. Callers reported becoming aware of the Nebraska Family Helpline mostly through community agencies and other third party providers; media such as television and radio; and the Internet.



Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

Inbound Call Types (Documented)	Q1 Jan. - March	Q2 April - June	TOTAL	Percent
Standard Inbound Call	443	427	870	56%
Information	140	161	301	19%
Inbound Follow Up	107	167	174	18%
High Risk	8	7	15	1%
Positive Consumer	2	2	4	0
TOTALS	700	764	1464	(100%)
Other Inbound Call Types				
Inappropriate Use of Services	6	19	25	2%
Hang up/Wrong Number	27	37	64	4%

Standard Inbound	A call or an e-mail that usually results from a precipitating event regarding an individual under the age of 19. Intervention strategies, resources and parental support are provided to the caller.
Information	A call or e-mail in which a family member is looking for a specifically identified resource or piece of information regarding behavioral or mental health issues. These calls also include callers who are looking for general information about what services the Helpline offers.
Inbound Follow Up	A caller who contacts the Helpline following a previous call; may include inbound calls prompted by a follow up call from the Helpline.
High Risk	A Helpline call that results in professional intervention - including, but not limited to - a CPS report being made by the counselor, or intervention by police, fire or emergency personnel. Such calls include violence in the home which could result in injury to a party, or a situation in which the risk of suicide is possible or imminent.
Positive Consumer	The caller calls back with the intent of giving the Helpline positive feedback for the assistance that was given to him or her on a previous call.
Inappropriate Use of Services	A caller who is not calling regarding a youth under the age of 19, is verbally abusive to the operator, attempts to discuss something sexually explicit, or is calling with a misunderstanding of the service goals of the Helpline.
Hang Up/ Wrong Number	A caller who hangs up before speaking to a counselor, or dialed the Helpline number in error.
Outbound Follow Up	A call that a Helpline Counselor makes to a previous Helpline caller to follow-up on their situation and offer further suggestions or assistance.

Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

The largest number of calls to the Helpline came from parents seeking parenting assistance for a variety of issues involving their children. The primary issue that families called about were children not following Family Rules, followed by Aggression at Home and Arguing. Callers usually are reporting a precipitating event or mounting concern of multiple issues. These could be matters of typical adolescent behavior challenges, or displays of underlying mental health or substance abuse issues. It is considerably challenging for an operator to identify in one call the true etiology of the youth's behavior, nor is diagnosis their role. However, the Helpline has made process improvements to utilize standard mental health screening questions to assist callers in identifying or exploring potential indicators that may be relevant. In some instances, the caller will self-report such health history. Approximately **40%** of families reported that their children had undergone at least one form of Mental Health treatment prior to the Helpline call. A form of Community-Based Outpatient treatment was reported **50%** of the time, mostly counseling and therapy. Medication was involved in **25%** of the prior treatments. A noticeable trend is that a significant number of calls report mental health issues that are 'externalizing behaviors', meaning diagnoses that exhibit symptoms and behaviors that are enacted outward of the youth (outbursts, violence, substance use, etc), rather than inward (depression, etc). These types of diagnosis often present the most challenges for the family and community.

Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

Top 10 Child Issues*	TOTAL	Percent
Family Rules	665	**14%**
Aggression at Home	539	**12%**
Arguing	511	**11%**
School Authority	414	**9%**
Grades	391	**8%**
Sibling Relations	218	**5%**
Aggression at School	214	**5%**
Runaway	196	**4%**
Absenteeism	192	**4%**
Depression	190	**4%**

Family Rules	The identified youth does not follow or agree with the rules that have been given to him or her. This includes a variety of rules such as bed-time, curfew, use of technology, chores and other responsibilities.
Aggression at Home	When a youth in the caller's home behaves in a way that is considered aggressive or violent in nature, which could result in bodily harm to another family member.
Arguing	The identified youth speaks disrespectfully during a discussion with an authority figure.
Grades	A youth is not performing to the academic standards his or her guardian feels he or she is capable of.
School Authority	The identified youth has in the past, or continues to have, conflict with an authority figure at school, such as a teacher, counselor, coach or principal.
Runaway	The identified youth has left the home of their legal guardian without permission and the youth's whereabouts are unknown for a period of time.
Sibling Relations	Siblings in the home of the caller have verbal and/or physical altercations or fail to interact with each other in a healthy manner.
Absenteeism	The identified youth has a habitual pattern of absence from school.
Aggression at School	The identified youth behaves in a way that is considered aggressive or violent in nature, which could result in bodily harm to another student or to a staff member.
Depression	The identified youth has described feeling sad, hopeless, worthless or pessimistic; or the caller feels that the identified child is demonstrating what the caller has identified as signs of depression.

Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

Boys Town utilizes their database and Helpline and Family Navigator data to assist families in connecting with the appropriate community services. The data also are used to identify trends in service needs, as well as service gaps and barriers. A **service gap** is when a particular service does not exist in an area, defined as more than 50 miles away from the family's community. A **service barrier** is when factors such as cost or appointment availability prevent families from accessing a service. These gaps and barriers will vary per geography or service type.. Helpline operators are attempting to gather caller insurance type to help identify appropriate resources; but this information is also pertinent to our review of the children's behavioral health system and the potential needs of families.

Insurance of Helpline Callers	Percent
Medicaid/Kids Connection	50%
Private Insurance	37%
Have No Insurance	10%
Medicaid/Kids Connection and Private Insurance	2%
Private Insurance w/o Mental Health Coverage	1%

The balance between offering a caller the referral information they requested, but also offering what they likely need, is a continuing challenge. It would seem to be the ethical duty of the Helpline operator to assist the caller in exploring multiple options and resources that may be of benefit to the youth/family. An issue to continue to monitor is the general perception that adolescent behavior could be addressed with mental health treatment. Noting that many callers report trying such services in the past with limited success may suggest that formal treatment services are not always appropriate. In fact, while many child/youth issues are behavioral, they may not be true psychiatric/mental health disorders. Nonetheless, supportive and para-professional services would likely be of great benefit to families as preventative/intervention strategies.

Family Navigator Program

Description: Family Navigator Program

The Family Navigator Program is designed to specifically utilize family peer support specialists to provide further support and assistance after a caller is referred from their Helpline call. This services is expected to provide time limited services of approximately eight (8) contact hours per family over a period of forty-five (45) - sixty (60) days to families of youth experiencing an urgent behavioral health situation. The Family Navigator must be made available to the Helpline caller within 24-72 hours from referral by Helpline staff.

The target population for the Family Navigator services is a parent/guardian/ primary caretaker, who has a youth experiencing a significant behavioral health situation who needs additional assistance identifying, locating and connecting to appropriate services.

The fundamental intent of this service is to assist the family in navigating the current community-based behavioral health system, help the youth and family understand their options and make informed decisions, provide information and support, and promote a productive partnership between the youth and family and their choice of professional services when possible or applicable.

FY10 Family Navigator Appropriation	FY10 Family Navigator Expenditures
$ 611,984.00	**$ 259,955.89**

Family Navigator Program

Program Statistics and Outcomes

During the first two quarters of the Family Navigator Program, **249** families were offered Family Navigator service; **182** of those families accepted Family Navigator service. The number of Family Navigator cases increased **114%** from Q1 to Q2. Another 67 families that called the Helpline were offered Family Navigator services but declined. Reasons given for declining included parents who wanted to see how well the Helpline referrals worked out first; although a few families called back to request the service at a later time.

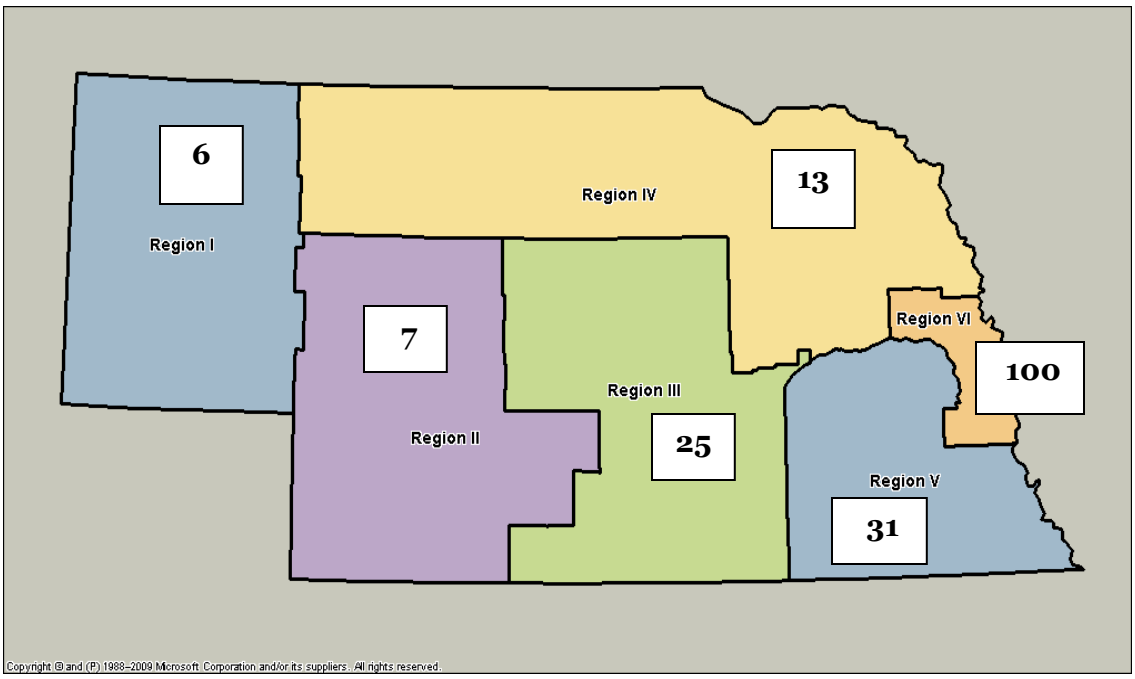
In approximately **40%** of cases Navigators had a first face-to-face meeting with families within 24 to 72 hours. All Navigators conducted their first meeting with families an average of **6.5** days after referral. A major factor in the length of time between referrals and first meetings was scheduling conflicts in which family availability was limited. In all cases, Family Navigators were available to families within 72 hours, however - being a family-centered service – parent availability dictated when meetings were held. DHHS does not consider a delay in first face to face meeting as contractual non-compliance unless the delay is a direct result of Family Navigator program failure to perform, rather than the family's availability and request for meeting time. This delay may also suggest that the Helpline service of initial intervention and family support is itself effective at reducing immediate crisis and increasing family stability, even if only temporary.

At the time Family Navigation cases are closed, families are given a Parent Survey for Family Navigator services. Completed surveys are mailed by families via postage-paid envelope directly to the evaluator, Hornby Zeller Associates. Detailed information collected from the client satisfaction surveys are reported in the evaluator's reports.

Family Navigator Program

Program Statistics and Outcomes (Con't)

- **16-year-olds** were the modal age group most served by Family Navigator service, while the median age was **14.**
- More than **two-thirds** of youth receiving Family Navigator service were Caucasian; the second highest percentage was African-American.
- Approximately **55%** of Family Navigator cases were in Region VI, reflecting the largest Region call volume and state population.
- Navigators spent an average of **5 hours** per case assisting families; over an average of **51 days**.
- Navigators provided families with a total of **469** service referrals; an unduplicated count although one family may be provided multiple referrals.
- Family Navigators are required to capture family data for program registration and are experiencing limited success, **under 50%** of families engaging in this request.



Right Turn (Post Adoption/Post Guardianship Services)

Description: Post Adoption/Post Guardianship Services

DHHS has placed children with special needs with adoptive parents and guardians. After finalization of the adoption or guardianship, the majority of these families can receive assistance to preserve, strengthen, and support them through a subsidized adoption or subsidized guardianship agreement. Some of the families need additional supports or services, which have not been available until the passage of LB 603. As a result of LB 603, DHHS contracted with Lutheran Family Services of Nebraska, Inc. (LFS) to deliver services to families that self-refer. These services will be short-term, tailored to the individual family's needs, and based on an understanding of the dynamics of families formed through adoption and guardianship.

Population To Be Served: The eligible population for services through this contract is any family who self refers and is residing in Nebraska or another state in which:

A child was in custody of DHHS just prior to finalization of the adoption, and there is a valid subsidized adoption agreement between the adoptive parent and DHHS; or

A child was in custody of DHHS just prior to finalization of the guardianship, and there is a valid subsidized guardianship agreement between the guardian and DHHS.

Families eligible for services through the Child Welfare/Juvenile Services Contracts are not eligible for services under this contract.

Access Center: The post adoption/post guardianship program can be accessed through a phone line that will be available 24 hours per day, 7 days per week, 365 days per year. The Access Center is the single point of entry for the program, providing inquiry, intake, crisis management, and initial case management. When it is determined that a caller is not eligible for Post Adoption/Post Guardianship services, the Access Center will assist the caller in determining what other resources might be appropriate.

Case Management: All Case Managers are assigned to a Program Supervisor, who will be a licensed mental health practitioner. Case Managers work with families to identify strengths, needs, and barriers, with an emphasis on issues related to adoption or guardianship. Each family will be offered services that are applicable to the family's needs.

Additional Services: Services include peer mentoring, family support groups, youth support services, child and family counseling, short-term respite, workshops, and seminars. These services will be short-term, tailored to the individual family's needs, and based on an understanding of the dynamics of families formed through adoption and guardianship.

This service is under contract by DHHS and administered by the Division of Children and Family Services.

Right Turn (Post Adoption/Post Guardianship Services)

Program Statistics and Outcomes

Total Calls to the Access Line	**519**	
Wrong number	51	11%
Abandoned Calls	46	9%
Inbound Follow-up (current RT family requesting information)	48	9%
Information Only (community professionals, family members, service providers, etc)	72	14%
Total Referrals for Additional Right Turn Services	302	58%

Referrals for All Services: Right Turn is committed to ensure that adoptive families access needed support even when they are not eligible for Right Turn services. When appropriate, these families are referred to the Helpline. In some cases, they are referred to Nebraska Children's Home Society, which has post adoption support for a broad spectrum of adoptive families. As a result, Right Turn staff have made over 1.000 referrals for services, including referrals both for Right Turn clients and those not eligible for Right Turn.

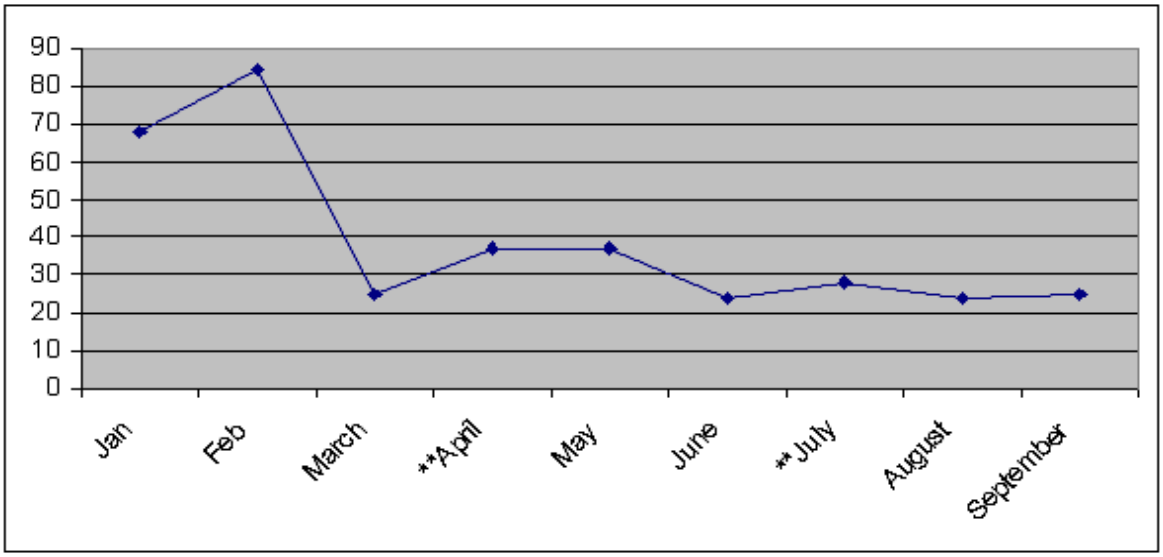
Total Referrals	**302**	
Referrals responded to within 72 Hours	300	99.3%
Ineligible Referrals (includes ineligible and duplicate referrals)	49	16%
Eligible Referrals	253	84%

Total Eligible	**253**	
Eligible: Accepted case management services	212	84%
Eligible: Declined case management (e.g. support needs resolved, not interested in case management, did not respond to follow-up attempts to contact.)	41	16%

Right Turn (Post Adoption/Post Guardianship Services)

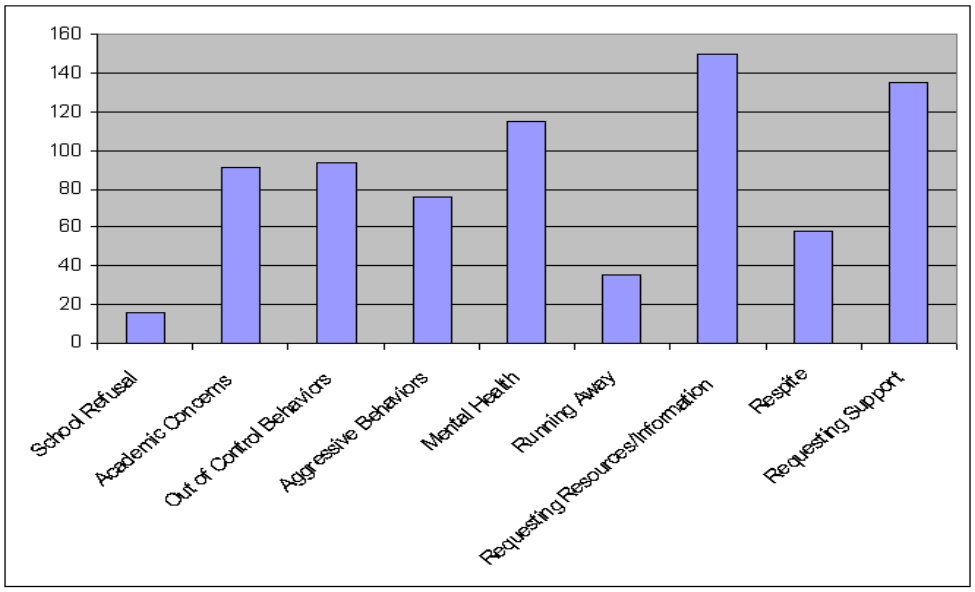
Program Statistics and Outcomes (Con't)

Number of Referrals For Case Management Received per Week
(**indicates that a quarterly mailing was done)



Issues identified as the reason for requesting assistance:

More than one reason can be identified. Reasons for referral are identified by both the family and the permanency support specialist once case management begins.



Right Turn (Post Adoption/Post Guardianship Services)

Program Statistics and Outcomes (Con't)

Case Management Families	**212**	
Adoption	**173**	**80%**
Guardianship	**39**	**20%**
Total Case Management Families	**212**	

Total Youth Served in Case Management (includes all youth served, not only the eligible child)		
Male	**241**	**53%**
Female	**211**	**47%**
Total Youth Served	**452**	

Services to each family are individualized, based on the family's identification of its needs. Because the specific services are variable, they have been divided into six "core services," which are Case Management; Mental Health Referrals; Respite Care; Training and/or Education; Support Group, and Peer Mentoring. Case management includes such activities as one on one support; referrals; advocacy with schools, other providers, etc.; direct intervention with the family; development of plans for obtaining assistance currently and into the future; development of crisis plans; coordination of services; teaching new skills, e.g., parenting and advocacy skills; and mediation of services. Mental health referrals can include assisting families to locate appropriate providers who understand the dynamics of adoption and guardianship, or to navigate the mental health system. Training and education are provided in a variety of ways, depending on what content is needed for the family and the medium that best works for the family. For example, education might be provided to help the adoptive parent or guardian to better-understand the effects of the child's background on his or her behaviors, or to deal with losses the child has experienced in prior years. Short-term respite care gives family members a break from dealing with the ongoing issues and pressures they face. In some cases, "formal" respite is arranged. In others, Right Turn staff help families find people such as friends and relatives who are willing to assist. Support groups also are very important. Currently, Right Turn holds twenty-one support groups monthly, throughout the state, some for parents and some for the child. Peer mentoring is provided through the Nebraska Foster and Adoptive Parents Association, which has trained foster and adoptive parents who work directly with the Right Turn client.

Right Turn (Post Adoption/Post Guardianship Services)

Program Statistics and Outcomes (Con't)

Outcomes for families at the end of service provision:

During the Second Quarter, Right Turn began requesting that families complete pre-service assessments. Of the fifty-eight families that have done pre-assessments, thirty-three have completed services and provided a post-assessment. All families had an overall higher score on the post assessment than on the pre-assessment.

The areas where families had the most improvement were on questions related to:

- Better understanding and identifying resources in the community
- Better understanding of child's needs

Assessment score improvements were consistently improved on both adoption and guardianship cases.

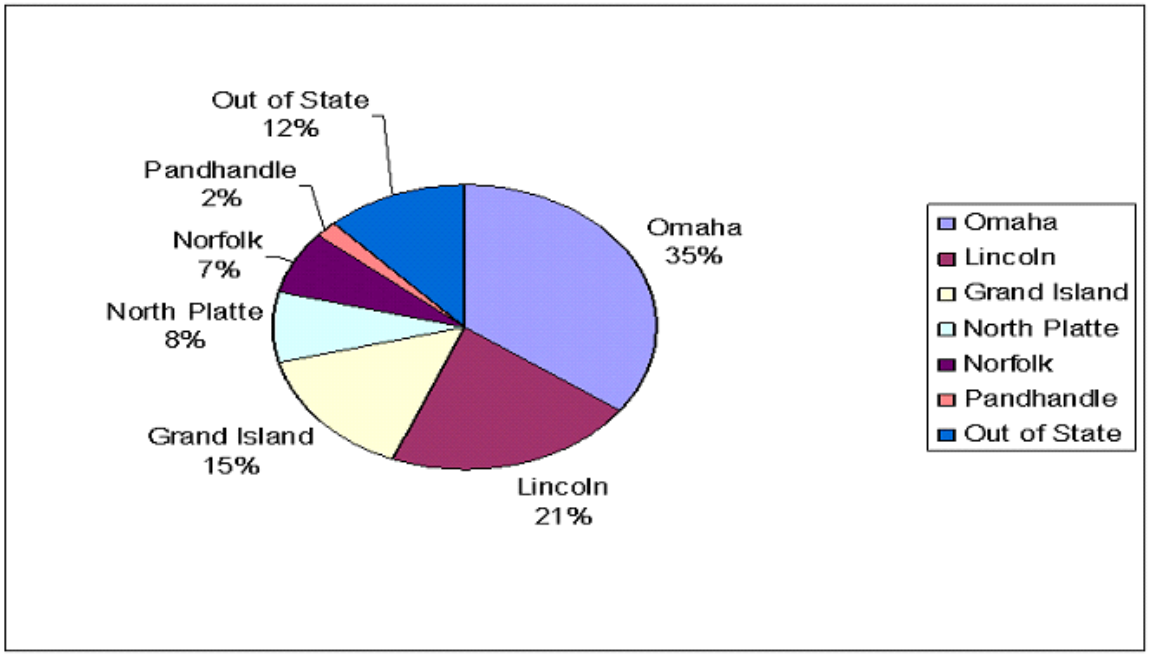
Over forty families began their call to Right Turn staff with a statement expressing their desire to end their parenting commitment to their child. Despite that fact, 96% (203 of 212) families receiving Right Turn services have remained intact.

Nine families had a child leave the home, either temporarily or permanently:

- Five of the nine had dependency filings due to mental health issues and an inability of the family to access treatment services. In all cases, the family expressed the intention to have the child return home when treatment was completed.
- One of the nine was adjudicated as a delinquent.
- Three of the nine experienced dissolution of the adoption or guardianship, with the parent or guardian no longer wanting to continue with their parenting commitment. Of the three, one was a situation in which the adoptive parents told Right Turn staff that Right Turn services no longer were needed, as they were in the process of terminating their adoption. One was a situation in which the guardian ended Right Turn services with the intention of dissolving the guardianship. The third was a situation in which the guardian was unable to parent due to the guardian's mental health issues, and the guardianship was dissolved. However, with the assistance of Right Turn staff, the guardian arranged for a successor guardianship with a family that was known to the child.

Right Turn (Post Adoption/Post Guardianship Services)

Program Statistics and Outcomes (Con't)



Additional Information of Interest

As planned, Lutheran Family Services and Nebraska Children's Home have formed a Limited Liability Company, and the contract has been amended to reflect that fact.

Marketing Efforts: From January through September, Right Turn has participated in over one-hundred marketing activities throughout the State, including e-mail blasts to providers, families, and DHHS Children and Family Services staff; quarterly mailings to eligible families; presentations to a wide variety of audiences; mailings with marketing materials to providers and community leaders; and presentations at professional meetings and conferences which are designed to share the success of the program as well as information about what Right Turn is and how to access services. Examples of professionals with information has been shared across the state are physicians, health clinics, and school counselors and administrators. In September, Right Turn developed a monthly newsletter which is electronically mailed to over 250 families and providers throughout the State. The newsletter contains an update on Right Turn services and support groups and features a mental health article, services of a community partner, and facts related to adoption and adoptive families.

Evaluation Services for the Help Line, Family Navigator and Post Adoption/Post Guardianship Services

Description and Outcomes: Evaluation Services

The Evaluation Services for the Nebraska Family Helpline, Family Navigator Program and Right Turn (Post Adoption/Post Guardianship Services) are responsible for providing services to evaluate and analyze the *fidelity, effectiveness and outcomes* of such services. The contractor for such evaluation services is Hornby Zeller Associates, Inc.

This contractor is expected to perform an evaluation of the service implementation and the analysis of the required data elements as well as additional elements as identified by the evaluator and the Service Providers. To implement a collaborative evaluation process, Hornby Zeller has developed an Evaluation Team consisting of representatives from the State, each program, family members and community stakeholders. This group meets at least quarterly to review and provide input to the process, evaluation methods, data elements, outcomes and reports.

This collaboration has also resulted in the implementation of a Dashboard Reporting System which serves as a visual reporting of selected indicators to measure over time and is posted on the DHHS website at: http://www.dhhs.ne.gov/beh/mh/childmh.htm

Hornby Zeller (HZ) has to date, provided all required reports to DHHS including the first 'Annual Report' which address the fiscal year 2009-2010 activities. Since this first report was provided in full to the LB603 Oversight Committee and Governor in November with significant detail, we opt to make mention of a few key elements here:

- *Fidelity:* HZ finds the 3 services to be operating satisfactorily per contractual requirements and has partnered with the providers to make process improvements
- *Effectiveness:* HZ finds the 3 services to be satisfactorily effective to their initial expected service outcome, with some recommendations for quality improvements
- *Outcomes:* HZ has begun to identify service outcome trends, but more time is needed to further explore system implications and to provide recommendations of additional strategies to positively impact these 3 services and the children's behavioral health system at large.

With less than a year of service activity, HZ has begun a healthy evaluation project that will provide solid data to ensure a report that is of benefit to the State of Nebraska and more importantly, its' children and families.

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Regions 1-4

Appropriations to the Regional Behavioral Health Authorities were divided by Region per the standard formula utilized for Regional funding distribution. Regions 1-4 opted to increase the capacity of their current traditional Professional Partners Program with the additional funding, to expand availability of this service.

Professional Partners Program (PPP) is a wraparound program that utilizes intensive, therapeutic service coordination, flexible funding and purposeful family centered practices to increase youth functioning, decrease risk for out of home placement and/or multiple system involvement and stabilize the family environment. PPP is an evidence based approach for serving youth with mental health challenges and has existed in Nebraska for over a decade with significant success.

The services purchased under this additional funding falls subject to the regular program monitoring procedures as the traditional program.

Some Regions who opted to increase PPP in their area had initial delay due to need to hire and train new staff to accommodate increase case load. This caused some Regions to not expend all their appropriations during the initial funded fiscal year. The Division of Behavioral Health fully expects each Region to utilize all funding appropriated in the fiscal year 2010-2011.

Region	FY10 Funding Appropriation	Expenditures	Estimated Capacity Expansion	Total #'s Served
Region 1	$25,662	$24,061.78	+3 youth	9 youth
Region 2	$30,105	$30,105.00	+3 youth	9 youth
Region 3	$65,731	$63,559.11	+7 youth	11 youth
Region 4	$96,014	$46,406.38	+10 youth	14 youth

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Region 5 Pilot Program

Region	FY10 Funding Appropriation	FY10 Expenditures	Total #'s Served
Region 5	$121,475	$107,984	LINCS: 110 Prev PPP: 17

Pilot: 'Prevention Professional Partners' and LINCS

LINCS offers assessment, services, and supports to families who have acknowledged a need for assistance with their children who are demonstrating difficulties in their homes, schools, and communities. The voluntary process also responds to youth with serious/complex needs who are at risk of a juvenile court filing and becoming state wards by applying the wraparound approach, including prevention, intervention, and coordination designed to address the behavioral health needs of youth and their families. Just over 55% of all referrals came from a county attorney's office. The primary goal of LINCS is to reduce formal juvenile justice involvement while generating community support and service for the youth and their families. Of the 110 families who contacted LINCS, 34% had no follow-through, 23% completed a family & youth assessment, 23% were referred to the community, 11% declined services, only 6% became a ward of Nebraska, and 3% are pending completion of an assessment.

The Prevention Professional Partner (PPP) program provides intensive case management, utilizing an innovative approach, designed to bring together community resources for the purpose of helping families who are in need of supports and services for their children. A prevention professional partner will be assigned to work with a family for 90 days to create an individualized plan with the family and to generate community support for the youth and family. The PPP program is completely voluntary and of 28 families referred, 17 families accepted and were served. Families served top four historical problems were: crime, substance abuse, mental illness, and violence. One hundred percent (100%) of youth served were either in the custody of their parents, relatives, or age of majority. Fifty-percent (50%) of families served met the 2008 HHS poverty guidelines, 56% of the youth were receiving Medicaid, while 31%-38% were taking medications for emotional/behavioral problems and had physical health problems. Fifty-five percent (55%) of the youth graduated the PPP program successfully and 18% of families chose not to be involved in the PPP program.

Both programs are demonstrating significant success, positive youth and family outcomes and system savings by connecting families to appropriate community based services and averting restrictive environments.

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Region 6 Pilot Programs

Region	FY10 Funding Appropriation	FY10 Expenditures	Total #'s Served
Region 6	$195,069	$46,122.00	Crisis Response: 11 RR-PPP: 27

Pilot: 'Rapid Response Professional Partners'

The Region 6 Rapid Response Program was created to provide short term (90 days) services for severely emotionally disturbed (SED) youth ages 0-19 to achieve goals of stability, improved functioning, and reduce the need for involvement with the juvenile justice system. This program works in collaboration with the Douglas County Attorney to respond to youth experiencing behavioral health concerns who are at risk for custody relinquishment. Program intent is to provide immediate response, wraparound services to identify youth safety, clinical need for services, and to assist families in identifying and connecting to community based services and supports.

The Rapid Response Program received **61 referrals** from January to June 2010. Not all referrals where appropriate or opted to enter the program, and were then referred to other community programs such as Right Turn. Only 5 of the 61 entered the child welfare system. The Rapid Response Program has served **a total of 27** who completed the program, 14 females and 13 males during this period.

Pilot: Adolescent Therapist addition on the Mobile Crisis Response Team

This pre-existing team in Region 6 serving Douglas County is now also be able to serve families with a youth experiencing urgent behavioral health situations or that are present during other calls. The team includes an Adolescent Therapist who is available for mobile crisis response when solicited upon police request. The purpose of this team is to provide immediate response to potential crises and potentially defer out of home placement via hospitalization or jail. Outcomes for this service not only benefit the youth and family by increasing stability, dignity and service connection, but also preserve community resources. Currently, Region 6 is exploring the possibility of the Nebraska Family Helpline referring directly to this team rather than routing thru legal interaction when appropriate or feasible.

The Mobile Crisis Response has responded to **11 calls** during this period. Of those 11 youth only 1 had to be admitted to a psychiatric hospital, the other 10 youth served were able to have their immediate crisis resolved in their home/community setting.

Contacts

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Contract Management:

-Nebraska Family Helpline and Family Navigator

-Evaluation Services for the Help Line, Family Navigators and Post Adoption/Post Guardianship Services

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Contract Management:

-Right Turn, Post Adoption/Post Guardianship Services

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