Children's Behavioral Health Oversight Committee

(LB 603 - 2009)

Report to the Governor and Legislature

September 15, 2012

Committee Members

Senator Kathy Campbell, District 25, Chair.....Lincoln
Senator Annette Dubas, District 34, Vice-Chair.....Fullerton
Senator Bill Avery, District 28.....Lincoln
Senator Colby Coash, District 27.....Lincoln
Senator Tom Hansen, District 42.....North Platte
Senator Gwen Howard, District 9.....Omaha
Senator Amanda McGill, District 26.....Lincoln
Senator Jeremy Nordquist, District 7.....Omaha
Senator Pete Pirsch, District 4.....Omaha

Committee Staff
Claudia Lindley, Legislative Aide to Senator Kathy Campbell

Table of Contents

Page

Introduction....3

Committee Responsibilities....4

Committee Meetings....4

Committee Observations:

- Extend the LB 603 committee so that its work may be transitioned to the Nebraska Children's Commission....4
- Continue funding for LB 603 programs....5
- Develop standardized reports....5

Programs Created by LB 603:
Background, Purposes, Funding, and Activities Summaries

Children and Family Helpline....5
Family Navigator....9
Right Turn....11
Behavioral Health Education Center of Nebraska....14

Programs Expanded by LB 603:
Funding and Activities

Medical Assistance (Medicaid) – Children's Health Insurance Program (CHIP)....16
Behavioral Health Regions
Region 1....16
Region 2....17
Region 3....17
Region 4....18
Region 5....18
Pilot Program, Prevention Professional Partners and Linking Individuals/Families in Need of Community Supports ("LINCS")
Region 6....20
Pilot Program, Rapid Response Professional Partners ("RRPP") program
Pilot Program, Mobile Crisis Response ("MCR") program

Resources....24

Appendix.... following page 25
LB 603 Report on the Children and Family Behavioral Health Support Act. Department of Health and Human Services, Division of Behavioral Health and Division of Children and Family Services. September 15, 2012.

INTRODUCTION

The Children's Behavioral Health Oversight Committee exists because of the unintended consequences of the state's "safe haven" law (Legislative Bill 157), passed by the Nebraska Legislature in February 2008. The bill decriminalized child abandonment if a parent or guardian left a child at a hospital. After the law took effect in July 2008, 36 children and teenagers were left at Nebraska hospitals; no infants were left. The stories that emerged from these events made it clear that Nebraska lacked adequate, effective services for families trying to deal with children's behavioral and mental health problems. Accordingly, the Governor called the Legislature into special session in November 2008. Senators changed the law so that it applied only to infants, but they also began discussions in earnest with the executive and judicial branches on Nebraska's juvenile mental and behavioral health system. In the 2009 legislative session, senators introduced a number of bills to provide and expand services. Those bills or amended versions of them were bundled together in LB 603, which the Legislature passed May 22, 2009.

LB 603 created the Children and the Family Behavioral Health Support Act, which created several programs to help families and children. To monitor the implementation of these programs, LB 603 established the Children's Behavioral Health Oversight Committee and authorized the Executive Board of the Legislative Council to appoint members of the Legislature to serve on the committee as follows: (a) Two members of the Appropriations Committee, (b) two members of the Health and Human Services Committee, (c) two members of the Judiciary Committee, and (d) three members of the Legislature who are not members of such committees (at-large). The committee terminates on December 31, 2012. *LB 603, Sec. 11 (1)*

LB 603 also created the Behavioral Health Workforce Act, which established the Behavioral Health Education Center, to be administered by the University of Nebraska Medical Center. The center's purposes are to increase the number of psychiatry residents, provide psychiatric residency training that serves underserved areas, train behavioral health professionals in telehealth techniques and other methods of increasing access to services, analyze geographic and demographic availability of behavioral health professionals, prioritize the need for additional professionals by type and location, establish learning collaborative partnerships, develop a total of six interdisciplinary behavioral health training sites, and report to the Legislature each odd-numbered year. *LB 603, Sec. 12-14*

COMMITTEE MEMBERS

On May 28, 2009, the Executive Board of the Legislative Council appointed the following senators to the committee:

Bill Avery, District 28 *(at-large)*
Kathy Campbell, District 25 (*Health and Human Services Committee member)*
Colby Coash, District 27 *(Judiciary Committee member)*
Annette Dubas, District 34 *(at-large)*
Tom Hansen, District 42 *(Appropriations Committee member)*
Gwen Howard, District 9 *(Health and Human Services Committee member)*
Amanda McGill, District 26 *(Judiciary Committee member)*
Jeremy Nordquist, District 7 *(Appropriations Committee member)*
Pete Pirsch, District 4 *(at-large)*

The committee met July 17, 2009 and elected Senator Campbell to serve as chairperson and Senator Dubas to serve as vice-chairperson.

COMMITTEE RESPONSIBILITIES

The committee is to monitor the effect of implementation of the Children and Family Behavioral Health Support Act and other child welfare and juvenile justice initiatives by the Department of Health and Human Services related to the provision of behavioral health services to children and their families. *LB 603, Sec. 11 (2)*

New Programs:
- Children and Family Support Helpline *LB 603, Sec. 6*
- Family Navigator Program *LB 603, Sec. 7*
- Post-adoption and post-guardianship services *LB 603, Sec. 8*
- The Behavioral Health Education Center of Nebraska *LB 603, Sec. 13, 14*

Expanded Programs:
- Professional Partner Program *LB 603, Sec. 10*
- Medical assistance (Medicaid) – the bill directed the Department of Health and Human Services to submit a state plan waiver to the federal Centers for Medicare and Medicaid Services to provide coverage for community-based secure residential and subacute behavioral health services. *LB 603, Sec. 1*
- Medical assistance (Medicaid) – for access to the Children's Health Insurance Program (CHIP), the bill changed eligibility for children under age 19 from 185% to 200% of the federal Office of Management and Budget income poverty guideline. *LB 603, Sec. 2*

Program Evaluation: LB 603 required the Department of Health and Human Services to evaluate the Children and Family Support Helpline program, the Family Navigator Program, and post-adoption and post-guardianship services.

The committee was required to provide a report to the Governor and the Legislature no later than December 1 of 2009, 2010, and 2011; and September 15, 2012. *LB 1160, 2011, Sec. 16.* The report shall include, but not be limited to, findings and recommendations relating to the provision of behavioral health services to children and their families. *LB 603, Sec. 11 (5)*

COMMITTEE MEETINGS

The committee is scheduled to hold a public meeting at 1:30 p.m. On October 30, 2012 in Room 1510 of the Capitol, for the purpose of discussing its final report and hearing from representatives of programs created by LB 603 and funded by the state.

COMMITTEE OBSERVATIONS

- Though the statute authorizing the committee terminates December 31, 2012, the Legislature, through adoption of a legislative resolution, should authorize the committee to continue through 2013 with the goal of transitioning its work to the Nebraska

Children's Commission, which was created by LB 821 in 2012 and charged with creating a system-wide strategic plan for child welfare, reviewing Department of Health and Human Services' operations regarding child welfare, and providing a permanent forum for state, local, and community collaboration on child welfare.

- The Legislature should continue to fund the Children and Family Support Helpline, the Family Navigator program, post-adoption, post-guardianship services through the Right Turn program, and the Behavioral Health Education Center of Nebraska at the University of Nebraska Medical Center.
- The committee should work with its subject programs to develop reports that are standardized with regard to time (calendar year, fiscal year, quarter, etc.) and format.

PROGRAM SUMMARIES, FY2012

PROGRAMS CREATED BY LB 603: BACKGROUND, PURPOSE, FUNDING, AND ACTIVITIES

Children and Family Helpline

Background of the Helpline

The Nebraska Family Helpline (1-888-866-8660) is operated by Boys Town under contract with the State of Nebraska. Boys Town's contract with the state requires specific Helpline standards. For example, calls are to be answered by a counselor at least 95 percent of the time, and the waiting time for a call on hold or in the call queue should be no more than an average of 100 seconds. Staff receive ongoing clinical supervision and training by licensed mental health professionals.

Purposes of the Helpline

The Helpline is intended to be a single point of access to children's behavioral health resources through a 24-hour, year-round telephone service. The Helpline is intended to (1) refer children and families to Family Navigators and Right Turn and (2) help children and families through crisis intervention and support, screening for immediate safety needs, connecting with emergency responders, referral to community resources, and assistance in using the behavioral health services system. With funding from Region 6 Behavioral Health Services, the Helpline also refers to a Boys Town pilot program (see page).

State General Funds:

FY09-10: $1,015,000
FY10-11: $1,700,000
FY11-12: $1,390,000
FY12-13: $1,390,000

Due to lower than anticipated use, the contract for the Helpline was reduced by $500,000 in FY11 from $1.7 million to $1.2 million. In FY12 and FY13 there is an increase for the helpline of $190,000, bringing the appropriation to $1,390,000 in FY12 and FY13.

Summary of 2012 Helpline Activities:
The following are for fiscal year 2012 unless otherwise noted.

Program Marketing

- eight weeks of radio advertising, averaging 538 spots per week (total of 3,765 spots)
- seven weeks of broadcast and cable TV advertising, averaging 1,038 spots per week (total of 6,227 spots).
- Ads in the Nebraska State Activities Association soccer and track programs; *Omaha Family*; Lincoln Public Schools newsletter; and *Family Spectrum*.
- In response to issues of interest to Helpline callers, in July messaging began to include bullying and troubles in school.
- In October, Helpline will test an online campaign.
- Sent marketing materials to DHHS offices in Omaha, Lincoln, and Grand Island; three large Omaha-area counseling/community support agencies; the peer support specialist program operated through the Omaha Police Department; Creighton Family Healthcare in Omaha.
- Distributed materials through direct marketing at the Special Needs Resource Fair in Omaha; the Millard Public Schools Resource Fair in Omaha; the ESU #1 Educator Training Session in Wakefield; the Nebraska Juvenile Justice Association's 2012 Annual Conference in Kearney; R.E.S.P.E.C.T. Bullying conference in Omaha; and Region 6 Youth Permanency Summit in Omaha.
- Helpline supervisors participated in eight live radio interviews at several local radio stations in Lincoln and Omaha.

Call Volume

- A total of 2,613 unique families called the Helpline *[2,717 in 2011]*.

Most Frequent Reasons for Calls (listed in descending frequency)

- children out of control
- children not following family rules
- lying
- poor anger control
- relationship problems with family
- school behavior problems
- verbal aggression
- academic learning problems
- runaway
- drug/alcohol/substance use/abuse

As in previous reporting periods, mental health was a significant factor among families seeking Helpline assistance.

- 12% of identified children had a previous mental health evaluation *[14% in 2011]*
- 14% of identified children had a previous mental health diagnosis *[19% in 2011]*
  - The most reported diagnosis was ADHD / ADD *[no change from 2011]*
- **16% of families had a child and/or parent with a mental health diagnosis <u>prior</u> to calling the Helpline *[24% in 2011]***
- **21% of identified children underwent at least one mental health treatment prior to the Helpline call *[29% in 2011]***
  - A form of outpatient treatment was reported 55% of the time *[52% in 2011]*
  - Medication was reported in use 26% of the time *[23% in 2012]*
- **As in previous reporting periods, families continued to tell counselors that they had tried less restrictive forms of treatment such as counseling and/or medication and they were seeking more restrictive types of referrals, such as residential treatment.**
- **Most barriers to success which families identified had to do with getting mental health services.** The most common in 2012 were the same in 2011:
  - counseling or medication ineffective
  - child wouldn't attend or did not find it helpful or stopped taking medications or participating in sessions
  - family didn't follow through because of scheduling, costs, or other factors.
- As in 2011, a significant "stressor" reported to counselors **continued to be inability to get the services parents wanted for their child. Nearly 40% of families reported difficulties in getting services.**
  - Behaviors are perceived by the parents as posing **safety risks to the child and/or family.**

Callers' Insurance Status (of those who reported their status)

- Medicaid/Kids Connection – 50% *[46% in 2011]*
- private insurance – 39% *[44% in 2011]*

Calls by Behavioral Health Region

- Region 6 (Dodge, Washington, Douglas, Sarpy, and Cass counties) – 2,239 (62%) *[up from 2011: 2,116 (58%)]*
- Region 5 (southeastern Nebraska) – 622 (17%) *[down from 2011: 744 (20%)]*
- Region 3 (central Nebraska) – 376 (10%) *[down from 2011: 458 (12%)]*
- Region 4 (north central and northeastern Nebraska) – 229 (6%) *[no change from 2011]*
- Region 2 (west central and southwestern Nebraska) – 98 (3%) *[up from 2011: 69 (2%)]*
- Region 1 (Panhandle) – 56 (2%) *[no change from 2011]*

The Helpline received calls originating from 84 (90%) of Nebraska's 93 counties *[up from 2011: 79 (85%)]*

Rate of Documented Calls by Region

- Region 6 – 2.8 calls per 1,000 residents under 18
- Region 3 – 1.9 calls per 1,000 residents under 18
- Region 5 – 1.4 calls per 1,000 residents under 18
- Region 2 – 1.2 calls per 1,000 residents under 18
- Region 4 – 0.9 calls per 1,000 residents under 18
- Region 1 – 0.9 calls per 1,000 residents under 18

Caller and Child Demographics, 4th Quarter of 2012

- 80% of callers were female
- Median age of callers was 40
- 77% of callers identified themselves as parents
- 59% of the children involved in the situations that prompted calls were male
- Parents most often called about children age 13 to 16 *[no change from 2011]*
  - 3% of children were 4 and younger *[no change from 2011]*
  - 8% were age 5 to 8 *[no change from 2011]*
  - 22% were age 9 to 12 *[up from 20% in 2011]*
  - 51% were age 13 to 16 *[down from 52% in 2011]*
  - 15% were age 17 to 19 *[down from 16% in 2011]*
  - 1% were age 19 and older *[no change from 2011]*
- Callers identified themselves as being in households that were
  - 44% single-parent
  - 28% biological parents
  - 15% a biological parent and a step-parent
  - 5% a biological parent and a live-in friend
  - 3% adoptive parents
  - 3% legal guardian
  - 2% other relative

Referrals (fourth quarter of 2012)

- 27% of families requested specific referral types
- **Most requested was community-based outpatient services, followed by residential treatment.**
  - **Residential treatment was requested** by callers 5 times as often as it was suggested by counselors.
    - Counselors told callers about the continuum of services and most often suggested outpatient services, followed by mental health evaluations.
  - Counselors suggested parent education and support three times as often as such services were requested by callers.

Client Satisfaction (fourth quarter of 2012)

- As gauged by the Helpline through voluntary phone survey
  - Of the 17 people surveyed out of about 60 offered, the average ratings on a scale of 1 (poor) to 5 (excellent) were
    - Operator's ability to listen and understand: 5.0 *[4.9 in 2011]*
    - Staff person's suggested options for you to try: 4.8 *[4.6 in 2011]*
    - Overall effectiveness of Helpline's service: 4.8 *[4.7 in 2011]*
    - If you got a follow-up phone call, how would you rate the helpfulness of the follow-up call? 4.7 *[4.6 in 2011]*

Pilot activity

In March 2011 the Helpline began offering referral to Boys Town's In-Home Family Services. The In-Home Family Services program is not new; rather, it has not been available to families "at the front end" – those initially seeking help through the Helpline. Through Boys Town's use of its own excess capacity funding, 10 families, referred by the Helpline, were served through June of 2011. For a family to be eligible for the program, the parents must be willing to accept help through the program, and the identified child must

- have conflicts with authority figures at home and/or school
- have at least 1 sibling
- have relationship problems with sibling(s)

Initially, families receiving services lived in Douglas and Sarpy Counties. In 2012, Region 6 provided funding to expand the program. Beginning August 1, 2012, Boys Town expanded the program to families in all the counties in Region 6 (Cass, Dodge, Douglas, Sarpy, and Washington), with the goal of serving 50 to 70 non-system families between August 1, 2012 and July 31, 2013. Criteria have been modified to include families with only one child in the home. Since the expansion to all Region 6 counties, the Helpline has referred approximately 25 families to the program.

Family Navigator

Background of the Family Navigator Program

Boys Town operated the Family Navigator program for the first contract period (18 months, which ended June 30, 2011). Boys Town worked in partnership with Healthy Families Project, NAMI Nebraska and the Nebraska Family Support Network to offer the Family Navigator Service.

In July 2011, the Nebraska Federation of Families for Children's Mental Health ("NE-FFCMH") began operating the program. NE-FFCMH is operated with employees and volunteers who have experienced the challenges of families who seek Family Navigation and Peer Support services.

The foundation of the program is that when a family needs services, it is that family's youth, parents, and caregivers who are the experts.

NE-FFCMH sub-contracts with six family organizations statewide to provide Family Navigation and Peer Support services. Each is responsible for serving a designated geographical region. Regions and sub-contracted organizations are

S.P.E.A.K. OUT, Gering (Panhandle)
Voices 4 Families, North Platte (west central and southwest)
Families CARE, Kearney (central and south central)
Parent to Parent Network, Norfolk (north central and northeast)
Families Inspiring Families, Lincoln (southeast)
Nebraska Family Support Network, Omaha (east central)

Purposes of the Family Navigator Program

The Family Navigator program is intended to (1) connect families seeking children's behavioral health services to other families and individuals who can provide peer support and (2) connect families to existing services, including the identification of community-based services.

State General Funds

FY09-10:	$ 611,984
FY10-11:	$1,056,047
FY11-12:	$ 866,047
FY12-13:	$ 866,047

Due to lower than anticipated use, funds for the Family Navigator program were reduced in FY12 and FY13 by $190,000 – from $1,056,047 to $866,047.

Summary of Family Navigator Activity

The following information is for FY12:

- Total families served: 740
  - 412 new Navigation referrals
  - 328 new Peer Support referrals

- Family Navigation families may transfer to the Peer Support Program after completion of the Navigation program.
  - In 2012, taking the six providers together, an average of 42% of those who left the Navigation program entered the longer-term Peer Support Program.
    - This was the most common reason for discharge from Navigation.
  - The most common reason for discharge from Peer Support was that the family reached its goals.

- Average time in program
  - Navigator: 1.5 months

        - Decrease from previous average of 3 months
    - Peer Support: 4 months
        - Decrease from previous average of 6 months
    - NE-FFCMH attributed these decreases in time in programs to training for Navigation outcomes and linking families to services and resources.

- Demographics
    - In both the Navigation and the Peer Support programs, boys make up the majority (64% and 63%) of the youth.
    - In both programs, the age group most served was 13 to 16 year olds.

- Diagnoses of Identified Children
    - Family Navigator Program – Top 5
        - Depressive Disorder
        - ADHD (combined types)
        - Mood Disorder
        - Oppositional Defiant Disorder
        - Post-traumatic Stress Disorder
    - Peer Support Program – Top 5
        - ADHD (combined types)
        - Oppositional Defiant Disorder
        - Bipolar Disorder
        - Conduct Disorder
        - Reactive Attachment Disorder

The federation's *Family Navigation and Family Peer Support FY2012 Annual Report* includes additional information on program standards, quality management, family satisfaction, training, outcome reporting, evidence-based practices, how families paid for services, and success stories.

Right Turn

Background of the Right Turn Program

Right Turn has been operated by Lutheran Family Services through a contract with the State of Nebraska since the program's inception. KVC Behavioral Health operated the Right Turn access line and reported data; in 2012, KVC was replaced by Protocall Services.

Purposes of the Right Turn Program

Right Turn is intended to offer case management services to families who have adopted or become guardians of children who were previously wards of the State of Nebraska. DHHS is responsible for notifying adoptive parents and guardians that case management services are

available on a voluntary basis. Notification is to be made in writing at the time of finalization of the adoption agreement or completion of the guardianship and each six months thereafter until dissolution of the adoption, termination of the guardianship, or the former state ward attains nineteen years of age, whichever is earlier.

Right Turn offers six core services: respite support, training and education, case management, peer mentor services, statewide support groups, and short-term mental health services and referrals. It also offers in-home support and intervention. Access to Right Turn is through a phone access center 24 hours per day, seven days per week, every day of the year. This is a single point of entry providing inquiry, intake, crisis management, and initial case management.

State General Funds

FY09-10: $1,198,800
FY10-11: $2,027,970
FY11-12: $2,027,000
FY12-13: $2,027,000

Summary of 2012 Right Turn Activity

The following are taken from the *LB 603 Report on the Children and Family Behavioral Health Support Act,* Division of Behavioral Health, Division of Children and Family Services, Department of Health and Human Services, September 15, 2002 and *Quarter 10 (draft) April-June,* Right Turn, August 2012.

Numbers

- Calls
  - Total calls to the access line: 446
- Families
  - 213 families served
  - 567 children served
- Referrals
  - In 2012, Right Turn made over 4,500 referrals for services
    - This number includes referrals for Right Turn families and those not eligible for Right Turn
    - Total referrals for additional Right Turn services: 212
      - Eligible for additional services: 185
        - Accepted services: 162
      - Ineligible family referrals may be to the Nebraska Family Helpline or to the Nebraska Children's Home Society

Demographics

- Of families receiving case management services, about 75% were adoptive and 25% guardians.
- The percentage of male and female children was evenly divided.

- The majority of children were are 11 or older.
    - In 2012, there was a slight increase in children ages 17 and 18.

Reasons for contacting Right Turn

- **Mental illness was the most frequently cited reason for seeking help via case management.**
    - **About 65% of families reported that their child had a mental illness diagnosis**
        - Most frequently cited mental illness diagnoses in order of frequency:
            - Reactive Attachment Disorder
            - ADHD
            - Depression
            - Bipolar Disorder
    - Other reasons for contacting Right Turn
        - Out-of-control behaviors
        - School/academic problems
        - Aggression
        - Need for respite
        - Runaway child

Placement instability and subsequent need for post-adoption/post-guardianship services

- Right Turn reviewed children's placement and adoption history within the child welfare system and made comparisons among
    - families that participated in Right Turn,
    - families who were eligible but did not participate, and
    - families who were not eligible for Right Turn.
        - Of the three groupings,
            - Children involved with Right Turn were more than **442% more likely to have been removed from their homes more than once prior to adoption** compared to about 10% for both of the other groupings.
            - **Children involved with Right Turn had experienced more than 6 out-of-home settings (compared to 4 for children in the other groups)**

Outcomes

- Of 213 families served,
    - Two families permanently and formally ended their adoptions.
    - Children from four families became wards of the state
        - all were age twelve or older
        - all had been in the home for at least two years
        - all but two children had multiple mental health diagnoses

Satisfaction measures

- 63% of families said they saw improvement in their parenting skills

- 73% said they had increased understanding of their children's needs
- 97% were satisfied with Right Turn's services

Marketing

- In 2012, participated in over 100 activities, including
  - contacts by e-mail to providers, families, and DHHS Children and Family Services staff
  - quarterly mailings to eligible families
  - presentations to community groups and at conferences
  - mailings to providers and community leaders
  - monthly newsletter mailed online to over 300 families and providers

Use of 2011 Pilot Project

A Step Further: Improving family relationships through support and intervention after trauma and loss, piloted in 2011, is now incorporated into the Right Turn program for families who want to focus on solutions related to the child's past trauma and loss and who have the need for services of up to 180 days.

Grant

- With Lutheran Family Services and Nebraska Children's Home Society, Right Turn has been awarded a grant in June 2012 from the Center for Adoption Support and Education. The grant will provide **training for mental health professionals to increase competency in adoption and youth in adoptive families.**

Behavioral Health Education

Background

LB 603 stated that **there are insufficient behavioral health professionals** in the Nebraska behavioral workforce and further that **there are insufficient behavioral health professionals trained in evidence-based practice. This workforce shortage leads to inadequate accessibility and response to the behavioral health needs of Nebraskans of all ages: children, adolescents and adults. These shortages have led to well-documented problems of consumers waiting for long periods of time in inappropriate settings because appropriate placement and care is not available. As a result, mentally-ill patients end up in hospital emergency rooms** which are the most expensive level of care **or are incarcerated and do not receive adequate care, if any.** In response, the Legislature, through passage of LB 603, created The Behavioral Health Education Center of Nebraska ("BHECN") beginning July 1, 2009, to be administered by the University of Nebraska Medical Center.

Purpose

The BHECN is intended to address the competent workforce shortage to meet Nebraskans' behavioral health needs.

State General Funds
FY09-10: $1,385,160
FY10-11: $1,563,993

These are the only appropriations made to the BHECN. Future appropriations will be necessary to continue the work to address the shortage of a competent workforce to meet Nebraska children's behavioral health needs.

Summary of Activities
The following are from BHECN's Legislative Report July 2011-June 2012.

Trainees funded by BHECN
- 4 psychiatry residents
- 1 psychiatric pharmacy trainee in Omaha and Lincoln
- 2 adult psychology trainees
- 2 child psychology trainees
- 3 social work trainees
- 9 counseling trainees
- 2 marriage and family trainees
- 2 psychiatric nurse practitioner trainees

Recruiting
- BHECN's Ambassador Program recruits high school and college students from rural Nebraska to enter behavioral health and practice in rural Nebraska
  - Conference scheduled in Kearney in April 2013 for 30 students
- Three annual college behavioral health conferences have recruited 60 undergraduate students.
  - Of the 41 graduates, 12 are enrolled at UNMC (five in medical school, 5 in pharmacy, and 2 in nursing)

Telehealth
- 3 annual behavioral health information technology summits in Omaha
- 165 attendees; over 10% from rural communities
- BHECN funds telehealth training for psychiatry residents at Creighton University Medical College and at UNMC.
- Rural sites currently receiving telehealth services: Wayne, Scottsbluff, Columbus
- BHECN is developing telehealth curriculum for licensed behavioral health workforce with focus on information technology standards for distance telehealth, security and credentialing

2012 Training Site Locations for BHECN-funded behavioral health trainees

- Alliance, Bellevue, Broken Bow, Chadron, Crawford, Columbus, Crete, Fremont, Gordon, Hastings, Hebron, Holdrege, Kearney, La Vista, Lincoln, Minden, Nebraska City, Norfolk, North Platte, Oakland, Omaha, Plattsmouth, Rushville, Scottsbluff, Wahoo, West Point, York

2009-2012 Practice Locations of BHECN-funded behavioral health graduates

- Alliance, Chadron, Crawford, Columbus, Falls City, Gordon, Grand Island, Hastings, Hebron, Holdrege, Kearney, La Vista, Lincoln, Minden, Nebraska City, Omaha, O'Neill, Rushville, Scottsbluff, West Point, York

PROGRAMS EXPANDED BY LB 603: FUNDING AND SUMMARIES OF ACTIVITIES

Medical Assistance (Medicaid) - Children's Health Insurance Program (CHIP)

Funding

In FY10, almost $2.2 million in General Funds and $7.9 million in total funds were provided to the Children's Health Insurance Program ("CHIP") to increase eligibility from 185% of the poverty level to 200%. Implementation began September 1, 2009. Funding is no longer tracked for the expansion from 185% to 200%; it is blended in with the overall budget projection for the CHIP.

Enrollment Increase

In FY09, the fiscal year preceding the increase in CHIP eligibility, average monthly enrollment was 25,713 and the prior year growth was 1.2%. In the first two months after eligibility was increased, enrollment grew by 3% each month and then leveled off. In FY 2012, average monthly enrollment was 30,872, an increase of an average of 5,159 children or 20% since FY 2009.

Behavioral Health Regions Professional Partners and Pilot Programs

State General Funds

FY2009-10: $ 500,000
FY2010-11: $1,000,000
FY2011-12: $1,000,000
FY2012-13: $1,000,000

Region 1 (Nebraska Panhandle) Region 1 received $51,110 for FY11-12, and expended $48,814 on its Professional Partners Program (PPP). The region reported to the committee that it

used LB 603 funds to help "higher needs" youth. It is estimated that the funds increased capacity by 3 youth for a total of 8 served.

Typically these young people have been in and out of the system regularly, or have unique circumstances, such as medical concerns or developmental disabilities that make it difficult to receive wrap-around services. Eight higher needs youth were in the program last year. Three youth were discharged from the program, and 3 new youth were enrolled. Of the 3 discharges, one was successful. Two were not successful; one needed a higher level of care, and one's family didn't comply with program requirements and stopped responding to requests to participate.

Region 2 (central south-western Nebraska) Region 2 received $60,050 for FY12, and expended $66,482. It is estimated that the funds increased capacity by 3 youth for a total of 10 served. The region reported that it is using the funds to serve children through its Youth Care Coordination Program (which is the equivalent to the Professional Partners Program). Region 2 reported it is serving or has served youth in almost every one of the region's 17 counties.

Region 3 (central and south-central Nebraska) Region 3 expended a total of $163,260 to serve 45 children and adolescents through 2 programs: Transition Age Supported Employment ("TASE") and Professional Partner ("PPP"). TASE is operated with Goodwill Industries of Greater Nebraska. TASE expenditures were $37,727 in LB 603 funds and an additional $21,651 in state General Funds to serve 16 youth. PPP expenditures in LB 603 funds were $96,493 and $21,651 in county matching funds to serve 29 youth.

Region 3 tracks data monthly for the PPP to identify improvements and areas of need. Upon entering the program in FY12 the overall average Child and Adolescent Functioning and Assessment Scale ("CAFAS") score was 93.4 and five months later the average was 62, or an overall 31.4 point decrease (which is "a meaningful and reliable improvement") from intake. In 2011, Region 3 reported that the overall average score at intake was 104.6, with an overall average score of 50 at discharge – again, a meaningful and reliable improvement.

	FY2012	FY2011
Children and youth in LB603-funded PPP services:	29	28
Number discharged:	19	22
Completed Individualized Support Plan:	31.6%	27.3%
Youth needs less intensive services	26.3%	9.1%
Family passively refused services	15.8%	27.3%
Child or youth became a state ward	15.8%	13.6%
Moved outside state or region	5.3%	9.1%
Other (NDHHS non-court involved)	5.3%	*
Unable to locate youth/family	*	9.1%
Out of home	*	4.5%

**This category not identified in the region's annual report to the LB 603 Committee.*

Region 4 (north and northeastern Nebraska) Region 4 received $123,162 in LB 603 funds and expended $86,513. It is estimated that the funds increased capacity by 10 youth for a total of 18 served in the region's Professional Partners Program. The program's goals are to help families get help without making a child a state ward or going into incapacitating debt to obtain services; and to prevent severely emotionally disturbed or behaviorally disordered children from entering the juvenile justice system or dropping out of school.

Region 5 Systems (Southeast Nebraska) Region 5 received $242,871 in LB 603 funds and expended $212,596. Funds support Prevention Professional Partners ("PPP") and Linking Individuals/Families in Need of Community Supports ("LINCS") pilot program.

LINCS' primary goal is to reduce formal juvenile justice involvement while generating community support. When appropriate, families referred to LINCS are referred to the region's PPP Program, which differs from the traditional Professional Partner program in that it is a 90-day intensive case management program that only serves youth ages 7 to 18 who have serious and/or complex needs. Parents and youth are involved in all states of planning and creation of an individualized plan for their family. Again, the focus of the plan is to prevent the youth from entering the juvenile justice system and becoming a state ward.

Referral outcomes, FY12

Linking Individuals/Families in Need of Community Supports ("LINCS")

98 youth were referred

25 received information and referral (parenting, mental health therapy, mentoring, financial assistance, tutoring, drug/alcohol education, transportation, school-based resources

39 no response, no shows, declines

34 assessment completed & referrals/recommendations given

Prevention Professional Partners ("PPP")

29 referred

24 used PPP services

PPP Youth and Family Demographics

Services youth were receiving at intake (n=27)

63% school-based services

58% outpatient services

33% residential treatment or psychiatric hospitalized

8% day treatment

0% alcohol/substance abuse therapy

46% were taking medication for emotional/behavioral problems

8% were having physical health problems

Youth diagnoses (n=24)

58% attention-deficit & disruptive behavior disorders
46% mood disorders
13% anxiety disorders
8% pervasive development disorders
8% factitious disorders
8% cannabis related disorders
4% other
4% elimination disorders
4% adjustment disorders

Family problems at intake (n=24)

67% mental illness in family
54% parent(s) convicted of a crime
50% substance abuse in the family
17% parent(s) psychiatric hospitalization
17% violence in family
13% parent(s) substance abuse treatment

Youth's legal custody at intake (n=24)

75% parent(s)
13% self/relatives/others
8% adoptive/foster parent(s)
4% state ward

Family annual income at intake (n=24)

38% less than $5,000
17% $25,000-$34,000
13% $15,000-$19,000
8% $5,000-$9,999
8% $10,000-$14,999
8% $20,000-$24,999
4% $75,000-$99,999
4% $100,000 and over

75% (18 of 24 families) met income eligibility guidelines for Nebraska's Kids Connection (Medicaid)

18 families left the PPP in FY12

39% family chose not to be involved in services
28% youth graduated from PPP
11% youth became a state ward
5% youth placed out of home
17% left for other reasons

Region 6 Behavioral Healthcare (Dodge, Washington, Douglas, Sarpy, and Cass counties)
Region 6 received $388,922 in FY12 and expended $440,970. The funds supported the region's two pilot programs, Rapid Response Professional Partners ("RRPP") and Mobile Crisis Response ("MCR"). An adolescent therapist component was added to the MCR in FY12.

Rapid Response Professional Partners ("RRPP")

RRPP provides short-term (90 days) services for severely emotionally disturbed youth up to age 19. The program's primary goal is stabilizing the home environment and preventing youth from entering the system. It is a voluntary, in-home case management service for families not involved with a DHHS case manager. RRPP staff meet with the family once or twice a week to coordinate services using strategies that build on the family's abilities and resources.

Referrals to the RRPP come from the county attorney's office. RRPP staff stay in contact with the county attorney's office to give updates and progress reports. Upon discharge, the RRPP gives additional resources to help keep the home stable. Those resources may include referral to the traditional PPP; the county attorney's office is notified of disposition and given recommendations for continuing family support.

RRPP staffing has grown from 1 case manager in early 2010 to 4 full-time positions in August 2011, and is currently at 5 full-time staff. Region 6 sees this growth as a reflection of the need for the service.

Referral outcomes, RRPP, FY12

254 referrals
143 (56%) were admitted to the program

Most common youth problems at intake (143 youth; some had multiple problems)
- 135 non-compliant
- 112 academic problems
- 107 extreme verbal abuse
- 104 attention difficulties/impulsive behavioral
- 96 police contacting
- 85 physical aggression
- 68 runaway
- 67 poor peer interactions
- 62 property damage
- 56 alcohol/substance abuse

Youth primary diagnosis
- 42 deferred diagnosis
- 18 ADHD
- 16 other diagnoses

15 major depressive disorder
13 adjustment disorder
12 mood disorder
11 oppositional defiant disorder
5 PTSD
5 conduct disorder
3 dysthymic disorder
3 cannabis abuse

Length of stay
maximum: 135 days
minimum: 27 days
mean: 81 days

Gender
67 male
76 female

Race
94 White
32 African-American
9 multi-racial
8 American Indian, Asian, Pacific Islander

Ethnicity
112 non-Hispanic
31 Hispanic

Age
82 – age 16-19
57 – age 10-15
4 – age 0-9

County
110 Douglas
16 Sarpy
9 Washington
8 Dodge
0 Cass

RRPP discharges and outcomes
114 discharges
86 or 75% left because they completed their goals

A 12-month follow-up study of **100** discharged shows that
77% did not enter the juvenile justice system
90% did not enter the child welfare system

Mobile Crisis Response ("MCR")

The MCR is intended to resolve immediate behavioral health crises within the least restrictive environment and help with post-crisis planning. Referrals come from law enforcement officers and, since January 2011, from the Children and Family Helpline. Collaborating with the Helpline allows operators to offer families in crisis immediate, on-the-scene help by a licensed mental health professional in the home.

In addition to crisis services for youth, post-crisis services are available. These include emergency community support, urgent outpatient support, and urgent medication management. 91% (124 of 137 referrals) accepted referral information on community based programs.

MCR referrals and outcomes, FY12
137 referrals (55 from the Helpline, 82 from law enforcement)
16 (12%) were hospitalized
121 (88%) had the crisis resolved in a less restrictive manner

MCR demographics, FY12

Gender
80 male
57 female

Age
80 – age 15-18
43 – age 11-14
14 – age 6-10
0 – age 5 and under

County
72 Sarpy
51 Douglas
10 Cass
3 Dodge
1 Washington

System involvement
122 non-state wards
15 state wards

Living situation
- 117 with parents
- 3 with foster parents
- 1 in group home

Current treatment situation
- 53 therapist
- 48 psychiatrist

Resources

BEHCN Summary July 2011 - June 2012. Behavioral Health Education Center of Nebraska. September 2012.

FY2012 Family Navigation and Family Peer Support Annual Report. Nebraska Federation of Families for Children's Mental Health. September 2012.

LB 603 Prevention Professional Partners and Linking Individuals/Families in Need of Community Supports (LINCS) Annual Report, July 2011 through June 2012. Region V Systems. August 15, 2012.

LB 603 Report on the Children and Family Behavioral Health Support Act. Department of Health and Human Services, Division of Behavioral Health and Division of Children and Family Services. September 15, 2012.

Nebraska Family Helpline Annual Report: FY2012. Boys Town. August 25, 2012.

Right Turn Quarter 10 2012 Report draft. Right Turn. September 6, 2012.

Summaries of LB 603 programs, Behavioral Health Regions 1, 2, 3, 4, and 6, e-mailed to Senator Kathy Campbell. September 2012.

Telephone conversation between Shellie Gomes, Right Turn program, and Claudia Lindley, office of Senator Kathy Campbell, October 23, 2012.

Appendix

LB 603 Report on the Children and Family Behavioral Health Support Act. Department of Health and Human Services, Division of Behavioral Health and Division of Children and Family Services. September 15, 2012.

TO: Health and Human Services Committee

FROM: Scot L. Adams, Ph.D.
Director - Division of Behavioral Health
Department of Health and Human Services

DATE: September 14, 2012

RE: DHHS LB603 Annual Report

Thank you for the opportunity to share this report about the Department of Health and Human Services' (DHHS) implementation of the LB603 Children and Family Behavioral Health Support Act. DHHS has been working diligently to ensure this measure produces effective and efficient services for the benefit of Nebraska youth and families.

The 2012 Annual Report contains details about the progress that has been made for the three services: Nebraska Family Helpline, Family Navigator/Family Peer Support, and Right Turn (Lutheran Family Services). In addition, please note the final project report from the evaluator, Hornby Zeller Associates, is expected in October and will be provided then. Please note a few of the highlights of interest:

- **Effective**: These three services have proven effective, valuable contributions for Nebraska families by providing supports critical to youth and family well being beyond medical care.
- **Preventative**: These three services interact with families who may not have experienced any system involvement, but who may be at risk. Many of these families need other family supportive services not covered by private insurance or Medicaid/Kids Connection
- **Restorative**: These three services have provided restorative programming to families whose safety, stability and permanency were compromised.

DHHS is committed to continuing the collaborative relationship with the providers of these services as well as our existing partners and service system stakeholders, toward the common goal of serving youth and families "with the right service, in the right amount, at the right time." We appreciate the opportunity to provide this update on the implementation of the Children's Behavioral Health Support Act.

Enclosure

Department of Health & Human Services

DHHS

NEBRASKA

LB603 Report on the Children and Family Behavioral Health Support Act

Division of Behavioral Health

Division of Children and Family Services

September 15, 2012

(This page left intentionally blank.)

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 act provided the framework for three initial 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). DHHS offers this report in compliance with the LB603 Chapter 71-801 section 9 reporting requirements for an annual report presented by September 15th to the Governor and the Legislature.

The contents of this report summarize the events occurring after the passage of LB603 (designated to DHHS) for fiscal year 2011 –2012 (FY12) as they pertain to the:

- Nebraska Family Helpline, Boys Town
  - ◊ 3,786 total calls, 68% of surveyed families report improved family situation after call
  - ◊ 2,613 unique families served
- Family Navigator and Family Peer Support Services, Nebraska Federation of Families for Children's Mental Health
  - ◊ 740 new families accepted services in FY12, 84% report feeling more hopeful about their future after the services
- Post Adoption/Post Guardianship Services, Right Turn
  - ◊ 213 families accepted services in FY12, 97% of families surveyed express satisfaction with the services received
- Evaluation Services, Hornby Zeller Associates
  - ◊ Timely reports, significant program gain, within budget
- Children's Behavioral Health Services, Regional Behavioral Health Authorities
  - ◊ 258 additional youth served with positive outcomes
  - ◊ 137 youth received timely crisis response services in partnership with Nebraska Family Helpline

(This page left intentionally blank.)

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 committed 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 services, now with two and a half years of operation (from inception January 1, 2010 thru fiscal year end June 30, 2012), have already demonstrated a healthy investment of collaborative effort by many to develop and perform continuous quality improvement to ensure the effectiveness initially envisioned.

In 2011, DHHS responded to recommendations from family consumers and the Project Evaluator to ensure continuity between the short-term Family Navigator Service and the longer term Family Peer Support Services. As a result, DHHS solicited bids for the management of both services within one contract, which began July 1, 2011. Under a contract with the Nebraska Federation of Families for Children's Mental Health, this combined service system has led to many process and quality improvements in the family peer support system through the initiation of standard requirements, including the use of evidence-based practices statewide.

The Nebraska Family Helpline, Family Navigator (and now Family Peer Support) and Right Turn all have continued to work collaboratively with the Evaluator to identify best practices in service implementation and data-sharing processes.

Reporting of all three initial services continues to highlight 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. Based upon these first two and a half years, these programs continue to demonstrate themselves as successful additions to Nebraska's children's behavioral health system.

(This page left intentionally blank.)

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 and empowerment to families
- Helping youth and families make informed decisions
- Assistance to families navigating the system
- Providing immediate connection to mobile crisis response in some areas

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

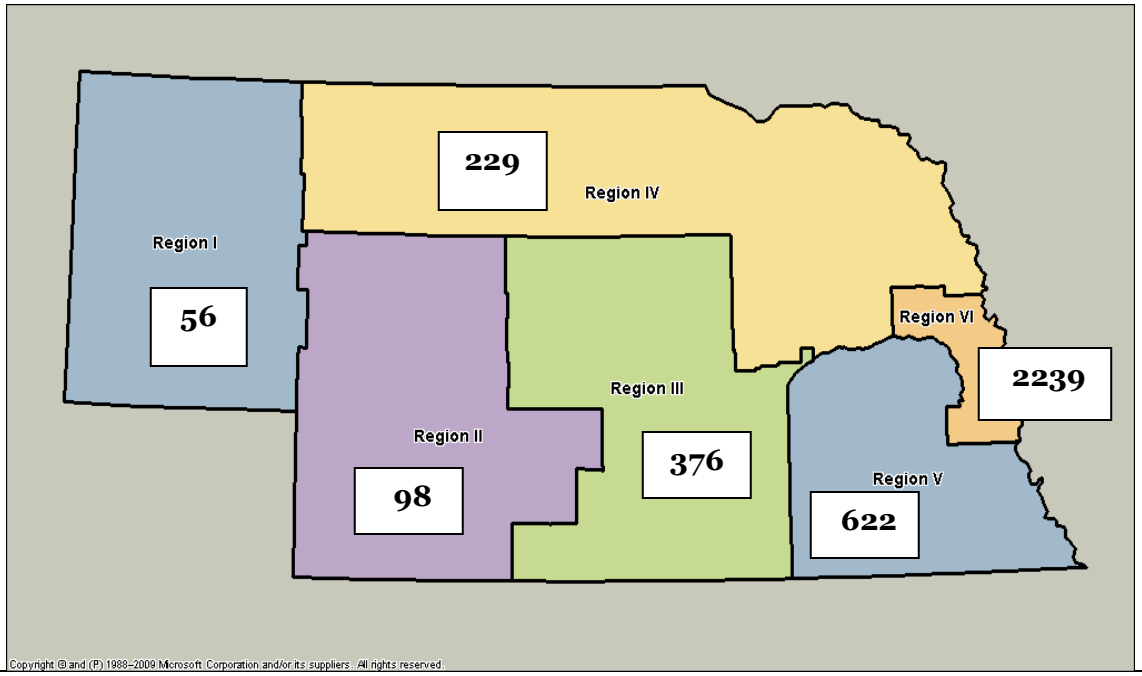
FY12 Helpline Appropriation	FY12 Helpline Expenditures
$1,390,584.00	**$1,221,425.97**

Nebraska Family Helpline

Program Statistics and Outcomes

The Nebraska Family Helpline and Family Navigator programs achieved a number of successes in FY 2012. The Helpline served a total of **2,613** unique families throughout Nebraska during the fiscal year 2011-2012 (FY12: July 1, 2011– June 30, 2012). Those families made a total of **3,786** calls to the Helpline. About **63%** of calls to the Helpline came from Behavioral Health Region VI.

Of the families that contacted the Helpline, **651** families were offered Family Navigator service (**25%**) and **423** families accepted Family Navigator service (**16%**). Helpline Counselors provided families with a total of **3,928** referrals for a range of services. Around **42%** 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 and media such as television and radio. The table below represents calls by Region during FY12.



Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

Inbound Call Types (Documented)	TOTAL	Percent
Standard Inbound Call	1,502	40%
Information	1,125	30%
Inbound Follow Up	1,059	28%
High Risk	100	3%
Positive Consumer	0	0
Negative Consumer	0	0
TOTALS	**3,786**	**(100%)**
Other Inbound Call Types		
Inappropriate Use of Services	41	
Hang up/Wrong Number	139	

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 Out of Control, Not Following Authority Figures, followed by Lying and Poor Anger Control. 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. The Helpline utilizes standard mental health screening questions and other processes 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 **21%** 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 **55%** of the time; and medication was involved in **26%** of the prior treatments.

Helpline operators attempt 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 (by self-report)	Percent
Medicaid/Kids Connection	**50%**
Private Insurance	**39%**
Have No Insurance	**8%**
Medicaid/Kids Connection and Private Insurance	**2%**
Private Insurance w/o Mental Health Coverage	**1%**

An outbound follow-up survey (of 43 families) indicated that 68% reported improved family situations since the Helpline call. And a Client Satisfaction Survey resulted in ratings of 4.7 or above on a scale of 1 (poor) to 5 (excellent), demonstrating callers' perception of a positive Helpline experience.

Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

Boys Town utilized their database 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**. The most common barrier to accessing mental health services reported by families was the **cost**. Of those accessing services, **ineffective services or youth refusal to participate** was also an expressed barrier.

A continuing 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 behaviors often present the most challenges for the family and community. In addition, the type of services most commonly proposed by research to be the most effective for sustainable improvement and family involvement are not provided via out-of-home placement or residential settings, but rather in the youth's natural environment.

An issue to continue to address is the general perception that adolescent behavior should 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. The balance between offering a caller the referral information they requested, but also offering what they likely need, is a continuing challenge. In Fy12, the **Residential Services were requested five times as often as suggested** by Helpline Counselors,; and **Parent Education and Support Services were recommended three times as often as requested**.

Family Navigator & Peer Support Services

Description: Family Navigator & Peer Support Services

In July 2011, DHHS began a new contract with the Nebraska Federation of Families for Children's Mental Health (Federation) for the operation of the Family Navigator and Family Peer Support Services. This new contract represents the ability for a family engaging in Family Navigator services (or even families who are or become Child Welfare system involved) to receive continuous care thru the same agency if they are eligible and choose to stay engaged with longer-term Family Peer Support Services. Such services may include parenting classes, family advocacy, mentoring, support groups, WRAP planning, and more. These services are provided via Federation affiliate organizations, one located within each Behavioral Health Region.

The Family Navigator Program is designed to utilize family peer support specialists (Advocates) to provide further support and assistance after a caller is referred from their Helpline call. This provides 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. The Family Peer Support Services are designed to provide longer-term assistance with a wider array of supportive services. Various evidence-based and promising practices are utilized to implement quality and effective services for as long as a family qualifies and participates towards the family's desired outcomes .

Family Navigator Program

Program Statistics and Outcomes

During fiscal year 2011-2012, **412 families** connected to **Family Navigator services**, and **328 new Peer Support** referrals were also received. **42%** of families who received Family Navigator Services chose to transfer into the longer term Peer Support Services as well.

FY12 Family Navigator & Peer Support Allocation	FY12 Family Navigator & Peer Support Expenditures
$ 866,047.00	**$ 826,966.05**

Families involved in either service reported their **top three stressors** related to their youth of concern: the child's sibling relationships, grades and following school rules.

- **13-to-16-year-olds** were the modal age group most served by Family Navigator and Family Peer Support services**.**
- **77%** of youth receiving Family Navigator (84% for Peer Support) service were Caucasian; the second highest percentage was African-American.
- Approximately **53%** of Family Navigator cases were in Region VI, reflecting the largest Region call volume and state population.
- Navigators spent an average of **5.7 hours** per case assisting families; over an average of **62.4 days**.
- Family Navigator/Peer Support advocates provided families with a total of **7,864 contacts,** the **average number of hours** spent assisting families was **6** for Navigation and **8.4** to families in Peer Support.
- **The majority of** families who accepted Family Navigator and Family Peer Support services reported having insurance through Medicaid/Kids Connection.

Family Navigator Program

Program Statistics and Outcomes (Con't)

Consistency and stability for families is a significant benefit of the single contract for all family peer services facilitated through one vender via the Federation. This allows for a smoother transition in a critical support service at a time when families are experiencing great challenges. Yet another key success experienced within FY12 has been the development of formalized quality standards and improvement processes, outcome measure reporting systems and the standardization in service delivery for Family Peer Support Services. This work by the Federation and affiliate organizations has led to the demonstration of accountability, as well as effective, efficient and quality care.

Data elements are measured at intake and discharge for all families, including outcomes and family satisfaction:

⇒ A statewide **decrease of 56% in the level of strain** experienced by parents was reported from intake to discharge for families served in **Family Navigation** and a **statewide decrease of 76% in the level of strain** for families served in **Peer Support.**

⇒ **73%** of families were able to identify more informal supports due to program involvement.

⇒ **78%** of families felt they had a more stable home due to program involvement.

⇒ **82%** of families indicated that their Advocate helped them get their child home.

⇒ **92%** of families felt the Advocate contacted them in a timely manner.

⇒ **97%** of families felt the Advocate treated them with respect, demonstrated sensitivity and understood the family issues.

⇒ **73%** of families sought to keep their family together, and **74%** felt as though they received the **help needed to keep their family intact.**

⇒ **84% of families felt more hopeful about their future.**

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 families may need additional supports or services that had not been available until the passage of LB 603. As a result, DHHS contracted with Lutheran Family Services of Nebraska, Inc. (LFS) to deliver services to eligible families that self-refer.

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.

Services Provided: The post adoption/post guardianship program can be accessed via a phone Access Center 24 hours per day, 7 days per week, 365 days per year; serving as the single point of entry for the program, providing inquiry, intake, crisis management, and initial case management.

Right Turn offers six core services (respite support, training and education, case management, peer mentor services, statewide support groups, and short-term mental health services and referrals) as well as an in-home support and intervention component that responds to the gaps in and barriers to in-home, community support services for children who have experienced extensive trauma and loss.

Right Turn (Post Adoption/Post Guardianship Services)

Program Statistics and Outcomes

Total Calls to the Access Line	**446**
Total Referrals for Additional Right Turn Services	212
Eligible for Additional Services	185
Accepted Services	162
Number of Families Served	213
Number of Children Served (all Children in Family)	567

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. In some cases, families may be referred to the Nebraska Family Helpline, or to the Nebraska Children's Home Society, which has post adoption support for a broad spectrum of adoptive families. Right Turn has made **over 4,500 referrals** for services, including referrals both for Right Turn families and those not eligible for Right Turn.

The percentage of families receiving case management services was approximately 75% adoptive parents and 25% guardians. For "identified children" (defined as the eligible child in the family served), the percentage of males vs. females was evenly divided. As in the past, the **majority of identified children were age 11 or older**. This year's population saw a slight increase in the number of identified children who were ages 17 and 18 and therefore almost reaching the legal age of adulthood in Nebraska.

Families seeking help via case management **most frequently cited mental health** concerns as the reason for contacting Right Turn. Approximately **65%** of the parents and guardians reported that the identified child had a mental health diagnosis, with the most frequently cited being Reactive Attachment Disorder (RAD); ADHD; Depression; and Bi-Polar Disorder. Other concerns that led parents and guardians to self-refer to Right Turn were out of control behaviors, school/academic problems, aggressive behaviors, need for respite, and child running away.

Right Turn (Post Adoption/Post Guardianship Services)

Program Statistics and Outcomes (Con't)

During FY12, 63% of reviewed cases indicated that the child came from a home with a **history of substance abuse**, and 41% indicated that the child previously suffered from **neglect.** Thirty-five (35%) indicated that the child had a **mental health** diagnosis, and slightly less than 25% indicated that the child had developmental delays.

Additional measures regarding the child's placement and adoption history within the child welfare system were reviewed as well as comparisons between families that participated in Right Turn, those who were eligible but did not participate, and those who were not eligible for Right Turn. Children involved with Right Turn were much more likely to have been removed from their home more than once prior to adoption (442%), compared to about 10% for each of the other two groupings. Additionally, children involved with Right Turn had experienced slightly **more than six out of home settings**, compared to approximately four out of home settings for each of the other two groupings. These data indicate that Right Turn might be serving a higher-needs population than one would see in looking at the overall population of adopted children.

Of the 213 families served, all remained intact and only 4 became wards of DHHS. Of those who became wards, all were age 12 or older and had been in the home for at least two years; and all but two had multiple mental health diagnoses. Services most frequently sought by these families were tracker and residential treatment. **Only two of the families permanently and formally ended their adoptions.** Of all the outcomes, these are the most telling. For the majority of families served by Right Turn, youth stayed in their own homes, with their own families.

Overwhelmingly, families appear satisfied with Right Turn, with 63% stating that they saw improvement in their parenting skills, 73% stating that they had increased understanding of their children's needs, and **97% expressing satisfaction** with Right Turn's services. The vast majority of families remained intact while receiving Right Turn services, and the outcomes are considered very good.

Right Turn (Post Adoption/Post Guardianship Services)

Program Statistics and Outcomes (Con't)

Additional Information of Interest

Marketing Efforts: During FY12, 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. Right Turn also continues to publish its monthly newsletter and mail it online to over 300 families and providers throughout the State.

Adoption Conference: In collaboration with DHHS, Right Turn hosted an adoption conference with over 200+ registrants from across Nebraska and other states. The purpose of the conference was to enhance knowledge about best practices in adoption, to provide the opportunity for connecting with other adoptive parents and professionals, and to hear from and speak with national experts about foster care and adoption recruitment and retention, and assuring permanency through adoption.

In June 2012, Right Turn, in partnership with Lutheran Family Service and Nebraska Children's Home Society, received notice of a grant award from the Center for Adoption Support and Education. The purpose of this grant is to provide Right Turn with staff training later utilized to increase trainings for mental health professionals aimed at increasing competency related to adoption and working with youth within adoptive families. In FY11, Right Turn piloted an expanded service, *A Step Further: Improving family relationships through support and intervention after trauma and loss*. This service now has been incorporated into the Right Turn program for families that want to focus on solutions related to the child's past trauma and loss and who have the need for services of up to 180 days.

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. (HZA)

This contractor performed an evaluation of the service implementation and an 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, HZA utilized an Evaluation Team consisting of representatives from the State, each program, family members and community stakeholders, and participated in a Quality Improvement Team with the Helpline, Family Navigator/Support Services and DHHS. The Dashboard Reporting System which serves as a visual reporting of selected indicators to measure over time and was still utilized and posted on the DHHS website at: http://www.dhhs.ne.gov/beh/mh/childmh.htm.

HZA has to date, remained on budget and provided all required reports, and DHHS expects the timely report for the fiscal year 2011-2012 activities and final project summary in October 2012. Here are a few key elements here:

- *Fidelity:* HZA finds the 3 services to be operating satisfactorily per contractual requirements and has partnered with the providers to make process improvements
- *Effectiveness:* HZA finds the 3 services to be satisfactorily effective to their initial expected service outcome, with some recommendations for quality improvements
- *Outcomes:* HZA has identified several service outcome trends as well as some system implications, resulting in recommendations of additional strategies to positively impact these 3 services and the children's behavioral health system at large.

Within this fiscal period, HZA has performed a healthy evaluation project that has resulted in several noteworthy items: consumer-driven process improvements for all three service providers, collaborative system planning, and outcomes reviews that result in recommendations for further consideration.

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Regions 1-4

Allocations to the Regional Behavioral Health Authorities (Regions) were divided by Region per the standard formula utilized for Regional funding distribution. Regions 1,2 and 4 increased the capacity of their current traditional Professional Partners Program with the additional funding in order 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 to 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 is subject to the same program monitoring procedures as the traditional program.

Region	FY12 Funding Allocation	FY12 Expenditures	Estimated Capacity Expansion	Total #'s Served
Region 1	$51,110	$48,814.18	+3 youth	8 youth
Region 2	$60,050	$66,482.88	+3 youth	10 youth
Region 4	$123,162	$86,513.04	+10 youth	18 youth

Region 3 increased capacity within their PPP, but also established a Transition Age Supported Employment (TASE) program in partnership with Goodwill Industries, Grand Island Public Schools and Vocational Rehabilitation. The TASE program provides job skills instruction, benefits planning, job development, coaching and placement and employment related independent living skills.

Region	FY12 Funding Allocation	FY12 Expenditures	Estimated Capacity Expansion	Total #'s Served
Region 3	$133,885	$144,622.72	+7 youth	PPP: 29 youth TASE: 6 youth

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Region 5 Pilot Program

Region	FY12 Funding Allocation	FY12 Expenditures	Total #'s Served
Region 5	$242,871	$212,596.75	LINCS: 59 served Prev PPP: 24

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. 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 **98 families referred** within FY12, 29% came from a county attorney's office, 80% were about youth 12-18yrs old, 39% declined services or did not engage.

The Prevention Professional Partner (PPP) program provides intensive case management designed to bring together community resources to help families in need of supports and services for their children. The PPP program is completely voluntary and of 29 families referred, **24 families** accepted and were served. Of families served, the top three reported historical problems were: **mental illness, crime and substance abuse**. The top three diagnoses of youth served were: Attention-Deficit and Disruptive Behavior, Mood Disorders and Adjustment Disorders. Over half (54%) of families served met the 2011 federal poverty guidelines, and 38% of the youth were receiving Medicaid. 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	FY12 Funding Allocation	FY12 Expenditures	Total #'s Served
Region 6	$388,922	$440,970.43	Crisis Response: 137 RR-PPP: 104

Pilot: 'Rapid Response Professional Partners'

The Region 6 Rapid Response Program provides short term (90 days) services for severely emotionally disturbed (SED) youth ages 0-19 to achieve goals of stability, improve functioning, and reduce the need for involvement with the juvenile justice system. This program works in collaboration with the Douglas County Attorney, Truancy Coalition and the Juvenile Assessment Center to respond to youth experiencing behavioral health concerns who may be at risk for custody relinquishment. The program is a voluntary in-home case management service, meeting with the family weekly to coordinate services and implement both formal and informal supports into the family structure. The program promotes the use of strength-based strategies intended to build on the family's natural resources and abilities. The Rapid Response Program received **254 referrals** in fiscal year 2010-2011, and **104 youth** accepted and were served in the program. Not all referrals were appropriate or opted to enter the program, and were then referred to other community programs. **70% of youth did not enter the Child Welfare** system during the 12 months after program admittance.

Pilot: Adolescent Therapist addition on the Mobile Crisis Response Team

The purpose of the Mobile Crisis Response Service is to aid in the resolution of the immediate behavioral health crisis within the least restrictive environment, and to assist with post-crisis planning and resource linkage. Mobile Crisis Response Programs in the Region 6 service area were originally designed to be activated by law enforcement officers, but with the addition of LB 603 funds, Region 6 has expanded the target population to include youth experiencing a mental health crisis and to expand the referral process to allow the Nebraska Family Helpline and homeless shelters in the Region 6 service area to also make direct referrals. Outcomes for this service not only benefit the youth and family by increasing stability, dignity and service connection, but also preserve community resources. The Mobile Crisis Response Team served **137 youth** during this period. (60% referred from law enforcement, 40% from the Nebraska Family Helpline.) Of these youth, 58% were between 15-18 years old, 12 were already state wards, and 38% were identified as already having a mental health clinician. Of those 137 youth **only 16 were hospitalized**; the remaining youth served were able to have their immediate crisis resolved in their home/community setting.

Contacts

Division of Behavioral Health

Director, Scot L. Adams, PhD

scot.adams@nebraska.gov - 402-471-8553

Contract Management:

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

Division of Children and Family Services

Director, Thomas D. Pristow, MSW, ACSW

thomas.pristow@nebraska.gov - 402-471-1878

Contract Management:

- Right Turn, Post Adoption/Post Guardianship Services

Department of Health and Human Services

CEO, Kerry Winterer

kerry.winterer@nebraska.gov - 402-471-9433

(This page left intentionally blank.)