



System of Care



Why we need to embrace family “voice and choice”

by Sandy Thompson, *Families Inspiring Families*

I have worked in the child welfare system for over 38 years and have seen “System of Care” efforts come and go. I am especially encouraged by the current efforts as they have real potential to make a difference in the lives of Nebraska children and families. This time around, families and stakeholders have the opportunity to be part of the system’s design. This participation includes Family and Youth Advisory Councils, Leadership Team, Implementation Team and Work Teams, which meet regularly. There are established goals and timelines which keep the work moving forward. But most importantly, the current System of Care efforts include Guiding Principles which all stakeholders are strongly encouraged to follow. Number one on the list is “ensure families, other caregivers, young adults and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe and nation.” Families must be a part of any and all decisions which impact their lives. Professionals need to

honor the strengths, culture, traditions and make up of families – as identified by the family. In my family, those who have permission to come into my house – even if I am not at home – and help themselves to anything in my refrigerator are considered family. Those are the people who support me and my family in challenging times.

Families need to be able to tell the professionals what works for them and what does not. Professionals have an obligation to listen to families, to ask what they need and how to address those needs. Professionals are no longer empowered to tell a family how it will heal itself. The process must be collaborative and a family’s objection to any suggestion must be considered. I strongly encourage those involved in this effort to embrace family “voice and choice” so that no decision about a family is made without that family. I am honored to be part of such a strong, cooperative effort between Nebraska families and stakeholders as we all work toward a System of Care that ensures families are able to reach their full potential. ■

FAMILY AND YOUTH ADVISORY COUNCILS

The Family and Youth Advisory Councils were developed to ensure the family and youth voice in all aspects of the Nebraska System of Care. The councils began meeting in April 2017 and continue to meet on the first Wednesday of every month. The councils have grown to include 15 parents and 9 youth from across the state with representatives from Region 2, 3, 5, and 6. Though not all members are actively involved during the meetings, all have a voice to give input in all areas.

The councils have helped develop many documents including: Guiding Principles; Standards for best practice for youth-guided and family-driven services; Standards to ensure family and youth friendly NeSOC meetings; Strategies to ensure involvement of youth and family voices in all areas of NeSOC; Do’s and Don’ts when working with families and youth; Family and Youth Involvement Assessment; and Agency, Organization, Provider Family and Youth Involvement Checklist.

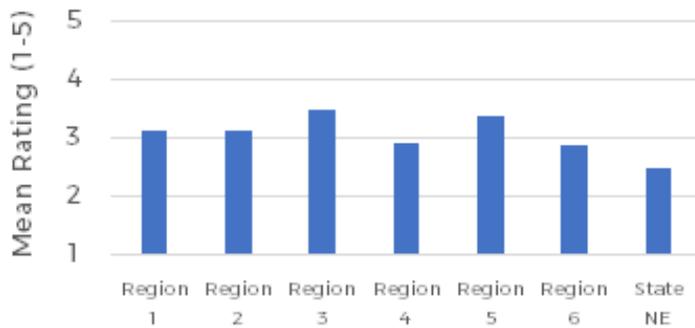
The Youth Advisory Committee partnered with the Youth Suicide Prevention Project to help create guidance for youth engagement in suicide prevention efforts. They combined their do’s and don’ts sheet with youth feedback from the 2015 and 2016 Suicide

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SYSTEM OF CARE ASSESSMENT

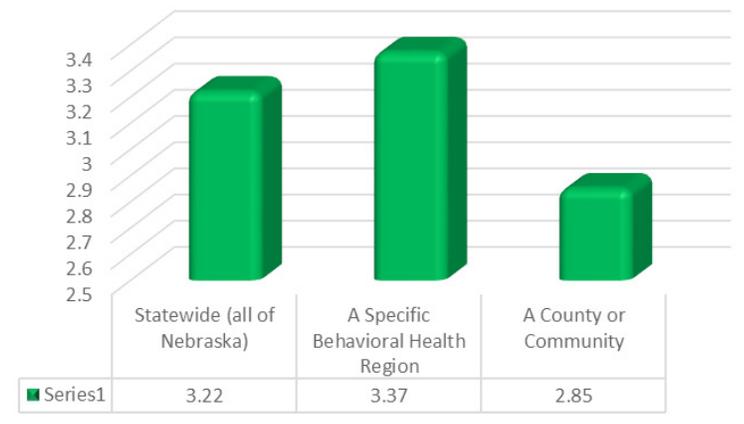
The University of Nebraska Public Policy Center is the evaluator for Nebraska System of Care (NeSOC). During the first year of the project, we collected baseline information regarding how well communities, behavioral health regions and the state are doing in implementing systems of care. From May through September, we conducted over 60 focus groups and received over 350 surveys. Although we are in the process of analyzing the results, the following are some preliminary findings. Respondents from behavioral health regions tend to believe that services are evidence-based compared to respondent ratings at the state level.

Evidence Informed/Based Practices



Respondents at the Regional level were more likely than respondents at the state or community levels to indicate the existence of a strategic plan for implementing, sustaining, and expanding the system of care.

Existing Strategic Plan for System of Care



- 1= no plan
- 2=plan underdevelopment
- 3=plan exists but not used
- 4=plan exists but rarely used
- 5= formal plan used extensively

The Public Policy Center expects to complete analyses of the survey and focus groups in the coming months. It is anticipated the analysis will guide implementation of NeSOC in year two of the project. ■

Parent Leadership Training Update

The first parent leadership training was held August 26 and 27, 2017 in Kearney. The training was a partnership between Nebraska System of Care, Families Care, Region 3 family organization, statewide organization SAMHSA grant and Region 3 Behavioral Health Services. The training was attended by 16 parent participants and had representatives from Region 2, 3, 5 and 6.

The parent leadership training curriculum was developed by families for families and covered areas such as confidentiality, getting to know yourself (values, passions, strengths, personality types, etc.), how things can affect you (grief, trauma overview, stages of change), cultural and family diversity, protective factors, communication/active listening, leadership, professionalism/work ethics, problem solving/decision making, and systems and family leaders (system of care, preconceived ideas, benefits, collaboration, being part of a team, building good relationships).

The training was very interactive and activity based which gave parents from across the state an opportunity to see that there are some similar challenges as well as some very different challenges depending on where you live in Nebraska. The parents had many opportunities to learn and grow from each other which was an empowering thing to watch.

Moving into year two, the parents who attended the training will have opportunities to continue their connection within different venues such as a Facebook page, conference calls, and in-person meetings to continue their learning, support and family engagement within the local and statewide systems of care. ■

Re-Introducing: NebraskaMentalHealth.com

One in four adults (approximately 61.5 million Americans) experience mental illness in a given year. Approximately 20 percent of youth ages 13-18 live with a mental health condition. Project Harmony, along with The Kim Foundation, Nebraska Children and Families Foundation's Project Everlast, Region 6, and Nebraska Families Collaborative have come together to improve access to mental health

resources and treatment for children and families in the Omaha Metro through one dedicated website, NebraskaMentalHealth.com.

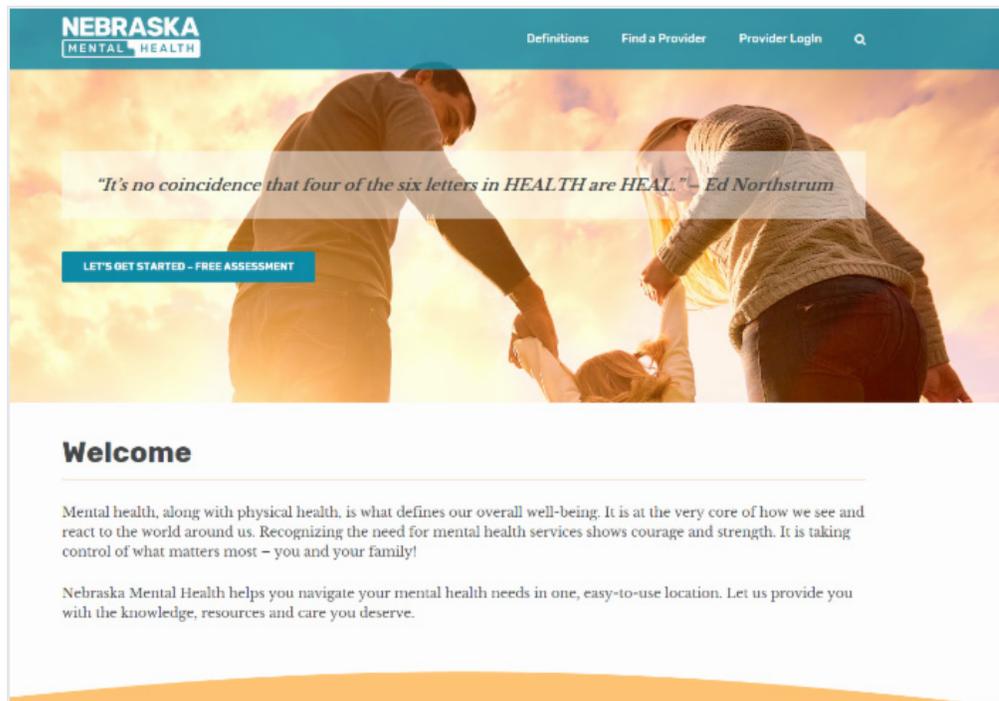
When searching for a mental health practitioner in the Omaha Metro,

NebraskaMentalHealth.com can provide guidance. The website is a "one-stop shop" to help you navigate through various medical definitions, common mental health evaluations, and treatment models.

This is not only a great tool to find the perfect provider, but also an opportunity for mental health providers to share their expertise with the community.

This is not only a great tool to find the perfect provider, but also an opportunity for mental health providers to share their expertise with the community. This site allows providers to create an account detailing

their certifications and specialties! We encourage all providers within Nebraska to create an account on NebraskaMentalHealth.com if they have not done so already! ■



FAMILY AND YOUTH COUNCILS

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Prevention Summits to create three more documents for including youth voice in suicide prevention efforts. Before these documents were finalized, feedback was gathered from Fremont's Youth Voices and Project Everlast Omaha councils. Documents created included informational sheets on including young adult voices, removing common barriers, and inclusive suicide prevention.

Other areas the youth and family advisory councils have had input on include: SOC 2.0 training, Parent Leadership training curriculum, Youth Leadership training curriculum, SOC website, and Family and youth engagement year two work plan. The committees also participated in the focus groups conducted by the UNL Policy Center.

Currently the advisory councils are working on family and youth engagement strategies, and identifying mechanisms for families to effectively interact and navigate multiple complex systems.

The youth council has been empowered to take the lead on Youth Voice and Medication. This document is being developed by the youth to ensure they have a voice and input into their own medication regime. The Children's Commission Psychotropic Medication committee has shown interest in hearing about this document and discussing how to ensure its use.

The youth and family have an opportunity at meetings to discuss gaps in services and any pressing challenge at each meeting and get support and input from others. The opportunity to participate in all work groups and the implementation team meetings is also presented to youth and family members at each meeting. ■

I O P

Intensive Outpatient Program

IOP ANTICIPATED TIMELINE

October	November-December	January
Begin Neurosequential Training phase 1	Disperse marketing materials to schools and community	Referrals accepted: community provider, self, family, school
Begin recruitment of providers	Enroll providers	Provider orientation: educational systems training, trauma-informed care. IOP expectations
Agreement with Region 1 and SOC grant finalized		

IOP: Mental Health and/or Substance Abuse Service

IOP will include 9 or more hours of intensive level services per week. Designed to include a combination of Family, Group, Individual therapy as well as psycho-education. Treatment plans will be individualized to best meet each clients' unique needs.

COLLABORATIVE

ESU will collaborate with community providers

Collaboration with Region 1; SOC funding (also utilizing Medicaid and private insurance for funding)

IOP therapeutic services subcontracted with community providers, enabling service provision to more remote geographic areas. Deliberate match of student needs and preferred site of service to provider expertise and location

Case consultation/coaching and ongoing professional development will be provided to treating therapists. This will create a professional support network as well as enhanced service delivery

COMPREHENSIVE

IOP creates an intensive/comprehensive treatment plan for those in need of a higher level of care

IOP is designed to provide a higher level of care for those who need more intense services than traditional outpatient therapy but less intensive than day treatment/residential

IOP can serve as a step in/step out of more intense service provision (i.e. day treatment/day school)

IOP will include a treatment plan tailored to the individual's specific needs, created with the client's family, treating therapist, supervising practitioner/clinical director and others as determined necessary by treatment team.

Treatment plan will be systematically reviewed and revised to determine progress, continued stay needs and/or termination process.

CONVENIENT

Services taken to individuals to alleviate burden of travel and missed school time

This program is designed to take services to the student, alleviating the burden of travel. Therapists will travel to preferred location (school, community building, etc.)

Careful consideration of confidentiality, safety and access to facility will be predetermined with each client

REGIONAL UPDATES:



Region 2

Region II Crisis Response has received calls from Law Enforcement, DHHS, hospitals and schools throughout the Region. Follow up occurs the following day and Professional Partner services are being offered to all qualifying youth who have received services through Crisis Response. Mental Health services are occurring in rural schools in ESU #16 and have started in North Platte Public Schools. Ogallala Public Schools are in the planning stage and we are planning to start services in the school in January 2018. The transition from NeSOC funded Family/Peer services to Families CARE has gone smoothly and Families CARE are now providing Family/Peer services throughout the Region.

Region 6

- The PACT program has started and is providing in-home support and therapy to families and children in the Region 6 area. To date, 22 families have been referred and 12 are being actively served.
- The Region 6 Leadership Council has created a draft Strategic Plan to be finalized by the end of the year.
- A Youth Peer Support employee has been hired and is being trained by KVC and Region 6 to carry out the Youth Peer Support program being implemented under System of Care.
- The Community Response Team proposals to access private dollars for System of Care have been approved by Region 6 and submitted to Nebraska Children and Families Foundation. ■

NeSOC Collaborative

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

NeSOC Priority Outcomes

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

To learn more about NeSOC:

- http://dhhs.ne.gov/behavioral_health/Pages/beh_systemofcare.aspx
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A black and white photograph of a young child with curly hair, looking down and slightly to the side. The child is wearing a white sleeveless top. The image is part of a promotional graphic for the Nebraska Young Child Institute.

SAVE THE DATE

NEBRASKA YOUNG CHILD INSTITUTE
A state-wide conference for multidisciplinary professionals to connect on issues to improve the outcomes of young children.

JUNE 26-27, 2018
Younes Conference Center | Kearney, NE
www.neyoungchildinstitute.com

NEBRASKA
— Young Child Institute —

1-888-866-8660

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

Help is only a call away.