



# System of Care

## Stacey and Chad's Story

*(Note: This story is true, but the names of the family have been changed.)*

The car accident was just the start of a different journey for Stacey and her family. After the accident, the immediate concern was for her unborn baby. Medical personnel concluded that the baby had suffered a stroke in-utero. By 5 months of age, baby Chad qualified for services that included physical and occupational therapy as well as speech therapy. For infants

and children like Chad, there are treatments and therapy for physical conditions, but there are often just as many cognitive challenges in processing information and learning to express themselves. Not being able to communicate their needs is frustrating and may lead to impulsive reactions and



defensive behaviors. By the time Chad was in first grade, the different interventions for his behavioral needs had been exhausted. HeadStart, the local elementary school, ESU, and PTI (Parent Training & Information) of Nebraska had all worked with the family to find ways to keep Chad engaged in school academically and socially.

The turning point came when a referral went to the DHHS waiver program. DHHS waiver workers, Bobbi Carpenter and Kathy Schweitzer, started making the connections for Chad to apply for a Medicaid medical waiver. The next step was to see if Chad would be considered for an evaluation at Madonna Rehabilitation Center in Lincoln. He qualified for the screening and was accepted for further evaluation. Chad received services during the summer of 2018 to address needs he had for speech, occupational and physical therapies, and visual needs. It was discovered that he needed prism glasses to correct his vision. The local community prevention collaborative provided funds to pay for lodging during their weekly appointments at Madonna.

Many community organizations worked together to make this journey a productive experience that would help Chad and his family. Thanks to DHHS waiver for working on referrals and to GP Health who will be involved with coordinating services in the public school.

## North Platte Schools Partnership

*by Bonnie Bauer, Brandy Buscher*

In October 2017, North Platte Public School District asked for and was presented with NeSOC dollars to develop mental health services in their schools. Local families are frustrated with lack of access to mental health services. Quite often seeking services for their child involves taking time off work, removing their child from school, and driving 30 minutes to 4 hours for appropriate care. North Platte has taken a unique approach to utilize the Systems of Care Grant.

The North Platte Public School District is committed to supporting families and students with Severe Emotional Disturbances by partnering with mental health therapists to provide direct services in school. A therapist meets with referred students weekly and consults with school staff on IEP, 504, or behavior plan decisions. The school has seen a marked improvement in student suspensions and time in the classroom. The aftereffect of all the supports is a better learning environment for all students. Some therapists are incorporating family therapy as a part of the student's therapy plan and working to bring the school and families together.

*continued on page 5*

# CROSSOVER TRAINING FROM THE CAPITOL TO CARHENGES

From July to September 2018, a groundbreaking movement swept across Nebraska. For the first time, the Administrative Office of Probation (AOP) and the Department of Health and Human Services' (DHHS) Children and Family Services Division created a cooperative policy related to serving youth who cross into both the juvenile justice and child welfare systems. This policy was grounded in evidence-based practices found within the Crossover Youth Practice Model (CYPM) developed by the Center for Juvenile Justice Reform. The AOP/DHHS policy represents the first time anywhere in the nation that the CYPM tenants have been implemented on a statewide scale.

In 23 sessions across the state, over 900 direct care staff were trained on this new policy. Participants noted that the co-training of probation and child welfare staff in their local office areas was a highlight. Understanding system roles, collaborative day-to-day work processes, celebrating successes, and problem-solving barriers, all provided a great foundation for policy implementation on October 1.

Information about CYPM statewide implementation has been shared with stakeholders to include service providers, the System of Care, Juvenile Services Committee, Nebraska Coalition for Juvenile Justice, and Through the Eyes of the Child teams throughout Nebraska and training will be provided to the Child Abuse/Neglect Hotline staff as well.

In the coming months, local management teams from AOP/DHHS/PromiseShip will be working with the Crossover lead trainers to create a Statewide Core Crossover Group. This group will work to refine local processes and strengthen collaboration. We are anxious to see the positive impact cross-system collaboration has for the youth and families we serve including: a reduction in the need for dual-adjudications, a safe reduction in the need for out-of-home care, and reducing disproportionate minority representation.

Lead trainers Amy Latshaw, Juvenile Justice Specialist (AOP) and Monica DeMent, Child/Family Service Administrator (DHHS) would like to thank the district/service area management teams, probation officers, and case workers for their participation and support. Also, we would like to thank the following trainers who assisted during the sessions: From AOP – Tina Wigington and Darci Poland (District 4J), Chris Reece (District 10), Amy Champoux (District 3J), Jennifer Manning (District 1), Steve Ortmeier (District 6), Molly Warneke (District 2). From DHHS/PromiseShip – Joslyn Thomaier and Sarah Hayek (PromiseShip), Jessica Watchorn (Fremont), Holly Parker (Lincoln), and RJ Wollenburg (Lincoln). ■



## Exploring Innovation in Utilization Management

Children and adolescents who experience a serious emotional disorder have complex needs across the domains of home, school, and community. Due to these complexities, these youth require intensive interventions and support. If these interventions and supports are not appropriately identified, effectively coordinated and managed, the cost of care can become excessive for the family and significant for child-serving systems. One of the biggest challenges in youth behavioral healthcare is ensuring that youth get the right services and support at the right time. This is where utilization management comes in. The overarching purpose of utilization management is that youth receive timely, quality, cost-effective services in the most appropriate setting. Utilization management is essential in managing behavioral health resources, both clinical and financial, to achieve a balance between the demand for services, the availability of resources, and the well-being of youth who need support.

The Region 3 System of Care Leadership Council (R3 SOC LC) is exploring an innovative method of utilization management that utilizes a cross-system team approach that incorporates Cluster-Based Planning® (CBP) for service planning and outcomes management on an individual and system basis. This cross-system approach recognizes that youth who experience a serious emotional disorder are much more than their diagnoses, their risk-factors, or their behaviors. Developed by Synthesis, Inc., CBP provides a common language and unified process for system partners to facilitate clinical practice, individualized treatment planning, system

*continued on page 5*

# MENTAL HEALTH VOUCHERS PROGRAM IN COLUMBUS

by Heather Buttaro, Coordinator, Community & Family Partnership, Platte and Colfax Counties

“Good morning. I have another student who is struggling and needs to see a mental health counselor.” This is a common phone call for Heather Buttaro, Coordinator for the Community & Family Partnership (CFP) in Platte and Colfax Counties. She knows that the reason for the call is because the school counselor has already talked with the student’s parents and found out they aren’t able to financially help their child get the counseling he or she needs. For the past year and a half, when this situation arises CFP (formerly the Zero2Eight Community Well-Being Coalition) has been one of the main resources area schools turn to for help, thanks to the private System of Care funding the group has received.

In late 2016, Columbus area schools were seeing an epidemic of youth emergency mental health hospitalizations, and community members were concerned about how we could help change that. Out of that concern, a youth mental health committee was formed to address how we were assessing and placing kids, and what to do to follow up when they returned. One major concern we saw was the lack of aftercare and ongoing mental health support for those kids, in many cases because their families were under- or uninsured and couldn’t afford it. About the same time this was all going on, CFP had some funding that needed to be used that we could put toward both preventative and aftercare support. We were able to help finance extra hours for a local mental health provider to meet with the kids at Columbus High School and get them at least a short weekly support session. Not ideal, but better than no support they would have gotten otherwise.

*continued on page 4*

## FAMILY CENTERED TREATMENT (FCT)

The Division of Children and Family Services, in partnership with Families 1st Partnership and Region II Human Services, implemented Family Centered Treatment (FCT) in North Platte, Lexington, and McCook in November 2018.

Family Centered Treatment® (FCT) is a model of intensive in-home treatment services for youth and families using psychotherapy designed to reduce maltreatment, improve caretaking and coping skills, enhance family resiliency, develop healthy and nurturing relationships, and increase children’s physical, mental, emotional, and educational well-being through family value changes.

This service is time-limited and is for treating youth who experience a mental health condition or serious emotional disturbance (SED) which significantly interferes with the youth’s functioning in at least one life domain (school, family, social). Service provision includes therapeutic interventions and family sessions to address chronic family functioning behavior in response to the youth’s mental health or SED diagnosis. FCT interventions are provided typically but not limited to the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned home from an out-of-home placement.

*continued on page 5*



## Susan Reay Awarded 2018 Lifetime Achievement Award

The Nebraska Chapter of the National Association of Social Workers (NASW-NE) has awarded Susan Reay with the 2018 Lifetime Achievement Award. The NASW-NE bestows this honor to social workers who have demonstrated long-standing contributions to the community through the practice of social work values and ethics.

Susan Reay is the Assistant Practicum Coordinator at the Grace Abbott School of Social Work at the University of Nebraska at Omaha. Susan is the training and technical assistance coordinator for the Nebraska System of Care. She serves on several boards, including participating as the Chair of the Nebraska Board of Mental Health Practice. Susan represents the State of Nebraska at the National Association of Social Workers board meetings and is the Nebraska voting member on issues of social work model practice, regulation, and licensure. In Susan’s more than 25-year social work career, she has demonstrated strong advocacy at a policy level and through her work with children, individuals, and families. ■



Twelve people recently finished a class to become trainers in the parent leadership programs in their region.

The new trainers include:

- 2 from Region 2
- 4 from Region 3
- 2 from Region 5
- 4 from Region 6

## MENTAL HEALTH VOUCHERS PROGRAM

*continued from page 3*

Out of that initial—somewhat haphazard—beginning, we took a deeper look at the need for youth mental health support, and the Mental Health Vouchers program was born. CFP contacted all the local mental and behavioral health providers about accepting a flat rate for therapy services for youth who were otherwise unable to access counseling services. Because many of those providers were involved with the youth mental health committee and saw how much of a need there was, they were more than willing to get on board with the voucher idea and accept a lower rate than their normal private pay rates. We don't limit the program just to Columbus High as we had at the beginning, but offer it to all the area schools from elementary through high school, along with Juvenile Services and Department of Health and Human Services when other resources aren't available.

While the vouchers were initially funded through public funding the coalition received through Nebraska Children and Families Foundation, we had limited funding available to utilize for mental health support. Thankfully, about the time we were developing the voucher program,

the private System of Care (SOC) funding became available. Since September 2017 the program has been funded through the private SOC partnership dollars, and has been part of our Community Response (CR) system. So far we have helped over 35 kids get mental health services with the SOC funding, whether covering counseling sessions or helping with copays and meeting high deductibles for underinsured youth. Every family that is served through the vouchers also has the option to participate fully in Community Response (CR), working with a coach to help build their protective factors and grow their resources and skills to be a thriving family. About a quarter of the families served with the vouchers have also participated in CR in other ways.

Without the Scott and Sherwood Foundations' System of Care funding, we wouldn't be able to support the youth in our communities through the mental health vouchers. While our ultimate dream is to have emotionally healthy children all fully covered by insurance and never have a need for any organization to cover the gaps, we know that isn't reality. We are thankful to know that when those phone

calls come in looking for support we are able to say "Yes, we can help!" ■

## NORTH PLATTE

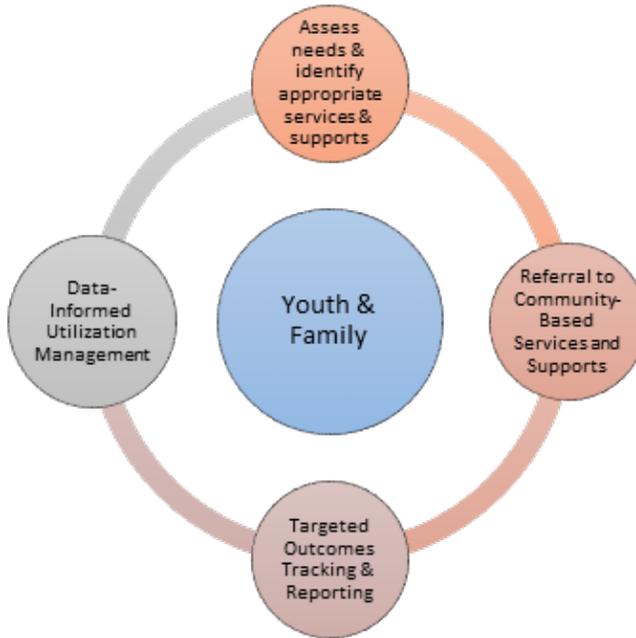
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As we move into the second year of the grant, the North Platte Public School District is driven to improve services and expand programming to include trauma-informed classrooms, monthly staff training, weekly consultations with a therapist, and ongoing professional learning for all staff. Mental health-related issues and trauma-informed care are moving into the spotlight, and this momentum is moving into all schools in our district. As we move through the grant cycle, we continue to look for ways to continue services long after the grant is over and build lasting relationships with local mental health providers. We are ever grateful for the availability of NeSOC dollars for supporting this service through all the phases. ■

## EXPLORING INNOVATION IN UTILIZATION MANAGEMENT

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of care development and outcomes-based management of service utilization. Synthesis Inc. has demonstrated in numerous communities that by describing different groups of youth, identifying and measuring targeted outcomes, tracking service utilization and costs, the system of care can answer the question of what works, for whom, and at what cost? (NeSOC What is Cluster-Based Planning? 6/20/2018). The R3 SOC LC views this process as an effective tool to ensure youth receive the right services and support at the right time. ■



## FAMILY CENTERED TREATMENT

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FCT is owned by Family Centered Treatment Foundation, Inc. (FCTF), a nonprofit organization committed to family engagement and furthering effective family preservation services. To provide FCT services, a provider must be licensed by FCTF. This process includes a readiness assessment, online training, field-based competency training, supervisor certification, data collection, and fidelity oversight.

FCTF has had successful outcomes in several states and jurisdictions working with families who have had multi-generational system involvement. Instead of addressing the symptoms of a behavior and obtaining compliance with a family plan, the foundation of the model is to treat systemic trauma that a family may have experienced and to treat the underlying cause of the family's issue.

The admission guidelines are:

1. Youth who have been placed out of home, have a mental health or SED diagnosis, and have a permanency plan of reunification; or
2. Families with a youth who is at risk of an out-of-home placement due to the youth's medical necessity for a higher level of care.

The goals of FCT are:

1. Enable family stability via preservation of or development of a family placement.
2. Enable the necessary changes in the critical areas of family functioning that are the underlying causes for the risk of family dissolution.
3. Bring a reduction in hurtful and harmful behaviors affecting family functioning.
4. Develop an emotional and functioning balance in the family so that the family system can cope effectively with any member's intrinsic or unresolvable challenges.
5. Enable changes in referred client behavior to include family system involvement so that changes are not dependent upon the therapist.
6. Enable discovery and effective use of the intrinsic strengths necessary for sustaining the changes made and enabling stability. ■

### 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

### To learn more about NeSOC:

- [http://dhhs.ne.gov/behavioral\\_health/Pages/beh\\_systemofcare.aspx](http://dhhs.ne.gov/behavioral_health/Pages/beh_systemofcare.aspx)
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- Bernie Hascall  
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# Families Turn to You for Help



## You Can Turn to Us for Resources

If you're a professional working with children and families, then you're the person they turn to when they need help. But sometimes you won't have all the answers or another professional may be better suited to help.

### **The Nebraska Family Helpline is here for you.**

Whether you want to refer someone to the Helpline, find resources you can pass on, or include us in a discussion with someone in crisis, the Nebraska Family Helpline's trained crisis counselors are **available 24/7** to provide support and advice at no cost. You may call anonymously, and your call will be confidential.

Learn more and order free wallet cards, brochures and magnets at **[NebraskaFamilyHelpline.ne.gov](http://NebraskaFamilyHelpline.ne.gov)**.



NEBRASKA FAMILY  
**HELPLINE**

**888-866-8660**

**Any Problem.  
Any Time.**