

Nebraska System of Care

Youth Guided, Family Driven

Transformation Through Partnerships

08/08/2017

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What Is A System of Care?

Definition:

“A System of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network.”

Beth Stroul and Robert Friedman

Simply Said:

A System of Care is NOT a program, but rather a different way of doing business. It is a **framework** that is “operationalized.”

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System of Care

Interagency collaboration brings together child and family-serving agencies from the public, private, and faith-based sectors. Examples include child welfare, mental health, juvenile justice, education, and health in partnership to provide needed services. For example, mental health and the local schools work together so that a child with behavioral issues is not immediately suspended from school.

Individualized, strength-based practices identify and build on the strengths of the family and child. Families are included in creating an individual plan to provide needed services. This ensures services are easy to access, effective, and match the culture and language of the family and child.

Cultural competence in the System of Care is built on the notion that in order to work effectively with a child and family, there must be an understanding of the family's culture, race, values, and ethnic background.

Community-based services are an integral part of the System of Care so that children and families receive effective services in their own homes and neighborhoods.

Full participation of families at all levels of the system means that services provided are family-driven and youth guided. A commitment to this practice ensures that there is family and youth partnership at the community and state level for the purposes of program planning and direction.

Shared responsibility for successful results means that all stakeholders (agencies, community supports and families) have a responsibility to individual/family outcomes by ensuring effective programs in each community and implementing System of Care effectively statewide.

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NeSOC Priority Outcomes

- Lowering the average age (in years) of first system contact (currently 9.38 years for Nebraska.)
- Reducing the percentage of youth placed out of home (currently 17.7 percent for Nebraska.)
- Decreasing the average annual cost per youth (currently \$4,392.90 in Nebraska.)
- Improve school attendance rate (currently 95.2 percent in Nebraska, according to the Department of Education.)

The baseline data for the System of Care, inclusive of data from the Divisions of Medicaid, Behavioral Health, and Children and Family Services/Nebraska Families Collaborative and the Office of Probation, represents 37,996 unique youth involved with any of these agencies for any period of time during FY15.

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Directing All NeSOC Work

A Phased Work Plan Guides the System

- 64 action steps over a three-year period addressing:
 - ✓ SOC Infrastructure
 - ✓ Service Design and Delivery
 - ✓ Evaluation and CQI
 - ✓ Workforce Development
- Performance measures identified for each phase.

Demonstrating Change:

- 19 outcome measures assessing improvements for children, youth and families.

➤ Overarching Goals:

- ✓ Nebraska children and youth are healthy, safe and thriving
- ✓ Nebraska's System of Care provides parents and caregivers the resources they need for their families.
- ✓ Nebraska's System of Care is the gold standard in delivery of mental health services for children and youth.

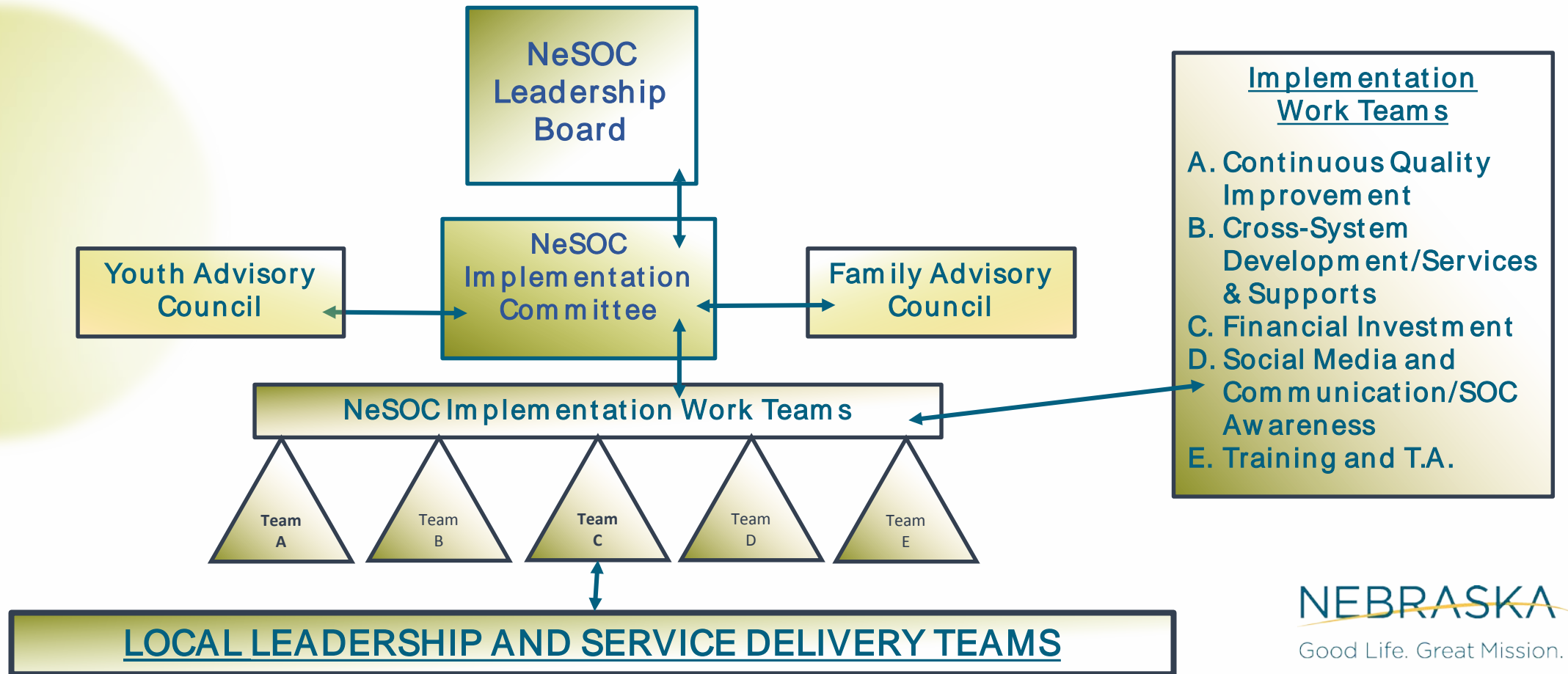
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NeSOC Operational Structure



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NeSOC Leadership Board

NeSOC
Leadership Board
meets quarterly

DHHS CEO

Administrative Office of the Courts

Administrative Office of Probation

Behavioral Health Education Center of Nebraska (BHECN)

Children's Commission

Family Organizations

Nebraska Department of Education

Nebraska Children and Families Foundation

Regional Behavioral Health Authorities

Tribal Society of Care

Youth Partners (2)

Family Partners (2)

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NeSOC Implementation Committee

DHHS Divisions

DHHS Office of Health Disparities

Administrative Office of Probation

Regional Behavioral Health Authorities

MCOs –Heritage Health (3)

Family Organizations

Court Improvement Project

Nebraska Children and Families Foundation


UNL Public Policy Center

Nebraska Tribes

Nebraska Department of Education

Youth Partners (2)

Family Partners (2)



NeSOC
Implementation
Committee
meets bi-monthly

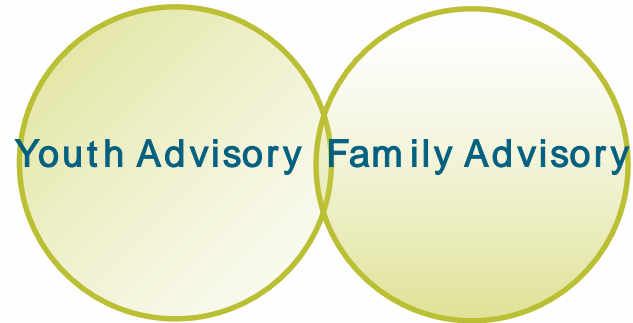
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Advisory Councils and Standing Work Teams



Youth-Guided and Family-Driven

- Youth and family membership.
- Equal partners in decision making.
- Reviews activities and strategies.
- Provides input to NeSOC Leadership.

Teams Drive the Work of the SOC

- Cross-system representation.
- Operationalizes NeSOC work plan.
- Identifies barriers and strategies for overcoming.



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SAMHSA Grant Supports the Effort

Award Highlights

Began September 30, 2016:

- Provides \$3M annually for four years.

Match requirements:

- Ratio of 1:3 in award years 1-3,
- Ratio of 1:1 in award year 4.

Project objective:

- Improve outcomes for children and youth with serious emotional disturbances (SED) and their families.

NeSOC project focus. Children and youth who are:

- at risk of out-of-home placement,
- involved in multiple child-serving systems, and/or
- transition age.



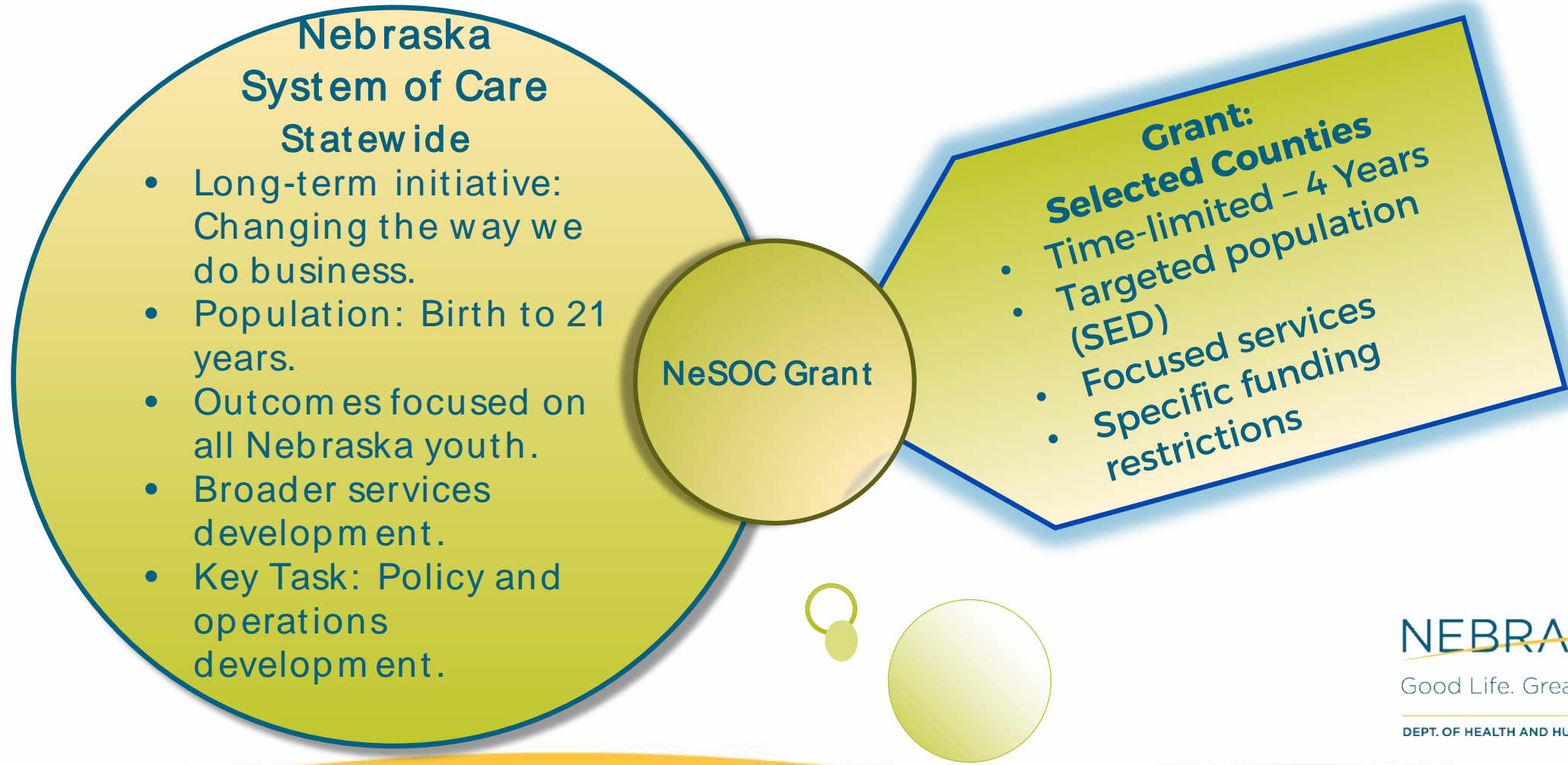
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Grant Fits Into the Bigger SOC Picture



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Selected Service Focus Areas

Focusing on areas that need development or realignment.

- Crisis response
- Service Capacity Expansion
- Professional consultation
- Implement Parents and Children together (PACT) –Region 6
- Intensive Out Patient –Region 1
- Care management and coordination

The SOC Expansion and Sustainability Cooperative Agreements program is one of SAMHSA's hybrid grant programs. SAMHSA intends that its hybrid grants result in the development of infrastructure and the delivery of services as soon as possible after award. **Service delivery should begin no later than six months after the project award begins.**

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Mobile Youth Crisis Response

Definition: a licensed clinician (specified in Staffing section below) to go on-site, or through secure video conferencing, to a crisis situation involving youth or young adults thru age 19 for the purpose of de-escalation and conflict resolution, assessing the youth's behaviors, screening for substance use and mental health disorders based on clinical observations, assessing trauma symptoms and risk for danger to self or others, providing interventions to stabilize the crisis, safety planning, means restriction, making referrals, as necessary and assist in accessing natural supports and community resources for the family.

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Mobile Youth Crisis Response

Where: Statewide

When: May 1, 2017

How: Nebraska
Family Helpline



NEBRASKA FAMILY
HELPLINE

1-888-866-8660

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Mobile Youth Crisis Response

May 2017 – June 2017 Data

- ▶ 64 Youth served
- ▶ 52 (81%) Supported in their own home/able to remain safely in their own home
- ▶ 9 Youth admitted to an inpatient psychiatric unit
- ▶ 2 Families were connected with family or friends for short term stays
- ▶ 1 Youth placed in shelter care

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Nebraska On Track and Making Progress

Since August:

- Established partnership with Nebraska Children and Families Foundation. Bi-weekly planning meetings ongoing.
- Convened Leadership Board and Implementation Committee. Regular meeting schedule operational. Recruited for Youth/Family Advisory Councils.
- Standing work teams convened and meeting monthly.
- Initiated SAMHSA grant sub-awards with regional behavioral health authorities and UNL Public Policy Center (Grant Evaluator).
- Finalized financial investment blueprint project.
- Executed contracts with a Lead Family Contact and a Training Lead.
- Executed MOUs with partnering agencies and DHHS divisions for the purpose of data sharing. Baseline numbers for Priority Outcome Measures identified.

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Next Steps

- Award the Culturally and Linguistic Appropriate Services Lead contract with contract execution by September 2017.
- Create a clinical profile to determine service needs and gaps.

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