

Nebraska Children's Commission – Juvenile Services (OJS) Committee

Twenty - Sixth Meeting
February 10, 2015
9:00am – 3:00pm
Airport Country Inn and Suites, Platte Room
1301 West Bond Circle, Lincoln, NE 68521

Call to Order

Co-Chair Nicole Brundo called the meeting to order at 9:07 am and announced the placement of the Open Meetings Act was posted in the room as per state law.

Roll Call

Subcommittee Members present: Nicole Brundo, Kim Culp, Cindy Kennedy, Kim Hawekotte, Dr. Anne Hobbs, Ron Johns, Tom McBride, Jana Peterson, Juliet Summers, Dr. Richard Weiner, and Dr. Ken Zoucha.

Acting as resources to the committee: Mark Mason, Monica Miles-Steffens, and Jerall Moreland.

Subcommittee Member(s) absent: Barb Fitzgerald, Judge Larry Gendler, Tony Green, Nick Juliano, and Cassy Rockwell.

Resource members absent: Jim Bennett, Senator Kathy Campbell, Senator Colby Coash, Catherine Gekas-Steeby, Liz Hruska, Doug Koebernick, Jerall Moreland, Judge Linda Porter, Hank Robinson, Julie Rogers, and Dan Scarborough.

Also attending: Bethany Connor, Chris Harris, Sara Hoyle, Derek Jones, Mark LeFlore, Adam Proctor, Michelle Schindler, and Leesa Sorensen.

Approval of Agenda

A motion was made by Tom McBride to approve the agenda as written, seconded by Ron Johns. Voting yes: Nicole Brundo, Kim Culp, Cindy Kennedy, Kim Hawekotte, Dr. Anne Hobbs, Ron Johns, Tom McBride, Jana Peterson, Juliet Summers, Dr. Richard Wiener and Dr. Ken Zoucha. Voting no: none. None abstained. Jeanne Brander, Barb Fitzgerald, Judge Larry Gendler, Tony Green, Nick Juliano, and Cassy Rockwell were absent.

Approval of Minutes

A motion was made by Kim Hawekotte to approve the minutes of the January 13, 2015, Juvenile Services Committee meeting as written, seconded by Ron Johns. Voting yes: Nicole Brundo, Kimm Culp, Cindy Kennedy, Kim Hawekotte, Dr. Anne Hobbs, Ron Johns, Tom McBride, Jana

Peterson, Juliet Summers, Dr. Richard Wiener, and Dr. Ken Zoucha. Voting no: none. None abstained. Jeanne Brander, Barb Fitzgerald, Judge Larry Gendler, Tony Green, Nick Juliano, and Cassy Rockwell were absent.

Co-Chair's report

Co-Chair Nicole Brundo noted that the agenda was full and would share her updates with the Committee when the relevant agenda item was called.

Committee membership update and discussion

Nicole Brundo noted that the Committee would table the discussion of a Co-Chair until a member of the Nebraska Children's Commission was nominated.

Race Matters presentation and discussion

Dr. Anne Hobbs and Monica Miles Steffens led a presentation on disproportionate minority contact in Nebraska's juvenile justice system. They presented data showing an overall pattern of disproportionate minority contact at all phases of the system. They outlined Nebraska's progress, noting that Nebraska has moved out of the identification phase and into the assessment phase. The next phase will be intervention, and the Committee discussed possible strategies to move into the intervention phase. The group also discussed implicit bias training available for law enforcement.

DMC presentation and discussion

Mark LeFlore led a presentation on disproportionate minority contact in Douglas County, Nebraska. He noted that any youth could get placed in the Youth Center once, but there are differences that lead youths to recidivate. He noted that 68% of youth who do not receive visitors at the Youth Center within their first 30 days ultimately recidivate. The Youth Center has made efforts to engage families, and visitations have increased over 40% in 2014.

DMC presentation and discussion

Derek Jones led a presentation on Disproportionate Minority contact as the DMC Coordinator for the State of Nebraska. He explained the importance of JDAI principles, including the need to physically examine areas that juveniles are being held to ensure that they are away from the adult population. He noted that the state is still in the evaluation phase and there is a lot of data available. Though the data is showing improvement, intervention and programs are still needed, especially in rural areas. The Committee discussed the need for programs, and the need to create sustainable infrastructures for the programs to continue. Derek encouraged participation in the statewide DMC committee and noted the need for a new chair.

Crossover Initiative

There were no new updates for the Crossover Initiative.

DHHS/Probation joint committee overview

There were no new updates for the DHHS/Probation joint committee overview

FSG Project in Douglas County

Kim Culp updated the group that the FSG project is currently interviewing for the position of Executive Director.

Juvenile Detention Alternative Initiative

Kim Culp and Monica Miles Steffens noted that this agenda item had already been covered by previous presentations.

DMC presentation and discussion

Sara Hoyle and Michelle Schindler led a presentation on DMC in Lancaster County. Sara began by showing a video about implicit bias. She noted that police must respond to the calls they receive, and implicit bias can cause the general population to be more likely to call the police to respond to a minority person. She discussed implicit bias trainings available for law enforcement.

Community DMC Program presentation and discussion

Denise Kracl was unable to attend the meeting.

Potential recommendations discussion and action item

Nicole Brundo led a discussion of potential recommendations from the meeting. The Committee reached the consensus that it was necessary to have a statewide working group of people working on the problem of DMC. The Committee decided that they would individually identify people that may want to serve on the statewide DMC committee, and send recommendations to Derek Jones to assist in populating the committee. The Committee also reached consensus that further work and exploration should be done to determine how to move the state out of the assessment phase and into the intervention and evaluation phases of addressing DMC.

New Business

The Committee discussed presentations for the next meeting. Dr. Nash and Dr. Van Winkle were identified as individuals to invite to discuss services available in the YRTC's, and Sheri Dawson, Michelle Noah, and Beth Baxter were identified to be invited to discuss the Behavioral Health Regions.

Future Meeting Dates

The next meeting will be held on March 10, 2015, from 9:00 am to 3:00 pm.

Adjourn

A motion was made by Cindy Kennedy to adjourn, seconded by Jana Peterson. The meeting was adjourned at 2:56 pm.

DRAFT

Juvenile Services [OJS] Committee Plans

1. Committee Plans

- a. January - Juvenile Justice state plans and the population of the YRTCS.
- b. February – Disproportionate Minority Contact
- c. March – Community based programs and treatment services in the YRTCs, and how mental and behavioral health services are provided to juveniles in secure placements and the need for systems of care services in the juvenile justice system.
- d. April – Screening and assessment tools and the role of the YRTCs in the juvenile justice system.
- e. May – The role and function of the YRTCs
- f. June – SPEP and evidence based practices

**Region 6 Behavioral Healthcare
Youth Services
March 10, 2015**

Included in this report are youth services funded by Region 6 Behavioral Healthcare. This report does not include youth behavioral health services funded through alternate funding sources.

Youth Services Funded by Region 6

Services receiving funding from Division of Behavioral Health require consumers be assessed for clinical eligibility, financial eligibility (based on family income) and verification of U.S. citizenship or legal immigration status to receive services.

Mobile Crisis Response: Trained Licensed Mental Health Therapists provide immediate crisis support for youth experiencing a behavioral health crisis. The Mobile Crisis Teams provide support to law enforcement to assist them in determining if a child can be maintained in their home or require further assessment for acute care. The Mobile Crisis Response teams also provide support to the families through on-site safety planning, linkage to community resources and follow up consultation. **Providers:** Heartland Family Service (Sarpy and Cass Counties) and Lutheran Family Services (Dodge, Douglas and Washington Counties). **Eligibility:** Crisis response must be initiated by law enforcement, homeless shelters or the Nebraska Family Helpline. **Capacity:** In fiscal year 2014 (July 1, 2013 - June 30, 2014), crisis response responded to 136 calls for youth in counties served by Region 6.

Mental Health Outpatient: Outpatient mental health therapy is provided to youth in an office setting. **Providers:** Heartland Family Service and Lutheran Family Services. **Eligibility:** Youth meeting clinical criteria for mental health therapy and financial eligibility guidelines. **Capacity:** 1 unit is equivalent to 1 hour of service.

Heartland Family Service:

Region Capacity: 4 units.

Agency Capacity: 16 units.

Lutheran Family Services:

Region Capacity: 10 units.

Agency Capacity: 234 units.

Client Assistance Program (CAP) at the Douglas County Youth Center (DCYC) and Sarpy County Juvenile Justice Center (JJC): Crisis stabilization services are provided by a Licensed Mental Health Therapist to youth in detention experiencing a mental health crisis. Services through the JJC also include extended services such as day time educational programs or youth living at home with direct supervision and monitoring systems. **Provider:** Heartland Family Service. **Eligibility:** Youth in services through DCYC or JJC who exhibit active symptomology consistent with current DSM Axes I-V diagnoses, exhibit potential risk of harm for self or others or youth who exhibit risk of emotional decomposition if interventions are not implemented. **Capacity:** 2 therapists serving youth at DCYC and 2 therapists serving youth through the JJC.

KidSquad: KidSquad provides mental health and educational consultation to child care programs to address specific mental health and behavioral concerns in children and develop strategies to promote social-emotional competence based in the teaching pyramid model. **Providers:** Child Saving Institute, Lutheran Family Services, Heartland Family Service and Center for Holistic Development. **Eligibility:** KidSquad serves child care centers, in-home child care centers and early childhood education programs serving youth ages 5 and under that receive Title 20 funding in Douglas and Sarpy counties. The KidSquad program is funded by multiple entities. Region 6 Behavioral Healthcare supports funding for this program through the Nurturing Healthy Behaviors Grant.

Youth Services Provided by Region 6

Professional Partner Program: The Professional Partner Program (PPP) provides voluntary Family-Centered case management services based in the wraparound model for severely emotionally disturbed children and their families to achieve goals of stability, functioning and community integration. **Eligibility:** Youth with a severe emotional disturbance from birth-26 years meeting financial eligibility guidelines. **Capacity:** 141 (includes Professional Partner Program, SAFE and Transitional Youth Professional Partner Program).

Specialized programs within the Professional Partner Program that provide the same supportive services include:

The School and Family Enrichment Program (SAFE): SAFE is a collaborative effort among Omaha Public Schools, Child Saving Institute and Region 6 Behavioral Healthcare. The SAFE Specialist serves as a supportive link between the school, the family, and needed community resources. **Eligibility:** Youth with a severe emotional disturbance. Referrals come from schools in the Omaha Public School District.

Transitional Youth Professional Partner Program: The Transitional Youth Professional Partner Program provides services to assist young adults in achieving self-sufficiency through accessing community resources, developing community based supports and enhancing life skills to support independence. **Eligibility:** Youth between the ages of 16-26 with a severe emotional disturbance or severe and persistent mental illness meeting financial eligibility guidelines.

Rapid Response Professional Partner Program: The Rapid Response Program provides time-limited services to families in immediate crisis with the goal to stabilize and connect them to resources in the community in order to prevent the need for Juvenile Court involvement. **Eligibility:** Youth with a severe emotional disturbance up to age 19 meeting financial eligibility guidelines. Referrals come directly through the County Attorneys' offices. **Capacity:** 60. This program has no waiting list for services.

Peer Support Services: Peer (Recovery) Support provides peer to peer support and advocacy for individuals with behavioral health needs. Peer Support Specialists provide a unique perspective by utilizing their own lived experiences as a consumer of behavioral health services to model effective recovery skills. **Eligibility:** Youth receiving services through the Transitional Youth Professional Partner Program. **Capacity:** 13.

Transitional Resource for Youth Independent Living Classes: Independent Living Classes are offered on a variety of topics to assist youth with developing necessary skills to support independence. Classes are presented by experts in the community with different topics offered monthly. **Eligibility:** Youth between the ages of 16-26 experiencing behavioral health challenges. **Capacity:** 15-20 young adults per class.

Transition-Aged Youth Rental Assistance Program (TAYRAP): The Transition-Aged Youth Rental Assistance Program (TAYRAP) is rental assistance program designed to act as a declining subsidy up to 18 months until the participant is paying full rent or rental assistance is available to the participant. **Eligibility:** Youth between the ages of 18-26 participating in supportive case management services. **Capacity:** 15-23 vouchers.

Transition-Aged Peer Support Group: The Transition-Aged Youth Peer Support Group provides a unique environment where peers can connect with one another through shared experiences. Individuals have the opportunity to come together to offer mutual support and develop meaningful relationships to support recovery. **Eligibility:** The group is open to anyone who self-identifies as having experienced behavioral health challenges and is between the ages of 16-26.

Transitional Resources for Youth (TRY) Case Consultation Team: The Transitional Resources for Youth (TRY) Team is a consultation team that assists youth with behavioral health challenges in developing a plan for transitions in their lives while addressing any barriers they may experience. This is accomplished through a collaborative effort of identifying and making recommendations to existing community resources and supports. **Eligibility:** Youth between the ages of 16-26 who are experiencing behavioral health challenges. **Capacity:** 8 staffings monthly.



Behavioral **H**ealth **S**ervices

4009 6th Ave., Suite 65

Kearney, NE 68845

www.region3.net

308-237-5113

Beth Baxter, Regional Administrator

bbaxter@region3.net

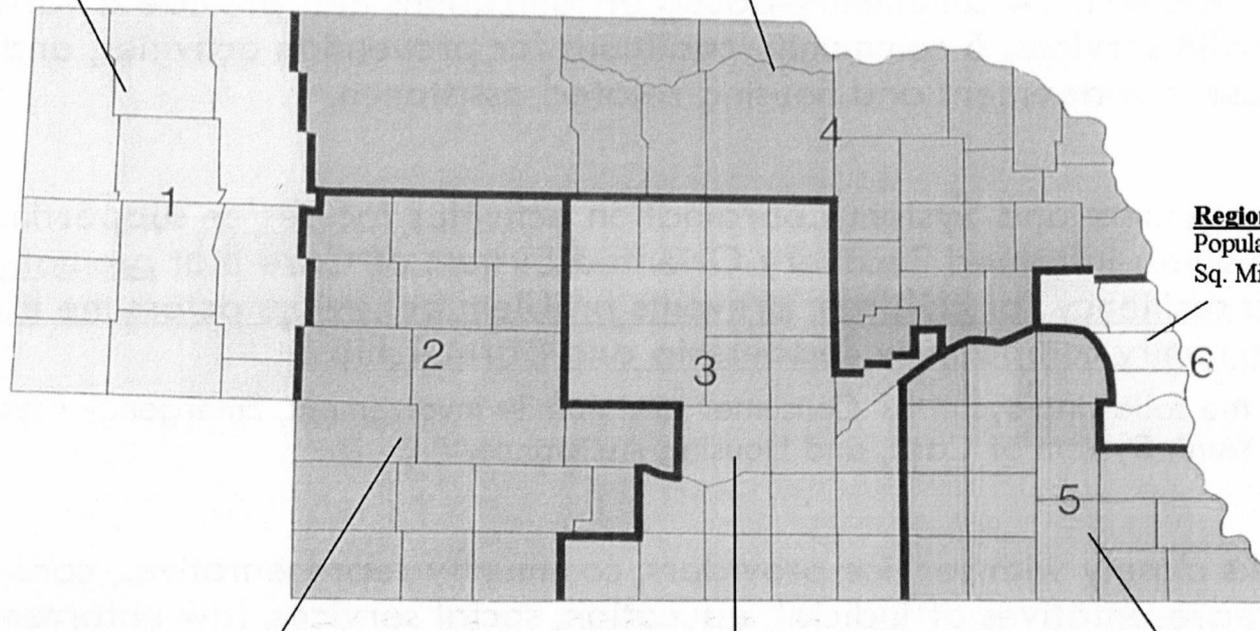
Regional 3 Behavioral Health Services

- × Region 3 is one of six Regional Behavioral Health Authorities responsible for the development and coordination of publicly funded behavioral health services within the 22 county geographical area of Region 3:
 - + Administration and management of the Regional Behavioral Health Authority that is governing by a board consisting of an elected official, county supervisor or commissioner, from each of the 22 counties within the Region,
 - + Administration and management of a network of behavioral health providers and community coalitions,
 - + Integration and coordination of the public behavioral health system,
 - + Comprehensive planning for the provision of an array of community-based behavioral health services and continuum of care,
 - + Submission for approval by the Division of Behavioral Health an annual budget and a proposed plan for the funding and administration of publicly funded behavioral health services in the Region,
 - + Submission of annual and other reports to the Division of Behavioral Health,
 - + Coordination with the Division of Behavioral Health in conducting audits of publicly funded behavioral health programs and services.

Nebraska Behavioral Health Regions

Region 1
Population: 90,410
Sq. Miles: 14,116

Region 4
Population: 216,388
Sq. Miles: 21,000



Region 6
Population: 671,287
Sq. Miles: 2,036

Region 2
Population: 102,311
Sq. Miles: 15,171

Region 3
Population: 223,143
Sq. Miles: 14,972

Region 5
Population: 413,557
Sq. Miles: 9,308

Network Management & System Coordination

Building on individual, community & system strengths

4

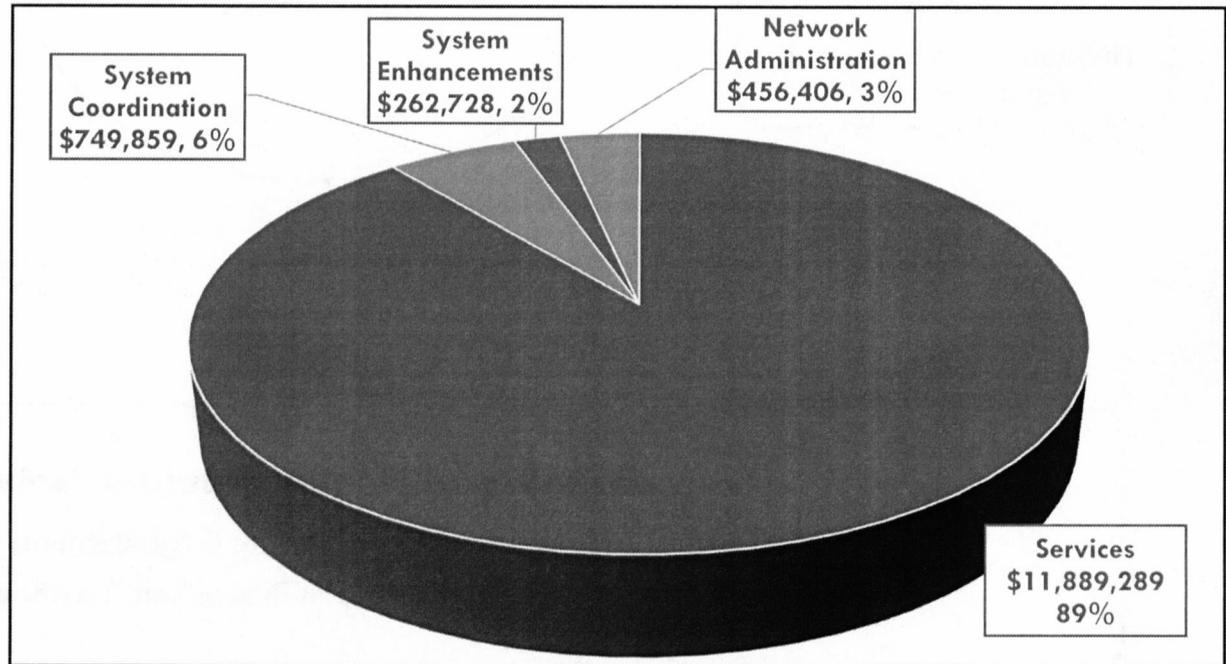
- ❑ Region 3 contracts with 14 community-based organizations that provide a variety of behavioral health services, 6 community coalitions for prevention activities, and provides therapeutic case management and housing related assistance.
- ❑ Network Management and System Coordination activities focuses on supporting and enhancing a trauma-informed Recovery Oriented System of Care that promotes recovery for adults and resiliency for children, prevents problem behaviors across the lifespan, and facilitates community competency, leadership and partnerships.
 - ❑ Coordinate the following systems: Consumer and Family Involvement, Emergency Psych System, Prevention, Youth System of Care, and Housing Assistance.
- ❑ Region 3 works closely with service providers, community representatives, consumer groups, and representatives of judicial, education, social services, law enforcement, and healthcare providers to create a climate for Interagency collaboration and system integration.
- ❑ Ensures that the behavioral health system operates in an effective and coordinated manner.

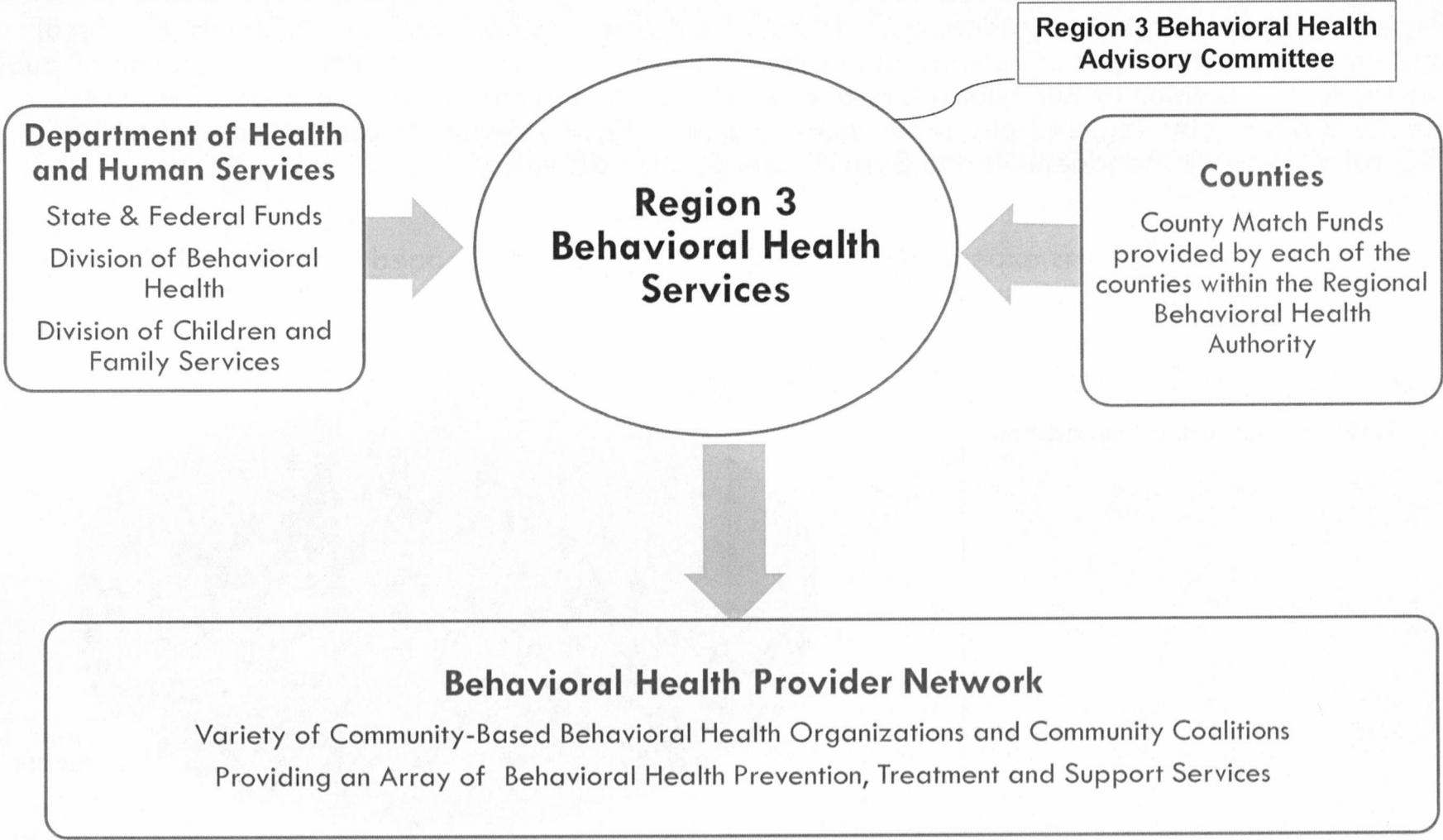
Fiscal Management

Region 3 utilizes contract monitoring, the tracking of outcome and performance standards, and fiscal and programmatic reviews of network providers to ensure the effective and efficient utilization of public resources. The Division of Behavioral Health conducts both a purchase of service audit of services provided directly by Region 3 and a network compliance fidelity review of contract responsibilities regarding Network Management and System Coordination activities.

A total of \$13,358,282 was expended by Region 3 in the fiscal year ended June 30, 2014.

- 89% expended on direct services
- 7.58% on system coordination & enhancements
- 3.42% on network administration





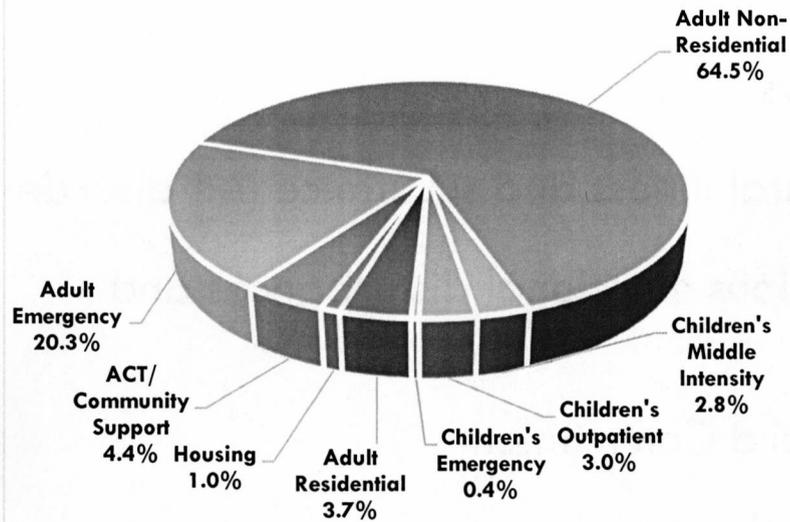


Who We Serve...

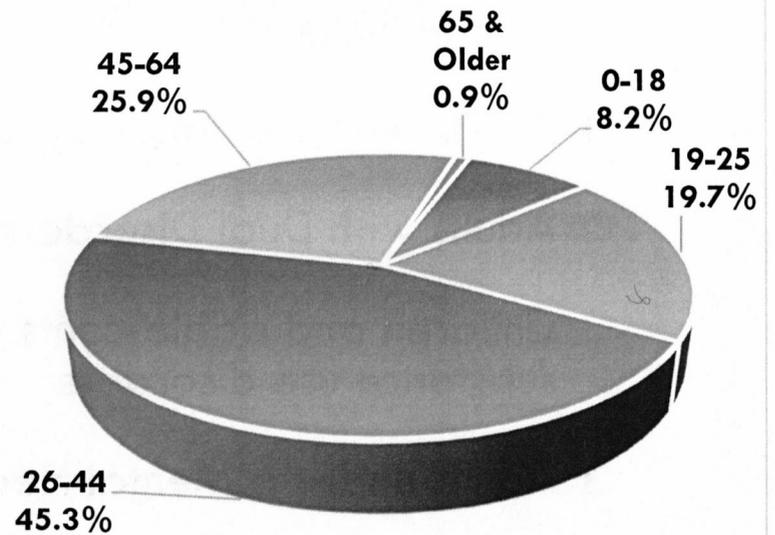
- Those who are indigent, low income, un- or under-insured
- Adults with major mental health disorders and serious and persistent mental illness
- Adults with substance use disorders
- Adults with Dual Disorders of mental illness and substance use disorder
- Children and adolescents with serious emotional disturbances and substance use disorders
- Adults under a Mental Health Board Commitment

The Region 3 Behavioral Health Services Network served a total of 11,555 individuals in FY14. 10,605 were adults and 950 were children and adolescents.

Persons Served by Level of Care



Ages of Persons Served



Children's Service Array...

Center for Psychological Services

- School-Based Outpatient

Families CARE

- Transitional Youth Advocate Program

Goodwill Industries of Greater Nebraska

- Transition Age Supported Employment

Mid-Plains Center for Behavioral Healthcare

- Mental Health Outpatient Therapy/Assessment
- Parent Child Interactive Therapy
- Multisystemic Therapy (MST)

Richard H. Young Hospital

- Crisis Inpatient Services
- Access Center – 24-Hr Crisis Line
- Outpatient Therapy

St. Francis Alcohol and Drug Abuse Treatment Center

- Substance Abuse Outpatient Therapy
- Youth Evaluations

Region 3 Behavioral Health Services

- Transition Age Emergency Community Support
- Professional Partner Program
- Transition Age Professional Partner Program
- Early Intensive Professional Partner Program

South Central Behavioral Services

- Mental Health Outpatient Therapy/Assessment
- Substance Abuse Outpatient Therapy/Evaluations
- Crisis Response

The Bridge

- Therapeutic Community for Women and their Children

Professional Partner Program

- Is strengths-based, family-centered, and acknowledges families as equal partners.
- **Traditional Professional Partner Program** utilizes the Wraparound Approach to coordinate supports and services for children and adolescents (ages 0-18 years) who experience behavioral health needs and ensure they have a voice and ownership in developing an accessible, individualized support plan.
- The program assists families who have a child with a serious emotional disorder and are at high-risk of:
 - being placed out of the home for services as a result of behavioral challenges,
 - becoming a state ward specifically in order to access behavioral health services,
 - becoming involved in the juvenile justice system, and/or
 - dropping out of school.
- **Transitional Professional Partner Program** uses the Transition of Independence Process in serving young adults ages 18-26 who experience a behavioral health challenge and who are living independently or working towards independent living.
- **Early Intensive Professional Partner Program** uses the Wraparound Approach to coordinate services and supports for families to safely maintain their children within their home, increase family stability and ensure that families have a voice, ownership and access to a comprehensive, individualized support plan.

Region 3 Behavioral Health Services Network and Service Array ...*Strength-Based, Voice & Choice*

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Advanced Psychiatric Care - Kearney

Medication Management

Behavioral Health Specialists - Seekers of Serenity - Columbus

Short-Term Residential

Social Detox

Catholic Charities of Greater Nebraska - Columbus

Dual Diagnosis Residential

Center for Psychological Services - Kearney

In-School Behavior Skills Program

Region 3 Behavioral Health Services Network and Service Array

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Families CARE - Kearney

Transitional Youth Advocate Program

Friendship House – Grand Island

Halfway House

Goodwill Industries of Greater Nebraska – Grand Island, Kearney and Hastings

Community Support

Day Rehabilitation

Day Support

Emergency Community Support

Peer Support

Supported Employment

Transition Age Supported Employment

Projects for Assisting the Homeless

Region 3 Behavioral Health Services Network and Service Array

13

Lutheran Family Services of Nebraska – Grand Island

At Ease Outpatient Therapy

Vets4Vets

Mary Lanning HealthCare - Hastings

Emergency Protective Custody

Acute Inpatient

Subacute Inpatient

Post Commitment

Emergency Community Support

Medication Management

Region 3 Behavioral Health Services Network and Service Array

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Mid-Plains Center for Behavioral Healthcare Services – *Grand Island, Broken Bow and Ord*

Outpatient

- Assessment/Therapy
- Dual Diagnosis)

Medication Management

Multisystemic Therapy (Grand Island and Kearney)

Crisis Stabilization Unit (Triage, Treatment & Support)

- Crisis Stabilization
- Social Detox with a Medical Component
- Peer Support
- Outpatient/Assessment
- Medication Management
- Crisis Response

Region 3 Behavioral Health Services Network and service Array

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Region 3 Behavioral Health Services - Kearney

- Emergency Community Support
- Jail Diversion Emergency Community Support
- Transition Age Emergency Community support
- Traditional Professional Partner Program
- Transitional Professional Partner Program
- Early Intensive Professional Partner Program
- Housing Assistance Program

Richard Young Behavioral Health Center - Kearney

- Emergency Protective Custody
- Acute Inpatient
- Subacute Inpatient
- Post Commitment
- Youth Crisis Inpatient
- Peer Support
- Medication Management
- 24-Hour Crisis Phone
- Outpatient Therapy/Assessment - Access Center

Region 3 Behavioral Health Services Network and Service Array

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St. Francis Drug & Alcohol Treatment Center – *Grand Island, Kearney, Broken Bow and Ord*

Short-Term Residential

Intensive Outpatient

Outpatient

Assessment/Therapy

Women's Treatment Program

The Bridge - *Hastings*

Therapeutic Community

Region 3 Behavioral Health Services Network and Service Array ...*Strength-Based, Voice & Choice*

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South Central Behavioral Services – *Hastings, Kearney and Holdrege*

Assertive Community Treatment

Community Support

Crisis Response

Day Rehabilitation

Day Support

Jail Diversion Emergency Community Support

Mental Health Respite

Outpatient

 Assessment/Therapy

 Jail Diversion

 Women's Treatment Program

Peer Support

Psychiatric Residential Rehabilitation

Intensive Outpatient Therapy

**Region 6 Behavioral Healthcare
FY15 Levels of Care with Providers**

Mental Health Residential Services

Level of Care	Network Providers
Psychiatric Residential Rehabilitation	Community Alliance Rehabilitation Services
Secure Residential	Telecare Corporation

Substance Abuse Residential Services

Level of Care	Network Providers
Halfway House	A.R.C.H., Santa Monica
Intermediate Residential	Catholic Charities
Short Term Residential	Catholic Charities, NOVA Treatment Community
Therapeutic Community	Heartland Family Service, NOVA Treatment Community

Co-Occurring Residential Services

Level of Care	Network Providers
Dual Disorder Residential	Catholic Charities

Emergency Services

Level of Care	Network Providers
Crisis Assessments	Catholic Charities
Crisis Response Teams	Heartland Family Service, Lutheran Family Services
Emergency Community Support	Salvation Army
Emergency Protective Custody/Board of Mental Health Commitments/Acute Inpatient	Alegent-Creighton Health – Immanuel Medical Center, Alegent-Creighton Health – Lasting Hope Recovery Center, Douglas County Community Mental Health Center
Civil Protective Custody/EPC/Detoxification	Catholic Charities
Hosp. Diversion/Crisis Intervention	Community Alliance Rehabilitation Services

**Region 6 Behavioral Healthcare
FY15 Levels of Care with Providers**

Mental Health Respite	Salvation Army
Subacute	Alegent-Creighton Health – Lasting Hope Recovery Center
Urgent Outpatient	Lutheran Family Services

Non Residential

Level of Care	Network Providers
Assertive Community Treatment (ACT)	Community Alliance Rehabilitation Services
Community Support MH	Catholic Charities, Community Alliance Rehabilitation Services, Friendship Program, Lutheran Family Services, Salvation Army
Community Support SA	Catholic Charities
Day Rehabilitation	Community Alliance Rehabilitation Services, Friendship Program
Day Treatment	Douglas County Community Mental Health Center
Homeless Transition Services	Community Alliance Rehabilitation Services
Intensive Case Management	Douglas County Community Mental Health Center
Intensive Community Services	Community Alliance Rehabilitation Services, Salvation Army
Intensive Outpatient	Catholic Charities, Heartland Family Service, Lutheran Family Services
Medication Management	Catholic Charities, Community Alliance Rehabilitation Services, Douglas County Community Mental Health Center, Heartland Family Service, Lutheran Family Services
Methadone Maintenance	BAART Community Healthcare
Outpatient, Dual	Douglas County Community Mental Health Center
Outpatient, Mental Health	Catholic Charities, Charles Drew Health Centers, Community Alliance Rehabilitation Services, Douglas County Community Mental Health Center, Heartland Family Service, Lutheran Family Services, OneWorld Community Health Centers, Inc.
Outpatient, Substance Abuse	Alegent-Creighton Health - Immanuel, Heartland Family Service, Lutheran Family Services, Nebraska Urban Indian Health Coalition, OneWorld Community Health Centers, Inc.

**Region 6 Behavioral Healthcare
FY15 Levels of Care with Providers**

Outpatient Assessments for Substance Abuse	Alegent-Creighton Health- Immanuel Medical Center, Catholic Charities, Heartland Family Service, Lutheran Family Services, Nebraska Urban Indian Health Coalition
Peer Support	Catholic Charities, Community Alliance Rehabilitation Services, Douglas County Community Mental Health Center, Friendship Program, Lutheran Family Services, Region 6 Behavioral Healthcare, Salvation Army
Supported Employment	Community Alliance Rehabilitation Services

Specialized Children/Youth Services

Level of Care	Network Providers
Outpatient – Mental Health	Heartland Family Service, Lutheran Family Services
Outpatient – Douglas County Youth Center, Sarpy County Juvenile Justice Center	Heartland Family Service
Professional Partners, including Transition Age Youth, Rapid Response Program, and Family Empowerment	Region 6 Behavioral Healthcare

Projects in Assistance to Transition from Homelessness (PATH)

Service	Network Providers
Outreach and Outpatient/Medication Management Clinic	Community Alliance Rehabilitation Services

Rental Assistance Program

Service	Network Providers
State Housing Assistance	Region 6 Behavioral Healthcare

**Region 6 Behavioral Healthcare
FY15 Levels of Care with Providers**

Transition Aged Youth Rental Assistance Program	Region 6 Behavioral Healthcare
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Service Enhancements

Services	Network Providers
Outpatient Substance Abuse	Douglas County Community Mental Health Center
Short Term Residential	Catholic Charities, NOVA Treatment Community
Therapeutic Community	NOVA Treatment Community

Prevention System

Coalition	Sub Contracted Network Providers
Tobacco Prevention	<p>Metro Omaha Tobacco Action Coalition (MOTAC)</p> <p>Sub-contract Partners: Creighton University Cardiac Center, Douglas County Health Department, Omaha Public Schools (OPS), PRIDE-Omaha, Inc., Region 6 Behavioral Healthcare, University of Nebraska Medical Center- College of Nursing, University of Nebraska Medical Center - Center for Reducing Health Disparities</p> <p>Collaborative Partners: American Cancer Society, Health Education, Inc., Nebraska Department of Health and Human Services – Tobacco Free Nebraska Program, No Limits – Nebraska, Tobacco Free Cass County, Tobacco Free Sarpy County</p>
Substance Abuse Prevention	<p>LiveWise Coalition</p> <p>Sub-contract Partners: LiveWise 40: A Washington County Coalition, LiveWise Cass County, PRIDE-Omaha, Inc. Nebraska Urban Indian Health Coalition</p>

**CHILDREN'S COMMISSION
-- JUVENILE SERVICES COMMITTEE --**

Sheri Dawson, R.N.
Deputy Director & Acting Director
Division of Behavioral Health
Department of Health and Human Services
March 10, 2015



**THERE IS NO HEALTH
WITHOUT
BEHAVIORAL
HEALTH.**

DHHS MISSION:

Help People Live Better Lives

DBH VISION:

The Nebraska public behavioral health system promotes wellness, recovery, resilience and self-determination in a coordinated, accessible consumer and family-driven system.

- *Simply put:* The Division of Behavioral Health strives to be the gold standard of BH care by facilitating hope, recovery and resiliency.

DBH VISION:

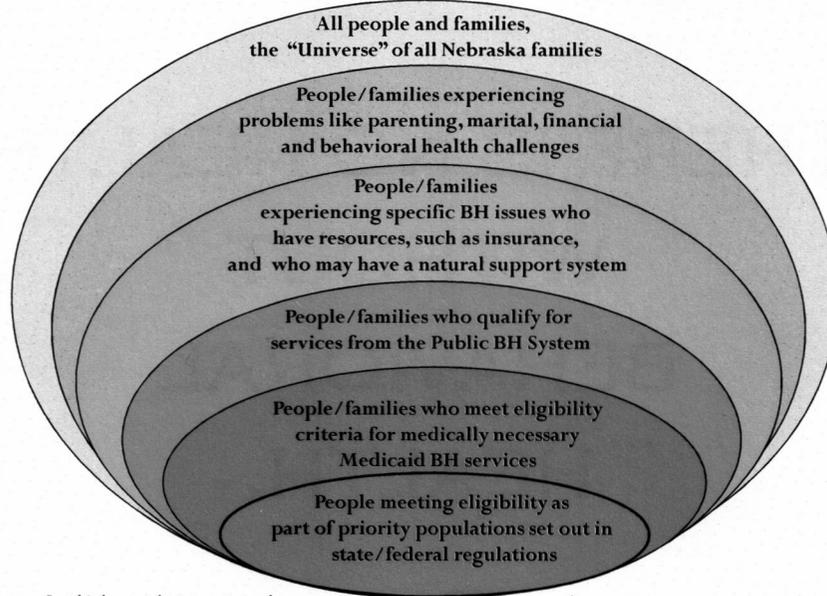
The Division of Behavioral Health provides leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.

- *Simply put:* DBH helps systems that help people recover.

2011-2015 GOALS:

1. The public behavioral health workforce will be able to delivery effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders.
2. The Division of Behavioral Health will use financing mechanisms which support innovative service content, technology and delivery structures (e.g., telehealth; in-home acute services; Peer Support Services).
3. The Division of Behavioral Health will reduce reliance on the Lincoln Regional Center for general psychiatric services.

Nebraska Families Needing Help *

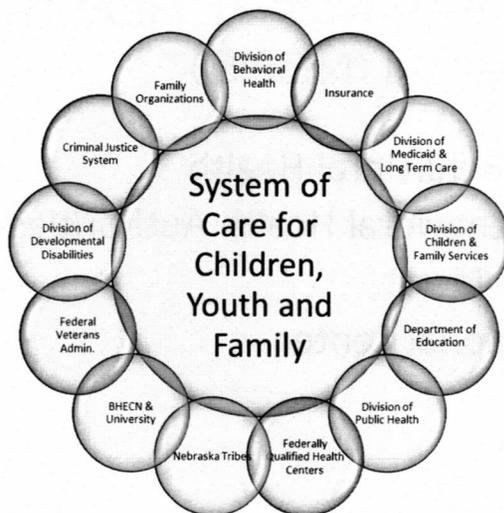


Blue = Social/educational interventions only
Red = Medical necessity interventions only
Orange = Both medical and social/educational interventions supported

* Prevention strategies not included

11/9/2009

WORKING TOWARDS A SYSTEM OF CARE



- Shared information, collaboration, partnering.
- Opportunities for braided funding mechanisms.
- Shared mission, goals, objectives.
- Improves access and “no wrong door” option for consumers.
- Shared efforts, resources, services.

DIVISION OF BEHAVIORAL HEALTH

Shall serve as the chief behavioral health authority for the State of Nebraska and shall direct the administration and coordination of the public behavioral health system.

Neb. Rev. Stat. 71-806

NEBRASKA BEHAVIORAL HEALTH SYSTEM (NBHS)

- Division of Behavioral Health
- Regional Behavioral Health Authorities
- Region Providers
- Lincoln Regional Center

HOW IS NBHS DIFFERENT THAN MEDICAID BH?

NBHS

- Primary Funding for ADULTS
- Funding capped; not an entitlement
- Recovery and rehab service model
- Housing and employment
- Contracts primarily through Regions
- Magellan serves as A.S.O.

Medicaid

- Serves more CHILDREN than NBHS
- Entitlement, if eligible
- Medical model
- Contracts directly with providers
- Magellan at risk contract

COMMUNITY SERVICES SECTION

- Shared Division Activities with CFS
 - Trauma Informed Care
 - System of Care
 - Psychotropic Med Review
 - Alternative Response
 - Results Based Accountability
 - Wraparound Professional Partner Program
 - Regional/Service Area Administrator Meetings
 - Family Peer Support

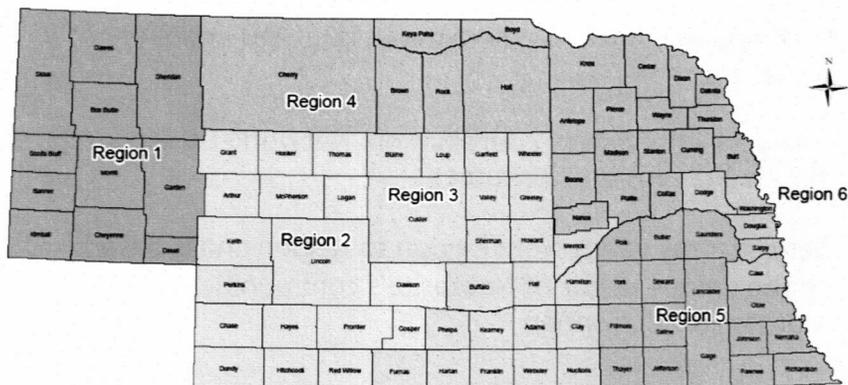
COMMUNITY SERVICES SECTION, CONT'D

- Each region contracts with a network of MH and SA providers
- Charged with system coordination: Network, Emergency, Youth, Prevention, Consumer
- Service array varies from Region to Region and is based on the unique needs of Nebraska's communities
 - urban, rural, frontier
- Direct contracts – tribes, LHRC, etc.
- Each service has a State approved service definition which are part of the Division regulations

COMMUNITY SERVICES SECTION, CONT'D

- Eligibility criteria for services
 - financial (income and family size)
 - clinical (service definition)
- Division of BH contracts with Magellan for data and ASO function (registration and authorization)
- Magellan reviews for clinical criteria
- Providers review for financial criteria

Behavioral Health Regions



REGIONAL BEHAVIORAL HEALTH NETWORK SYSTEM

- REGIONAL GOVERNING BOARDS
- QUASI-GOVERNMENTAL ENTITIES
 - County commissioners represent all counties in the Region on the Board
- REGIONAL PROGRAM ADMINISTRATOR
 - Hired and supervised by the Regional Governing Board to manage regional system of services (networks)
- REGION BH ADVISORY COMMITTEE
 - Consumers, providers, other interested persons

REGIONAL CENTERS SECTION

Lincoln Regional Center (LRC)

- general psychiatric services – 90 beds
- forensic psychiatric services – 45 beds
- sex offender services – 85 beds
- Whitehall campus – 24 beds
 - adolescent males

PRIORITIES FOR LRC ADMISSION

- Court-ordered Forensic
- Adults committed by a Mental Health Board found to be a danger to self or others due to a mental illness
 - Dangerous Sex Offenders
 - Those that cannot be safely treated in a community hospital (violent or assaultive)

REGIONAL CENTERS SECTION, CONT'D

Norfolk Regional Center (NRC)

- sex offender services – 85 beds

Hastings Regional Center (HRC)

- adolescent residential substance abuse treatment – 24 beds

CHIEF CLINICAL OFFICER

Shall be a board-certified psychiatrist and shall serve as the medical director for the division and all facilities and programs operated by the division.

Neb. Rev. Stat. 71-805

- MHB Training Manual
- IDR Magellan Hearing Officer

OFFICE OF CONSUMER AFFAIRS

Shall be a consumer or former consumer of behavioral health services and shall have specialized knowledge, experience, or expertise relating to consumer-directed behavioral health services, behavioral health delivery systems, and advocacy on behalf of consumers of behavioral health services and their families.

Neb. Rev. Stat. 71-805

- Peer Specialists

CONTACT

Sheri Dawson

Acting Director

Division of Behavioral Health

Department of Health and Human Services

sheri.dawson@nebraska.gov

(402) 471-7856

Region 3

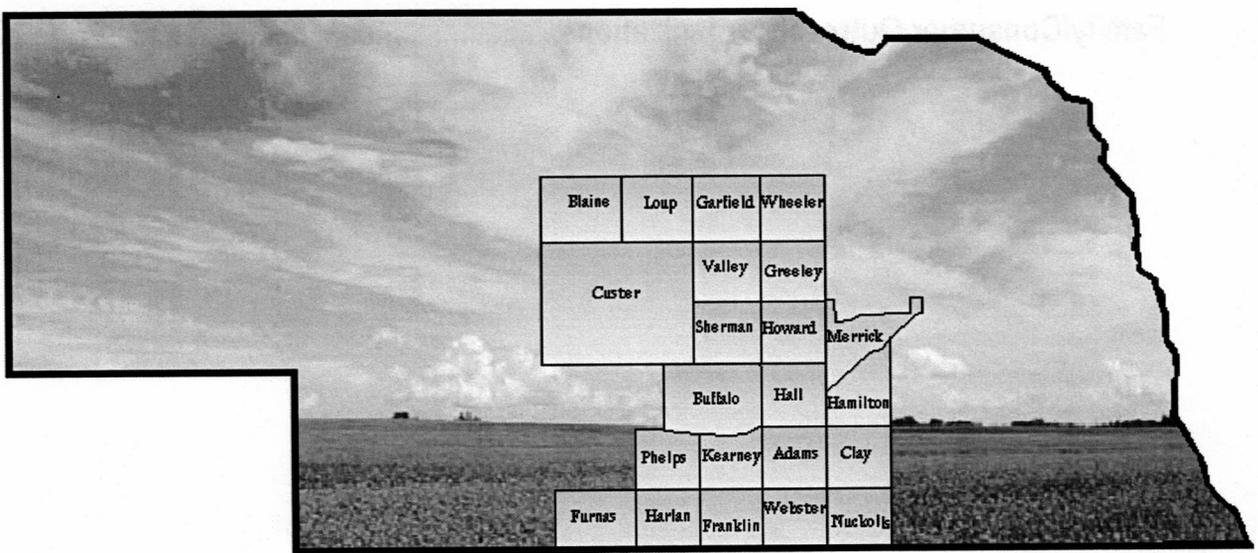
Behavioral Health Services

4009 6th Ave, Suite 65
PO Box 2555 Kearney, NE 68848
308-237-5113 (phone)
308-236-7669 (fax)
www.region3.net (website)

NETWORK DIRECTORY



The Mission of Region 3 Behavioral Health Services is to foster recovery and resiliency for individuals and their families who experience a behavioral health challenge.



Beth Baxter, Regional Administrator
308-237-5113, ext. 222
bbaxter@region3.net



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Behavioral Health Services

Network Directory of Contract Services

These are the behavioral health services that Region 3 contracts for and may not include all services provided by the agency.

NETWORK PROVIDER	CONTRACT SERVICES
<p>Advanced Psychiatric Care (APC) Contact: Susan Winchester, APRN 3811 Central Avenue, Suite B-1 P O Box 2318 Kearney NE 68847-8133 Phone: 308-234-6203 Fax: 308-234-3103</p>	<p>Adult Services ➤ Medication Management (MH)</p> <p>Trauma Informed Services: Cognitive Behavioral Therapy, Motivational Interviewing. APC endeavors to provide a continuum of care that helps to overcome barriers within the system that prevent access to services/resources.</p> <p>Bi-lingual Services: A translator is located when possible. When a caseworker is involved, a request is made for the caseworker to obtain a translator.</p>
<p>Area Substance & Alcohol Abuse Prevention (ASAAP) Contact: Stefanie Creech-Will 835 South Burlington Ave, Suite 114 Hastings, NE 68901 Phone: 402-463-0524 Fax: 402-463-0525</p>	<p>This Coalition implements evidence based prevention strategies to reduce underage alcohol use and binge drinking. The coalition is a member of the Alcohol Task Force with Hastings College and Central Community College that works to reduce high risk drinking and underage alcohol use on campus using the evidence-based Challenging College Alcohol Abuse (CCAA).</p>
<p>Behavioral Health Specialists, Inc. - Seekers of Serenity Contact: Cindy Oltmer 4432 Sunrise Place Columbus, NE 68601 Phone: 402-564-9994 Fax: 402-562-6458</p>	<p>Adult Services ➤ Short-Term Residential Treatment (SA) ➤ Social Setting Detoxification (SA)</p> <p>Trauma Informed Services: Cognitive Behavioral Therapy (CBT); Cognitive Processing Therapy for Rape Victims; Courage to Heal; Dialectic Behavioral Therapy (DBT); plan to incorporate Adverse Childhood Experiences (ACE) Screening Tool; plan to incorporate Behavior, Affect, Sensation, and Knowledge (BASK) model; and plan to incorporate Women's Complex Trauma Screening Tool.</p> <p>Bi-lingual Services: A translator is located when possible.</p>
<p>Catholic Charities of Greater Nebraska Contact: Nicki Brigham 3020 18th Street, 2nd floor Columbus, NE 68601 Phone: 402-563-3833 Fax: 402-562-8714 www.ccomaha.org</p>	<p>Adult Services ➤ Dual Disorder Residential (SA)</p> <p>Trauma Informed Services: Dialectic Behavioral Therapy, and Cognitive Behavioral Therapy. Co-Occurring Disorders Program, Trauma Education Group, Processing Group.</p> <p>Bi-lingual Services: A translator is located when possible.</p>
<p>Center for Psychological Services, P.C. Contact: Jesica Vickers PO Box 2583 4111 4th Avenue, Suite 32 Kearney, NE 68848 Phone: 308-234-6029 Fax: 308-237-4792 www.centerforpsychsrvs.org</p>	<p>Youth Services ➤ In-School Behavior Skills Program</p> <p>Trauma Informed Services: Trauma Focused-Cognitive Behavioral Therapy for Children Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), EMDR, Motivational Interviewing, Cognitive Behavioral Therapy, Dialectic Behavioral Therapy, Neurosequential Model treatment, and trained in Psychological Debriefing and Critical Incident Stress Management (CISM).</p> <p>Bi-lingual Services: Call published contracted Interpreters/Translators.</p>

NETWORK PROVIDER	CONTRACT SERVICES
<p>Central NE Council on Alcoholism & Addictions, Inc. Contact: Connie Holmes 219 W. 2nd Street Grand Island, NE 68801 Phone: (308) 385-5520 Fax:(308) 385-5522 www.grandisland.com/cnca</p>	<p>The mission of Central Nebraska Council on Alcoholism and Addictions is to increase the awareness of the harmful effects of alcohol, tobacco, other drugs and addictions together with the related problems. CNCAA seeks to foster the development of healthy lifestyles within individuals, families and communities and to serve as catalysts in the promotion of a shared vision of a healthier world. Programs include a bookstore, lending library, youth prevention programs, juvenile diversion programs, driving under the influence education, public information programs and recovery enhancement.</p>
<p>County Organization for Prevention & Education (COPE) in Hamilton County Contact: Celeste Penner 219 W. 2nd Street Grand Island, NE 68801 Phone: 308-385-5520 Fax: 308-385-5522</p>	<p>The coalition works to reduce rates of alcohol, tobacco and other drug use by implementing evidence-based prevention strategies including Changing the Conditions of Alcohol and Other Substance Availability, Counter Advertising for Tobacco, Alcohol Compliance Checks, Tobacco Compliance Checks, Strengthen Families Program, Policy Changes, and Big Brothers/Big Sisters.</p>
<p>Families CARE, Inc. Contact: Karla Bennetts 4009 6th Ave, Suite 55 Kearney, NE 68845 Phone: 308-237-1102 <u>OR</u> 877-225-0500 Fax: 308-234-5712 www.FamiliesCare.org</p>	<p>Youth Services ➤ Young Adult Care Partner Program AKA Transitional Youth Advocate Program (MH) (Peer Run)</p> <p>Families CARE provides advocacy, resources, education and support to families who have kids with emotional, behavioral or mental health concerns. Advocates on staff are all peers, and offer trauma informed, sensitive, culturally relevant, individualized care to families.</p>
<p>Families CARE Youth and Parent Support Group meets once a month: every 2nd Tuesday at 6:00 pm - Evangelical Free Church, 2609 S. Blaine, Grand Island every 3rd Tuesday at 6:00 pm – Families CARE, 4009 6th Ave. Suite 55, Kearney</p> <p>*Support groups provide a safe, friendly environment for parents to gain new information, share resources, experiences, & support one another. *Youth meet separately & through fun positive experiences, gain knowledge about social skills build positive peer relations. All ages welcome. *Any parent/youth struggling with emotional/behavioral/mental health needs is welcome; they do not have to be utilizing Families CARE services.</p>	
<p>Friendship House, Inc. Contact: Chase Francl 406 W. Koenig Grand Island, NE 68801 Phone: 308-382-0422 Fax: 308-382-6195</p>	<p>Adult Services ➤ Halfway House (male) (SA)</p> <p>Trauma Informed Services: Motivational Interviewing and Cognitive Behavioral Therapy. Staff will participate in further training with Dan Griffin prior to implementation of "Men and Trauma".</p> <p>Bi-lingual Services: Employ Bi-lingual staff.</p>
<p>Garfield-Loup-Wheeler (GLW) Children's Council Contact: Trisha Crandall PO Box 310 Burwell, NE 68823 Phone: 308-346-4284 Fax:308-346-5402</p>	<p>The coalition implements evidence based prevention strategies including All-Stars, ATLAS, Project Northland, and ATHENA in the schools and environmental prevention strategies to change community social norms about alcohol, tobacco and other drugs.</p>

NETWORK PROVIDER	CONTRACT SERVICES
<p>Goodwill Industries of Greater Nebraska, Inc. Contact: Tonya Ingram (Day Services) Contact: Shelly Wragge (CS-MH/ SA & ERCS) Contact: Becky Janulewicz (PATH) Contact: Becki Koehler (Supported Employment services) 1804 S. Eddy P.O. Box 1863 Grand Island, NE 68802-1863 Phone: 308-384-7896 Fax: 308-382-6802 www.goodwillne.org</p>	<p>Adult Services</p> <ul style="list-style-type: none"> ➤ Day Rehabilitation (MH) (Peer enhanced) ➤ Day Support (MH) ➤ Community Support (CS) (MH) ➤ Community Support (SA) ➤ Projects for Assisting The Homeless (PATH) ➤ Traditional Supported Employment (SE) (MH) ➤ Transition Age SE (MH) ➤ Peer Support (MH) ➤ Traditional Emergency Community Support (MH) <p>Youth Services</p> <ul style="list-style-type: none"> ➤ Transition Age Supported Employment (MH) <p>Trauma Informed Services: Seeking Safety, Motivational Interviewing, Men & Trauma: Dan Griffin, Beyond Trauma: S Covington, PTSD/Trauma Education Group & Support Group (includes DBT/CBT skill building), Courage to Heal, Dealing with the Effects of Trauma (SAMHSA self-help guide), Managing Traumatic Stress Through Art, PhotoVoice, 16 Steps</p> <p>Bi-lingual Services: Employ Spanish speaking staff in Grand Island for traditional CS MH/SA & ERCS. Two SE staff speaks Spanish, one in Grand Island & one in Lexington. Would utilize interpreter services as necessary for each face-to face interaction and or event.</p>
<p>Goodwill Industries of Greater Nebraska, Inc. 835 S. Burlington Suite 112 Hastings, NE 68901 Phone: 402-463-1343 Fax: 402-463-1445</p>	<p>Adult Services Supported Employment (MH)</p>
<p>Goodwill Industries of Greater Nebraska, Inc. 4009 6th Avenue, Suite 45 Kearney, NE 68845 Phone: 308-455-1400 Fax: 308-455-1402</p>	<p>Adult Services</p> <ul style="list-style-type: none"> ➤ Supported Employment (MH)
<p>Goodwill Industries of Greater Nebraska, Inc. 705 South D Street Suite B Broken Bow, NE 68822 Phone: 308-730-2932</p>	<p>Adult Services</p> <ul style="list-style-type: none"> ➤ Supported Employment (MH) ➤ Community Support (CS- MH/SA & ERCS)
<p>Goodwill Industries of Greater Nebraska, Inc. Holdrege, NE Phone: 308-455-1400</p>	<p>Adult Services</p> <ul style="list-style-type: none"> ➤ Supported Employment (MH)
<p>Goodwill Industries of Greater Nebraska, Inc. Minden, NE Phone: 308-455-1400</p>	<p>Adult Services</p> <ul style="list-style-type: none"> ➤ Supported Employment (MH)
<p>Goodwill Industries of Greater Nebraska, Inc. 314 S. 14th, Suite 102 Ord, NE 68862 Phone: 308-730-2932</p>	<p>Adult Services</p> <ul style="list-style-type: none"> ➤ Supported Employment (MH)
<p>Grand Island Substance Abuse Prevention Coalition Contact: Michelle Schulz 219 W. 2nd Street Grand Island, NE 68801 Phone: 308-385-5520 Fax: 308-385-5522</p>	<p>The coalition works to reduce rates of alcohol, tobacco and other drug use by implementing evidence-based prevention strategies including Changing the Conditions of Alcohol and Other Substance Availability, Counter Advertising for Tobacco, Alcohol Compliance Checks, Tobacco Compliance Checks, Strengthening Families Program, Policy Changes, and Big Brothers/Big Sisters.</p>

NETWORK PROVIDER	CONTRACT SERVICES
<p>Lutheran Family Services of Nebraska, Inc. Contact: Paul Greenwell Contact: Rosie Anderson, Therapist Contact: Ryan Kaufman, Veteran and Family Support Specialist Great Western Bank Building 1811 West 2nd Street, Suite 300 Grand Island, NE 68803 Phone: (308) 382-4255 Fax: (308) 382-8149 www.lfsneb.org</p>	<p><i>At Ease</i> Program provides trauma treatment for active military, veterans and loved ones living in Nebraska. <i>Vets4Vets</i> provides a support community for veterans that provides an atmosphere for healing, camaraderie, and fulfilling actions to be taken.</p> <p>Adult Services</p> <ul style="list-style-type: none"> ➤ Outpatient - MH ➤ Vets4Vets Support Groups <p>Trauma Informed Services: Eye Movement Desensitization & Reprocessing (EMDR), Biofeedback, Cognitive Behavioral Therapy (CBT), Dialectic Behavioral Therapy (DBT), Motivational Interviewing.</p>
<p>Mary Lanning HealthCare Director: Kim Kern (402) 460-5635</p> <ul style="list-style-type: none"> ➤ EPC Coordinator: Jerry Shaw (402) 463-5973 (ext. 6272) ERCS/On call Supervisor: Laura Hill (402) 463-5973 (ext. 6283) 715 N. St. Joseph Ave. Hastings, NE 68901 Fax: 402-460-5785 ➤ Medication Management Office Supervisor: Tara Oschner (402) 463-7711 835 S. Burlington, Ste 108 Hastings, NE 68901 Fax: 402-461-5099 www.mlmh.org 	<p>Adult Services</p> <ul style="list-style-type: none"> ➤ Behavioral Health Placement - Nursing Home Consultation and Support ➤ Medication Management provided at the Lanning Center in Hastings, South Central Behavioral Services in Kearney, Webster Co Hospital in Red Cloud, and Broadstone Hospital in Superior (MH) ➤ EPC/Acute Inpatient (MH) ➤ Subacute Inpatient (MH) ➤ Post Commitment (MH) ➤ Emergency Community Support (ERCS) (MH) ➤ Medication Management (MH) <p>Youth Services</p> <ul style="list-style-type: none"> ➤ Medication Management (MH) <p>Trauma Informed Services: Biofeedback, Cognitive Behavioral Therapy (CBT), Dialectic Behavioral Therapy (DBT), Motivational Interviewing.</p> <p>Bi-lingual Services: Use interpreter phone line or in-house staff.</p>
<p>Meth & Addictions Prevention Strategies (MAPS) Contact: Celeste Penner 219 W. 2nd Street Grand Island, NE 68801 Phone: 308-385-5520 Fax: 308-385-5522</p>	<p>The coalition works to reduce rates of alcohol, tobacco and other drug use by implementing evidence-based prevention strategies including Changing the Conditions of Alcohol and Other Substance Availability, Counter Advertising for Tobacco, Alcohol Compliance Checks, Tobacco Compliance Checks, Strengthen Families Program, Policy Changes, and Big Brothers/Big Sisters.</p>
<p>Mid-Plains Center for Behavioral Healthcare Svcs, Inc. Contact: Corrie Edwards, CEO Crisis Stabilization Unit (CSU): Lisa Guthrie 914 Baumann Drive P.O. Box 1763 Grand Island, NE 68802-1763 Phone: 308-385-5250 CSU Phone: 308-385-5250, ext. 2 Fax: 308-385-5271</p> <p>Emergency Services – Crisis Response Team:</p> <ul style="list-style-type: none"> ➤ 308-385-5250 OR ➤ 800-515-3326 <p>www.midplainscenter.org</p>	<p>Adult Services</p> <ul style="list-style-type: none"> ➤ Outpatient/Assessment (MH) ➤ Outpatient/Assessment Only (SA) ➤ Outpatient/Assessment - Dual (SPMI/CD) ➤ Medication Management (MH) ➤ Crisis Stabilization Unit (Peer enhanced) <ul style="list-style-type: none"> ➤ Crisis Stabilization ➤ Social Detox w/Medical Component ➤ Peer Support (MH) ➤ Crisis Response <p>Youth Services</p> <ul style="list-style-type: none"> ➤ Multisystemic Therapy (MH) ➤ Outpatient/Assessment (MH) <p>Trauma Informed Services: A Comprehensive Framework for Intervention with Complexly Traumatized Youth; Behavior, Affect, Sensation, and Knowledge (BASK) model; TF-CBT; Parent Child Interactive Therapy (PCIT); EMDR; Attachment, Self-Regulation and Competency Clinical Services (ARC); and Life-Space Crisis Intervention.</p> <p>Bi-lingual Services: Call published contracted Interpreters/Translators.</p>

NETWORK PROVIDER	CONTRACT SERVICES
<p>Mid-Plains Center for Behavioral Healthcare Svcs, Inc. Contact: Jan Dobesh 255 South 10th Avenue Broken Bow, NE 68822 Phone: 308-872-2123 Fax: 308-872-2512</p>	<p>Adult Services and Youth Services ➤ Outpatient/Assessment (MH)</p>
<p>Mid-Plains Center for Behavioral Healthcare Svcs, Inc. Contact: Nancy Puckett and Shelly Boyce 100 N. 15th Street PO Box 141 Ord, NE 68862 Phone: 308-728-9979 Fax: 308-728-9980</p>	<p>Adult and Youth Services ➤ Outpatient/Assessment (MH)</p>
<p>Positive Pressure Community Coalition Contact: Tana Nelson PO Box 1466 Kearney, NE 68848 Phone: 308-865-2283 Fax: 308-865-2948</p>	<p>The goal of this coalition is to reduce substance use by youth in Buffalo county through evidence-based prevention strategies. Environmental strategies include Responsible Beverage Server trainings and Communities Mobilizing for Change on Alcohol (CMCA).</p>
<p>Region 3 Behavioral Health Services Contact: Beth Baxter 4009 6th Avenue, Suite 65 P.O. Box 2555 Kearney, NE 68848-2555 Phone: 308-237-5113 800-321-4981 Fax: 308-236-7669 Website: www.region3.net</p>	<p>Network Management & System Coordination ➤ Network Management ➤ Emergency System Coordination ➤ Prevention System Coordination ➤ Youth System Coordination</p> <p>Adult Services ➤ Emergency Community Support (ERCS) (MH) ➤ Jail Diversion ERCS ➤ Adult Housing Assistance Program ➤ Transition Age Professional Partner Program (PPP)</p> <p>Youth Services ➤ Transition Age ERCS (MH) ➤ Traditional PPP ➤ Coop for Success Program ➤ School Based Wraparound Program ➤ Early Intensive PPP</p> <p>Trauma Informed Services: Region 3 provides the following training for system stakeholders: Psychological First Aid, Mental Health First Aid, Compassion Fatigue, Vicarious Trauma, Trauma-Informed Care, and Train-the-Trainer for Trauma-Informed Care. Additionally staff are trained in the above and also some have Motivational Interviewing training and use the concepts when working with consumers.</p> <p>Bi-lingual Services: In-house staff who is bi-lingual (Spanish/English) and use interpreter phone line & phone message is in Spanish.</p>

NETWORK PROVIDER	CONTRACT SERVICES
<p>Richard Young Behavioral Health Center Contact: Michelle Hansen and Tobias Posvar 1755 Prairie View Pl P.O. Box 1750 Kearney, NE 68848-1750 Phone: (308) 865-2000 or (800) 930-0031 (24/7) Fax: (308) 865-2216 www.gshs.org</p>	<p>Adult Services</p> <ul style="list-style-type: none"> ➤ EPC/Acute Inpatient (MH) ➤ Subacute Inpatient (MH) ➤ Post Commitment (MH) Removed Medication Management ➤ Peer Support (MH) ➤ Assessment through Access Center Removed Outpatient ➤ 24-Hr Crisis Phone <p>Youth Services</p> <ul style="list-style-type: none"> ➤ Youth Crisis Service (Ages 13 and older) (MH) ➤ Assessment through Access Center ➤ 24-Hr Crisis Phone <p>Trauma Informed Services: Trauma Focused CBT, Psychological Education, DBT, Motivational Interviewing, PTSD Psycho Education. RYH treats all patients with the idea that they have experienced some type of trauma with the agency's main goal being not to re-traumatize during treatment.</p> <p>Bi-lingual Services: Access Access to 24 hour language line. Employ one Bi-lingual psychiatrist and two Bi-lingual interpreters.</p>
<p>Richard Young Outpatient Clinic Contact: Carol Herron 1755 Prairie View Pl Kearney, NE 68845-8300 Phone: (308) 865-2249 Fax: (308) 865-2931 www.richardyoungoutpatientclinic.com</p>	<p>Adult & Youth Services</p> <ul style="list-style-type: none"> ➤ Medication Management (MH) ➤ Outpatient Therapy (MH) <p>Trauma Informed Services: Trauma Focused CBT, Psychological Education, DBT, Motivational Interviewing, PTSD Psycho Education. RYH treats all patients with the idea that they have experienced some type of trauma with the agency's main goal being not to re-traumatize during treatment.</p> <p>Bi-lingual Services: Access A Access to 24 hour language line. Employ one Bi-lingual psychiatrist and two Bi-lingual interpreters.</p>
<p>Sherman County Prevention Coalition Contact: Kris Hervert PO Box 621 Loup City, NE 68853 Phone: 308-745-1513, ext. 110 Fax: 308-745-1820</p>	<p>This coalition's goal is to reduce alcohol use by youth in Sherman County by implementing evidence-based prevention strategies including Communities Mobilizing for Change on Alcohol, Parenting Wisely, All-Stars as well as an After School Program.</p>
<p>St. Francis Alcohol & Drug Treatment Center Contact : Brenda Miner 2116 W. Faidley Avenue Grand Island, NE 68803 Phone: 308-398-5427 Fax: 308-398-5404 www.saintfrancisgi.org</p>	<p>Adult Services</p> <ul style="list-style-type: none"> ➤ Short-Term Residential (SA) ➤ Intensive Outpatient (SA) ➤ Outpatient/Assessment (SA) <ul style="list-style-type: none"> ➤ Drug Court (SA) ➤ Women's Treatment Program (SA) <p>Youth Services</p> <ul style="list-style-type: none"> ➤ Outpatient/Assessment (SA) <p>Trauma Informed Services: EMDR and Motivational Interviewing.</p> <p>Bi-lingual Services: Employ hospital interpreters or can use CyraCom Language Line.</p>

NETWORK PROVIDER	CONTRACT SERVICES
<p>St. Francis Alcohol & Drug Treatment Center Contact: Sherri Ruh Satellite office - Kearney 1755 Prairie View Place PO Box 1750 Kearney, NE 68845 Phone: 308-865-2338</p>	<p>Adult and Youth Services ➤ Outpatient/Assessment (SA)</p>
<p>St. Francis Alcohol & Drug Treatment Center Contact: Connie Strand Satellite office – Broken Bow 315 S. 8th Broken Bow, NE 68822 Phone: 308-872-6449</p>	<p>Adult and Youth Services ➤ Outpatient/Assessment (SA)</p>
<p>South Central Behavioral Services Kearney office contact: Rhonda Rail 3810 Central Avenue P.O. Box 1716 Kearney, NE 68848-1716 Phone: 308-237-5951 Fax: 308-237-5953 www.scbsne.com</p>	<p>Adult Services ➤ Intensive Outpatient (SA) ➤ Outpatient/Assessment (MH/SA) ➤ Family Drug Court (SA) ➤ Women's Treatment Program (SA) ➤ Buffalo County Outreach Program ➤ Substance Abuse Education Classes ➤ Peer Support ➤ Medication Management (MH) (Lanning Center satellite office) ➤ Crisis Response</p> <p>Youth Services ➤ Specialized Adolescent Service (SA) ➤ Outpatient/Assessment (MH/SA)</p> <p>Trauma Informed Services (all locations): DBT, Motivational Interviewing, Seeking Safety, TF-CBT, gender-specific. "Helping Women Recover" and "Helping Men Recover" in Adult IOP and aftercare 16 Steps Groups.</p> <p>➤ Bi-lingual Services: Utilize an interpreter.</p>
<p>South Central Behavioral Services Hastings Office contact: Rhonda Rail 616 W 5 P.O. Box 50 Hastings, NE 68902-0050 Phone: 402-463-5684 Fax: 402-463-5686</p>	<p>Adult Services ➤ Intensive Outpatient (SA) ➤ Outpatient/Assessment (MH/SA) ➤ Family Drug Court ➤ Women's Treatment Program ➤ Jail Diversion/ERCS (Peer enhanced) ➤ Substance Abuse Education Classes ➤ Crisis Response</p> <p>Youth Services ➤ Specialized Adolescent Service (SA) ➤ Outpatient/Assessment (MH/SA)</p> <p>Trauma Informed Services: EMDR</p>
<p>South Central Behavioral Services Contact: Kearney office (308) 237-5951 Satellite office – Johnson Center 701 4th Avenue, Suite 7 (no mail – site only) Holdrege, NE 68949-2255 Phone: 308-237-5951</p>	<p>Adult and Youth Services ➤ Outpatient/Assessment (MH/SA)</p>

NETWORK PROVIDER	CONTRACT SERVICES
<p>South Central Behavioral Services ACT contact: Rhonda Rail & Kara Kliewer 835 S. Burlington, Ste 107 Hastings, NE 68901 Phone: 402-462-4200 Fax: 402-462-4201</p>	<p>Adult Services ➤ Assertive Community Treatment - Alternative (ACT-Alt)</p>
<p>South Central Behavioral Services Able House contact: Bob Shueey & Sarah Wioskowski 1136 N. Washington P.O. Box 2066 Hastings, NE 68902 Phone: 402-463-7435</p>	<p>Adult Services ➤ Psychiatric Residential Rehabilitation (MH) ➤ Mental Health Respite</p>
<p>South Central Behavioral Services Opportunity House contacts: Bob Shueey & Sally Cox 724 S. Burlington P.O. Box 2066 Hastings, NE 68902-2066 Phone: 402-463-7435 Fax: 402-463-0687</p>	<p>Adult Services ➤ Day Rehabilitation (MH) ➤ Day Support (MH) ➤ Community Support (MH) ➤ Community Support (SA) ➤ Peer Support (MH) Trauma Informed Services: Classes in Day Rehabilitation (Mindfulness, Healing Trauma).</p>
<p>South Central Behavioral Services Unity House contacts: Bob Shueey & Sally Cox 4111 4th Avenue, Suite 12 Kearney, NE 68845 Phone: 308-698-0535 Fax: 308-698-0536</p>	<p>Adult Services ➤ Day Rehabilitation (MH) ➤ Community Support (MH/SA) ➤ Peer Support Trauma Informed Services: Classes in Day Rehabilitation (Mindfulness, Healing Trauma).</p>
<p>The Bridge, Inc. Contact: Jill Gregg 907 S. Kansas PO Box 2031 Hastings, NE 68901 Phone: 402-462-4677 Fax: 402-462-4699</p>	<p>Adult Services ➤ Therapeutic Community (female) (SA) (women and their children) Trauma Informed Services: Women's Complex Trauma Screening Tool, Trauma Survivor Group, Motivational Interviewing, Courage to Heal, Eye Movement Desensitization and Reprocessing (EMDR). Bi-lingual Services: Employ Bi-lingual staff.</p>
<p>Tobacco Free Hall County Contact: Sandy Yager 219 West 2nd Street Grand Island, NE 68801 Phone: 308-385-5520 Fax: 308-385-5522</p>	<p>Tobacco Free Hall County: Tobacco Free Hall County's primary areas of focus are elimination of secondhand smoke through policy development, preventing initiation and cessation of all tobacco use particularly in youth, teens and adults, prevention of disease and death that result from use and exposure to tobacco in all forms and to promote smoke free housing in private and public dwellings with a special emphasis on multiunit dwellings where common ventilation is a significant factor.</p>
<p>NAMI – Nebraska (The Nation's Voice On Mental Illness) Contact Person: Jonah Deppe Phone: 402-345-8101 OR 877-463-6264 www.nami.org</p>	<p>Federation of Families for Children's Mental Health Contact: Candy Kennedy 1645 N Street, Suite A Lincoln, NE 68508 Phone: 402-441-4372 OR 866-889-5386 www.ffcmh.org</p>
<p>Nebraska Mental Health Association Contact: Alan Green Phone: 402-441-4371 OR 888-902-2822 www.mha-ne.org</p>	<p>Nebraska Recovery Network Contact: Jack Buehler Antlers Center, Inc 2501 South St. Lincoln, Nebraska 68502 Phone: 402-434-3965 OR 800-758-0356 Fax: 402-434-3972</p>



Behavioral Health Services

Areas of Services

BLAINE	LOUP	GARFIELD	WHEELER	
CUSTER		VALLEY	GREELEY	
		SHERMAN	HOWARD	MERRICK
		BUFFALO	HALL	HAMILTON
	PHELPS	KEARNEY	ADAMS	CLAY
FURNAS	HARLAN	FRANKLIN	WEBSTER	NUCKOLLS
<p>Area 1: Blaine, Custer, Garfield, Greeley, Hall, Hamilton, Howard, Loup, Merrick, Sherman, Valley, and Wheeler.</p> <p><i>Area 2: Adams, Buffalo, Clay, Franklin, Furnas, Harlan, Kearney, Nuckolls, Phelps, and Webster.</i></p>				



DEFINITIONS

Chemically Dependent (CD): A maladaptive pattern of repeated substance use that usually results in tolerance, withdrawal, and compulsive substance-taking behavior. The essential feature of dependence is a cluster of cognitive, behavioral, and physiological symptoms indicating continued use despite significant substance-related problems.

Co-Occurring: Co-occurring Disorders (COD) refers to co-occurring substance-related and mental disorders. Consumers said to have COD have one or more substance-related disorders as well as one or more mental disorders. At the individual level, COD exists "when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder."

Dual Diagnosis: Dual Disorder Treatment Services in Nebraska Behavioral Health Services (NBHS) is defined as services that provide primary treatment to consumers with Axis I substance dependence disorder and Axis I major mental illness (Schizophrenia, Mood Disorders including Bipolar and Major Depression, other Psychotic Disorders).

*Region 3's **philosophy** is built upon core values of a **Recovery Oriented System of Care** that call for services to be trauma-informed, culturally competent, community-based and incorporate person and family-centered and self-directed approaches to care that build upon the strengths and resilience of individuals across the life span, families and communities. We acknowledge that individuals and families who seek behavioral health support and treatment have complex needs that require us to provide services that integrate strategies to effectively address all of their needs. Service development and delivery, funding and operational decisions are made in support of services and activities that promote recovery for adults and resiliency for children, prevent problem behaviors across an individual's life span, and facilitate community competency, leadership and partnership.*

Prevention: *is the active process of creating conditions or attributes that promote the well-being of people.* (William Lofquist)

A comprehensive approach to behavioral health also means seeing prevention as part of an overall continuum of care. The Behavioral Health Continuum of Care Model helps us recognize that there are multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes these components: promotion, prevention, treatment, maintenance.

Recovery: is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members. (Pennsylvania Definition of Recovery)

Recovery *is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.* (Substance Abuse and Mental Health Services Administration)

Resilience: means the personal and community qualities that enables an individual to rebound from adversity, trauma, tragedy, threats, or other stresses --- and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resiliency is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem-solving skills, and treatments. (2001 Interim Report to the President, the President's New Freedom Commission on Mental Health)

Resiliency is a personal characteristic that combines individual traits and learned skills; recovery is a process of positive growth, healing, wellness and building meaningful and productive lives.

Resiliency is a personal characteristic that combines individual traits and learned skills; recovery is a process of positive growth, healing, wellness and building meaningful and productive lives.

Severe Persistent Mental Illness (SPMI): Axis I major mental illness (Schizophrenia, Mood Disorders including Bipolar and Major Depression, other Psychotic Disorders).

Substance Abuse (SA): A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. The criterion does not include tolerance, withdrawal, or a pattern of compulsive use.

Trauma-Informed Care: Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma...that emphasizes physical, psychological, and emotional safety for both providers and survivors...and, that creates opportunities for survivors to rebuild a sense of control and empowerment."

ADULT MENTAL HEALTH SERVICES SUMMARIES

Access Center/24-Hour Crisis Phone

Description: The center is available 24 hours a day, seven days a week for admission or other inquiries; when contacting the Access Center by phone or walking in, individuals are first evaluated by a mental health professional who will identify presenting problems; after consultation with a psychiatrist, potential patients will be matched with appropriate care within the hospital's programs or with other community resources.

Criteria: Consumers In need of psychiatric care for themselves or a friend/family member.

Acute Inpatient

Description: Multidisciplinary bio-psychosocial assessments and multimodal treatments, including, but not limited to initial diagnostic interview by psychiatrist within 24 hours, history and physical within 24 hours, and an alcohol and drug assessment in a structured treatment environment. Modalities include: medical treatment, psychiatric care, and psychopharmacology.

Criteria:

- Indications of actual/potential danger to self/others
- Indications of suicide/homicide ideation/gesture/attempt
- Does not require acute medical care
- Ability to respond to therapeutic intervention
- DSM (current version) (Axes I-V) diagnosis
- Increased functional deficits (from baseline) in areas of social, occupational, educational, interpersonal, self care domains
- Includes all persons who are in acute exacerbation of illness, including SPMI

Assertive Community Treatment-Alt

Description: The Assertive Community Treatment-Alt (ACT-Alt) team, Nebraska's adaptation of the National "Program in Assertive Community Treatment" (PACT), is a self-contained clinical team which assumes responsibility for directly providing comprehensive treatment, rehabilitation and support services to eligible consumers with SPMI. The ACT-Alt team has continuous responsibility for (1) assessment of the consumer's individual status and needs; (2) development of the treatment plan with the consumer and his/her significant others; and (3) directing and providing identified treatment and rehabilitation services. Individualized services are provided on a long-term care basis emphasizing continuity of caregivers over time. Services are delivered in in-vivo home and community settings, with an emphasis on assertive outreach to consumers with

severe and persistent mental illness. The ACT-Alt team has the capacity to provide multiple contacts per week to consumers experiencing severe symptoms and/or significant problems in daily living. These multiple contacts may be as frequent as two to three times per day, seven days per week, depending on consumer need. The ACT team has the capacity to adjust its service intensity to a consumer as determined by the individual's needs at any given time. ACT services are available 365 days per year with staff on duty a minimum of 13 hours per day on weekdays and 8 hours per day on weekends and holidays.

Criteria: Individuals considered appropriate for this level of care have a diagnosis of SPMI, multiple functional limitations, a potential for extreme dangerousness and/or rapid decompensation, and an inability to benefit from or access other community services. These individuals require ongoing contact at a level which precludes successful management by other services.

At Ease and Vets4Vets

The *At Ease* program provides confidential, individualized counseling services for active military personnel, veterans and their loved ones. *Vets4Vets* provides a support community for veterans that provides an atmosphere for healing, camaraderie, and fulfilling actions to be taken. Support groups are located throughout Region 3 and central Nebraska.

Behavioral Health Jail Diversion - Buffalo County

Description: Partnership between Region 3 Emergency Community Support (ERCS), South Central Behavioral Services (SCBS) Outpatient Services located in Kearney, and the Buffalo County Jail. This 90-120 day program serves individuals who have been convicted of a misdemeanor crime and are struggling with mental health and/or addiction challenges who have been booked into the Buffalo County Jail and are residents of the Region 3 service area.

Criteria: This program serves individuals with a behavioral health challenge who have been admitted to the Buffalo County Jail and residences of the Region 3 service area. Referrals to this program are primarily made by the Buffalo County Jail Behavioral Outreach Program staff. (This program is NOT available to those charged with a felony.)

Behavioral Health Jail Diversion (Peer enhanced) - Adams County

Description: Partnership between South Central Behavioral Services (SCBS) Emergency Community Support (ERCS) services located in Hastings, and the Adams County Jail. This 30-90 day program serves individuals who have been convicted of a misdemeanor crime and are struggling with mental health and/or addiction challenges who have been booked into the Adams County Jail and are residents of the Region 3 service area.

At Ease

Description: At Ease provides trauma treatment for active military, veterans and loved ones living in Nebraska. All *At Ease* counselors are licensed mental health practitioners, and also have some connection to the military (either currently serve, or are a veteran). *At Ease* counselors are specially trained in treatment practices known to be effective in addressing PTSD and other trauma-related disorders. EMDR, DBT and PE are among the most common methods used. *At Ease* provides individual, family and group counseling options. While the individual and family counseling sessions are formally facilitated by *At Ease* counselors, group sessions are run by the veterans themselves. The group counseling sessions meet once per week, and utilize the Vets4Vets peer support model. The group is organized and directed by the *At Ease* peer support specialist, a veteran who has been certified as a peer to peer facilitator by the Vets4Vets organization.

Criteria: Provides services for active military, veterans and loved ones living in Nebraska with low to moderate symptoms, low to moderate risk or others, one or more functional limitations, low to moderate risk of relapse, and need of professional structure.

Community Support (MH)

Description: The community support program is for persons who have a severe and persistent mental illness (SPMI) and is designed to: (1) provide/develop the necessary services and supports which enable consumers to live successfully in the community; (2) maximize the consumer's community participation and quality of life; (3) facilitate communication and coordination between multiple service providers that serve the same consumer; and (4) decrease the frequency and duration

of hospitalization. Community support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, provides/procures skill training, ensures the acquisition of necessary resources and assists the consumer in achieving community/social integration. The community support program provides a clear focus of accountability for meeting the consumer's needs within the resources available in the community. The role(s) of the community support provider may vary based on consumer's needs. Community support is an in-vivo service with most contacts typically occurring outside the program office (i.e., in the consumer's place of residence or other community locations consistent with individual consumer choice/need).

Criteria: Individuals receiving these services have (SPMI) and moderate symptoms, high risk of relapse, moderate risk of harm to self or others, a moderate to high need for external professional structure, at least two functional limitations, requiring weekly to monthly service plan adjustment.

Crisis Response

Description: This service provides crisis intervention and stabilization services on a 24-hour, 7-day/week basis for individuals experiencing periodic or acute episodes of problems in functioning.

Criteria: Primary focus of service provision shall be for individuals 19 years of age and older experiencing situations that involve mental health and/or substance abuse problems.

Crisis Stabilization Unit (CSU)

Description: The CSU is a multi-dimensional community-based program capable of providing a range of services and supports designed to address the short and longer-term needs of individuals in crisis due to psychiatric and/or substance abuse problems. Services include Crisis Stabilization Treatment including Triage Center, Crisis Stabilization, Medically Assisted Detox, Urgent Outpatient, Urgent Medication Management, and the Crisis Response Team. Services are short-term in nature and designed to provide maximum intervention and support. Consumers will receive services according to need ranging from a brief one-hour contact to more intensive services.

Criteria: Individuals who are experiencing a psychiatric or substance abuse emergency. Individual services have additional entry criteria, but all are designed to stabilize the consumer to provide for re-entry into the community and treatment and support that will allow the consumer to function successfully in daily life.

Crisis Stabilization

Description: Short-term crisis beds available for non-acute levels of care for consumers experiencing psychiatric episodes. The service provides a temporary safe place for support and relief in a therapeutic environment and stabilization of medication related issues. A thorough evaluation will be completed assessing all major systems, mental status and providing a definitive diagnosis and treatment plan.

Criteria: Individuals who are 19 or older; voluntary admission; limited risk of harm to self or others; an assessment determines that a brief period of treatment in an intensely supportive environment will likely avert psychiatric hospitalization.

Medication Management

Description: A psychiatrist, physician assistant, or nurse practitioner will provide brief, face-to face visits with consumers to adjust medications, mitigate side effects, ensure compliance with dosing instructions and otherwise provide psychotropic medication assistance to those clients prescribed such medications.

Criteria: Individuals who are currently active in the Mid-Plains Center system of care, or who have received a Psychiatric Diagnostic Interview at the MPC facility (CSU or Outpatient), Low risk of harm to self or others; low to high need for professional structure.

Outpatient

Description: Individuals experiencing a crisis may access this service by phone or face-to-face, or may be referred by

emergency community support services when in need of crisis intervention counseling. Initially the LMHP will de-escalate the crisis and begin gathering a history for formation of a Pre-Treatment assessment, and may additionally provide AOD evaluations as needed. This service is an intervention with the intended goal being resolution of the consumers current crisis and determining the appropriate services needed for follow-up.

Criteria: Individuals experiencing a non-acute, non-medically related, mental health crisis.

Peer Support

Description: Peer Support services are designed to promote personal growth, self-esteem, and dignity by developing leadership skills, advocacy skills, and sharing information. Peer Support provides structured scheduled activities that promote socialization, recovery, self-advocacy, self-sufficiency, development of supports, development and maintenance of community living skills. The purpose of Peer Support is to provide an opportunity to teach and support consumers in the acquisition and exercise of skills needed for management of symptoms and for utilization of resources within the community or other treatment settings. Peer Support activities include assistance to consumers in developing service plans and goals; scheduling individual meetings with consumers; facilitating group education classes, facilitating Wellness Recovery Action Planning (WRAP); assisting in accessing work and work-related tools, housing, advocacy, ACT, and self-help groups. Peer Support specialist will serve as a resource on local issues regarding recovery and share that information to help consumers attain recovery; ensure structured activities for consumers to increase self-reliance and resources towards independent living; and advise the regional and state staff about consumers and consumer issues to ensure policies are developed in the most effective relevant, data-driven and consumer-centered manner possible.

Criteria: Individuals that will benefit from support of peers in acquisition of skills for managing illness & utilizing resources; need assistance to develop self-advocacy skills to achieve decreased dependency on behavioral health system; need peer supports in order to maintain daily living skills; need assistance and support to prepare for a successful work experience; and have low to moderate need for professional structure/intervention.

Social Detox with Medical Component

Description: Short-term, and secure if needed, placement for consumers in a state of intoxication and require monitoring of their medical state by trained staff. Registered nurses will regularly monitor consumers for changes in the medical state and will assess the appropriate timing of intervention from a psychiatrist, APRN, or licensed mental health practitioner/licensed drug and alcohol counselor. Consultation and formal assessments will be provided by the psychiatrist to help determine the appropriate level of service needed once detoxification has been completed.

Criteria: Individuals who are 19 or older; voluntary admission; limited risk of harm to self or others; an assessment determines that a brief period of treatment in a supportive environment that will not likely need hospitalization; medical status is such that formal hospitalization is not required.

Day Rehabilitation

Description: The desired outcome of the Day Rehabilitation program is (1) to enhance and maximize the individual's ability to function in community settings, and (2) to decrease the frequency and duration of hospitalization. Individuals served in this program receive rehabilitation and support services to develop and maximize the skills needed to successfully live in the community. Day rehabilitation is a facility-based program for persons that have SPMI. The program shall provide pre-vocational services, planned socialization and skills training, community living skills and daily living skills training, and recreation activities focused on identified rehabilitation needs. Pre-vocational services include services designed to rehabilitate and develop the general skills and behaviors needed to prepare the consumer to be employed and/or engage in other related substantial gainful activity. The program does not provide assistance in obtaining permanent competitive employment positions for consumers. The program provides consumer skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms.

Criteria: Individuals with that have severe persistent mental illness (SPMI) and exhibit moderate symptoms, low to moderate risk of harm to self or others, 2 or more functional limitations, moderate risk of relapse, moderate need for professional structure, who require weekly to monthly treatment plan adjustment.

Day Support

Description: Facility based program for persons with severe persistent mental illness (SPMI). This transition “drop-in” center for persons who have not yet enrolled in Day Rehabilitation, or who have completed their rehab plan in the Day Rehab service and want to continue to socialize with friends they have made at the Day Rehab service, is designed to engage consumers. This service does not require a service plan but provides an environment to be with other people who share the same life and illness situation. Persons with SPMI are hired as peer specialist staff in this program. Additional support, including outreach, is the main focus of this drop in center. Pre-Day Rehab consumer length of stay may be 3-6 months. Post-Day Rehab consumer length of service is very individualized and may range from 6 months – 5+ years.

Criteria: Individuals with SPMI that exhibit moderate to severe symptoms, low to moderate risk of harm to self or others, 2 or more functional limitations in the areas of vocational/ educational, social skills, adult daily living skills, low to moderate risk of relapse, and/or moderate to high need for professional structure.

Dual Disorder Residential

Description: Residential Dual Treatment Services are defined as services that provide primary treatment to consumers with Axis I chemical dependence (CD) disorder and Axis I severe persistent mental illness (SPMI). Treatment programs demonstrate a philosophy of integrated treatment in treatment plans, program plans, staffing and services provided. Services are provided by professionals who are dually licensed as licensed mental health practitioners and /licensed drug and alcohol counselors and are supportive of the 12-Step philosophy.

Criteria: Individuals with Axis I CD disorder and Axis I SPMI. Typical consumer is unstable or disabled to such a degree that specific psychiatric and mental health supports, as well as monitoring and accommodation, are necessary in order to participate in addictions treatment. Both disorders are treated as primary. Consumers appropriate for residential treatment have demonstrated a high risk of relapse if not immersed in a structured, supervised treatment environment and meet the ASAM criteria for residential treatment.

Emergency Community Support

Description: The Emergency Community Support (ERCS) program is to provide follow-up, continuity and coordination of services of individuals who have been or are at risk of being admitted to an Emergency Protective Custody (EPC) service or Civil Protective Custody (CPC). ERCS is a short-term program with the purpose of assisting adults who are in crisis to achieve goals of recovery, stabilization, increased independence, and community integration. The ERCS coordinator develops an Individualized Program Plan (IPP) based on previous available assessments. The ERCS coordinator also coordinates and monitors the delivery of these services and the consumer’s progress and satisfaction. The ERCS coordinator meets with the consumer at his/her residence, a service site, or the agency office to identify challenges and coordinate services. The program is designed to: (1) provide/develop the necessary services and supports which enable consumers to stabilize, (2) facilitate communication and coordination between multiple service providers that serve the same consumer, and (3) prevent and decrease the frequency and duration of hospitalization. The ERCS coordinator provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, ensure the acquisition of necessary resources and assists the consumer in achieving community/social integration, and may provide skill training. The role(s) of the ERCS coordinator may vary based on consumers’ needs. ERCS is an in-vivo service with most contacts typically occurring outside the program office, i.e., in the consumer’s place of residence or other community locations consistent with individual consumer choice/need.

Criteria: Individuals who are placed or at risk of being placed under an Emergency Protective Custody (EPC) hold and served either at Mary Lanning Memorial Hospital in Hastings or Richard Young Hospital in Kearney or placed under a Civil Protective Custody (CPC) hold at Good Samaritan Hospital in Kearney and are not currently receiving other Community Support or Assertive Community Treatment services.

Emergency Protective Custody (EPC)

Description: EPC services are short-term hospitalization for individuals who are determined mentally ill and dangerous to self and/or others by law enforcement. Services include crisis stabilization, medication management, psychiatric evaluation, substance abuse evaluation performed by a certified alcohol and drug abuse counselor (LADC), coping skill building, individual and/or group therapy as appropriate, and recommendations to/testifying at mental health commitment board hearings.

Criteria: Individuals who have been identified as dangerous to themselves and/or others by law enforcement and held in Emergency Protective Custody or who have been served with a Mental Health Board warrant.

Medication Management

Description: Service consists of prescription of appropriate psychotropic medication (usually, but not limited to persons with SPMI), as well as following the therapeutic response to, and identification of side effects associated with the prescribed medication. Medication checks usually take 15-30 minutes with the psychiatrist, and/or a nurse or case manager. In addition, ancillary services necessary to support the medication regimen are also provided.

Criteria: Individuals with low to severe symptoms, low to high risk for relapse, low to high risk for harm to self or others, low to high need for external professional structure, one or more functional limitations, and potential need for treatment plan adjustment at each visit.

Mental Health Respite

Description: Mental Health Respite is designed to provide shelter and assistance to address immediate needs which may include case management on a 24/7 basis to consumers experiencing a need for transition to another home or residential setting or a break from the current home or residential setting. Mental Health Respite provides a safe, protected, supervised residential environment on a short-term basis. The intent of the service is to support a consumer throughout the transition or break, provide linkages to needed behavioral health services, and assist in transition back into the community.

Criteria: Individuals in need exhibit a psychiatric crisis with a low to moderate risk for harm to self/others and need short-term, protected, supervised, residential placement.

Outpatient/Assessment (MH)

Description: Outpatient/Assessment is a specialized mental health treatment program for persons experiencing a wide range of mental health problems that cause moderate and/or acute disruptions in the individual's life. Outpatient treatment programs provide individual, family, or group treatment services, generally on a regularly scheduled basis. The outpatient program provides to each person served the appropriate assessment and/or diagnosis of the mental health and/or substance abuse problem, as well as effective treatment to change behaviors, modify thought patterns, cope with problems, improve functioning, improve understanding of factors producing problems, and identify workable steps to address the problems and/or other related goals. Such programs may include the collateral and/or adjunctive services. Adjunctive services are designed to link consumers participating in the outpatient program that have severe persistent mental illness (SPMI) to other programs and coordinating the various services to achieve successful outcomes. Adjunctive services include information gathering and reporting, coordination of services, referral facilitation, and related activities to assure there is coordination between the various programs serving the consumer. Adjunctive services are limited to individuals that are not currently admitted to a community support program.

Criteria: Provides services for individuals with low to moderate symptoms, low to moderate risk or others, one or more functional limitations, low to moderate risk of relapse, and need of professional structure.

Outpatient Therapy - Dual

Description: Dual Disorder Treatment Services are defined as services that provide primary treatment to consumers with Axis I chemical dependence (CD) disorder and Axis I severe persistent mental illness (SPMI). Treatment programs demonstrate a

philosophy of integrated treatment in treatment plans, program plans, staffing and services provided. Services are provided by professionals who are dually licensed as licensed mental health practitioners and licensed drug and alcohol counselors.

Criteria: Individuals with Axis I chemical dependency and Axis I severe persistent mental illness. Consumers served exhibit more unstable or disabling chemical dependence (CD) and severe persistent mental illness (SPMI) disorders. Typical consumer is unstable or disabled to such a degree that specific psychiatric and mental health supports, as well as monitoring and accommodation, are necessary in order to participate in addictions treatment. Both disorders are treated as primary.

Peer Support

Description: Peer Support services are designed to promote personal growth, self-esteem, and dignity by developing leadership skills, advocacy skills, and sharing information. Peer Support provides structured scheduled activities that promote socialization, recovery, self-advocacy, self-sufficiency, development of supports, development and maintenance of community living skills. The purpose of Peer Support is to provide an opportunity to teach and support consumers in the acquisition and exercise of skills needed for management of symptoms and for utilization of resources within the community or other treatment settings. Peer Support activities include assistance to consumers in developing service plans and goals; scheduling individual meetings with consumers; facilitating group education classes, facilitating Wellness Recovery Action Planning (WRAP); assisting in accessing work and work-related tools, housing, advocacy, and self-help groups. The Peer Support specialist will serve as a resource on local issues regarding recovery and share that information to help consumers attain recovery; ensure structured activities for consumers to increase self-reliance and resources towards independent living; and advise the regional and state staff about consumers and consumer issues to ensure policies are developed in the most effective relevant, data-driven and consumer-centered manner possible.

Criteria: Individuals that will benefit from support of peers in acquisition of skills for managing illness & utilizing resources; need assistance to develop self-advocacy skills to achieve decreased dependency on behavioral health system; need peer supports in order to maintain daily living skills; need assistance and support to prepare for a successful work experience; and have low to moderate need for professional structure/intervention.

Projects for Assisting The Homeless (PATH)

Description: The goal of the PATH program is to help individuals with a primary diagnosis of mental illness find housing and needed services which are based on each individual's needs and wants. Services provided are: assistance in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits; minor renovation, expansion, and repair of housing; technical assistance in applying for housing assistance; improving the coordination of housing services; security deposits; costs associated with matching eligible homeless individuals with appropriate housing situations; one-time rental payments to prevent eviction; and one year outreach and follow-up.

Criteria: The eligible client must have a mental illness and/or have substance dependence and be at risk for homelessness or be homeless.

Psychiatric Residential Rehabilitation

Description: The desired outcomes of the Psychiatric Residential Rehabilitation program are (1) to increase the consumer's functioning so that she/he can eventually live successfully in the residential setting of his/her choice, capabilities and resources, as well as (2) decrease the frequency and duration of hospitalization. The Psychiatric Residential Rehabilitation program provides psychosocial rehabilitation and skill acquisition in community living skills, daily living skills, self medication management, and other related psychiatric rehabilitation services as needed to meet individual consumer needs. Psychiatric Residential Rehabilitation is a facility based, non-hospital or nursing facility program for persons that have severe persistent mental illness, that are unable to reside in a less restrictive residential setting. These facilities are integrated into the community and every effort is made for these residences to approximate other homes in their neighborhoods.

Criteria: An individual who has a severe and persistent mental illness (SPMI) with moderate symptoms, low to moderate risk of harm to self or others, 2 or more functional limitations, moderate risk of relapse, moderate to high need for external professional structure, who requires weekly to monthly service plan adjustment.

Subacute Inpatient

Description: Provides a secure treatment environment for adults who are recovering from acute episodes of mental health disorders who need further stabilization in order to successfully transition to lower levels of community-based care. Services are designed to engage the consumer in treatment, rehabilitation and recovery activities including multidisciplinary biopsychosocial assessments, multimodal treatments, case management, medication management and psychological testing as needed. The average length of stay is 21-30 days.

- Moderate to high risk of harm to self and/or others
- Required inpatient medical supervision for the treatment of a mental health disorder and cannot be safely maintained and effectively treated in a less intensive level of care
- Does not require acute medical care
- Ability to respond to therapeutic intervention
- DSM (current version) (Axes I-V) diagnosis
- Acute inability to care for self, secondary to mental health disorder, which is accompanied by gaps in psychosocial resources which would restore and/or maintain self care.

Criteria: Individuals who are placed or at risk of being placed under an Emergency Protective Custody (EPC) hold and served either at Mary Lanning Memorial Hospital in Hastings or Richard Young Hospital in Kearney or placed under a Civil Protective Custody (CPC) hold at Good Samaritan Hospital in Kearney and are not currently receiving other Community Support or Assertive Community Treatment services.

Supported Employment

Description: Evidenced-based service designed to promote rehabilitation and return to productive employment for persons with behavioral health disorders age 19 and older. Behavioral health disorders are mental illness or alcoholism, drug abuse, or related addictive disorder. Problem gambling is specifically excluded. The service employs a team approach for treatment with the employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e. not sheltered workshops, not onsite at SE or other treatment agency offices, employment in enclaves or pre-vocational training), competitive (i.e., jobs are not exclusively reserved for SE consumers, but open to public), in normalized settings and utilize multiple employers. The team is assertive in engaging and retaining consumers in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others as appropriate. SE services are coordinated with Vocational Rehabilitation.

Criteria: Individuals age 19 and older who have a serious mental illness and challenges that create barriers to employment. Individuals must have a physical and/or mental impairment that creates a substantial impediment to employment. Individual must be able to benefit from vocational rehabilitation services.

The Behavioral Health Placement - Nursing Home Consultation Program

Description: The Behavioral Health Placement - Nursing Home Consultation Program provides psychiatric support and management services for individuals who experience a mental health disorder and need nursing home/assisted living level of care. The program provides a comprehensive assessment, psychiatric care to further symptom stabilization, pre-placement nursing home visits, post-placement support to the nursing home/assisted living facility and consumer, and ongoing consultation and training as needed by the nursing home/assisted living facility.

Transition Age Professional Partner Program

Description: The Professional Partner Program combines an ecological assessment and treatment planning process that utilizes the wraparound approach through intensive therapeutic care management. At the center of this program is the Professional Partner, who works in full partnership with each consumer and his or her family. The program is strength based, family-centered, and acknowledges families and consumers as equal partners. It promotes utilization of the least restrictive, least intrusive developmentally appropriate interventions in accordance with the strengths and needs of the consumer and family within the most normalized environment. The program utilizes specific methods for moving toward an interagency system of care by developing referral sources, collaborative working relationships, and integration and coordination with

consumers, families and public and private child serving systems. The mix, intensity, duration, and location of services and supports are individually tailored to meet the unique needs of each consumer and his or her family. The program is based upon the wraparound approach to service delivery relying on the natural support systems of the family in their neighborhood and community. The program also holds the belief that as the needs of a consumer become more complex, the interventions, services and supports they receive will become more individualized.

Criteria: The young adult must be between the ages of 18 to 25. The young adult must have behavioral health needs that result in functional impairments in 1 or more life domains (Home, School, Work or Community). The young adult has history of or is at risk of a more restrictive level of care; involvement of the legal/judicial system; homelessness, unemployment, committing a criminal offense or community failure.

Transition Age Supported Employment

Description: Transition Age Supported Employment is a component of the Co-op for SUCCESS Program in Grand Island. The program serves individuals between the ages of 16 and 21 and who are within two years of completing high school in the Grand Island Public School system. The program provides:

- Person-centered and strength-based career planning,
- Facilitation of individualized, student centered job searches to assist eligible youth secure competitive employment,
- Job and work skills training and support to assist eligible youth in retaining competitive employment, and
- Ongoing refinement of the educational and facilitation procedures to ensure and improve employment success.

Criteria: Youth between the ages of 16 and 21 within two years of completing high school in the Grand Island Public School system who experience a behavioral health disorder or exhibiting symptoms that indicate a behavioral health disorder and the youth exhibits significant risk and needs in specific life domains

Transitional Youth Advocate Program

Description: This program will serve young adults ages 17 through 25. This is a strength-based, wraparound program that will assist young adults through transition to adult services, assist with independent living skills and developing positive connections to their community.

Criteria: Youth, ages 17 through 25, needing assistance with independent living skills and developing positive connections to their community.

Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)

The age of majority is 19, so any kids that meet eligibility that are under the age of 19 would meet age guidelines. Youth that are age 19-21 could meet the age guidelines if they are still living dependently with a caregiver/parent.

ADULT SUBSTANCE ABUSE SERVICES SUMMARIES

Behavioral Health Jail Diversion - Buffalo County

Description: Partnership between Region 3 Emergency Community Support (ERCS), South Central Behavioral Services (SCBS) Outpatient Services located in Kearney, and the Buffalo County Jail. This 90-120 day program serves individuals who have been convicted of a misdemeanor crime and are struggling with mental health and/or addiction challenges who have been booked into the Buffalo County Jail and are residents of the Region 3 service area.

Criteria: This program serves individuals with a behavioral health challenge who have been admitted to the Buffalo County Jail and residences of the Region 3 service area. Referrals to this program are primarily made by the Buffalo County Jail Behavioral Outreach Program staff. (This program is NOT available to those charged with a felony.)

Behavioral Health Jail Diversion (Peer enhanced) - Adams County

Description: Partnership between South Central Behavioral Services (SCBS) Emergency Community Support (ERCS) services located in Hastings, and the Adams County Jail. This 30-90 day program serves individuals who have been convicted of a misdemeanor crime and are struggling with mental health and/or addiction challenges who have been booked into the Adams County Jail and are residents of the Region 3 service area.

Criteria: This program serves individuals with a behavioral health challenge who have been admitted to the Adams County Jail and residences of the Region 3 service area. Referrals to this program are primarily made by the Adams County Jail. (This program is NOT available to those charged with a felony.)

Community Support (SA)

Description: The Community Support program is for persons whose primary diagnosis is chemical dependence (CD) as defined by the DSM IV and is designed to: (1) provide/develop the necessary services and supports which enable consumers to live successfully in the community, (2) maximize the consumers community participation and quality of life, and (3) facilitate communication and coordination between multiple service providers that serve the same consumer. Community support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, providers/procures skill training, ensures the acquisition of necessary resources and assists the consumer in achieving community/social integration. The community support program provides a clear locus of accountability for meeting the consumers' needs using the resources available in the community. The role of the community support provider may vary based on consumer needs. Community support is generally provided out of office in community locations consistent with individual consumer need.

Criteria: An Individual whose primary diagnosis is CD as defined in the DSM-IV-TR with symptoms controlled sufficiently to enable rehab/recovery efforts, moderate symptoms, high risk for relapse, low to moderate risk for harm, moderate to high need for external professional structure, three or more of the following problems: relapse prevention, life skills, community living skills, housing, legal, family/marital, employment, vocational, educational, daily living skills, interpersonal skills, psychiatric emergency/relapse, medical, medication management, toxicology, substance abuse including recognition of signs and symptoms of relapse and control of symptoms, mental health acquisition, resource acquisition, and other related areas necessary for successful community living.

Dual Disorder Residential

Description: Residential Dual Treatment Services are defined as services that provide primary treatment to consumers with Axis I chemical dependence (CD) disorder and Axis I severe persistent mental illness (SPMI). Treatment programs demonstrate a philosophy of integrated treatment in treatment plans, program plans, staffing and services provided. Services are provided by professionals who are dually licensed as licensed mental health practitioners and licensed drug and alcohol counselors and are supportive of the 12-Step philosophy.

Criteria: Individuals with Axis I CD disorder and Axis I SPMI. Typical consumer is unstable or disabled to such a degree that specific psychiatric and mental health supports, as well as monitoring and accommodation, are necessary in order to participate in addictions treatment. Both disorders are treated as primary. Consumers appropriate for residential treatment have demonstrated a high risk of relapse if not immersed in a structured, supervised treatment environment and meet the ASAM criteria for residential treatment.

Halfway House

Description: Halfway House programs provide transitional residential treatment services for individuals that have a substance abuse (SA) disorder or chemical dependency (CD) disorder that are seeking to re-integrate into the community, generally after short-term or intermediate residential treatment. These programs provide a structured set of activities designed to develop the living skills necessary for an independent life free from substance abuse outside of a primary residential treatment program. The program also focuses on assisting clients to maintain or access employment or vocational skills as needed.

Criteria: Primary focus of service provision shall be for males over the age of 18 that have a SA disorder or CD disorder that exhibit moderate symptoms, at least two functional limitations, moderate risk of harm to self and/or others, high risk of relapse, and a moderate need for external professional structure, who may need as frequent as weekly service plan adjustment.

Intensive Outpatient Program (SA)

Description: Intensive Outpatient Program (SA) provides group focused, non-residential services for individuals that are substance abusing or chemically dependent and require a more structured treatment environment than that provided by outpatient counseling, but who do not require a residential program. Activities of this program must focus on aiding clients to recognize their substance abuse problems and to develop knowledge and skills for making lifestyle changes necessary to maintain a life free from substance abuse. It is a non-residential, facility based, multi-service program centered on group counseling services designed to stabilize and treat persons with moderate to severe substance abuse problems. Other services could include 24-hour crisis management, individual counseling, education about alcohol and other drug issues, family education and counseling, self help group, and support group orientation.

Criteria: Primary focus of service provision shall be for individuals that have an unstable substance abuse (SA) or chemical dependence (CD) problem that have moderate to severe symptoms, a moderate risk of relapse, low to moderate risk of harm to self and/or others, a need for moderate profession structure, one or more limitations in functional areas (vocational, social, ADL) who require weekly service plan adjustment.

Outpatient/Assessment (SA)

Description: Outpatient/Assessment is a specialized substance abuse (SA) treatment program for persons experiencing a wide range of substance abuse problems that cause moderate and/or acute disruptions in the individual's life. Outpatient treatment programs provide individual, family, or group treatment services, generally on a regularly scheduled basis. The Women's Treatment Program and Drug Court are part of the Outpatient program. The Outpatient program provides each consumer with the appropriate assessment and/or diagnosis of the substance abuse problem, as well as effective treatment to change behaviors, modify thought patterns, cope with problems, improve functioning, improve understanding of factors producing problems, and identify workable steps to address the problems and/or other related goals. Such programs may include the collateral and/or adjunctive services. Adjunctive services include information gathering and reporting, coordination of services, referral facilitation, and related activities to assure there is coordination between the various programs serving the consumer. Adjunctive services are limited to individuals who are not currently admitted to a community support program.

Criteria: Provide services for individuals experiencing a wide range of substance abuse problems that have low to moderate symptoms, low to moderate risk of harm to self or others, one or more functional limitations, low to moderate risk of relapse, and need of professional structure. Priority will be given to individuals participating in Drug Court.

Outpatient Therapy - Dual

Description: Dual Disorder Treatment Services are defined as services that provide primary treatment to consumers with Axis I chemical dependence (CD) disorder and Axis I severe persistent mental illness (SPMI). Treatment programs demonstrate a philosophy of integrated treatment in treatment plans, program plans, staffing and services provided. Services are provided by professionals who are dually licensed as licensed mental health practitioners and licensed drug and alcohol counselors.

Criteria: Individuals with Axis I CD disorder and Axis I SPMI. Typical consumer is unstable or disabled to such a degree that specific psychiatric and mental health supports, as well as monitoring and accommodation, are necessary in order to participate in addictions treatment. Both disorders are treated as primary.

Peer Support

Description: Peer Support services are designed to promote personal growth, self-esteem, and dignity by developing leadership skills, advocacy skills, and sharing information. Peer Support provides structured scheduled activities that promote socialization, recovery, self-advocacy, self-sufficiency, development of supports, development and maintenance of community living skills. The purpose of Peer Support is to provide an opportunity to teach and support consumers in the acquisition and exercise of skills needed for management of symptoms and for utilization of resources within the community or other treatment

settings. Peer Support activities include assistance to consumers in developing service plans and goals; scheduling individual meetings with consumers; facilitating group education classes, facilitating Wellness Recovery Action Planning (WRAP); assisting in accessing work and work-related tools, housing, advocacy, ACT, and self-help groups. Peer Support specialist will serve as a resource on local issues regarding recovery and share that information to help consumers attain recovery; ensure structured activities for consumers to increase self-reliance and resources towards independent living; and advise the regional and state staff about consumers and consumer issues to ensure policies are developed in the most effective relevant, data-driven and consumer-centered manner possible.

Criteria: Individuals that will benefit from support of peers in acquisition of skills for managing illness & utilizing resources; need assistance to develop self-advocacy skills to achieve decreased dependency on behavioral health system; need peer supports in order to maintain daily living skills; need assistance and support to prepare for a successful work experience; and have low to moderate need for professional structure/intervention.

Short-Term Residential

Description: Short Term Residential programs provide highly structured twenty-four (24) hour comprehensive services for individuals that have chemical dependency (CD) and require a more restrictive treatment environment to prevent the use of abused substances. Activities of this program must provide a daily structure to prevent access to abused substances and must focus on developing knowledge and skills for making lifestyle changes necessary to achieve a life free from substance abuse. Short Term residential services must be integrated into the continuum of a patient's care to allow clients to move from residential to a less restrictive service based on patient need.

Criteria: An individual that is chemically dependent (CD) and exhibits moderate to severe symptoms, at least two functional limitations, high risk of harm to self and/or others, moderate to high risk of relapse, moderate to high need for external professional structure, who may need as frequent as weekly service plan adjustment.

Social Detox with Medical Component:

Description: Short-term, and secure if needed, placement for consumers in a state of intoxication and require monitoring of their medical state by trained staff. Registered nurses will regularly monitor consumers for changes in the medical state and will assess the appropriate timing of intervention from a psychiatrist, PA, or licensed mental health practitioner/licensed drug and alcohol counselor. Consultation and formal assessments will be provided by the psychiatrist to help determine the appropriate level of service needed once detoxification has been completed.

Criteria: Individuals who are 19 or older; voluntary admission; limited risk of harm to self or others; an assessment determines that a brief period of treatment in a supportive environment that will not likely need hospitalization; medical status is such that formal hospitalization is not required.

Social Setting Detoxification

Description: Social Setting Emergency Detoxification programs provide intervention in substance abuse emergencies on a twenty-four (24) hour per day basis to individuals experiencing acute intoxication. Such programs have the capacity to provide a safe residential setting with staff present for observation, and deliver services designed to physiologically restore the individual from an acute state of intoxication. Such services include provisions for administration of fluids, provision for rest, substance abuse education, counseling, and referral. This program minimizes the physical and emotional complications experienced during alcohol withdrawal by allowing consumers to undergo natural detoxification processes in a comfortable home-like environment.

Criteria: Provides intervention for acutely intoxicated individuals to restore from intoxicated state. Social setting detoxification programs provide care to persons whose conditions necessitate observation by a qualified person, but do not necessitate medical treatment.

Therapeutic Community

Description: Therapeutic Community programs provide long-term comprehensive residential treatment for individuals that

have chemical dependency (CD) needs, for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of the substance abuse on the individual's life, or because of a history of repeated short-term or less restrictive treatment experiences. This program provides psychosocial skill building through a long-term, highly structured set of peer oriented treatment activities that define progress toward individual change and rehabilitation, and which incorporate a series of defined phases. Client progress is marked by advancement through these phases to less restrictiveness and more personal responsibility.

Criteria: Provides services for women over the age of 18 with a primary Axis 1 diagnosis of chemical dependency (CD), moderate to severe symptoms, at least two functional limitations, moderate to high risk of harm to self and/or others (in case of relapse), high risk of relapse, a moderate to high need for external professional structure, who may need as frequent as weekly service plan adjustment.

YOUTH MENTAL HEALTH SERVICES SUMMARIES

Access Center/24-Hour Crisis Phone

Description: The center is available 24 hours a day, seven days a week for admission or other inquiries; when contacting the Access Center by phone or walking in, individuals are first evaluated by a mental health professional who will identify presenting problems; after consultation with a psychiatrist, potential patients will be matched with appropriate care within the hospital's programs or with other community resources.

Criteria: Consumers In need of psychiatric care for themselves or a friend/family member.

Medication Management

Description: Service consists of prescription of appropriate psychotropic medication (usually, but not limited to youth with Severe Emotional Disorder (SED), as well as following the therapeutic response to, and identification of side effects associated with the prescribed medication. Medication checks usually take 15-30 minutes with the psychiatrist, and/or a nurse or case manager. In addition, ancillary services necessary to support the medication regimen are also provided.

Criteria: Youth with low to severe symptoms, low to high risk for relapse, low to high risk for harm to self or others, low to high need for external professional structure, one or more functional limitations, and potential need for treatment plan adjustment at each visit.

Mobile Crisis/Crisis Response

Description: Crisis Response is designed to use natural supports to build upon the youth and family's strengths to help resolve an immediate behavioral health crisis in the least restrictive environment appropriate by assisting the family in developing a plan to resolve the crisis. Crisis Response services have the ability to respond on-site where a youth is experiencing a crisis episode. The response may be in the individual's home, at law enforcement headquarters, or another appropriate location.

Criteria: Children and adolescents, 18 years of age or younger, with severe emotional disturbance and their families/care providers.

Multisystemic Therapy (MST)

Description: Multisystemic Therapy is a family and community-based treatment using an ecological approach for youth with complex clinical, social, and educational problems. MST is short-term in duration (usually 3-5 months), with the MST therapist maintaining a small caseload. Youth referred to MST exhibit a combination of: physical and verbal aggression, school failure and truancy, criminal or delinquent behavior usually associated with contact with delinquent peers, and substance abuse issues. The family, as a whole, will work with a trained MST therapist. The goal of MST is to reduce the frequency and intensity of the youth's referral behavior. The MST therapist will work with the parents assisting them in empowering

themselves through gaining the skills and resources needed to address difficulties that will arise while parenting their children. In addition, the youth will learn coping skills to better address family, peer, school, and neighborhood issues.

Criteria: Generally, youth range in age from age 6 through 20 (this is a guideline subject to individual circumstances):

1. The youth must have a mental illness diagnosable under the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) published by the American Psychiatric Association;
2. Youth currently resides in natural or long-term foster (regular or agency based) home or in the process of reunification and is at-risk of a more restrictive placement;
3. The youth is involved in the juvenile justice system or at-risk of committing a criminal offense; or at-risk of school failure, dropping out of or being expelled from school due to behavior problems;
4. The youth's parents or caregivers are willing to participate in the program in a partnership role.

Outpatient/Assessment (MH)

Description: Outpatient/Assessment is a specialized mental health treatment program for youth experiencing a wide range of mental health problems that cause moderate and/or acute disruptions in the youth's life. Outpatient treatment programs provide youth, family, or group treatment services, generally on a regularly scheduled basis. The outpatient program provides to each youth served the appropriate assessment and/or diagnosis of the mental health and/or substance abuse problem, as well as effective treatment to change behaviors, modify thought patterns, cope with problems, improve functioning, improve understanding of factors producing problems, identify workable steps to address the problems and/or other related goals. Such programs may include the collateral and/or adjunctive services. Adjunctive services are designed to link youth participating in the outpatient program that have severe persistent mental illness (SPMI) to other programs and coordinating the various services to achieve successful outcomes. Adjunctive services include information gathering and reporting, coordination of services, referral facilitation, and related activities to assure there is coordination between the various programs serving the youth. Adjunctive services are limited to youth who are not currently admitted to a community support program.

Criteria: Provides services for youth with low to moderate symptoms, low to moderate risk of harm to self or others, one or more functional limitations, low to moderate risk of relapse, and need of professional structure.

Parent Child Interactive Therapy (PCIT):

PCIT is a behavioral family intervention for children 2-7 years of age with disruptive behavior disorders. It has been identified as a best practice for physically abusive parents. PCIT integrates concepts from social learning theory, traditional play therapy, and attachment theory to enhance the parent-child relationship, increase children's pro-social behaviors, and increase parents' behavior management skills. The program is implemented in two phases: The first phase is the Child Directed Interaction (CDI) phase during which parents develop child-centered interaction skills. The second phase is the Parent-Directed Interaction (PDI) phase during which effective discipline skills are the focus. PCIT gives equal attention to the development of the parent-child relationship and the development of parents' behavior management skills. Because parent-child interactions in families with conduct-disordered children are frequently negative and coercive in nature, a critical goal of PCIT is to increase positive, nurturing interactions. PCIT includes the child in treatment, both in session and during daily homework assignments. In contrast to the traditional approach to parent training that focuses on didactic and role play, parents in PCIT rehearse new skills weekly in session through live interactions with their children. This active practice facilitates skill development and allows therapists to conduct ongoing assessments of parents' progress.

Professional Partner Program

Description: The Professional Partner Program combines an ecological assessment and treatment planning process that utilizes the wraparound approach through intensive therapeutic care management. At the center of this program is the Professional Partner, who works in full partnership with each consumer and his or her family. The program is strength based, family-centered, and acknowledges families and consumers as equal partners. It promotes utilization of the least restrictive, least intrusive developmentally appropriate interventions in accordance with the strengths and needs of the consumer and family within the most normalized environment. The program utilizes specific methods for moving toward an interagency system of care by developing referral sources, collaborative working relationships, and integration and coordination with

consumers, families and public and private child serving systems. The mix, intensity, duration, and location of services and supports are individually tailored to meet the unique needs of each consumer and his or her family. The program is based upon the wraparound approach to service delivery relying on the natural support systems of the family in their neighborhood and community. The program also holds the belief that as the needs of a consumer become more complex, the interventions, services and supports they receive will become more individualized.

Professional Partner Program Criteria: The consumers enrolled in the program must be under the age of 26 or be a guardian of the child under the age of 19 and display functional impairments in two or more of the following areas: self-care at an appropriate developmental level; developmentally appropriate perception and expressive language; learning; self-direction, including developmentally appropriate behavioral control, decision-making, judgment, and value systems; and capacity for living in a family or family equivalent. Youth and/or caregiver exhibits significant risk and needs in specific Life Domains.

Traditional Professional Partner Program Criteria: Utilizes the Wraparound Approach to serve families in all 22 counties of Region 3 that have children and young adults ages 0-21 who have a serious emotional disorder and are at-risk of failure in the home, school, and/or community.

Coop for Success Program Criteria: Utilizes the Transition to Independence Process to serve young adults with a behavioral health disorder, between the ages of 15-21 who are enrolled in Grand Island Public Schools who have unmet vocational, school and behavioral health needs.

School Based Wraparound Program Criteria: Utilizes the Wraparound Approach to serve families that have children enrolled in Grand Island Public Schools who have a serious emotional disorder and unmet school and behavioral health needs.

Early Intensive Professional Partner Program Criteria: Utilizes the Wraparound Approach to serve families in all 22 counties of Region 3 that have children between the ages of 0-18 who need additional supports and services to prevent their child(ren) from becoming wards of the state.

Transitional Professional Partner Program Criteria: Utilizes the Transition to Independence Process to serve young adults in all 22 counties of Region 3 with a mental health diagnosis between the ages of 18-26 who need additional supports and services to successfully transition into independence.

Transition Age Emergency Community Support

Description: The Youth to Young Adult Emergency Community Support (ERCS) program is to provide follow-up, continuity and coordination of services of individuals who have been or are at risk of being admitted to an Emergency Protective Custody (EPC) service or Civil Protective Custody (CPC). ERCS is a short-term program with the purpose of assisting adults who are in crisis to achieve goals of recovery, stabilization, increased independence, and community integration. The ERCS coordinator develops an Individualized Program Plan (IPP) based on previous available assessments. The ERCS coordinator also coordinates and monitors the delivery of these services and the consumer's progress and satisfaction. The ERCS coordinator meets with the consumer at his/her residence, a service site, or the agency office to identify challenges and coordinate services. The program is designed to: (1) provide/develop the necessary services and supports which enable consumers to stabilize, (2) facilitate communication and coordination between multiple service providers that serve the same consumer, and (3) prevent and decrease the frequency and duration of hospitalization. The ERCS coordinator provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, ensure the acquisition of necessary resources and assists the consumer in achieving community/social integration, and may provide skill training. The role(s) of the ERCS coordinator may vary based on consumers' needs. ERCS is an in-vivo service with most contacts typically occurring outside the program office, i.e., in the consumer's place of residence or other community locations consistent with individual consumer choice/need.

Criteria: Youth to Young Adults (ages 12 to 25) who are placed or at risk of being placed under an Emergency Protective Custody (EPC) hold and served either at Mary Lanning Memorial Hospital in Hastings or Richard Young Hospital in Kearney or placed under a Civil Protective Custody (CPC) hold at Good Samaritan Hospital in Kearney and are not currently receiving other Community Support or Assertive Community Treatment services.

Transition Age Supported Employment

Description: Transition Age Supported Employment is a component of the Co-op for SUCCESS Program in Grand Island. The program serves individuals between the ages of 16 and 21 and who are within two years of completing high school in the Grand Island Public School system. The program provides:

- Person-centered and strength-based career planning,
- Facilitation of individualized, student centered job searches to assist eligible youth secure competitive employment,
- Job and work skills training and support to assist eligible youth in retaining competitive employment, and
- Ongoing refinement of the educational and facilitation procedures to ensure and improve employment success.

Criteria: Youth between the ages of 16 and 21 within two years of completing high school in the Grand Island Public School system who experience a behavioral health disorder or exhibiting symptoms that indicate a behavioral health disorder and the youth exhibits significant risk and needs in specific life domains

Trauma Focused – Cognitive Behavioral Therapy (TF-CBT) TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. Children and parents learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors related to traumatic life events; and enhance safety, growth, parenting skills, and family communication.

TF-CBT serves children and adolescents (ages 3 to 18) who have significant emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events. This treatment can be used with children and adolescents who have experienced a single trauma or multiple traumas in their life.

Children or adolescents experiencing traumatic grief can also benefit from this treatment. TF-CBT can be used with children and adolescents residing in many types of settings, including parental homes, foster care, kinship care, group homes, or residential programs.

24-Hour Clinician/Crisis Line

Description: This service provides crisis intervention and stabilization services on a 24-hour, 7day/week basis for youth experiencing periodic or acute episodes of problems in functioning.

Criteria: Primary focus of service provision shall be for youth experiencing crisis situations that involve mental health and/or substance abuse problems.

Transitional Youth Advocate Program

Description: This program will serve young adults ages 17 through 25. This is a strength-based, wraparound program that will assist young adults through transition to adult services, assist with independent living skills and developing positive connections to their community.

Criteria: Youth, ages 17 through 25, needing assistance with independent living skills and developing positive connections to their community.

Youth Crisis Inpatient

Description: Youth Crisis services are short-term hospitalization for youth who are determined mentally ill and dangerous to self and/or others. Services include crisis stabilization, medication management, psychiatric evaluation, substance abuse evaluation performed by a licensed drug and alcohol counselor, coping skill building, individual and/or group therapy as

appropriate, and recommendations. If youth is placed under TPC, recommendations will be presented at juvenile court hearing, if necessary.

Criteria: Youth, ages 13 and above, who have been identified as mentally ill and dangerous to themselves and/or others.

YOUTH SUBSTANCE ABUSE SERVICES SUMMARIES

Outpatient/Assessment (SA)

Description: Outpatient/Assessment is a specialized substance abuse (SA) treatment program for youth experiencing a wide range of substance abuse problems that cause moderate and/or acute disruptions in the individual's life. Outpatient treatment programs provide individual, family, or group treatment services, generally on a regularly scheduled basis. The outpatient program provides to each youth served the appropriate assessment and/or diagnosis of the substance abuse problem, as well as effective treatment to change behaviors, modify thought patterns, cope with problems, improve functioning, improve understanding of factors producing problems, and identify workable steps to address the problems and/or other related goals. Such programs may include the collateral and/or adjunctive services. Adjunctive services include information gathering and reporting, coordination of services, referral facilitation, and related activities to assure there is coordination between the various programs serving the youth. Adjunctive services are limited to youth that are not currently admitted to a community support program.

Criteria: Provides services for youth experiencing a wide range of substance abuse problems that have low to moderate symptoms, low to moderate risk of harm to self or others, one or more functional limitations, low to moderate risk of relapse, and need of professional structure.

REGION 3 SYSTEM COORDINATION AND NETWORK MANAGEMENT

Adult System Coordination

Region 3 Adult Network System Coordination assists in developing, implementing and evaluating regional service needs, goals, programs, and delivery systems in behavioral health areas. This program also works closely with service providers, community representatives, consumer groups, and representatives of judicial, education, and social services to create a climate for interagency collaboration and systems integration of behavioral healthcare services.

Emergency System Coordination

The purpose of Region 3 Emergency System Coordination is to assist in the area of emergency psychiatric and substance abuse (behavioral health) services for Region 3 Behavioral Health Services. The program also assists with developing, implementing, coordinating and evaluating Region 3 services needs, goals programs and delivery systems in behavioral health areas. The Emergency System Coordination Program partners closely with behavioral health service providers, law enforcement personnel, county attorney's, Mental Health Boards, and community representatives to create a climate for interagency collaboration and systems integration of emergency behavioral health services.

This program also conducts planning and leads activities for behavioral health response during a large scale disaster and the specialist serves as Region 3's designated Regional Disaster Coordinator.

Prevention System Coordination

Regional Prevention System Coordination provides prevention system leadership, support and technical assistance to providers, community coalitions and multiple stakeholders in planning new services and ensuring appropriate use of funding for prevention strategies within the 22 counties of Region 3.

Regional Consumer Specialist

The Regional Consumer Specialist serves as an advocate and liaison to consumers of behavioral health services, including consumers of services which are designed to lead toward wellness and recovery from mental illness, substance abuse, or problem gambling. This available to consumers of all ages, their families and support system, throughout the Region 3 service area.

Regional Housing Coordination

Description: The purpose of the Region 3 Housing Assistance Program is to help individuals who have a serious mental illness and have extremely low income obtain safe and decent housing at an affordable cost. The rental assistance funds serve as a "bridge" to other housing sources such as the Federal Housing Voucher Programs (commonly referred to as "Section 8") in order to serve the priority populations.

The Housing Assistance Program provides assistance to service participants who have been denied services of other housing resources or have been placed on a waiting list.

The Housing Assistance Program follows the Supported Housing program model. This program is designed for people who are not capable of independent living without behavioral health services and supports in order to remain successfully in the community. The service participant is in need of more supported-services than simply having a case manager checking periodically to see if the rent is paid.

Criteria:

1. An adult who has a serious mental illness; and
2. An adult who needs housing related assistance as documented by efforts to fully exhaust local options available in seeking rental assistance administered by local housing authorities and/or other entities; and
3. An adult who is:
 - a) Priority One:
 - 1) Extremely Low Income who is discharged from an inpatient mental health placement, or
 - 2) Extremely Low Income who is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health placement;
 - b) Priority Two: after the Region has demonstrated the Priority One groups are addressed, then the Region may start including service participants who are extremely low income at risk of an inpatient mental health placement, at least in part because of lack of affordable independent housing.
 - c) Priority Three: after the Region has demonstrated the Priority One and Two groups are addressed, others who are very low-income adults with serious mental illness will be served.

Youth System Coordination

Region 3 Youth System Coordination assists in developing, implementing and evaluating regional service needs, goals, programs, and delivery systems in behavioral health areas. The program also works closely with service providers, community representatives, consumer groups, and representatives of judicial, education, social services, and service providers to create a climate for interagency collaboration and systems integration of behavioral healthcare services as gaps and needs are identified within the Region 3 service area.

FAMILY/CONSUMER OUTREACH ORGANIZATIONS

Federation of Families for Children's Mental Health

Description: The Nebraska Federation of Families for Children's Mental Health (NEFFCMH) is a Family run non-profit, 501c3 statewide organization that incorporated in 2000. NEFFCMH is a Family Run organization, Statewide collaboration around common issues and concerns affecting families and their organizations across the state; a network of Family and Youth voices to help create the best system of care for children with behavioral health challenges in Nebraska. The Nebraska Federation of Families for Children's Mental Health is recognized as the state leader in guaranteeing that all children and families in Nebraska are emotionally, behaviorally and mentally strong, are empowered by family driven choices, and are fully honored in

their diversity. The Nebraska Federation of Families for Children's Mental Health mission is to continually advance the systems of care for children's behavioral health.

NAMI – Nebraska (The Nation's Voice On Mental Illness)

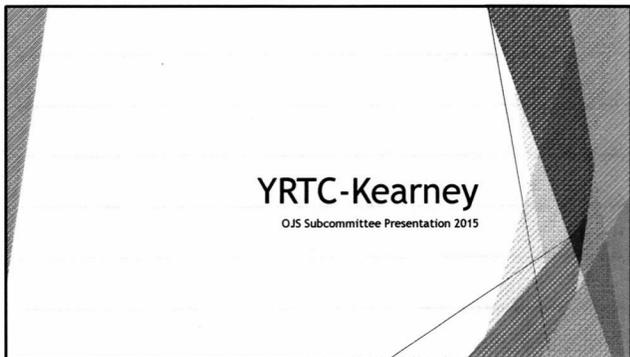
Description: NAMI Nebraska is a nonprofit, grassroots organization dedicated to education, support and advocacy for anyone whose life has been touched by mental illness. NAMI believes in recovery and the hope for a better future. NAMI Nebraska helps unite parents, spouses, siblings, friends and people who have a mental illness together with mental health professionals to fight for improved treatment, a better quality of life and recovery. Individuals identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health. NAMI Nebraska is available to support persons on their road to recovery by providing respect and peer support. Consumers have a personal responsibility for their own self-care and journeys of recovery. NAMI Nebraska provides the support for individuals and families on their journey.

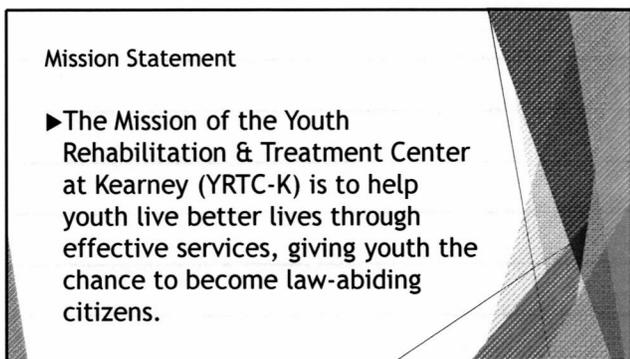
Nebraska Mental Health Association

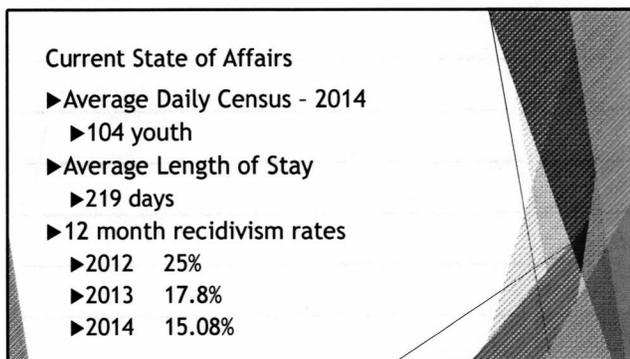
Description: The Mental Health Association of Nebraska (MHA-NE) is a consumer-run, voluntary not-for-profit statewide association with Chapters located in communities throughout Nebraska. MHA-NE brings together service recipients, families, professionals, advocates and concerned citizens to address all aspects of mental health and mental illness. MHA-NE is dedicated to ensuring that public mental health policy is just, fair and promotes equality and opportunity. MHA-NE supports freedom for individuals with mental illness. Freedom to take advantage of any of life's opportunities. Freedom to decide where one lives, works; and the important thing they will do with their lives, the relationships they establish, how they chose to contribute to their community, and what services they will use.

Nebraska Recovery Network

Description: An organization supporting recover from all addictions and related issues. Nebraska Recovery Network's goal is to spread recovery throughout Nebraska.







Current State of Affairs - Cont.

- ▶ Admission Type - 2014
- ▶ Total of 175 admissions
 - ▶ Probation Commitment - youth being committed to YRTC-K for the first time under probation.
 - ▶ 146
 - ▶ Probation Recommittment - youth recommitted to YRTC-K under probation.
 - ▶ 12
 - ▶ Parole Violator
 - ▶ 14
 - ▶ Commitment - youth committed to YRTC-K under OJS
 - ▶ 3

Current State of Affairs - Cont.

- ▶ Admissions by Race - 2014
 - ▶ White 87
 - ▶ Black 42
 - ▶ Hispanic 39
 - ▶ American Indian 4
 - ▶ Asian/Pacific Islander 1
 - ▶ Other 2

Current State of Affairs - Cont.

- ▶ Admission by Reason - 2014
 - ▶ Assault 41
 - ▶ Theft 21
 - ▶ Drug Related 15
 - ▶ Criminal Mischief 14
 - ▶ Burglary 12
 - ▶ Obstructing police 7
 - ▶ Robbery 6
 - ▶ Concealed weapon 5
 - ▶ Others: sexual assault, arson, auto theft, child enticement, and possession of stolen firearm

Issues Presented by Youth

- ▶ Drug/Alcohol issues
- ▶ Mental Health issues
- ▶ Trauma issues
- ▶ Psychopathic personality traits
- ▶ Criminogenic issues
 - ▶ Anti-social cognitions
 - ▶ Anti-social companions
 - ▶ Anti-social personality
 - ▶ Family problems
 - ▶ School problems

Services Provided

- ▶ EQUIP Program
 - ▶ Designed to address some of the criminogenic issues such as anti-social thought patterns and anti-social personality traits.
- ▶ Drug/Alcohol Education and Drug/Alcohol Treatment Groups
- ▶ Individual Therapy
 - ▶ For those with mental health issues, trauma issues and those who struggle grasping concepts of the EQUIP program.
- ▶ Family engagement
- ▶ Medication management

Services Provided - Cont.

- ▶ Academic Services
 - ▶ Credit recovery, career education class, vocational classes, advanced classes, Title I classes and basic education classes.
- ▶ Today's Father class, young dad's support group
- ▶ Recreation/Leisure
- ▶ Community Service
- ▶ Student Council
- ▶ Religious Services, Bible study, Project Everlast

Issues Presented by Youth

- ▶ Drug/Alcohol issues (drug/alcohol ed and groups)
- ▶ Mental Health issues (individual therapy, med management)
- ▶ Trauma issues (individual therapy)
- ▶ Psychopathic personality traits
- ▶ Criminogenic issues (EQUIP)
 - ▶ Anti-social cognitions (EQUIP)
 - ▶ Anti-social companions
 - ▶ Anti-social personality (EQUIP)
 - ▶ Family problems (Family engagement)
 - ▶ School problems (Academic programming)

Flies in the Ointment

- ▶ One size does not fit all.
- ▶ Loss of OJS evaluations.
- ▶ Growing pains with EQUIP program.
- ▶ Not enough hours in the day.
- ▶ Impact of youth with psychopathic traits.
 - ▶ Require excessive amount of staff time
 - ▶ Present safety risks for youth and staff
 - ▶ Negatively influence peers
 - ▶ Create an environment of fear
 - ▶ Regularly disrupt routines

Future Directions

- ▶ Increased focus on mental health and chemical dependency issues. (recently increased mental health staff from three to nine providers)
- ▶ Enhance fidelity to the EQUIP program.
- ▶ Increase efficiency of service delivery.
 - ▶ e.g. recent changes in drug/alcohol education
- ▶ Enhance intake/evaluation process.
- ▶ Improve safety/security for all.
- ▶ Integrate evaluation with treatment planning and treatment implementation.
- ▶ Coordinate with probation for more effective re-entry after discharge.

YRTC-Geneva

CHILDREN'S COMMISSION PRESENTATION
OFFICE OF JUVENILE SERVICES SUBCOMMITTEE
MARCH 10, 2015
CINDY NASH, PH.D., LP

Who are we?

Identity Crisis

- Accredited by American Correctional Association
- Tasked to provide effective treatment to address:
 - Wide range of maladaptive/criminal behaviors
 - Mental illness
- Conflicting values, procedures, policies
- Safety and security vs. treatment

Who we serve

Current Census

- 37 female adolescents
- 35 currently on campus
- 2 on abscond status
- Average age 16.24
- Age Range 14 - 19

Offense Statistics

Offenses (Top 4)

- Assault – 42%
- Possession of Drugs – 15%
- Theft – 12%
- Criminal Mischief – 12%

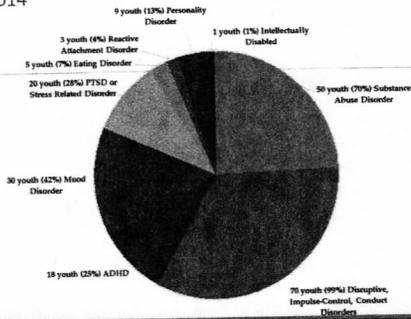
Recidivism (January 1, 2014 – December 31, 2014)

- Defined as number of parole violators and commitments returning within 12 months
- 9.29 %

Average length of commitment

- 7.24 months

Diagnoses in 2014 (71 youth)



Assessments

First 24 Hours

- Mental Health Assessment (MHA)
 - Ph.D. or LMHP
- Massachusetts Youth Screening Instrument 2 (MAYSI-2)
- Voiced Index of Self-injurious Actions (VISA)
- How I Think (HIT)
- Millon Adolescent Clinical Inventory (MACI)
- Minnesota Multiphasic Adolescent Personality Inventory -2 (MMPI-A)
- Suicide Probability Scale (SPS)

Assessments

First 2-weeks

- Comprehensive Adolescent Severity Inventory (CASI)
- Drug/alcohol assessment
- Youth Level of Service Inventory (YLS)
- Community Behavioral Index (CBI)
- Predicted length of stay calculated
- Classification Report Generated
- Youth classified to a living unit
 - Burroughs (drug alcohol treatment)
 - Sacajawea
 - LaFlesche (severe mental health and/or escape or violence risk)
- Each cottage has an assigned Group Leader and Therapist

Current Treatment

My Journey

- Developed by professionals on staff approximately 10 years ago
- Group Leaders working with youth identify *Outcomes, Needs and Strategies*
- Outcomes: goals youth are expected to achieve during their commitment
- Needs: identified value and/or behavior youth are expected to adopt
- Strategies: specific behaviors youth are expected to display or change

Example

Outcome: I will follow rules and respect authority.

- Need: Respect
- Strategies
 - I will not talk back to staff/authority.
 - I will complete my assignments in class.
 - I will listen to directives and follow them.
 - I will encourage others to be respectful too.

Example

Outcome: I will follow the rules and expectations and respect authority

- Need: Leadership
- Strategies
 - I won't feed into the negative actions of others.
 - I will be a good role model.
 - I will hold the group accountable

Current Treatment

Outcomes and Strategies

- Distributed to teachers and cottage staff
- Reviewed and voted on every 2 weeks
- Outcome is passed if youth consistently exhibits identified strategies
- All youth receive an Academic Outcome and a Recreational Outcome they work on throughout their stay
- Except for Academic and Recreational Outcomes, youth work on Outcomes one at a time
- Youth are typically assigned 6 to 8 Outcomes at intake
- Average length of time per Outcome = 1-month

Additional Treatment Components

Geneva North High School

- Fully accredited high school

Recreational Therapy

Equine Therapy

Work/Volunteer opportunities in the community

Mothers and Babies

Christian Heritage

Additional Treatment Components

"Prime Solutions" (Burroughs Cottage)

- 3, 1-hour sessions per week
- Facilitated by Group Leader
- Protocol targeting substance abuse and addiction

Group therapy (Other living units)

- 3, 1-hour sessions per week
- Co-facilitated by a LMHP and a Group Leader
- Group topics are at the discretion of the facilitators

Individual therapy

- LMHP, PLMHP, or PhD
- 2 to 4, 1-hour sessions per month
- 2 to 4 meetings per month with Group Leader

Evidence-Based Treatment

Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide (MPG)

CrimeSolutions.gov

- These two government resources share one database that lists programs that have been identified as "effective" as well as programs that are "promising".

Evidence-based Treatment

CrimeSolutions.gov defines:

- "effective" program as one that demonstrates "... strong evidence that it achieves its intended outcomes when implemented with fidelity"
- "promising" program is defined as having "some evidence that it achieves its intended outcomes. More extensive research is recommended".

(<https://www.crimesolutions.gov/Glossary.aspx#E>, retrieved 12-16-14).

Evidence-based Treatment

"Thinking for a Change"

Jack Bush, Ph.D., Barry Glick, Ph.D., Juliana Taymans, Ph.D., with Michael Guevara

- Reported to be promising
- Social Skills Training
- Cognitive Restructuring
- Problem Solving Training

Evidence-based Treatment

"Aggression Replacement Therapy" (ART)

Barry Glick, Ph.D., and John Gibbs, Ph.D.

- Social Skills Training
- Anger-control Training
- Moral Reasoning
- Determined to be effective

Evidence based Treatment

The new My Journey

- ART and Thinking for a Change
- Cognitive Behavioral Therapy
- Anxiety/PTSD
- Depression/Mood Management
- Psychoeducational groups
- Sex Education
- Healthy Relationships
- Healthy Boundaries
- Women and the Media

The New My Journey

Outcome: I will follow rules and respect authority.

- Need: Antisocial attitude (How I Think)
- Strategies:
 - I will learn the rules and policies at YRTC-Geneva and follow them to the best of my ability (measured by evaluating # of rule violations)
 - I will participate in *Thinking for a Change* group 3 xs per week
 - I will complete assignments aimed at helping me to better understand the way I think and feel and how others think and feel
 - I will complete assignments aimed at helping me to problem solve effectively

Pilot Project

Pilot Group

- *Thinking for a Change*
- 10-week program
- Data being collected
 - All rule violations
 - How I Think
 - Grades

Identity Crisis

Safety/Security vs. Treatment

- Age 17
- Shoplifting
- Running away

Resolving the Identity Crisis

Evidence-based treatment

Additional Training

- Trauma Informed Care
- Mental Health Diagnoses and Treatment
- Treatment guided by licensed mental health staff

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THINKING FOR A CHANGE

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Aggression Replacement Training®

**A Comprehensive Intervention
for Aggressive Youth**

**Barry Glick
John C. Gibbs**

Third Edition—Revised and Expanded



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