

TO: Governor Heineman and Legislature

FROM: Kerry T. Winterer, Chief Executive Officer
Department of Health and Human Services



DATE: September 13, 2013

RE: DHHS LB603 Annual Report

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

Please find enclosed the 2013 Annual Report with further details about the progress that has been made this year to date for the three services: Nebraska Family Helpline (Boys Town), Family Navigator/Family Peer Support Services (Nebraska Federation of Families for Children's Mental Health), and Right Turn (Lutheran Family Services). Please note a few of the highlights we've found of greatest interest:

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

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

KTW/kjo

Enclosure

Department of Health & Human Services

DHHS

N E B R A S K A

LB603 Report on the
Children and Family Behavioral Health
Support Act

Division of Behavioral Health
Division of Children and Family Services
September 15, 2013

(This page left intentionally blank.)

Executive Summary

In May 2009, Nebraska Legislature passed LB603 and Governor Heineman signed it into law. This authorized the creation of the Children’s Behavioral Health Help Line and Family Navigator Services, and the Post Adoption/Post Guardianship Services as defined in LB603 Section 71-801, sections 5-11 and cited as the Children and Family Behavioral Health Support Act. The act provided the framework for three initial Requests for Proposals and three subsequent contracts managed by the Division of Behavioral Health and the Division of Children and Family Services of the Department of Health and Human Services (DHHS). The contents of this report summarize the events occurring after the passage of LB603 (designated to DHHS) for fiscal year 2012 –2013 (FY13) as they pertain to the:

- Nebraska Family Helpline, Boys Town
 - ◊ **3,582** total FY13 calls from **2,489** unique families, providing 3,286 referrals
 - ◊ **69%** of surveyed families report improved family situation after call
 - ◊ **12,692** total calls from **8,950** Nebraska families during entire project period from January 1, 2010-June 30,2013
- Family Navigator and Family Peer Support Services, Nebraska Federation of Families for Children’s Mental Health
 - ◊ **404** families served in Family Navigator Services and **475** families served in Family Peer Support Services in FY13
 - ◊ **100%** of surveyed families report that their Advocate provided them with skills to better manage their child’s behavior
- Post Adoption/Post Guardianship Services, Right Turn
 - ◊ **788** youth and **210** families served in FY13
 - ◊ **95%** of families surveyed express satisfaction with the services received
- Children’s Behavioral Health Services, Regional Behavioral Health Authorities
 - ◊ **366** additional youth served with positive outcomes
 - ◊ **123** youth received timely services through Mobile Crisis Response

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

(This page left intentionally blank.)

Introduction

The Department of Health and Human Services (DHHS) has served children, youth and families with a variety of services for years. The last few years mark a time of significant change for the children's system.

The legislative session of 2009 committed significant investment towards children, youth and families; and LB603 provided for initiatives that have resulted in a demonstration of that commitment. This report contains information for the portions of LB603 charged to DHHS: the Children's Behavioral Health Help Line (Nebraska Family Helpline) and Family Navigator Services, and the Post Adoption/Post Guardianship Services (Right Turn).

These services, now with three and a half years of operation (from inception January 1, 2010 through fiscal year end June 30, 2013), have demonstrated a healthy investment of collaborative effort by many to develop and perform continuous quality improvement to ensure the effectiveness initially envisioned.

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

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

Reporting of all three initial services continues to highlight program effectiveness, family satisfaction and service outcomes that support increased youth and family stability and well-being, intervening earlier to prevent further crisis and/or need for more intensive and restrictive services. Based upon these first three and a half years, these programs continue to demonstrate themselves as successful additions to Nebraska's children's behavioral health system.

(This page left intentionally blank.)

Nebraska Family Helpline

Description: Nebraska Family Helpline

The Nebraska Family Helpline serves as a single point of access to children’s behavioral health services in Nebraska. In addition, the Helpline functions as a crisis intervention and support service to families of youth experiencing an immediate behavioral health challenge as well as provides information and referrals for other formal and informal services and supports for families. The primary target population for the Helpline service is parents/guardians/primary caregivers of youth experiencing behavioral health challenges, although youth may also utilize the Helpline for their own assistance. The primary aim of this service is to address the urgent behavioral health situations that prompted the call, identify immediate safety concerns, and provide recommendations and/or referrals for an appropriate course of action which may include identifying the eligibility of the caller for referral to the Family Navigator or Right Turn (Post Adoption/Post Guardianship) services. The Nebraska Family Helpline offers a range of services, including:

- 24/7/365 crisis intervention and support
- Screening for immediate safety needs; connecting with first-responders
- Identification of and referrals to local resources
- Development of strategies with families
- Collaborative problem solving and empowerment to families
- Helping youth and families make informed decisions
- Assistance to families navigating the system
- Providing immediate connection to mobile crisis response in some areas

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

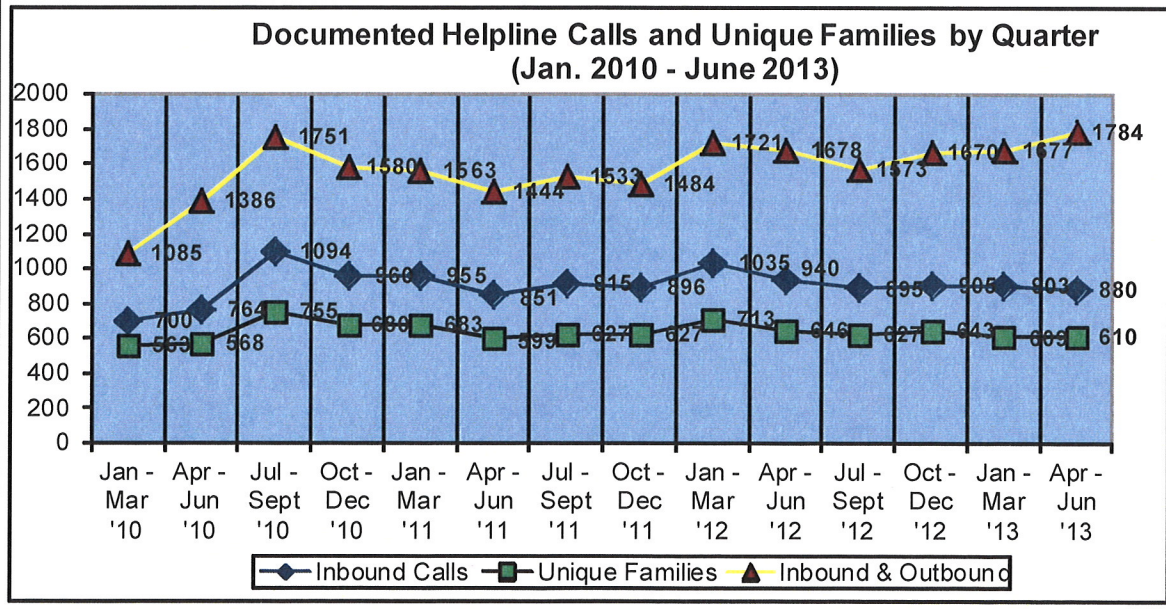
FY13 Helpline Appropriation	FY13 Helpline Expenditures
\$1,390,584.00	\$1,288,899.74

Nebraska Family Helpline

Program Statistics and Outcomes

The Nebraska Family Helpline achieved a number of successes in FY 2013. The Helpline served a total of **2,489** unique families throughout Nebraska during the fiscal year 2012-2013 (FY13: July 1, 2012– June 30, 2013). Those families made a total of **3,582** calls to the Helpline. About **60%** of calls to the Helpline came from Behavioral Health Region VI. Of the families that contacted the Helpline, **525** families were offered Family Navigator service, **354** families accepted Family Navigator service (a 67% acceptance rate of those offered, and **16% of total callers**). Helpline Counselors provided families with a total of **3,286** referrals for a range of services. Around **43%** of callers were from single-parent households, with the next highest percentage being from families with both biological parents.

Callers reported becoming aware of the Nebraska Family Helpline mostly through community agencies and other third party providers and media such as television and radio. **Since its inception, the Helpline has received a total of 12,692 calls from 8,950 unique families.** The table below represents the call trends from the service start date through the end of this fiscal year.



Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

Inbound Call Types (Documented)	TOTAL	Percent
Standard Inbound Call	1,444	40%
Information	1,197	33%
Inbound Follow Up	887	25%
High Risk	47	1%
Positive Consumer	4	0
Negative Consumer	3	0
TOTALS	3,582	(100%)
Other Inbound Call Types		
Inappropriate Use of Services	31	
Hang up/Wrong Number	178	

Standard Inbound	A call or an e-mail that usually results from a precipitating event regarding an individual under the age of 19. Intervention strategies, resources and parental support are provided to the caller.
Information	A call or e-mail in which a family member is looking for a specifically identified resource or piece of information regarding behavioral or mental health issues. These calls also include callers who are looking for general information about what services the Helpline offers.
Inbound Follow Up	A caller who contacts the Helpline following a previous call; may include inbound calls prompted by a follow-up call from the Helpline.
High Risk	A Helpline call that results in professional intervention - including, but not limited to - a CPS report being made by the counselor, or intervention by police, fire or emergency personnel. Such calls include violence in the home which could result in injury to a party, or a situation in which the risk of suicide is possible or imminent.
Positive Consumer	The caller calls back with the intent of giving the Helpline positive feedback for the assistance that was given to him or her on a previous call.
Inappropriate Use of Services	A caller who is not calling regarding a youth under the age of 19, is verbally abusive to the operator, attempts to discuss something sexually explicit, or is calling with a misunderstanding of the service goals of the Helpline.
Hang Up/ Wrong Number	A caller who hangs up before speaking to a counselor, or dialed the Helpline number in error.
Outbound Follow Up	A call that a Helpline Counselor makes to a previous Helpline caller to follow up on their situation and offer further suggestions or assistance.

Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

The largest number of calls to the Helpline came from parents seeking parenting assistance for a variety of issues involving their children. The **primary issue** that families called about were children **Out of Control, Not Following Authority Figures**, followed by **Lying and Poor Anger Control**. Callers usually are reporting a precipitating event or mounting concern of multiple issues. These could be matters of typical adolescent behavior challenges or displays of underlying mental health or substance abuse issues.

The Helpline utilizes standard mental health screening questions and other processes to assist callers in identifying or exploring potential indicators that may be relevant. In some instances, the caller will self-report such health history. Approximately **26%** of families reported that their children had undergone at least one form of mental health treatment prior to the Helpline call. A form of community-based outpatient treatment was reported **52%** of the time; and medication was involved in **24%** of the prior treatments. Boys Town utilized their database to assist families in connecting with the appropriate community services.

The data also are used to identify trends in service needs, as well as service gaps and barriers. The **most common barriers to accessing mental health services** reported by families was the **cost** and agency **capacity/wait time**. Of those accessing services, **ineffective services** or **youth refusal to participate** were also expressed barriers.

A consistent issue is the general perception that concerning adolescent behavior should be addressed with mental health treatment. Noting that many callers report trying such services in the past with limited success may suggest that formal psychiatric treatment services are not always appropriate. Nonetheless, supportive and para-professional services would likely be of great benefit to families as preventative/intervention strategies. The balance between offering a caller the referral information they requested, but also offering what they likely need, is a continuing challenge.

Nebraska Family Helpline

Program Statistics and Outcomes (Con't)

Helpline operators attempt to gather caller insurance type to help identify appropriate resources but this information is also pertinent to our review of the children's behavioral health system and the potential needs of families.

Insurance of Helpline Callers (by self-report)	Percent
Medicaid/Kids Connection	47%
Private Insurance	44%
Have No Insurance	7%
Private Insurance w/o Mental Health Coverage	1%

Over entire project period January 1, 2010-June 30, 2013, several trends were noted:

- ◆ **60%** of all documented calls came from Region VI and **19%** from Region V; call volume from the central and western part of the state is significantly lower.
- ◆ **42%** of callers reporting having **Single-Parent** households; this group reports higher scores in 15 of 16 'parent stressor' categories such as: Relationships with Friends, Income, Access to Services, Supervision of Children and Housing.
- ◆ Of the families who contact the Helpline multiple times, a greater percentage reported having Medicaid (50%) than Private Insurance (40%). And multiple-call families were more likely to report safety concerns and/or being in crisis.

During FY13, Helpline staff completed a comprehensive review of agencies in the Helpline Referral Database, updating information as needed. Staff verified and/or updated the records of 88% of all agencies in the database, and **52% of those had changes**. A total of 93 agencies were closed, representing 228 different service types. Including agencies that stayed open but reduced services, a total of 290 service types were cut. The **top 3 cut service types** were: **Parent Education and Support, Child Development and Support, and Non-Therapeutic Supports**. These results indicate losses, not to formal treatment services, but to the less intensive community-based supports that help children and families from utilizing more intensive and cost prohibitive services. Loss of funding and underutilization were the two most often cited reasons for services ending. However, some areas also experienced growth in mental health and substance abuse services and early childhood intervention services.

Family Navigator & Family Peer Support Services

Description: Family Navigator & Peer Support Services

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

The **Family Navigator Program** is designed to utilize family peer support specialists (Advocates) to provide further support and assistance after a caller is referred from their Helpline call. This provides time-limited services of approximately eight (8) contact hours per family over a period of forty-five (45) - sixty (60) days to families of youth experiencing an urgent behavioral health situation. The Family Navigator must be made available to the Helpline caller within 24-72 hours from referral by Helpline staff. The target population for the Family Navigator services is a parent/guardian/primary caretaker who has a youth experiencing a significant behavioral health situation who needs additional assistance identifying, locating and connecting to appropriate services. The fundamental intent of this service is to assist the family in navigating the current community-based behavioral health system, help the youth and family understand their options and make informed decisions, provide information and support, and promote a productive partnership between the youth and family and their choice of professional services when possible or applicable. The **Family Peer Support Services** are designed to provide longer-term assistance with a wider array of supportive services. Various evidence-based and promising practices are utilized to implement quality and effective services for as long as a family qualifies and participates towards the family’s desired outcomes.

Family Navigator & Family Peer Support Services

Program Statistics and Outcomes

During fiscal year 2012-2013, **404 families** connected to **Family Navigator Services**, and **475 families** received **Family Peer Support Services**.

FY13 Family Navigator & Peer Support Allocation	FY13 Family Navigator & Peer Support Expenditures
\$ 866,047.00	\$ 848,726.25

Families involved in either service reported their **top stressors** related to their youth of concern: Child Not Following Home or Community Rules, Child Demonstrating Lying Behavior, Child Demonstrating Angry Behavior, Child Receiving Poor Grades at School and Child Experiencing Depression.

- **13-to-16-year-olds** were the modal age group most served by Family Navigator and Family Peer Support services; although there was a dramatic increase in **youth under 12** being served, which demonstrates the opportunity for family prevention.
- Families' **average length of stay** in the Family Navigator Program was **57 days**, and **174 days** in Family Peer Support Services
- The **average number of hours** spent assisting families by Advocates was **27** for families in Navigation and **30** for families in Peer Support Services
- **98.93%** of all families served maintained the **same primary Advocate** despite any changes in the family or program
- **92%** of parents reported feeling their family is better able to navigate the behavioral health system after completing services
- **Top youth diagnosis** (by family report) served: Attention Deficit Hyperactivity Disorder, Oppositional Defiance Disorder, Bipolar Disorder
- **The vast majority of** families who accepted Family Navigator and Family Peer Support Services reported having insurance through Medicaid/Kids Connection

Family Navigator & Family Peer Support Services

Program Statistics and Outcomes (Con't)

Consistency and stability for families is a significant benefit of the single contract for all family peer services facilitated through one vendor via the Federation. This allows for a smoother transition in a critical support service at a time when families are experiencing great challenges. Yet another key success experienced within FY13 has been the continued monitoring of formalized quality standards and improvement processes, outcome measure reporting systems and the standardization in service delivery for Family Peer Support Services. This work by the Federation and affiliate organizations has led to the demonstration of accountability, as well as effective, efficient and quality care. In FY12, a new Quality Improvement Team was initiated.

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

- ⇒ A statewide **decrease of 43.2% in the level of strain** experienced by parents was reported from intake to discharge for families served in **Family Navigation** and an **additional statewide decrease of 24% in the level of strain** for families served in **Peer Support**.
- ⇒ **72%** of families served increased their total number of social connections and **84%** increased number of concrete supports from intake to discharge
- ⇒ **86%** of families felt more confident about their own ability to help their children
- ⇒ **Only 1%** of families served became involved with Child Welfare
- ⇒ **95%** of families surveyed felt the Advocate contacted them in a timely manner
- ⇒ **100%** of families surveyed reported their Advocate provided them skills to better manage their child's behavior
- ⇒ **78%** of families felt more hopeful about their future
- ⇒ **94%** of families surveyed reported their Advocate helped them learn to advocate for their child's needs, like in school or in court; and **97%** reporting feeling equipped to make informed decisions

Right Turn (Post Adoption/Post Guardianship Services)

Description: Post Adoption/Post Guardianship Services

DHHS has placed children with special needs with adoptive parents and guardians. After finalization of the adoption or guardianship, the majority of these families can receive assistance to preserve, strengthen, and support them through a subsidized adoption or subsidized guardianship agreement. Some families may need additional supports or services that had not been available until the passage of LB 603. As a result, DHHS contracted with Lutheran Family Services of Nebraska, Inc. (LFS) to deliver services to eligible families that self-refer. Established in 2009, Right Turn is a single point of access for assistance for post adoption or post-guardianship families.

Population To Be Served: The eligible population for services through this contract is any family who self-refers and is residing in Nebraska or another state in which:

*A child was in custody of DHHS just prior to finalization of the adoption, and there is a valid subsidized adoption agreement between the adoptive parent and DHHS; -OR-
*A child was in custody of DHHS just prior to finalization of the guardianship, and there is a valid subsidized guardianship agreement between the guardian and DHHS.

Families eligible for services through the Child Welfare/Juvenile Services Contracts are not eligible for services under this contract.

Services Provided: The post adoption/post guardianship program can be accessed via a phone **Access Center** 24 hours per day, 7 days per week, 365 days per year; serving as the single point of entry for the program, providing inquiry, intake, crisis management, and initial case management. Right Turn offers **six core services:** 1) Case Management (including services such as advocacy, intervention and crisis management); 2) Mental Health Referrals; 3) Respite Care; 4) Training and Education; 5) Support Groups for Parents and Children; and 6) Peer Mentoring

During FY13, **45%** of families served indicated that the child had a mental health diagnosis. There were **788 children and 210 families served**. Of these, **only 3** of the youth became wards of DHHS.

Right Turn (Post Adoption/Post Guardianship Services)

Program Statistics and Outcomes

Referrals for All Services: Right Turn is committed to ensure that adoptive families access needed support even when they are not eligible for Right Turn services. In some cases, families may be referred to the Nebraska Family Helpline, or to the Nebraska Children’s Home Society, which has post adoption support for a broad spectrum of adoptive families. Right Turn has made **over 4,800 referrals** for services, including referrals both for Right Turn families and those not eligible for Right Turn.

As in the past, the **majority** of identified children were **age 12 or older**. Families seeking help via case management most frequently cited **out of control behaviors** and **mental health concerns** as the reason for contacting Right Turn. The parents and guardians who reported that the identified child had a mental health diagnosis, most frequently cited Reactive Attachment Disorder (RAD), Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder and Depression. Other concerns were Out of Control Behaviors, School/Academic Problems and Aggressive Behaviors. Services most frequently sought by these families were tracker and residential treatment. For the majority of families served by Right Turn, youth stayed in their own homes, with their own families. Families appear satisfied with Right Turn, with **95% of families** involved in the program identified as being satisfied with the services provided.

Barriers and gaps in services were identified this past year regarding adoptive and guardianship families. Right Turn identified one of the barriers as families have insufficient training, preparation, and understanding of special needs of children who have experienced abuse, neglect, trauma or losses associated with adoption and/or guardianship. Right Turn has established a **statewide training network** for parents and professionals in the area of adoption, trauma informed care/support, fetal alcohol spectrum disorders and mental health. Right Turn and DHHS work collaboratively to assure adoptive families, courts and service providers are aware of post adoptive services.

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Regions 1-4				
<p>Allocations to the Regional Behavioral Health Authorities (Regions) were divided by Region per the standard formula utilized for Regional funding distribution. Regions 1,2 and 4 increased the capacity of their current traditional Professional Partners Program with the additional funding in order to expand availability of this service.</p> <p>Professional Partners Program (PPP) is a wraparound program that utilizes intensive, therapeutic service coordination, flexible funding and purposeful family-centered practices to increase youth functioning, decrease risk for out-of-home placement and/or multiple system involvement, and to stabilize the family environment. PPP is an evidence-based approach for serving youth with mental health challenges and has existed in Nebraska for over a decade with significant success. The services purchased under this additional funding are subject to the same program monitoring procedures as the traditional program.</p>				
Region	FY13 Funding Allocation	FY13 Expenditures	Estimated Capacity Expansion	Total Served
Region 1	\$51,110	\$51,110	+3 youth	9 youth
Region 2	\$60,050	\$60,050	+3 youth	18 youth
Region 4	\$123,162	\$123,162	+10 youth	32 youth
<p>Region 3 increased capacity within their PPP, but also implements a Transition Age Supported Employment (TASE) program in partnership with Goodwill Industries, Grand Island Public Schools and Vocational Rehabilitation. The TASE program provides job skills instruction, benefits planning, job development, coaching and placement and employment related independent living skills.</p>				
Region	FY13 Funding Allocation	FY13 Expenditures	Estimated Capacity Expansion	Total Served
Region 3	\$133,885	\$133,885	+7 youth	PPP: 21 youth TASE: 14 youth

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Region 5 Pilot Program			
Region	FY13 Funding Allocation	FY13 Expenditures	Total Served
Region 5	\$242,871	\$240,160	LINCS: 56 served Prev PPP: 41
<p><u>Prevention Professional Partners and LINCS</u></p> <p>LINCS offers assessment, services, and supports to families who have acknowledged a need for assistance with their children who are demonstrating difficulties in their homes, schools, and communities. The voluntary process also responds to youth with serious/complex needs who are at risk of a juvenile court filing and becoming state wards by applying the wraparound approach, including prevention, intervention, and coordination designed to address the behavioral health needs of youth and their families. The primary goal of LINCS is to reduce formal juvenile justice involvement while generating community support and service for the youth and their families. Of the 96 families referred within FY13, 15% came from a county attorney's office, 79% were about youth 12-18 years old, and 40 families declined services or did not engage.</p> <p>The Prevention Professional Partner (PPP) program provides intensive case management designed to bring together community resources to help families in need of supports and services for their children. The PPP program is completely voluntary and of 58 families referred, 41 families accepted and were served. Of families served, the top three reported family historical problems were: mental illness, substance abuse and crime. The top three diagnoses of youth served were: Attention-Deficit and Disruptive Behavior, Mood Disorders and Adjustment Disorders. Over half (60%) of families served met the 2012 federal poverty guidelines, and 7% of the youth were receiving Medicaid. Both programs are demonstrating significant success, positive youth and family outcomes and system savings by connecting families to appropriate community- based services and averting restrictive environments.</p>			

Funding distribution to the Regional Behavioral Health Authorities

Program Information: Region 6 Pilot Programs			
Region	FY13 Funding Allocation	FY13 Expenditures	Total Served
Region 6	\$388,922	\$382,829	Crisis Response: 123 RR-PPP: 175
<p><u>Rapid Response Professional Partners:</u> This Region 6 Program provides short term (90 days) services for severely emotionally disturbed (SED) youth ages 0-19 to achieve goals of stability, improve functioning, and reduce the need for involvement with the juvenile justice system. This program works in collaboration with the Douglas County Attorney, Truancy Coalition and the Juvenile Assessment Center to respond to youth who also may be at risk for custody relinquishment. The program is a voluntary in-home case management service. The Rapid Response Program served 175 youth, with an average length of stay of 78.5 days. 91% of youth did not enter the Child Welfare system and 80% of youth experienced no further Juvenile Justice involvement during the 12 months after program admittance.</p> <p><u>Mobile Crisis Response Service:</u> The purpose of this service is to aid people in the resolution of an immediate behavioral health crisis within the least restrictive environment, and to assist with post-crisis planning and resource linkage. The target population was expanded with LB603 funds, to include youth experiencing mental health crisis and allows the Nebraska Family Helpline and homeless shelters to also make direct referrals. Outcomes for this service not only benefit the youth and family by increasing stability, dignity and service connection, but also preserve community resources. The Mobile Crisis Response Team served 123 youth during this period, 101 of these were referrals from law enforcement and 21 were already state wards. Of the youth, served 61% were between 15-18 years old, and 67% were male. Of those 123 youth, 121 were provided an onsite crisis safety plan and only 11 were hospitalized; the remaining youth served were able to have their immediate crisis resolved in their home/community setting.</p>			

Contacts

Division of Behavioral Health

Director, Scot L. Adams, PhD

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

Contract Management:

- ◇ Nebraska Family Helpline
- ◇ Family Navigator and Family Peer Support Services

Division of Children and Family Services

Director, Thomas D. Pristow, MSW, ACSW

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

Contract Management:

- ◇ Right Turn, Post Adoption/Post Guardianship Services

Department of Health and Human Services

CEO, Kerry Winterer

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

(This page left intentionally blank.)