

## Professional Partner Program

By Lisa Simmons

The Professional Partner Program is based on a commitment to support youth and families in all aspects of life. The Professional Partner Program utilizes the Wraparound approach which relies on the natural support systems of the family in its community.

Wraparound ensures that services are provided to youth that are tailored towards building strengths, promoting success, safety, and permanency in home, school, and the community.

The purpose of the Professional Partner Program is to help families of children who have or may have a mental health diagnosis in accessing supports and services.

The Professional Partner Program is a partnership between the family and the Professional Partner, where the parents and youth are equal partners in all aspects of planning and care.

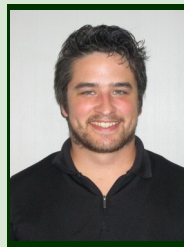
The Professional Partner will work with families to create a team of people who are there to support them in reaching their goals. Through a family-centered team effort, the Professional Partner will assist in the family in identifying needs and creating goals. The Professional Partner will help the family in accessing services and supports to address their needs. The wraparound team will work together to make sure that everyone is on the same page and working towards the same goals.

Youth between ages 3-25, who have a mental health diagnosis, and have one of the following risk factor are eligible for the program: being placed out of the home, becoming a state ward, committing a criminal offense, co-occurring disorders, or dropping out of school.

The Professional Partner Program serves the 11 counties of the Panhandle with offices in Scottsbluff, Chadron, and Oshkosh. Anyone can refer a youth to the program. The Professional Partner Program is one of the two programs with Region 1 that is CARF accredited.



*Alma Holmes*



*Bradley Gabel*



*Danielle Hoxworth*



*Dawn Joliffe*



*Shelly Katen (Chadron)*



*Ranata Byrd*



*Janae Keener (Oshkosh)*



*Amanda Ferguson*



*Nate Marquez*

# Crisis Counseling Program

## The “Crisis Counseling Approach”

“Crisis counseling is a strengths-based, outreach-oriented approach to helping disaster survivors identify and access personal and community resources that will aid the recovery process. It consists primarily of supportive, educational, face-to-face interventions with individuals and communities in their natural environments. The CCP seeks to empower survivors by educating them about disaster reactions, teaching them coping skills, assessing them for individual needs, and linking them to appropriate community resources. Crisis counseling is considered strengths-based because it assumes most disaster survivors are naturally resilient. By providing support, education, and linkage to needed community resources, survivors will be better equipped to recover from the negative consequences of disaster. While crisis counseling assumes a natural resilience in the majority, it also includes screening and assessing for severe reactions in the minority. Crisis counselors know that few people will develop diagnosable conditions. They are trained to identify disaster survivors experiencing severe reactions and refer these individuals to appropriate treatment services and community resources.” (CCP Guidance Pages 8 & 9)

## Nebraska’s COVID 19 CCP will focus outreach on the following populations:

- Healthcare workers
- Responders (EMS, Fire, Police)
- Critical workers with high exposure (Grocers, Pharmacies, Delivery personnel, etc.)
- Community members impacted by COVID19
  - Individuals and families with someone who was sick or died of COVID19
  - Children, youth, and post-secondary students who may be transitioning back to school this fall after their school year was interrupted
  - Community members who experience unemployment as a result of COVID19
  - Residents, staff and families of residents in facilities impacted by COVID19

## Two types of services are typically delivered as part of the CCP:

- Primary services: One-on-one or group encounters that include provision of education, information or resource linkage with a goal of helping the survivor understand and cope with their reactions.
- Secondary services: Distribution of educational materials or public messaging via local media outlets or other large scale message distribution mechanism.

## How are services delivered?

Services are expected to be delivered remotely until it is safe to do in-person outreach. When it is safe to go out, all service delivery is done in pairs. No outreach worker is expected to deliver in-person services alone. Team leaders supervise outreach workers. They are expected to help outreach workers plan their activities, assist with outreach, and generally be available to outreach workers. The Nebraska Strong Recovery Project currently underway has found that having full-time outreach and team lead staff is preferable and easier to manage than having part-time staff or assigning existing staff to the project part time. Most programs have a regular Region employee in charge of the program with team leads taking responsibility for day to day activity.

### Why are the Regions running this program?

Nebraska's state disaster behavioral health plan identifies the Regions as the CCP provider for the state. This allows network providers to accept referrals generated by the project for treatment needs. Regions should consider having a staff member or consultant with clinical expertise available to outreach staff. The clinician can augment outreach when needed and help outreach workers understand how to best approach people with mental health or substance use concerns.



### What documentation is required for this program?

This is an anonymous program, meaning that no personal records or charts are kept. However, we will track the number of primary services and secondary services delivered and the type of reactions outreach workers are seeing in the people they talk to. The Nebraska Rural Response Hotline can be reached at 1-800-464-0258

## Prevention Spotlight

*By Jessica Haebe*

If you have not yet had the pleasure to meet her, may we introduce you to Nicole Berosek. Nicole has roots in Bridgeport and is currently a Community Health Educator for Panhandle Public Health District, working out of the Bridgeport office. She has been at PPHD for nearly a year. Prior to working for PPHD, Nicole spent over 12 years working in corporate wellness. She spent her time there working to help employees prevent chronic conditions in their workplaces.



At the Region, we are lucky enough to work with Nicole on the SOR grant. The Region is the recipient of a State Opioid Response (SOR) grant, and partnered with PPHD and Community Action Health Center (CAHC) to implement this program. The goal of this grant is to increase access to medication-assisted treatment (MAT) to help those with opioid use disorder (OUD). This grant allows the use of FDA-approved medications for OUD, reduces unmet treatment need, and helps to reduce opioid overdose related deaths, through prevention, treatment, and recovery. Additionally, MAT can be used to help those with other substance use disorders, including methamphetamine. This grant aligns with some of Nicole's professional passions, which include helping to reduce stigma around addiction and encouraging those who want to get help to be able to find assistance.

Nicole is a dedicated worker who loves to help others to achieve their goals with dignity and grace. She sees Prevention as the continual desire to help others live a fulfilling and full life. In addition to her passion for Prevention, Nicole has completed eight Ironman Triathlons and three Ironman World Championships. Also among her proudest achievements are qualifying and completing National Board Health Coaching Certification, as well as helping groups design unique wellness programs and initiatives. Nicole is a tremendous asset to Prevention in the Panhandle and can be reached at [nberosek@pphd.org](mailto:nberosek@pphd.org).

Region 1 Administrator: Holly Brandt  
[hbrandt@region1bhs.net](mailto:hbrandt@region1bhs.net)

Fiscal Director: Jennifer Kriha  
[jkriha@region1bhs.net](mailto:jkriha@region1bhs.net)

Office Manager/Disaster Coordinator: Michelle Fries  
[mfries@region1bhs.net](mailto:mfries@region1bhs.net)

Region 1 Network Manager: Lisa Simmons  
[lsimmons@region1bhs.net](mailto:lsimmons@region1bhs.net)

Housing and Supported Living  
 Coordinator: David Jones  
[djones@region1bhs.net](mailto:djones@region1bhs.net)

Youth System Manager: Bailey Greenman  
[bgreenman@region1bhs.net](mailto:bgreenman@region1bhs.net)

Emergency Services Coordinator: Sue Teal  
[steal@region1bhs.net](mailto:steal@region1bhs.net)

Quality Improvement Coordinator: Sara Spencer  
[sspencer@region1bhs.net](mailto:sspencer@region1bhs.net)

Prevention Coordinator: Jessica Haebe  
[jhaebe@region1bhs.net](mailto:jhaebe@region1bhs.net)

HR Coordinator: Sue Wengler  
[swengler@region1bhs.net](mailto:swengler@region1bhs.net)

Information Systems Coordinator: Debbie Wells  
[dwells@region1bhs.net](mailto:dwells@region1bhs.net)

Health and Safety, Coordinator: Patrick Hammack  
[phammack@region1bhs.net](mailto:phammack@region1bhs.net)

Fiscal Coordinator: Jolene Fales  
[jfales@region1bhs.net](mailto:jfales@region1bhs.net)

Region 1 Administrative Assistant: Irene Guerrero  
[iguerrero@region1bhs.net](mailto:iguerrero@region1bhs.net)

Check us out at: [www.region1bhs.net](http://www.region1bhs.net)

**Resources for Western Nebraska:**

24/7 Mental Health line: 308-635-5766

24/7 Substance Abuse line: 308-762-7177

Suicide Prevention Lifeline: 1-800-273-8255

24/7 Crisis Text line; text REG 1 to: 741-741

24/7 Nebraska Family Helpline: 1-888-866-8660

Disaster Distress Helpline: 1-800-985-5990

Text 'TalkWithUs' 66746

Rural Response Hotline: 1-800-464-0258