



## Media Release

### 2012 Nebraska Adoption Conference a First *DHHS is one of leading sponsors*

April 12, 2012 (Omaha, Nebraska) – Nebraska will hold its first statewide adoption conference in Lincoln – Aug. 9-10, to help prepare parents and professionals to provide permanent, loving families for children in foster care, according to Jessyca Vandercoy, program director of Right Turn.

Nationally-known adoption experts will speak at the two-day symposium, which focuses on best practices across the adoption spectrum, including pre- and post-adoption, as well as trauma and loss and disruption prevention.

The event is sponsored and organized by Right Turn and the Nebraska Department of Health and Human Services. Right Turn, LLC is a collaborative partnership between Lutheran Family Services of Nebraska and the Nebraska Children’s Home Society. Both Right Turn and DHHS are committed to ensuring all Nebraska children have a family.

“Anyone involved in adoption – whether they are a professional, a parent, or a teacher – should consider attending this conference,” Vandercoy said. “These sessions and keynote will not only focus on the process of adoption, but also the challenges – especially how to reduce the risk of disruption.”

Sessions for parents and educators will provide guidance on responding to children’s mental health needs, especially understanding the core issues of adoption and how to help children heal from past trauma and loss. Ethics, legislative policy, and additional legal tracks are targeted for professionals working in the juvenile court system. Participants can earn up to 13 continuing education credits.

Since its inception, Right Turn has become a leader in post-adoption services, supporting adoptive families and identifying gaps in and barriers to services in Nebraska. A 20-month analysis of reports to DHHS has uncovered significant gaps in service and barriers to delivery across Nebraska. Seven of those key gaps are outlined on the accompanying fact sheet.<sup>1</sup>

The goal of this new conference is to provide continuing education to close these gaps in knowledge and break down these barriers to service and delivery, Vandercoy said.

Details, speakers and registration for the 2012 Adoption Conference are available at [www.RightTurnNE.org/conference](http://www.RightTurnNE.org/conference). Or call Suz Bittner at 402.661.7107.

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<sup>1</sup> Attached “Seven Barriers to Adoption Excellence,” Right Turn; April, 2012

## Seven Barriers to Adoption Excellence in Nebraska

*Right Turn – Consolidation of conclusions, Monthly reports to DHHS (Jan 2010-August 2011)  
April, 13, 2012*

1. Families have insufficient training, preparation, and understanding of the special needs of children who have experienced abuse, neglect, trauma, or losses associated with adoption/guardianship. Consequently, families are unfamiliar with the types of treatment needed to address a child's specific circumstance, and they do not know how to access these specialized treatments.

### Disparity in geographic availabilities:

2. There are too few Nebraska mental health providers trained in the specialized therapies needed for the grief and loss associated with adoption and guardianship. Consequently, it is not uncommon for families to access mental health services for years with no improvement in the child's mental health because key issues are never addressed.
3. Nebraska has too few community-based services where counselors can work with families in their homes while avoiding the need for out-of-home care for the children.
4. Families often travel great distances to access specialty services, because well-trained, adoption-competent services are not available statewide.

### Disparities in qualifications for access to state-supported treatment:

5. State wards (children in legal custody of the State of Nebraska) have access to individual and family services, which are not available to children who are in the care and custody of their parent/guardian. (These include tracking and electronic monitoring, intensive family preservation, a "group home" level of care, and family support services).
6. State wards have access to mental health services not available to children who are in the care and custody of their parent or guardian. Consequently, parents are using dependency court filings to relinquish care and control of their children so the children can access treatment services.
7. A child with both a mental health diagnosis and developmental disability diagnosis can be refused for treatment in both the behavioral health system and the developmental disabilities system.