

Nebraska Family Helpline, Family Navigator and Right Turn Post Adoption/Post Guardianship Services



FISCAL YEAR 2011 EVALUATION REPORT JULY 1, 2010 – JUNE 30, 2011

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Programs and Providers: Overview

ORIGINS OF THE INITIATIVES

In 2007, the State legislature established the Children's Behavioral Health Task Force to provide a new strategic direction for addressing the behavioral health needs of children, adolescents and their families. The intent of LB 542 (2007) was to create a parallel level of emphasis on children and adolescents that LB 1083 (2004) provided for adults and to oversee implementation of the children's behavioral health plan.

In response to the Task Force's recommendations the Nebraska Department of Health and Human Services issued, in 2008, *Creating Change and Hope for Nebraska's Children, Youth and Families*, which articulated a vision for changing the behavioral health system. It shifted the paradigm from restrictive services and out-of-home care towards community-based services with a focus on prevention and early intervention. The goal was "to provide the right service, in the right amount, in the right location, for the right length of time, at an affordable, sustainable cost."¹

In 2009, the Nebraska Legislature followed up by passing LB603, authorizing the creation of a Children's Behavioral Health Help Line (later named the Nebraska Family Helpline), Family Navigator Services and Post Adoption/Post Guardianship Services (later named Right Turn) as defined in the Children and Family Behavioral Health Support Act. The three programs are all intended to provide empathetic support to families in meeting the needs of their children who may be experiencing behavioral or emotional problems, generally focusing on helping families clarify their concerns, identify their strengths and needs, and develop plans to address the needs. Staff also provide referrals to community-based services and informal supports and sometimes shepherd families through the process of accessing services. A further goal of Right Turn is to prevent the dissolution of adoptions and guardianship situations by ensuring that the adoptive parents and other caregivers have adequate support to deal with the special issues they face. Focusing its efforts on subsidized adoptions and guardianships of children who had been in DHHS custody, the program also offers families case management and peer support services. Each of the initiatives employs system of care principles meaning they are family-driven and community-based, emphasizing the least restrictive types of services.

This report constitutes the second fiscal year report by the evaluation contractor of the three programs, Hornby Zeller Associates, Inc. (HZA). It covers the programs' operations during the last four quarters (from July 2010 to June 2011) and provides summative findings, observations and recommendations. The final section discusses cross-cutting themes that have emerged across all three programs.

¹ Nebraska DHHS, "Creating Change and Providing Hope for Nebraska's Children, Adolescents and Their Families," January 4, 2008.

PROGRAM AND ORGANIZATIONAL STRUCTURES

Organizational Auspices

All three programs are administered by the Nebraska Department of Health and Human Services through contracts with community providers. They were launched on January 1, 2010 for an initial 18-month period. Both the Nebraska Family Helpline and the Family Navigator contracts were housed at Boys Town, with the former serving as the referral source for the latter. While Boys Town operated the Helpline itself, it subcontracted the Family Navigator program to three agencies which combined to provide statewide service coverage:

- the Nebraska Chapter of the National Alliance on Mental Illness (NAMI), serving Regions 1 through 4;
- the Healthy Families Project, serving Region 5; and
- the Nebraska Family Support Network, serving Region 6.



Monthly management team meetings among the Boys Town Contract Manager, the Family Navigator Project Coordinator and each of the Executive Directors of the subcontracting agencies were designed to ensure that the program operates as intended.

Right Turn, the name given to the Post Adoption/Post Guardianship program, was initiated by Lutheran Family Services (LFS), a licensed child placing agency, in conjunction with its subcontractors, Nebraska Children's Home Society (NCHS), Nebraska Foster and Adoptive Parent Association (NFAPA) and KVC Behavioral Healthcare (KVC). LFS and NCHS formed a limited liability company to operate Right

Turn, which serves as the primary contractor and employs the Program Director. Other staff are employees of the respective agencies. NCHS recruits, trains and supervises staff responsible for case management, support groups, educational classes and other services. NFAPA recruits and trains staff responsible for mentoring, support groups, and respite. KVC operates the Access Line which takes the initial calls from families and then refers them to Right Turn's case management arm. Unlike the Nebraska Family Helpline, the call center operates as part of the overall Right Turn program, rather than as a separate program.

Evaluation Purpose and Activities

PURPOSE OF EVALUATION

In creating the three programs to help families deal better with their children's mental and behavioral health issues, the legislature asked DHHS to evaluate the implementation and impact of each of them. Specifically, evaluators were asked to address three types of questions: questions about fidelity, questions about effectiveness and questions about client outcomes. Fidelity questions address the issue of whether the programs are operating as originally intended. While DHHS articulated some of the requirements of the programs in the original requests for proposals, the organizations chosen during the competitive bid process also enumerated how they intended to provide the required services, and these parameters were incorporated into their contracts. Fidelity questions, then, must relate to both DHHS requirements and the providers' own designs.

Effectiveness questions relate to the degree to which the programs are successful at supporting families and connecting them with the services they need. There are obvious complexities in measuring effectiveness. One is defining "need." While many families often approach the programs with requests for specific services, solving the problem the family faces may be done as well or better through a menu of different services, some of which the family may not have considered. Quite often these may be less intensive services. Professional judgment has to play some role in the definition of need, although parental perceptions of need must also be taken into account if families are actually to use the services or view them as helpful.

A second issue in the measurement of effectiveness involves defining "connecting." In some cases it may mean providing accurate and timely information; in others it may mean more support in actually accessing a service. In either case the goal is for the client actually to receive the service, but identifying when that occurs can be difficult, especially if it occurs after the Family Navigator or Right Turn service has ended.

Effectiveness and, in particular, the definition of need will also have a connection to client outcomes. For all of the programs the most important outcome is maintaining family integrity. In general, the family remains intact where the behavioral or emotional concerns have been alleviated or are being addressed appropriately. For that to occur, however, there must be some level of success in defusing the crises which cause families to request services in the first place.

The primary objectives of the evaluation are to assess the fidelity, effectiveness and outcomes of these three legislatively funded initiatives. The intended result is to provide decision-makers with the information they need to improve services to the children and families with a focus on earlier interventions, least restrictive services and family-centered practice.

EVALUATION METHODS

To evaluate each of the criteria outlined above (fidelity, effectiveness and outcomes) HZA collects and analyzes a wide range of both quantitative and qualitative data. The primary sources of quantitative data are the tracking systems the service providers created for their own utilization. Both organizations provide HZA with periodic extracts of the data from these tracking systems. Analysis of that information provides the basis for most of the straightforward, factual information about the programs in this report.

A second source of quantitative information involves the written case records each program maintains. On a quarterly basis HZA selects a sample of cases and reads the records to collect those elements of the case records which are not captured in the electronic tracking systems. Primarily, this involves narrative portions of the service plans, safety plans and case notes. Some of this information is categorized and quantified after the fact and some of it is used to illustrate specific points about one or the other program. During this year, HZA also conducted a special review of Right Turn cases where the target child had become a ward of DHHS during the course of the case.

Administrative, or “system” data, are extracted from multiple state level sources and provided to HZA for analysis. These constitute a third source of quantitative data and include the following:

- Magellan, to determine what publicly-funded behavioral health services are received before, during and after Family Navigator services are provided;
- Medicaid, to determine what Medicaid services are received before, during and after Family Navigator services are provided; and
- NFOCUS, Nebraska’s state automated child welfare information system, to determine the incidence of placements and Office of Juvenile Services (OJS) involvement among children adopted by families receiving aid from Right Turn.

A fourth data source provides both quantitative and qualitative information. Each quarter, HZA listens to a sample of Helpline and Access Line calls and records information into its own database. The primary purpose of this review is to assess independently the conduct of the calls and consumer satisfaction. For the Helpline, HZA can also link the review back to the Helpline’s own data for comparative purposes.

A fifth source contains both quantitative and qualitative information. HZA developed a survey which is offered to every family who completes either the Family Navigator or the Right Turn program. The survey is distributed by the programs to families and completed instruments are sent by the family to HZA directly in a pre-paid business reply envelope, thereby maintaining confidentiality. The survey includes both short answer and narrative response questions covering what they wanted from the agency compared to what they received; what specific services they could not access and why; how they perceived the quality of the service; and how they were (or were not) better off as a result.

Finally, qualitative information comes from interviews HZA conducts on a quarterly basis with program administrators, program staff and families currently receiving services. In part, the interviews provide HZA a means of keeping track of changes in the providers' processes, and in part they provide an ongoing record of the impressions both staff and families have of the strengths and needs of the programs. This year HZA conducted additional interviews with the Regional Behavioral Health Authorities to ascertain the availability of those publicly funded services, determine how they are allocated, and understand the process for obtaining them. The evaluators also interviewed Child Professional Partner representatives in each of the six regions to better understand that program because it is the major support to which families are referred by the Family Navigator program.

This annual evaluation report examines each of the three programs in depth and encompasses twelve months, July 1, 2010 - June 30, 2011. For each, it first describes the people served by the program and then provides an assessment in terms of fidelity, effectiveness and client outcomes as they have been defined above. The final chapter contains some broad observations and conclusions which will be elaborated upon in the final project report.

Nebraska Family Helpline

Summary of Findings

Who is Served:

- The Nebraska Family Helpline served nearly 4,000 families during the fiscal year with calls lasting about a half hour each.
- The typical caller is a 40 year-old woman.
- The typical subject of the call is a male child over the age 14.

Why are They Calling:

- The children are breaking family rules, acting in an aggressive and angry manner and causing family arguments.
- Over half the calls are classified as “high priority” reflecting a family crisis, family emergency, or risky situation.

What Callers Receive:

- About one in five recommendations made are for a mental health service.
- Over 70 percent of the families receive mental health as one of its service recommendations.
- Non-therapeutic supports and parent education are referred far less frequently, about one in five times as often.
- Families whose needs were documented to be more extensive or intensive are referred to Family Navigator, representing over one in four standard calls.

How Effective is the Service:

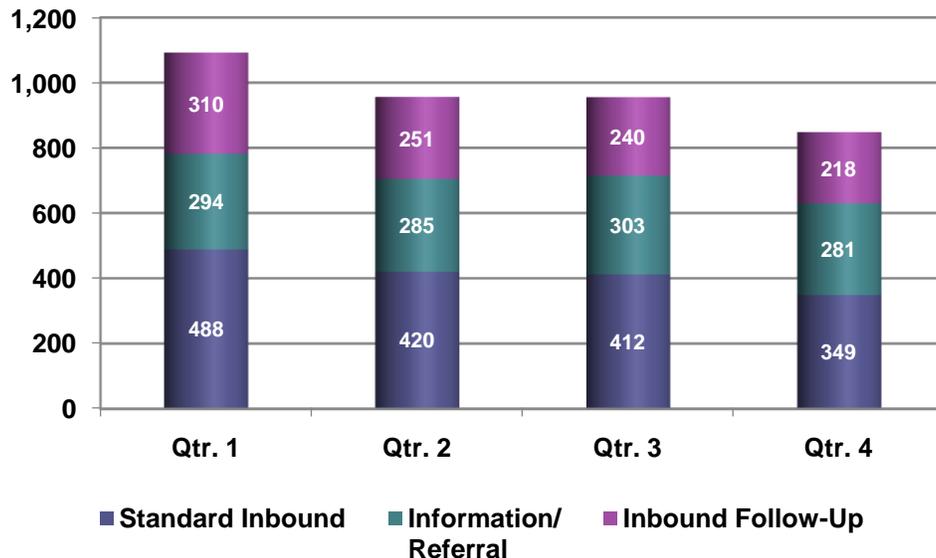
- Although four out of five callers initially express feeling angry, helpless or confused, less than one out of ten end the call that way.
- Most callers express that they were treated with respect and professionalism.
- However, the majority do not actually obtain the service that was referred or recommended.
- Nonetheless, about a fifth report that their situation has improved in the follow-up contact.

FAMILIES SERVED

During the second year of operation, the Nebraska Family Helpline handled 3,860 documented calls.² Standard inbound calls,³ i.e., calls in which a family was seeking help or referrals to services (42% or 1,669 calls), and information and referral calls (30% or 1,163 calls) together constituted the majority of calls. Standard inbound calls lasted an average of 33 minutes, while information and referral calls averaged 14 minutes. Among documented calls, there was a high of 25 calls received on a single day and a low of zero,⁴ with the average being 10 to 11 calls per day (the median was 10). Call volume was the highest in the first quarter of the fiscal year and then decreased slightly through the final quarter, as shown in Figure 1.

Call Types	Number
Standard Inbound Call	1,669
Information and Referral	1,163
Inbound Follow Up	1,019
Positive/Negative Consumer	9
TOTAL Documented Calls	3,860

**Figure 1.
Documented Inbound Calls Placed to the Helpline
by Quarter (FY 2011)**



² “Documented calls” excludes hang-ups/wrong numbers (128), inappropriate use of the service (46), outbound surveys (76) and outbound follow-up calls (2,228).

³ This includes a small number of calls classified by the Helpline as “high risk.”

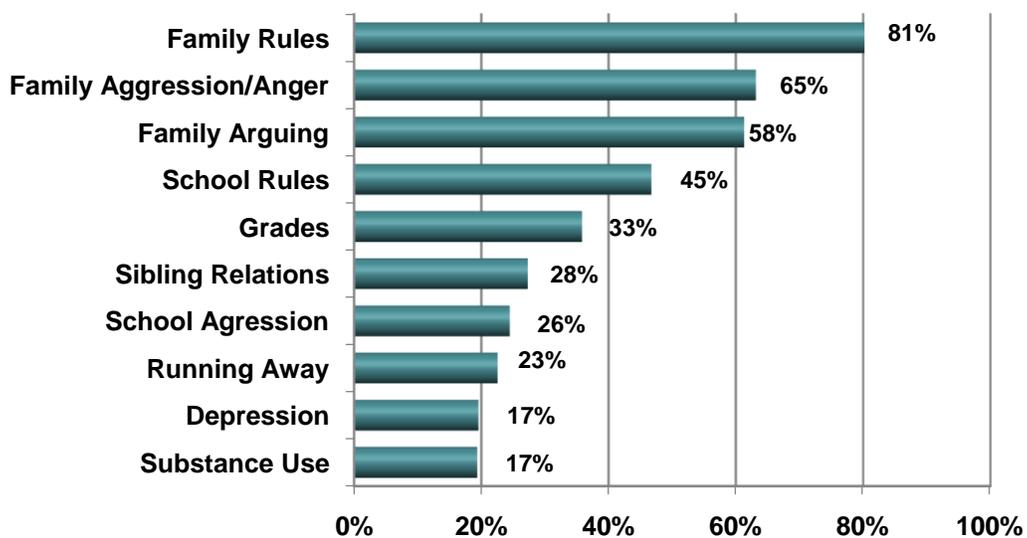
⁴ There were no inbound documented calls recorded on 5/1/2011 and 6/19/2011; the Helpline completed a total of 3 outbound calls on those days (2 and 1 respectively). Both days were Sunday and one was Father’s Day.

Legend: Call Types	
Standard Inbound Call	A call that usually results from a precipitating event regarding an individual under the age of 19 in which intervention strategies, resources, and/or parental support are provided. These include “high risk” calls, those that require immediate Helpline intervention.
Information and Referral	A call in which someone is looking for a specifically identified resource or information regarding behavioral or mental health issues or Helpline services.
Inbound Follow-up	A consumer/family call to the Helpline to provide or obtain information following a previous call.
Positive/Negative Consumer	A call specifically to give feedback to the Helpline for the assistance provided on a previous call.

Women placed the majority of calls to the Helpline (81%), and the median age of callers was 40. Overall, 49 percent of the children for whom the caller was seeking help were over the age of 14, and 60 percent were male. The basic demographics of Helpline callers have remained the same across all quarters.

Callers to the Helpline usually cited multiple reasons for their calls. As illustrated in Figure 2, the most frequent reasons during FY 2011 had to do with family relationships, including children not following family rules, children’s aggression and anger, and arguing. This was followed by concerns about children not following school rules and academic concerns. It is important to keep in mind that these reasons represented the precipitating factors leading up to the Helpline call and may not necessarily reflect the primary challenges faced by the family.

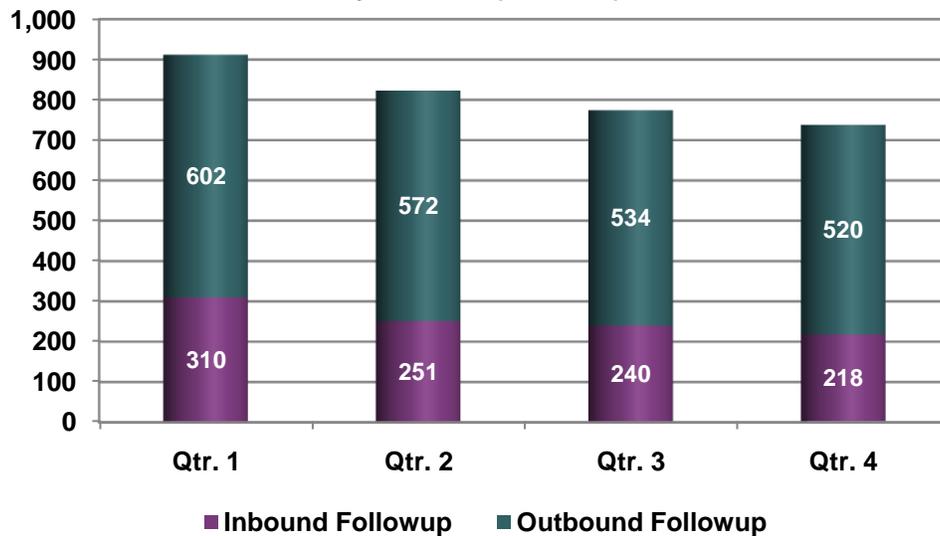
Figure 2.
Ten Most Commonly Cited Reasons
for Calling Helpline (FY 2011)



Legend: Reasons for Calling Helpline	
Family Rules	The identified youth does not follow or agree with the rules (e.g., curfew, bedtime, use of technology, chores) that have been given to him or her.
Family Aggression/Anger	The identified youth behaves in a belligerent, destructive, forceful or violent way which could result in bodily harm to another family member.
Family Arguing	The identified youth persistently speaks disrespectfully to an authority figure.
School Rules	The identified youth has in the past, or continues to have conflict with an authority figure at school such as a teacher, counselor, coach, or principal.
Grades	The identified youth is not performing to the academic standards the guardian feels he or she is capable of.
Sibling Relations	Siblings in the home have verbal and/or physical altercations or fail to interact with each other in a healthy manner.
Running Away	The identified youth has left the home of his or her parent or legal guardian without permission and his or her whereabouts is unknown.
School Aggression/Anger	The identified youth behaves in a belligerent, destructive, forceful or violent way at school which could result in bodily harm to another student, or staff member.
Depression	The identified youth has described feeling sad, hopeless, worthless, or pessimistic; or the caller feels that the identified child is demonstrating what he or she has identified as signs of depression.
Substance Use	The caller is concerned about the identified youth's use of illegal substances.

Helpline counselors place follow up calls to families to make sure their needs have been met or to see what else they can do. These “outbound follow-up calls” have decreased somewhat throughout the year (see Figure 3), mirroring the overall lower call volume throughout the year.

Figure 3.
Helpline Follow-Up Calls (Inbound and Outbound)
by Quarter (FY 2011)



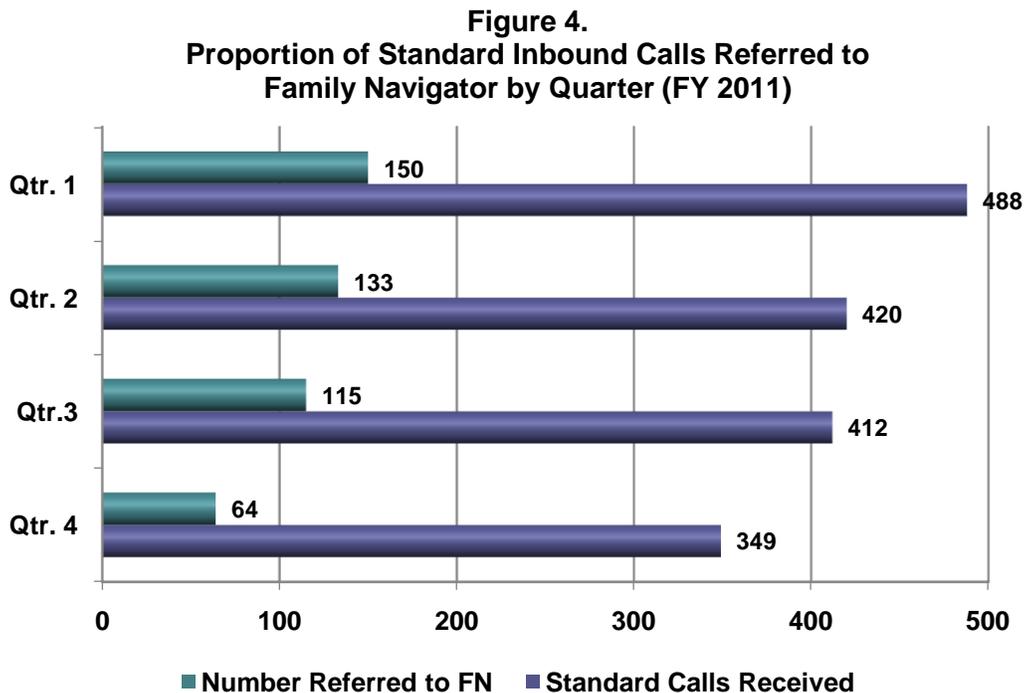
FIDELITY

The three program requirements for which fidelity is measured for the Nebraska Family Helpline include whether the Helpline counselors:

- identify immediate safety concerns and other high priority situations,
- appropriately identify eligible callers for referral to either Family Navigator or Right Turn, and
- identify the need for and refer to other appropriate services.

While immediate safety concerns are rare, just over half the cases are considered “high priority” in that they involve some type of family emergency, a caller in crisis, or a situation deemed by the counselor to be high risk; only a tiny proportion of the calls present genuine safety concerns. During FY 2011, the Helpline designated just over half (55%) of standard inbound calls as a high priority. Only a tiny proportion, however, posed safety risks.

In FY 2011, the Helpline made a total of 462 referrals to the Family Navigator program, representing 28 percent of all standard calls received.⁵ Figure 4 shows the referrals made by quarter in relation to all standard inbound calls received.



Note that referrals in the final quarter of the year were markedly lower due to the pending transition of the program to a new provider. The Helpline stopped making

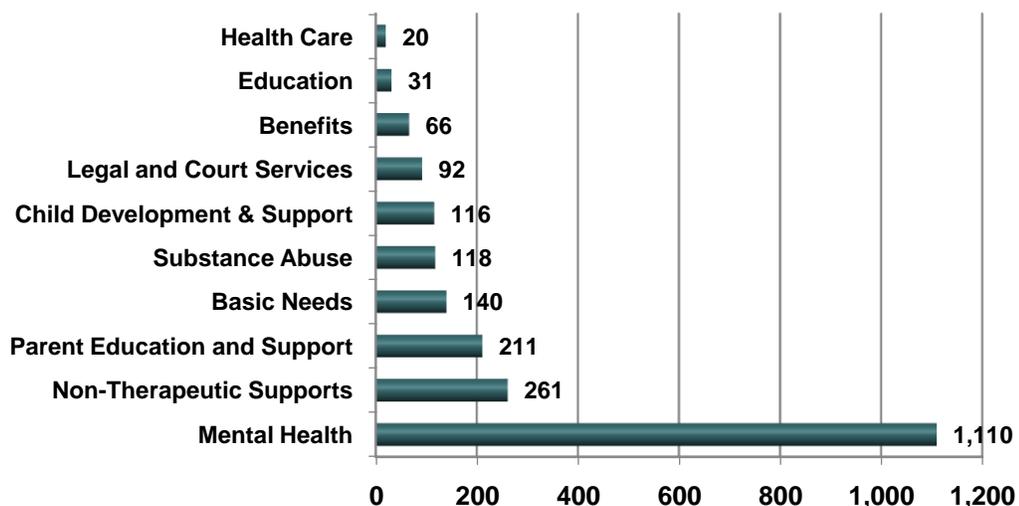
⁵ Some referrals to Family Navigator occurred during follow-up calls. The analysis presumes these calls were preceded by standard inbound calls.

referrals to the program in June to avoid the challenge posed by having to transition families to a new provider mid-way through service delivery.

When the Helpline does not refer the case to Family Navigator, it frequently recommends other services to the caller. In FY 2011, the Helpline referred 57 families to Right Turn, five of them twice. Helpline counselors also made 5,055 service recommendations to 1,533 families. In most cases, the Helpline provides a caller with multiple recommendations for the same type of service to ensure that the caller has a range of options from which to choose. Those who received service recommendations got, on average, between three and four per family, although the number per family ranged widely from one to 59.

Figure 5 shows the most frequent service type recommendations made by Helpline counselors during FY 2011, excluding referrals to multiple providers for the same type of service. Mental health services of a variety of types represented by far the most likely service category to which the Helpline referred families (1,110).

**Figure 5.
Most Frequent Recommendations
Made by Helpline (FY 2011)**



Legend: Recommendation Types	
Mental Health	Services that provide for mental health needs of individuals and families. Includes evaluation/assessment, community based programs, long and short-term out-of-home residential programs, hospital/crisis mental health services and psychiatric services.
Non-Therapeutic Supports	Programs that offer various supportive services to a family during their current crisis. Such services do not offer a clinical or therapeutic component, but attempt to support the family while they dealing with non-specific crisis situations (e.g., respite care).
Basic Needs	Programs for families that seek to meet the basic needs of housing, food assistance, clothing, fuel/utilities assistance and employment/training programs.
Parent Education and Support	Programs for parents, guardians and caregivers that offer support groups, parenting classes and specialized parent training. This also includes referrals for child care.
Substance Abuse	Programs that provide preventive, diagnostic, outpatient, inpatient, residential treatment services and transitional support to address physical and/or psychological use/abuse of

Legend: Recommendation Types	
	any addictive substance.
Benefits	Programs to assist families in accessing health care benefits and financial assistance (i.e. ACCESS Nebraska, SSI/SSDI).
Legal and Court Services	Services for legal aid for those seeking answers to legal questions or seeking representation.
Child Development and Support	Programs for children that are not treatment-focused, but offer guided assistance and/or structured social activities, including camps, leisure/recreation activities or mentoring.
Education	Programs within the context of the formal educational system, including services offered in addition to the traditional school curriculum. These include individualized or specialized instruction to meet the needs and interests of learners.
Health Care	Services that provide for the physical needs of individuals, including, but not limited to, primary health care services, specialized health needs and dental care.

Looking more specifically at mental health services, families received referrals most frequently for Community Based Outpatient services (30% of all families), followed by Residential Treatment (17%), Evaluation/Assessment/Diagnostic services (13%) and Hospital/Crisis services (6%).

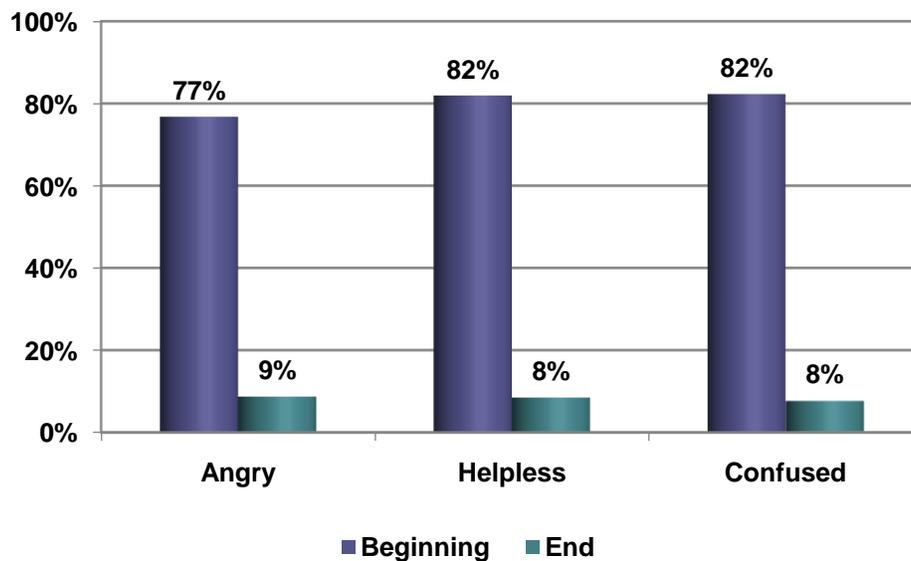
EFFECTIVENESS

The primary aims of the Helpline are to reduce the crisis state of the caller from the presenting level at the start of the call, identify immediate safety concerns, and provide recommendations and/or referrals for an appropriate course of action. Effectiveness therefore entails making appropriate service recommendations to families and helping them diffuse the problem situations which prompted the call. The Helpline is the only source of referrals to Family Navigator and those who were thought to need more support than could be provided in a single call received such a referral. For most callers other kinds of service recommendations were sufficient.

Based on the calls HZA audited, the overwhelming majority of callers appeared to accept the service recommendations suggested by Helpline counselors (93%); HZA was able to quantify that counselors referred families with more challenging needs to the Family Navigator program.

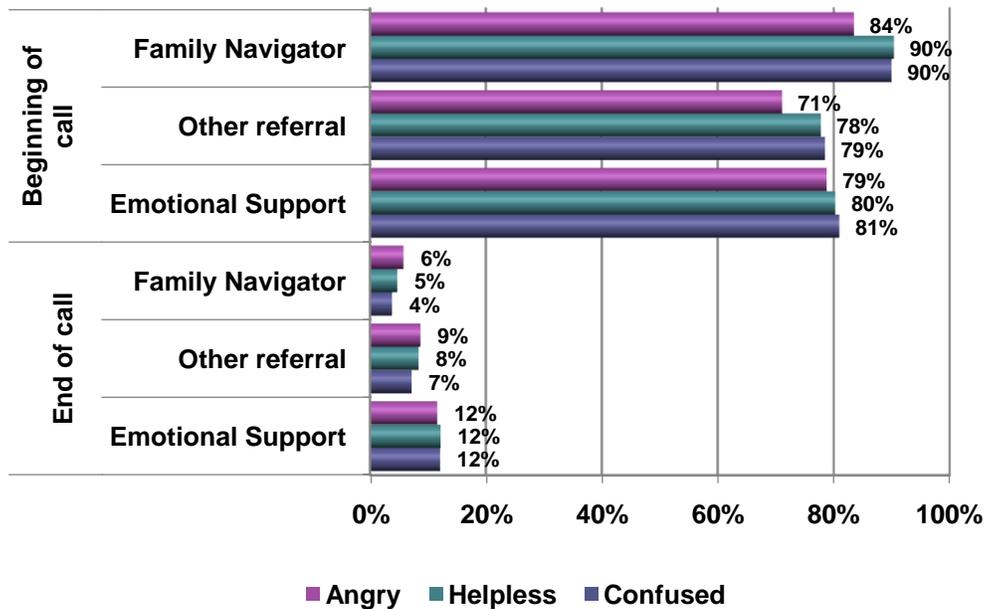
Figure 6 provides a measure of effectiveness, the caller's state of mind at the beginning and end of the call, as recorded by the Helpline counselor. Whether the person was angry, helpless or confused, there was a nine-fold reduction in symptoms from the beginning to the end of the call, which generally lasted about a half hour. Note that three-quarters to four-fifths begin the call with at least one of these issues.

Figure 6.
Caller's State at Beginning and End of Call (FY 2011)



During interviews, families consistently reported that they would call the Helpline again if they needed it or even just to talk. In this sense, a major benefit for some callers continued to be the emotional support provided by the Helpline counselors. Indeed, more than one-third of the standard inbound callers received no referrals whatsoever, but nonetheless demonstrated reduced anger, helplessness and confusion. In Figure 7 below the callers are classified as those referred to Family Navigator, those referred to other services, and those who are calling specifically for emotional support rather than concrete referrals. All demonstrate vast improvement in the areas of anger, helplessness and confusion as ascertained by the helpline operator. More people referred to Family Navigator demonstrated a reduction in symptoms than those calling strictly for emotional support.

Figure 7.
Caller's State at Beginning and End of Call,
by Type of Caller (FY 2011)



The evaluation has been monitoring two other elements of effectiveness. The first is the rate of repeat calls. During the FY 2011, 27 percent of the inbound calls received by the Helpline were “repeat” callers, the majority of which (88%) were inbound follow-up calls where the caller was providing an update to the counselor. A deeper look into the data reveals that the time between the first and second calls was relatively long at 31 days on average. When inbound follow-up calls were excluded from the analysis (that is, calls where the individual was following-up on a previous call or returning a counselor’s outbound call), the average time between the first and second call increased to 50 days. This suggests that callers to the Helpline found the service useful in the short-term, and they felt it was enough of a resource that they called back when they needed help again.

The second has to do with how counselors obtain information from callers about the child’s history of depression, abuse, suicide, school behavior, negative peers and parental characteristics. HZA’s call review shows that counselors directly asked families about these topics in only 12 percent of the standard inbound calls reviewed. The data from the Helpline, however, shows that counselors recorded information about these issues in the database for the majority of standard inbound calls. That means that counselors recorded what the callers chose to disclose, as opposed to asking callers about all potential areas. Being more direct may help counselors uncover otherwise undisclosed challenges and thereby provide more effective support and service referrals to address the caller’s needs; the opposing view is that the call should be client-led and counselors should not be overly intrusive.

OUTCOMES

For those calling the Helpline, the major outcome question is whether the family thought it received information about an appropriate service. Based on its review of 194 standard inbound calls over the course of the year, HZA found that most callers for whom a judgment could be made appeared satisfied at the conclusion.

When the Helpline counselors made follow-up calls, HZA found in its call audits that the vast majority of people thought they had been treated professionally and with respect during their initial call to the Helpline. That high level of satisfaction did not extend, however, to the results produced. In the majority of instances, callers indicated that they either had not begun any services yet or they gave no indication about how helpful or appropriate services had been. Slightly less than one third reported having experienced a negative event since the family's initial call to the Helpline, while about a fifth reported that their family's situation had improved.

SUMMARY OBSERVATIONS

Overall, the Helpline remains faithful to the original program design. The Helpline has served thousands of families by making referrals to Family Navigator, Right Turn, and other services, and providing emotional support to a large group of callers through both inbound and outbound calls. It does so effectively, reducing the crisis state of callers by the end of the call and is consistently seen as a resource that is worth accessing again. However, the extent to which the Helpline connects people to services is unclear. While over two-thirds had not experienced a negative event between the initial and follow up calls, the majority had not taken up new services. In nearly all instances, the counselors themselves are providing short-term emotional support and are perceived as an effective resource.

Family Navigator Program

Summary of Findings

Who is Served:

- The Family Navigator program serves 532 families during the fiscal year including 72 who were carried over from the previous year.
- The typical child who is the focus of service is a male 14 years of age or older.

Why are They Served:

- Eight out of ten parents want help with the child's behavior or mental health. The children are acting in an aggressive and angry manner, arguing with parents and breaking school rules.
- A given family has many reasons for seeking services, citing six problems on average.

How Family Navigators Respond:

- Family Navigators are very quick to reach out to referred families; they make efforts to reach nine out of ten in the first day. However, they do not ever succeed in making face to face contact with nearly a quarter either because the issue is resolved on the phone or the family no longer wants to pursue the service or cannot be reached at all. For the rest, over half have the first meeting within four or five days.
- Since Family Navigators are a gateway to other services, their involvement is supposed to be limited. And in fact the number of contact hours generally meets the guidance of no more than eight. However, the duration of services exceeded the 60-day guideline in about half the cases last year.

What is Planned and Received:

- Services are based on a family plan and about 90 percent have a plan. Strategies for navigating the system include obtaining mental health services (75%); getting involved with support groups and mentoring (45%); and accessing Child Professional Partners (22%).
- Families use about 45 percent of the service referrals; they tend to use non-therapeutic supports, parent education, benefit programs and legal services in higher proportions than mental health services.
- The percent of families who partake in a service funded by Children's Behavioral Health jumps from 2 percent to 15 percent as a result of Family Navigator, with Professional Partners being the service of choice.

Summary of Findings: continued

What is Planned and Received: *continued*

- A little more than half the children with Medicaid who can be found in the Medicaid file had received some type of Medicaid funded behavioral health service in the past seven years, generally behavioral health screening, psychiatric evaluation and/or family therapy. Due to the data constraints in the file we cannot yet determine whether there is an increase in accessing services after receiving Family Navigator.
- Generally when a service is planned but not received the reason had more to do with the family than the service provider. The family may have found another solution, changed its mind or not followed through. Service location, eligibility and waiting lists are reasons in far fewer cases, less than one-third of the other family reasons. Nonetheless parents express frustration over inability to access services in interviews.
- In the family survey administered at the conclusion of Family Navigator, 83 percent of the families say they obtained the service they wanted, while 17 percent do not.

How Effective is the Service:

- Families are pleased with the Family Navigators' approach and understanding; they are less satisfied with community service providers with about 18 percent saying they do not receive as much help as they needed.
- Nearly four out of five families report that their home situations are more stable and more than that report they are better able to navigate the behavioral health system as a result of Family Navigator.

What are the Long-term Outcomes:

- A very small handful, about a dozen families, have responded to a follow up survey, several months after completing Family Navigator services. The responses are mixed, with about half saying that things are doing better since Family Navigator and half reporting upsetting or challenging events since (such as the child running away or being hospitalized). In two families the child is now living with the other parent (previously non-custodial), which should be viewed as a positive result, since someone in the family has apparently been able to handle the child's issues. In two other families the child was made a ward of the state, the outcome that the program generally hopes to avoid.
- The follow-ups should be continued in greater volume to learn more about what happens to the children and their families in the longer run; the decision to link the service to Peer Support and the demonstrated use of Professional Partners should help to extend the time needed to help more serious family situations.

FAMILIES SERVED

Between July 2010 and June 2011, there were 462 referrals made to the Family Navigator by the Helpline and the program opened 460 cases. When the 72 cases that were still open at the end of the previous fiscal year are included, 532 total cases were served during the fiscal year. The program exhibited a steady flow of case openings and closings until the final quarter. At that time, all cases were closed, leaving no families needing to be transferred to the new provider. Table 2 shows the flow of cases into and out of the Family Navigator program during each quarter of FY 2011.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Opened	148	133	115	64
Closed	130	152	108	143
Open at End	91	72	79	0

The children for whom families referred to the Family Navigator program in FY 2011 were seeking help tended to be older and male; 62 percent were at least 14 years old and 58 percent were male. Most were Caucasian (68%), followed by children who were African American (15%), two or more races (8%), and Hispanic or Latino (8%).

Families who were referred to Family Navigator services cited similar reasons for calling the Helpline as those presented in Figure 2 above. However, the incidence of each reason is higher. For example, while 80 percent of all Helpline callers cited the child not following rules as a challenge, 89 percent of families referred to Family Navigator reported this as a reason for calling. The same pattern is found regarding the child's aggressive behaviors (73% among those referred to Family Navigator, compared to 63% among all Helpline callers) and the child's arguing (71% compared to 61%). Families referred to Family Navigator were more likely to express concerns about school rules (56% compared to 47%), school grades (44% compared to 36%) and specifically regarding their child's ADHD/ADD diagnosis (26% compared to 17%). Moreover, families referred to Family Navigator cited, on average, about 6 different reasons for calling compared to slightly fewer than four among callers who were not referred to the program. It appears that the Helpline refers families with more difficult and persistent challenges to the Family Navigator Program.

In the Family Survey the most frequent reasons families sought help were:

- the child's behavior or mental health needs (84%),
- the family's well-being due to the child's behavior or condition (65%),
- getting the child counseling, group therapy or day treatment (52%), and
- the child's education (19%).

FIDELITY

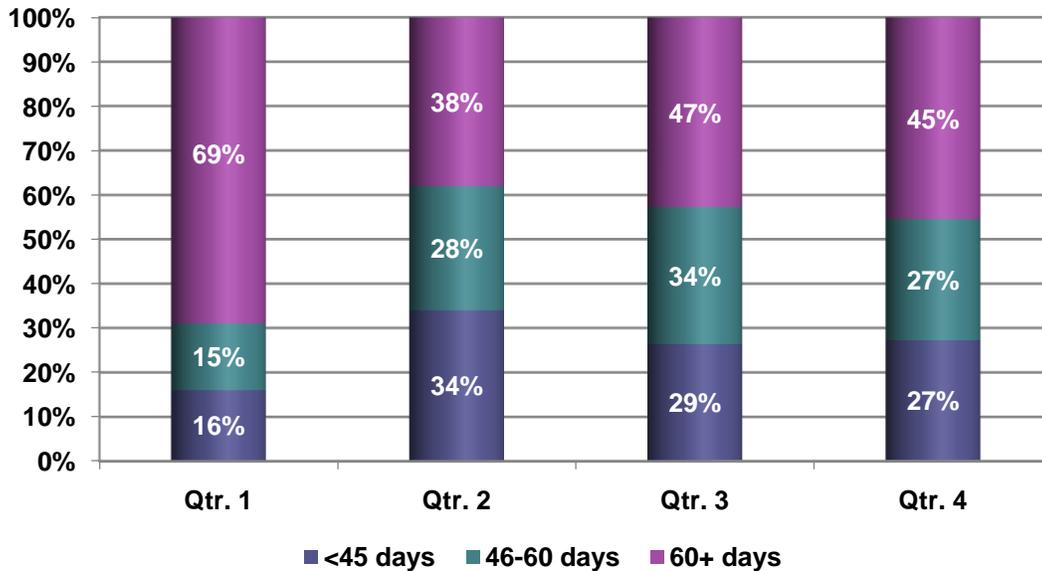
The fundamental intent of Family Navigator is to assist the family in navigating the current community based behavioral health system; helping the youth and family understand their options and make informed decisions; providing information and support; and promoting a productive partnership between the youth and family and their service providers, be they formal or informal supports. Family Navigators are supposed to contact a family between one and three days of the initial phone call to the Helpline, and have a face-to-face meeting within three days. Furthermore, Family Navigators are not supposed to spend more than eight contact hours with a given family over the course of 45 to 60 days of delivering services such as identifying their short-term needs, developing case plans and safety plans (as needed), gathering and providing information, and making referrals to both formal services and community supports.

Family Navigators did in fact contact 99 percent of the families within 72 hours and 88 percent within 24 hours. However, they were not able to complete a face-to-face contact with 107 of the families (23%) that were referred to the program over the course of the year. Of the remaining families, 52 percent had a face-to-face meeting within 72 hours and 18 percent more had a meeting within four to five days. This means that 30 percent of families had the first meeting six days or more after calling the Helpline and being referred to the Family Navigator program. In cases where the meeting was held after three days, the lower than expected performance generally resulted from the preferences or schedules of the families, not the Family Navigators.

Family Navigator service is designed to last for 45 to 60 days and encompass approximately eight contact hours. In most cases, fewer than eight contact hours were recorded. Over the course of the entire year, only 15 cases exceeded the eight-hour limit; the longest case entailed just over 13 contact hours.

The situation differs in relation to the 45 to 60 day duration criterion. Among the cases closed during the year, 49 percent were open for more than 61 days. Another 25 percent were open for less than 45 days and 26 percent were open for 45 to 60 days. Figure 8 shows cases closed in each quarter by how long they remained open.

Figure 8.
Proportion of Cases Closed Each Quarter,
by Duration of Service (FY 2011)



Another important role of the Family Navigator is to help families develop safety plans. The completion of safety plans posed challenges throughout FY 2011, both in terms of completing plans with families and in terms of documenting when plans were already in place. Of the 261 cases reviewed during FY 2011, 63 (24%) had a safety plan. The rate did increase, however, to 62 percent during the fourth quarter after Family Navigator trainings and supervision sessions emphasized the importance of safety plans and presented them as a crisis prevention measure.

EFFECTIVENESS

For Family Navigator services to be effective, the Navigators must identify the families' strengths and needs, match the service plans to those strengths and needs and help families obtain the services in the plans. In total, 261 cases were reviewed between July 1, 2010 and June 30, 2011 with only 26 (10%) having no family service plan.

Family plans usually contain more than one objective. Thirty-seven percent of the plans contained specific objectives that were unique to the family while more than half (57%) contained a more generic objectives such as accessing the appropriate services for the child or family. One quarter of the plans (25%) indicated the family accessed Family Navigator services in hopes of locating activities for the child and that 22 percent wanted to locate support groups. Obtaining a mental health assessment and improving school performance were each listed as an objective in 18 percent of the plans.

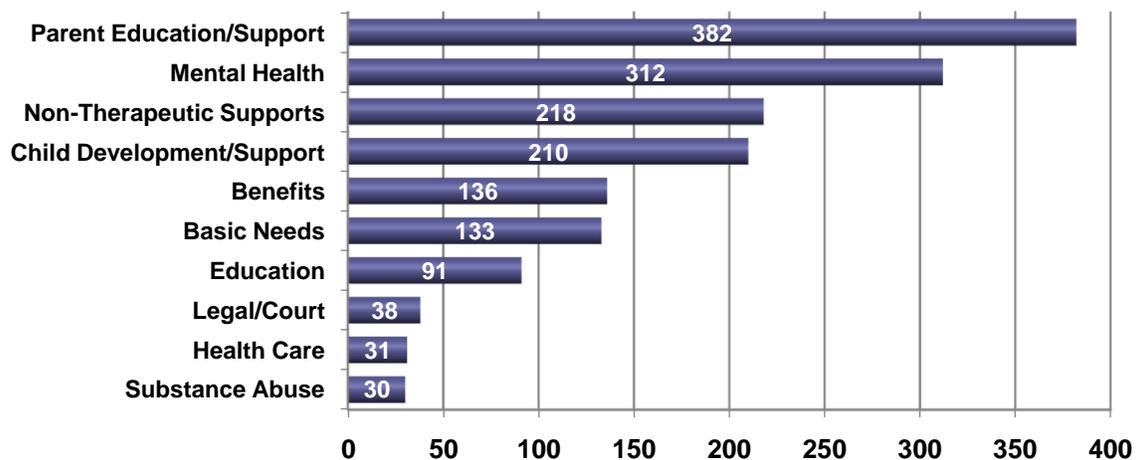
There was some variation by age group. Among children over the age of 10, the most common objectives were locating activities for the child and obtaining a mental health evaluation or assessment. However, improving family communication was cited for

families where the children were between 14 and 17, while improving the child’s school performance and locating support groups were more common among families where the child was between the ages of 10 and 13. Although there were only 16 children between the ages of six and nine with a family plan, 30 percent listed the objective of stopping the child’s aggressive behaviors. This was a much higher rate than found in plans involving older children.

Each case plan also contained strategies for the family to achieve the goal of navigating to needed services and/or supports. By far, the most common strategies identified were related to obtaining mental health services (75%) and getting involved with support groups and mentoring programs (45%). Accessing the Child Professional Partners Program was listed in 22 percent of all plans.

To help families access appropriate services, Family Navigators reported making 2,374 referrals to families who enrolled in the program during the fiscal year. Figure 9 shows the types of unique services to which Family Navigators most frequently referred families, meaning that multiple referrals to a family for different providers of the same service were counted only once.⁶ Families most frequently received referrals to parent education and supports (382 referrals), mental health services (312 referrals), non-therapeutic supports (218) and child development and support (210).

Figure 9.
Referrals Made by Family Navigator Program,
by Type of Referral (FY 2011)

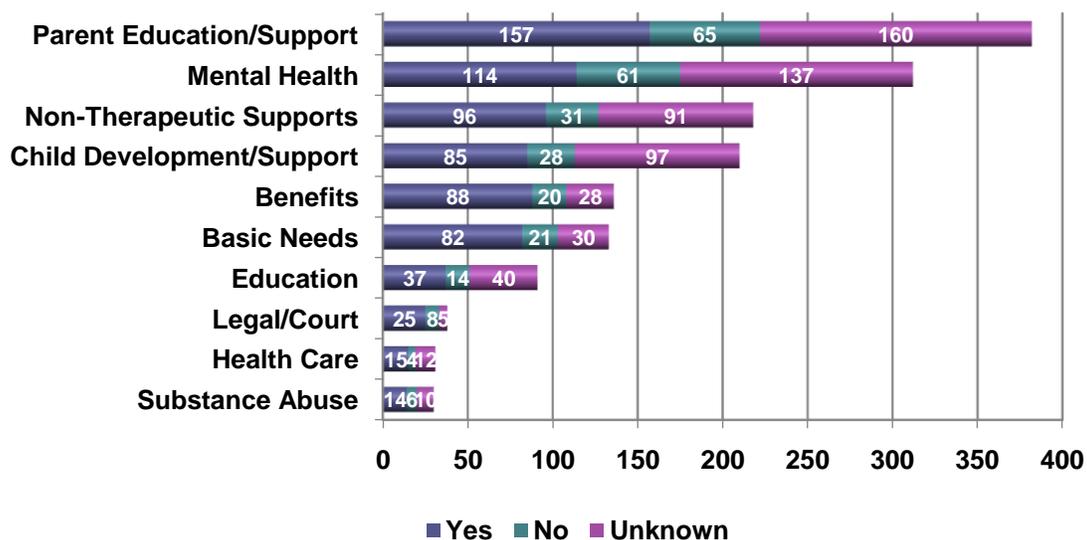


Overall, just under one half of all service referrals were known to be used (45%) although this differed according to the type of service. For example, 157 out of 382 referrals (41%) to parent education and support were used compared to 114 out of 312

⁶ There were a total of 1,652 unique referrals to families. During the third quarter there was a change in how services were categorized. When possible, the old service codes were re-classified using the new taxonomy. However, 141 referrals could not be re-coded.

referrals (37%) to mental health services (Figure 10). Referrals to non-therapeutic supports had a utilization rate of 44 percent (96 out of 218 referrals), while referrals to child development and support services were used at a rate of 40 percent (85 of 210). Although fewer families received referrals for benefits (136) and legal services (38), those had the highest utilization rates, at 65 percent and 66 percent, respectively. They were closely followed by referrals to address basic needs, where 82 out of 133 referrals were used (62%).

Figure 10.
Referrals Made by Family Navigator Program, by Type of Referral and Whether Used



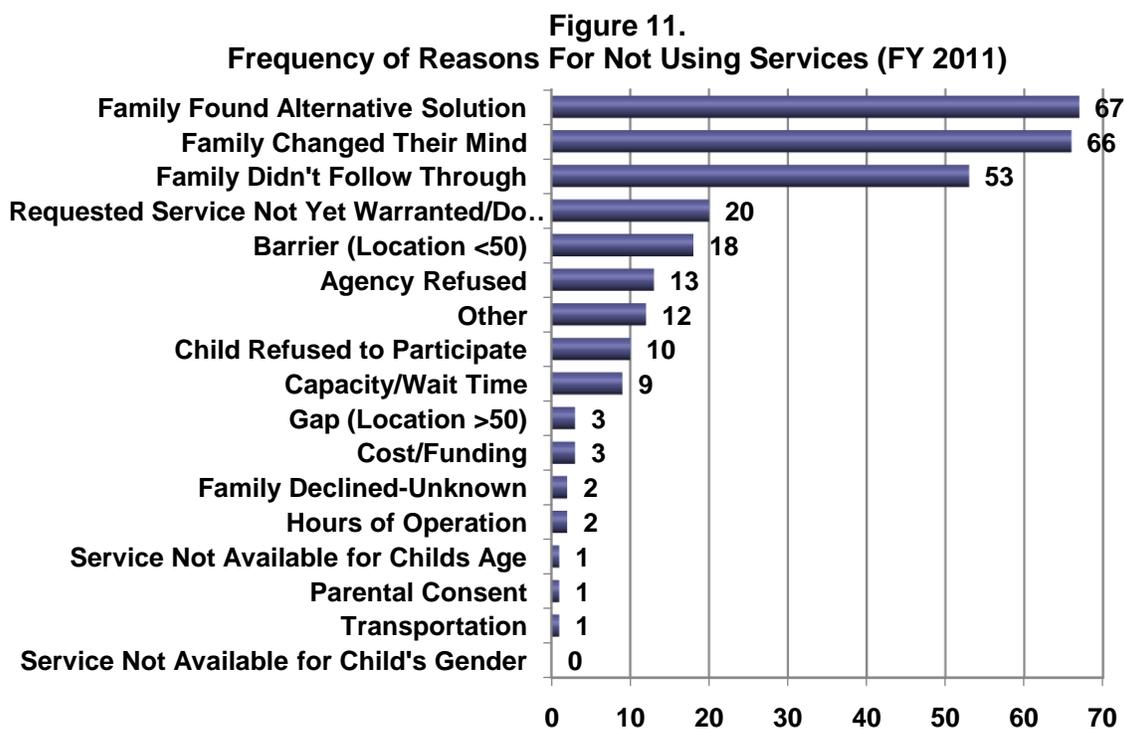
HZA also received a file from Magellan containing information on children’s mental health services which are publicly funded other than through Medicaid and tracks these services for 272 families who received Family Navigator services during FY 2011. HZA used this file to determine how many of these families received non-Medicaid children’s mental health services and what types of services they received; the number of families referred to these types of services is unknown, however.

Forty-one families received publicly funded children’s mental health services after being enrolled in the program (15%). Nearly all of these families received Professional Partners, a service also designed to establish a wraparound team to collaboratively assist the family in developing and implementing a plan to engage in services and informal supports . Only six of the 272 families had received Professional Partners prior to Family Navigator. The only other service reported in the Magellan file which was received after Family Navigator enrollment was outpatient mental health services, received by two families.

Thus, among families who are not eligible for Medicaid, fewer than one-fifth received any Magellan-tracked service through Family Navigator, and for nearly all of those the

only service provided was Child Professional Partners. The high rate of referral to the Professional Partners Program makes sense, given that it has no income-related eligibility requirements for the first 90 days. However, families served by Family Navigator did not receive any other publicly-funded services, a curious finding given that 35 families in FY 2011 were listed as having no health insurance coverage. Whether those families were otherwise ineligible or are unable to access these services is unknown.

In the past year, Family Navigators recorded 509 reasons families did not use service referrals. In some instances, families accessed one of multiple referrals for the same type of service. However, in 281 instances, the family did not use any referral for a particular type of service. The primary reasons listed in those cases were that the family found alternative solutions (67 of 281 reasons, or 24%), the family changed its mind (66 of 281, or 23%) and the family did not follow through (53 of 281, or 19%). That the requested served was not yet warranted or the family did not qualify for it was recorded 20 times (7%). Location as a barrier (despite being within a 50 mile radius) was listed 18 times (or 6%), followed by the agency refusal (listed 13 times, or 5%). Figure 11 illustrates the range and frequency of reasons for not utilizing services.



Other challenges faced by families emerged in interviews conducted with Family Navigator staff and families. Waiting lists were often cited as a barrier for families trying to access services followed by the proximity of services to the family. One parent stated, “She gave me a lot of resources but they weren’t available. They...had months of waiting lists.” Another pointed out that although the Family Navigator gave her several

referrals for counselors, most of them were located an hour away from where the family lives. Another parent talked about having to drive her daughter to a facility more than two hours away when her daughter had an “episode” because no one in her area could provide appropriate treatment.

HZA’s review of family plans showed barriers to accessing services listed in only a handful of the plans (35 out of 261). Of these, seven listed transportation as a barrier, four listed cost of the service and three listed the wait time to access the service as a barrier.

The type of insurance that covers the target child appears to have little effect on service utilization rates. Overall, 48 percent of referrals to families with Medicaid were used while 45 percent were used among those with private insurance. However, there were some differences observed between the two groups in terms of the reasons families did not use services. Most notably, families with Medicaid were more likely to have the reason “Family Declined, Found Alternative Solution”, at 41 percent compared to 19 percent within families with private insurance. Conversely, families with private insurance were somewhat more likely to be reported as changing their minds (29% compared to 21%) or not following through (12% compared to 4%).

Nonetheless, 83 percent of the responding families have reported in the Family Survey that they got what they wanted, attesting to the overall effectiveness of Family Navigator. Conversely, 17 percent reported that they did not obtain the services they were seeking. In interviews and on surveys, some parents have indicated that the services their Family Navigator suggested were the same services the family had already accessed or tried to access previously.

Medicaid data that was analyzed for families enrolling in the second quarter of calendar year 2010 also suggested that some families enrolling in the Family Navigator program had already accessed services prior to the program. The analysis showed that 59 children from 52 families served by Family Navigator were successfully linked to the Medicaid extract obtained from NE DHHS; this represents 34 percent of the families served in the applicable time period. Of the 59 children for whom a SSN was identified, 31 had received some type of mental health services through Medicaid in the seven years pre-dating their enrollment in Family Navigator. The service received by most children was behavioral health screening (28 of the 31), followed by a psychiatric evaluation (27 of 31), family therapy (26 of 31), therapy (25 of 31) and medication management (16 of 31).

Although there were few differences between families with Medicaid versus those with private insurance in terms of the utilization of services, there were some notable differences between the two groups in terms of satisfaction. Table 3 demonstrates this point and encompasses all Family Survey responses received to date.

**Table 3.
Self Reported Results of Family Navigator
by Insurance Type**

	Private Insurance Client Agrees	Medicaid Client Agrees
The Family Navigator helped connect you with the service providers you were seeking.	75%	91%
We got as much help as we needed from the service providers.	77%	90%
The Family Navigator shared helpful experiences with the mental health system.	85%	95%
The Family Navigator knew how to access services.	84%	95%
The Family Navigator knew what was available.	84%	95%
We got as much help as we needed from the Family Navigator.	86%	90%

For example, 75 percent of those with private insurance felt that the Family Navigator helped connect them to service providers, compared to 91 percent among those with Medicaid. Similarly, 77 percent of those with private insurance felt they got as much help as they needed from service providers, while 90 percent of those with Medicaid agreed with that statement. Lastly 85 percent of those with private insurance felt that the Family Navigator shared helpful experiences with the mental health system, compared to 95 percent among those with Medicaid. Taken all together, it appears that families with private insurance are less satisfied with the Family Navigator program when it comes to accessing services in the behavioral health system.

OUTCOMES

Family Survey responses take the examination of outcomes a step further, reporting both the family’s satisfaction with the Family Navigator program and the services it had received and the impact those services had. Every single respondent to the Family Survey agreed or agreed strongly with three of thirteen positive statements about their experiences with the Family Navigator program. The three issues with perfect scores included the following.

- Family Navigator services were timely.
- The Family Navigator spoke to us in a way we understood.
- The Family Navigator demonstrated sensitivity to our cultural and religious beliefs.

In addition, the statements that received 90 percent agreement or more were the following.

- The Navigator treated us with respect (98%).
- The Navigator understood our issues (98%).
- The length of time s/he was available to our family was about right (98%).
- The number of contacts made during that period was about right (95%).

- The Navigator knew what was available (90%).
- The Navigator knew how to access services (90%).
- The Navigator helped us to use and build upon our family strengths (90%)

The statement with the lowest levels of agreement relates to satisfaction with service providers rather than to the Family Navigator program. Eighty-two percent of the respondents believed that they received as much help as they needed from the service providers.

When asked about the concrete results of their work with the Family Navigator, that is, the change in their situation or in their ability to handle the situation, three-quarters or more of the families provided positive responses on all questions except feeling more supported by other families. Table 4 shows the annual results.

Table 4. Families Who Agree/Strongly Agree		
Statement	% in Agreement	Total Responses
I feel more supported by other families.	69%	49
Our home situation is more stable.	78%	54
Our family is better able to navigate the behavioral health system.	84%	55
I have a better idea of how to get help.	87%	60
I feel that I am better able to make informed decisions.	88%	57
I feel more confident in my abilities to help my child.	88%	58

Family interviews supported the positive survey results. For example, one family member stated, “I like the fact that if there is a crisis, an emergency, I have resources and someone I can call immediately.” Another stated, “[Family Navigator]...opened my eyes to the cares of a young adult. I really give A+ for giving me insight into my daughter and helping me to understand what is available.”

However, the longer-term outcomes reflect the need for some families to have longer term supports. Toward the end of the project year the evaluators instituted a follow-up survey to families who said they were willing to be re-contacted after their initial survey. Twelve Family Navigator responses had been received as of this writing. Two of the 12 families indicated that the child was made a ward of the state after completing Family Navigator, and two others indicated that the child was living with the other parent (previously non-custodial). Five of the responses indicated that things were going better for the family, but six also reported there had been upsetting or challenging events since (such as running away, hospitalization, threat of harm or school-related incidents). Four wished that Family Navigator could have provided respite to the family, and three wanted more intense services in the home.

SUMMARY OBSERVATIONS

Compared to the general Helpline population, Family Navigator serves families that face more stressors and challenges. In its second year of operation, the Family Navigator program made contact within 24 hours in the majority of cases. Similarly, the program was able to serve the majority of families within the prescribed contact hours but cases remained open for longer than 60 days in a significant number of cases.

About one in five referrals to the Family Navigator Program (people whom the counselors recommended and generally agreed to be contacted) never engaged with the program. This raises questions regarding entry into the program, namely whether the initial referrals were appropriate, whether the outreach process needs to be re-examined, or if 80 percent should be an expected rate of family engagement going forward.

Among the families who did engage with the program, the majority had family plans that involved linking them to services and supports, and the Navigators made multiple referrals to achieve this. However, the extent to which families used these referrals was less consistent; utilization rates ranged from about 30 to 70 percent, and referrals to help with basic needs, legal services and benefits were used most often proportionally than referrals to mental health services. Often the families found an alternative solution or simply changed their minds about wanting this type of help. There were not a large proportion of cases where Family Navigators recorded distance, eligibility or waiting lists as a barrier in the case plan although several parents mentioned these types of concerns in interviews.

The extent to which insurance type (particularly private insurance coverage versus Medicaid) impacts service usage remains unclear. Among families who are not eligible for Medicaid, few received any Magellan-tracked service after being involved with Family Navigator, and among those who did nearly all received Child Professional Partners. However, one would expect to see a higher utilization rate of other publicly funded child's mental health services among families served by Family Navigator given the number of families reported to lack any insurance coverage.

As a result of the program, families reported that they felt better able to navigate the system and knew where to turn for help. They also felt more confident in their ability to help their child. However, a handful of surveys asking about longer-term results showed mixed results in terms of the sustained benefits to families and the prevention of subsequent events such as hospitalization, running away, police involvement or school-related incidents.

Right Turn Program

Summary of Findings

Who is Served:

- Right Turn's Access Line receives 432 calls this year, resulting in about 300 referrals, 200 deemed eligible with about 94 percent of those accepting services.
- The typical person accepting service is a woman between the ages of 46 and 55.
- Right Turn identified 319 "target children," those considered when determining eligibility; this suggests that many families have more than one eligible child.
- The children are pretty evenly divided between males and females and the age groupings of 14 to 18 and 10 to 13, with about half of the remainder falling between ages six and nine.
- Nearly half are identified by parents as having a mental health diagnosis, particularly ADHD/ADD (42%) and Reactive Attachment Disorder (34%).

Why are They Seeking Service:

- Three-quarters cite concerns about the child's mental health and half discuss out of control behaviors while slightly less want help with school problems.
- The most commonly cited "vision," in over two of five families, is to manage the child's behavioral issues including violent behaviors and self-harming outbursts.

What do We Know about the Children's Histories:

- Nearly two-thirds come from homes with a history of substance abuse.
- Over two-fifths have suffered from neglect before adoption.
- Almost a third have experienced eight or more placements while in foster care.
- One in eleven has been removed from home on three or more occasions before being placed for adoption.

How Right Turn Responds:

- Families are contacted within 24 hours in nine out of ten cases and are seen in person within 72 hours in over half the cases.
- Only one in five cases are recorded as closed within the 90-day guideline although seven out of ten are closed within 95 days. This may be more of a documentation issue than a substantive one.
- In response to prior evaluation reports, Right Turn is permitted to re-enroll some families who need services longer, which constitutes about 10 percent of the families served this year (some were returning while others were essentially continuous).

Summary of Findings: *continued*

What is Planned and Received:

- In half the cases, obtaining a mental health diagnosis, assessment or treatment is the family goal, followed by obtaining a mentor or social supports, the latter seen in over a quarter of the family plans.
- The strategies generally include service referrals, attendance at counseling and obtaining a mentor or participating in a support group.
- Right Turn documents over 1500 service referrals with the most common, about one-third, being parent education and support, followed by mental health services, about one in five, and child development and support. Getting help to obtain benefits is suggested in about one in ten referrals.
- Somewhat more than two out of five referrals result in a service being used.
- Services related to benefits have the highest rate of use followed by parent education and support. Mental health referrals are used slightly under one in three times.
- Generally when a service is planned but not received the reason has more to do with the family (over two-thirds) than the service provider (about one in five).

How Effective is the Service:

- Families are pleased with Right Turn's approach and understanding; they are less satisfied with community service providers with about a quarter saying they do not receive as much help as they needed.
- More than nine out of ten agree that Right Turn helped them build upon family strengths and increase their confidence as parents.
- At the conclusion of services three areas where the scores are not as high (ranging from 76 to 79 percent agreement) relate to understanding the child's diagnosis, understanding adoption issues, and having a better idea of where to go for help.
- In a very small number of cases, 14 since inception, the child became a ward of the state. Families spanned income ranges, marital status and racial groups. However, six of the families had at least four children in the home and one had 11. Two services most frequently sought were residential treatment and "tracker" services for status offenders. Neither was successfully accessed until the child became a state ward. Six of the 14 appear to reviewers as if they could have benefitted from intensive in-home supports which were not provided.

What are the Long-term Outcomes:

- A very small handful, ten families, have responded to a follow up survey; four of these reported children living outside the home.

FAMILIES SERVED

Right Turn’s Access Line received 432 calls in the past year (see Table 5), which brings the total number of calls received since the start of the program to 821. The majority of the callers (292, or 68%) were referred to Right Turn. Many of the others were seeking information only or were clearly ineligible. Of the 292 referred, 204 were eligible and 191 accepted services. Several of the ineligible families⁷ were also assisted, either by a referral to the Helpline or to the Right Turn Director for other types of post adoptive support and referrals. Twenty of the families who “accepted” the service had been in the program earlier or were immediately re-enrolled after completing the allotted 90 days of Right Turn service.

Call Types	Number
TOTAL Calls	432
Ineligible/Information	140
Referred to Right Turn	292
Eligible	204
Accepted Services	191

Overall, 232 families were served by Right Turn in FY 2011. Table 6 shows the flow of cases into and out of the Right Turn program during each quarter. This counts repeat cases or continuations of cases which had met their time limit only once.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Opened	50	43	37	41
Closed	51	51	46	38
Open at End	60	52	43	46

Among caregivers who contacted Right Turn for support and accepted the service, 88 percent were women. Just over one-quarter (26%) were between the ages of 36 and 45, 42 percent were between the ages of 46 and 55 and 20 percent were older than 55. Over three-quarters (78%) were Caucasian, followed by 17 percent who were African American.

Over the course of the year, there were 319 target⁸ children enrolled in Right Turn, just over half (52%) of whom were female. Thirty-eight percent of the children were over the age of 14 (5 percent were over the age of 18), followed by children between the ages of 10 and 13 (35%), and then 6 to 9 year olds (17%). For reasons that are not clear, race is listed as “unknown” for 120 target children in the database, representing 38 percent of cases those opened during the fiscal year. Among those children for whom the race is known, Caucasian children represented 54 percent, followed by African American children (27%) and Hispanic children (11%).

⁷ Five of the callers in May were eligible for aftercare services with a lead agency, making them ineligible for Right Turn.

⁸ Target children are those about whom the original contact to Right Turn was made and who are considered when determining eligibility.

Forty-eight percent of the target children were identified by their parents as having a mental health diagnosis. The most frequently cited diagnosis was ADHD/ADD (42%), followed by Reactive Attachment Disorder (34%), Bipolar Disorder (15%), Oppositional Defiance Disorder (14%), and Fetal Alcohol Syndrome (14%).

Families seeking help from Right Turn tended to cite mental health concerns specifically, rather than generic behavioral concerns, as the reason for contacting the program. In FY 2011, 74 percent of families cited mental health concerns,⁹ followed by:

- out of control behaviors (54%),
- school problems (45%),
- aggressive behaviors (41%),
- respite (25%), and
- running away (18%).

As part of HZA's case review, information from the birth family history is examined. Sixty-three percent of reviewed cases indicated that the child came from a home with a history of substance abuse and 41 percent indicated that the child previously suffered from neglect. Thirty-three percent indicated that the child had a mental health diagnosis, while slightly less than one quarter indicated that the child had developmental delays.

Data from N-FOCUS were also used in relation to Right Turn, focusing specifically on a child's placement and adoption history within the child welfare system. For the analysis HZA was able to match 211 of Right Turn's target children (67%) to the N-FOCUS records. HZA then created three groups to compare: children and families who had participated in Right Turn, those who were eligible but had not received services from Right Turn, and those who were not eligible for Right Turn at all. In most cases, there were few discernable differences across the groups; the children tended to be in the same age ranges and the gender distribution was comparable (Right Turn had slightly more males). However, children involved with Right Turn were much more likely to have been removed from their home more than once prior to adoption (42%), compared to about 10 percent each among those not involved with Right Turn and those not ineligible for the program (see Table 7 on the following page).

⁹ Callers may cite more than one reason for calling so these proportions total more than 100 percent.

Involvement with Right Turn	Number of Removals		
	None	One	Two or more
Involved with Right Turn	1%	56%	42%
Not involved with Right Turn	0%	90%	10%
Ineligible	3%	86%	11%

Moreover, children involved with Right Turn experienced more placements, i.e., more out-of-home settings, than those who were not involved with the program, just over six on average compared to about four in the other two groups. Since multiple removals and placements are associated with instability and frequently accompany behavioral or emotional problems, these findings suggest that Right Turn serves a higher need population compared to the overall adoptive population in Nebraska.

FIDELITY

Right Turn’s Access Line is supposed to keep callers on hold or in the cue for no more than 100 seconds and to have no more than five percent of the calls abandoned. From the time the family self refers to Right Turn and has been deemed eligible, case management is to begin immediately for crisis cases and within 72 hours for non-crisis cases. The RFP, however, does not specifically define what it means to begin case management services.

Both Right Turn and HZA rely on KVC Behavioral Health, the firm which operates the Access Line, for statistics as to its operation. Based on that information, the standard of having no callers on hold or in the cue for more than 100 seconds is being met in all cases. The average hold times have generally fallen well within the established parameter and have decreased recently, with the averages being around 12 seconds.

While abandoned calls was somewhat of a problem at the beginning, but the end they averaged less than two percent, well within the established standard.

Throughout the year, Right Turn made contact with 90 percent of the families within 24 hours of the call to the Access Line. In just over half of all cases (53%), Right Turn completed a face to face contact within 72 hours. There were some differences by region in this regard, and it appears that the overall number of referrals affects the response times. As demonstrated by Table 8, region 6 had 81 total referrals throughout the year and staff completed a face-to-face meeting with 36 percent of them within 72 hours. With 30 total referrals, staff in Region 5 completed a face-to-face meeting within 72 hours for 90 percent of cases.

**Table 8.
Meeting Held within 72 Hours by Region**

Region	Total Referrals	Contacts within 72 Hours	
		N	%
1	2	2	100%
2	10	4	40%
3	25	19	76%
4	8	3	38%
5	30	27	90%
6	81	29	36%

In terms of the 90-day timeframe for Right Turn services, only 36 (19%) were closed in 90 or fewer days, although 70 percent were closed within 95 days. This means that although many of Right Turn’s cases remained open past the 90 day limit, the majority closed shortly thereafter. There does not appear to be any correlation between the reason for accessing Right Turn and the number of days that the case stays open.

The closure rate improved over the course of the year, particularly after the program made a change so that families could continue services for another 90 days if the family situation met certain established criteria.¹⁰ It appears this change has resulted in higher satisfaction with the program. All the responses to the Family Survey received in the most recent quarter stated that the amount of time received from Right Turn was sufficient compared to 89 percent among responses received over the entire year.

EFFECTIVENESS

As with Family Navigator, Right Turn’s Permanency Support Specialists work with families to identify their strengths and needs, develop plans jointly with the families to match those strengths and needs and help the families obtain the services called for in those plans to the extent possible. As part of the case planning process, families are asked to identify what they perceive to be their strengths as well as to verbalize their “vision” for themselves.

The most commonly cited vision included managing the child’s behavioral issues (44%), including violent outbursts and self-harming behaviors, for example. Improving family relationships and communication and keeping the family intact were both listed in 30 percent of the cases. Only four percent of the plans indicated that the family’s vision was to obtain residential treatment for the child.

¹⁰ Permanency Support Specialists submit formal requests to supervisory and clinical staff who review the case and approve (or deny) the extension. A family who continues the service through the new process does so without re-contacting the Access Line.

The most common family goal was to obtain a mental health diagnosis, assessment or treatment which was seen among 50 percent of the cases reviewed.¹¹ Obtaining mentor or social supports was the next most common goal, seen among 28 percent of the cases, followed by improving the child's behaviors (27%). There was some variation when goals were examined by age group, however. Roughly half of the cases with children between the ages of six and 13 listed a goal of obtaining a mental health diagnosis, assessment or treatment, while this goal was listed in 61 percent of the cases with children ages 14 to 17. Among cases with children between the ages of ten and 13, 28 percent had a goal of improving the child's behavior, while 44 percent of cases with children between the ages of six to nine listed this goal.

Numerous strategies were identified for each case to assist the family in achieving the identified goals. Just under half (44%) of the cases listed providing service referrals as a strategy for achieving the goals. Thirty-six percent listed attending family, individual or group counseling, and 32 percent listed obtaining a mentor or attending a support group as a strategy to achieve the goals. Slightly more than one quarter (28%) listed obtaining a mental health evaluation or assessment as a strategy and 24 percent listed identifying mental health resources.

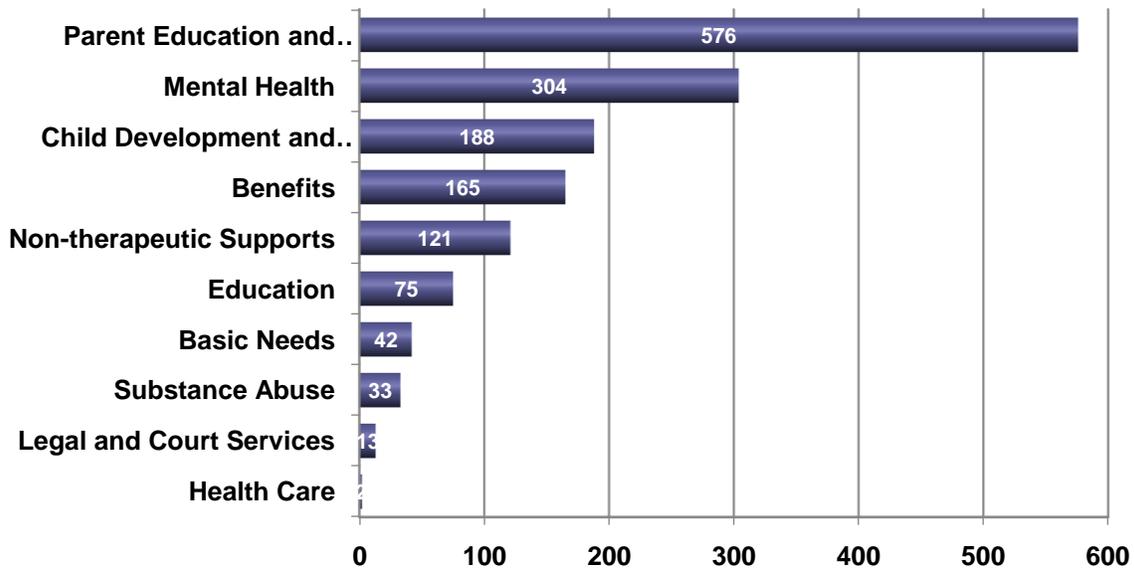
The evaluation also assessed the appropriateness of the strategies in relation to the goals set by the family. Overall, the review determined that the strategies were appropriate in terms of assisting the families in achieving their selected goals. For example, 64 percent of the cases that had a goal of obtaining a mental health diagnosis, assessment or treatment also had a strategy of the Permanency Support Specialist providing service referrals to the family. Attending family, individual or group counseling was listed in just over half of those cases (54%) and exactly half had a specific goal of obtaining a mental health evaluation or assessment. Similarly, over half of the cases with a goal of improving the child's behavior had a strategy of attending some form of counseling (59%), while working with the school and obtaining a mental health evaluation or assessment were each listed in 44 percent of the cases. Providing service referrals was listed in 41 percent of the cases and identifying other mental health resources was listed as a strategy in 37 percent.

To help families achieve their goals, Right Turn staff made 1,558 referrals during FY 2011. As shown in Figure 12, the most commonly referred service was parent education and peer support (576) followed by mental health services (304), child development and support (188), benefits (165) and non-therapeutic supports (121).¹²

¹¹ Due to changes in the forms used by Right Turn, some case review data can be analyzed for only three of the four quarters covered in this report. Therefore the following analysis is based on either 75 cases reviewed during the final three quarters of the fiscal year (October 1, 2010 to June 30, 2011), or 104 cases, which represents the entire year-long period representing 40 percent and 57 percent respectively of all Right Turn cases.

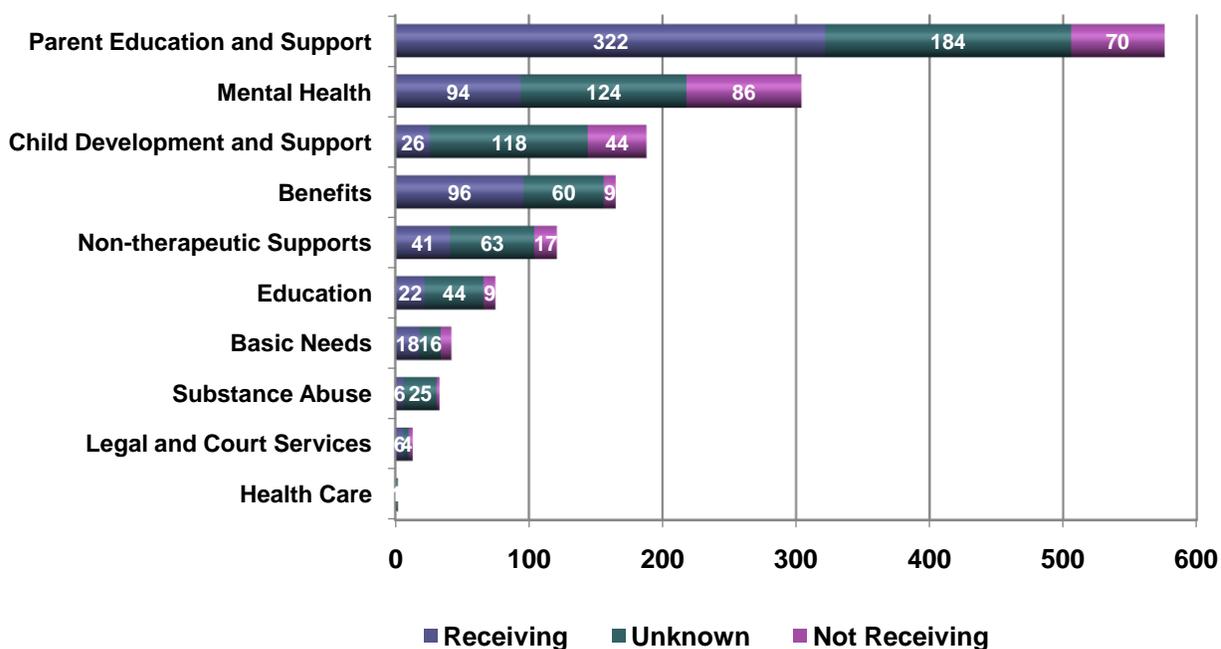
¹² The service definitions provided in the previous legend for Family Navigator apply here as well.

**Figure 12.
Right Turn Referrals Made by Whether Used by Family (FY 2011)**



Overall, among all the referrals made during the year, fewer than half (652, or 42%) were being utilized. Figure 13 below shows that referrals related to benefits had the highest rate of utilization (96 out of 165, or 58%), followed by parent education and support which showed more than half of those referrals being used (322 out of 576, or 56%). The anticipated emphasis on this service was a key motivator in the development of the partnership between Right Turn and the Nebraska Foster and Adoptive Parent Association (NFAPA). Families used 41 out of 121 referrals to non-therapeutic supports (34%) while mental health service referrals were used at a rate of 31 percent (94 out of 304). Referrals for basic needs were used at a rate of 43 percent (18 out of 42).

Figure 13.
Right Turn Referrals Made by Whether Used by Family (FY 2011)



Permanency Specialists reported the reasons families did not use some of the referrals 242 times. The most frequently cited reason was family refusal (162, or 67%), followed by agency refusal (43, or 18%), distance (11) and capacity/wait time (9).

While the number of surveys received from families who have completed Right Turn services is relatively small, a total of 39 over the year, most people generally reported getting what they wanted. However, 24 percent indicated that there were still services they wanted but could not get.

Overwhelmingly, families continue to appear satisfied with Right Turn as reported on the Family Survey and shown in Table 9 on the following page. However, only 74 percent of families on the survey indicated that they got as much help as they needed from the service providers to which they were referred by Right Turn, meaning one-fourth did not. This has remained relatively unchanged throughout the project.

Table 9. Right Turn Consumer Satisfaction	
The Right Turn Specialist was sensitive to our cultural and religious beliefs.	100%
The Right Turn Specialist spoke to us in a way we understood.	100%
The Right Turn Specialist treated us with respect.	100%
Right Turn services were timely.	95%
The Right Turn Specialist understood our issues.	95%
The Right Turn Specialist us to use and build upon our family strengths.	94%
The number of contacts made during that period was about right.	92%
The length of time he or she was available to our family was about right.	89%
The Right Turn Specialist knew what was available.	89%
The Right Turn Specialist knew how to access services.	89%
The Right Turn Specialist shared helpful experiences with the adoption or guardianship.	88%
We got as much help as we needed from the Right Turn Specialist.	86%
We got as much help as we needed from the service providers.	74%

Virtually all children adopted from the public child welfare system have access to Medicaid. However, families with private insurance may never get to the Medicaid coverage since they are required to use their other insurance first. For most of the measures contained in Table 9, there were negligible differences between the two groups. However, many more respondents who identified their primary insurance as Medicaid were negative than were privately insured families when rating the more concrete results of Right Turn. These differences are illustrated in Table 10, which compares the responses of Right Turn consumers with private insurance to those with Medicaid, reflecting the 39 Parent Survey responses received to date.

Table 10. Self Reported Results of Right Turn by Insurance Type		
	Private Insurance Client Agrees	Medicaid Client Agrees
We got as much help as we needed from the Right Turn Specialist.	88%	80%
We got as much help as we needed from the service providers.	82%	60%
I feel our family can remain intact without placing my child somewhere else.	93%	67%
I have a better idea of where to get help.	81%	64%
I have more informal support.	94%	83%
I feel my child or family is safer.	85%	77%

**Table 10.
Self Reported Results of Right Turn
by Insurance Type**

	Private Insurance Client Agrees	Medicaid Client Agrees
I have a better understanding of my child's needs.	88%	80%
I have a better understanding of my child's diagnosis.	80%	73%

Those with private insurance were also more likely to report that they felt the family could remain intact (93% compared to 67%) and that they had a better understanding of where to get help (81% compared to 64%). People with private insurance were also more likely to report that have more informal support (94% compared to 83%), their child and family was safer (85% compared to 77%) and a better understanding of their child’s needs (85% compared to 77%). Also noteworthy is that Medicaid clients were less likely to think that they got as much help as they needed from the service providers, 60 percent compared to 82 percent among those with private insurance..

OUTCOMES

Families agree unanimously that the Right Turn Specialists treated them with respect, were sensitive to their religious and cultural beliefs and that they spoke to them in ways they could understand. In addition, the statements that received more than 90 percent agreement included the following.

- Right Turn services were timely.
- The Specialist understood our issues.
- The Specialist helped us to use and build upon our family strengths.
- The number of contacts made during that period was about right.

The greatest dissatisfaction was expressed not with Right Turn but with the service providers. Only 74 percent of the respondents reported that they got as much help as they needed from the service providers.

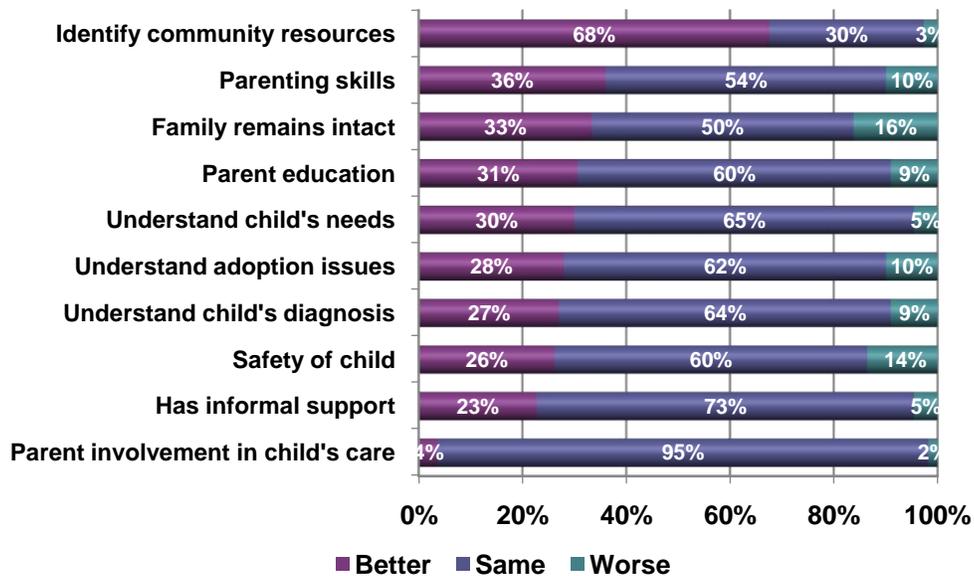
Families express a relatively wide variety of responses to the more concrete results of their work with Right Turn. As Table 11 shows, on none of the issues did respondents to the Family Survey register improvement in 90 percent of the cases with the exception of feeling more confident to help their children. One in five respondents reported they did not have a better understanding of where to get help, of their child’s diagnosis, or of adoption issues as a result of the program. The lowest score related to having a better understanding where to get help. These patterns have remained stable for the duration of the project although the proportion agreeing with these statements increased with the responses received in the final quarter, suggesting modest improvement.

**Table 11.
Families Who Agree/Strongly Agree**

Statement	% in Agreement	Total Responses
I feel more confident in my abilities to help my child.	97%	32
I have more informal support.	90%	31
I have a better understanding of my child's needs.	86%	29
I feel my child or family is safer.	83%	29
I feel our family can remain intact without placing my child somewhere else.	82%	28
I have better parenting skills.	81%	27
I have a better understanding of my child's diagnosis.	79%	28
I have a better understanding of adoption issues.	77%	22
I have a better idea of where to get help.	76%	33

The picture is somewhat different when examining family outcomes as measured by the assessments Right Turn staff administer at the beginning and end of services. Each assessment has scaled responses, some with three points on the scale and others with as many as six. Figure 14 shows the percent of families who improved, stayed the same or declined in each of the domains. The figure includes all 111 families who had completed pre- and post- assessments which could be matched to one another through the end of the fiscal year.

**Figure 14.
Percent of Families Getting Better, Worse or Staying the Same on Assessments (FY 2011)**



The questions in which more families showed improvement related to identifying community resources (68%), parenting skills (36%) and parent education (33%).

Interestingly, almost all parents (95%) exhibited the same level of involvement in their child's care at the pre- and post-test points. Related to the concerns raised above, 30 percent of families showed improvement on understanding adoption issues, and 33 percent reported that the family was remaining intact. Very few families exhibited negative changes in any responses from the pre-test to the post-test. The area where more families declined than any other was in the safety of the child (13%) and the family remaining intact (16%). Even in these areas, however, the number of families improving was double the number becoming worse.

As with the Family Navigator program, the families responding to the follow-up survey illustrated, although anecdotally since the evaluators received only ten responses, that problems they were experiencing tended to persist. For example, four out of ten families reported children living outside the home and three more reported subsequent upsetting or challenging events such as hospitalization or police involvement.

The issue of family stability has emerged as a concern because one of out five respondents on the family survey felt the family could not remain intact and 16 percent of families worsened on this measure according to the family assessment. In fact, some Right Turn cases have involved the child becoming a state ward, an outcome the program usually hopes to prevent. To explore the issue of keeping families intact, HZA conducted a special review of all 14 cases in which the child became a ward of the state during the course of the family's involvement with Right Turn. In many ways, these complex cases are unique; however, some common themes emerged.

Families in the cases reviewed spanned income ranges, marital status and racial groups. However, six of the 14 families had at least four children in the home, including the target child, and one home had 11 total children.

Among the target children, all the children were age 12 or older and had been in the home for at least 2 years. Many of them were older when they were removed from their biological home; eight of 12 were formally adopted after the age of 10, although some had been placed in the home for a while (in two cases, the length of time the child had been in the home could not be determined).

There were 29 mental health diagnoses listed across the target children; two children did not have any diagnosis mentioned, while others had multiple diagnoses. As demonstrated in Table 12, five out of 12 children had Reactive Attachment Disorder (42%), followed by Attention Deficit Disorder (4 out of 12, or 33%) while bipolar, depression, fetal alcohol syndrome and oppositional defiance disorder were each listed in three cases (25%).

**Table 12.
Mental Health Diagnosis for Right Turn Cases Where
Child Became a State Ward**

Diagnosis	Number	Percent of all children
Reactive Attachment Disorder	5	42%
Attention Deficit/Hyperactivity Disorder	4	33%
Bipolar Disorder	3	25%
Depression	3	25%
Fetal Alcohol Syndrome	3	25%
Oppositional Defiance Disorder	3	25%
Developmental Disability/Delay	2	17%
Manic mood disorder with depression	1	8%
Post-traumatic Stress Disorder	1	8%
Histrionics	1	8%
Adjustment Disorder	1	8%
Conduct and Articulation Disorder	1	8%
Substance abuse	1	8%

All the families had tried some type of support or service prior to calling Right Turn. The most commonly cited included medication, outpatient therapy and Individual Education Plans (IEP) through the child’s school. In most cases, the family situation escalated from intake, where the family reported challenging behaviors, to more serious behaviors such as self-harm, threatened harm to others, hospitalization, significant truancy or criminal activities. No families reported having in-home supports– such as home-based family therapy, preservation therapy or a community treatment aide–at the time of their call and these types of services were not accessed as the situation worsened. It is unknown whether these services were simply not available or they were not pursued.

Two services were most frequently sought by many of the families to manage the child’s behaviors: residential treatment services and tracker services, meaning those services which provide a professional aide to assist in monitoring, supervising, and supporting youth who are status offenders or law involved. The latter are not available to children who are not state wards. In the cases reviewed, neither tracker services nor residential services were successfully accessed until the families made the children state wards. In another case, only after the child was made a state ward did the family receive an updated psychiatric evaluation, weekly therapy, family therapy and an in-home family support worker to provide parenting education. It is unclear why these services were not accessible to the family previously. In fact, seeking temporary state custody through the county attorney in order to obtain these services was the option promoted by many of the families’ ancillary supports, such as schools, CPS workers, county attorneys, law enforcement personnel and the courts. However, for six of the 14 cases where intensive in-home supports were not provided to the family, reviewers determined that those services may have allowed the child to remain in the home without becoming a state ward.

Only two of the 14 cases clearly indicated that the parents were permanently relinquishing the child. In those, the issue was one of commitment, where the parents were “done.” Two other families questioned whether they would ever be able to adequately care for the child in their home again, but were not prepared to relinquish parental rights. The remaining families anticipated having the child back in the home at some point in the future, and in a handful the child had already returned home although his or her status as a state ward continued.

SUMMARY OBSERVATIONS

The target children in families served by Right Turn appeared to experience more removals and subsequent placements than the general post-adoption population and many families cited mental health concerns, rather than behavioral concerns, as a reason for their call. While Right Turn made contact with almost all families within 24 hours, a face to face meeting occurred within 72 hours in only half the cases and there was some variation by Region. Although few cases closed within the required timeframe, most close within 5 days of that marker and the closure rate improved once the program instituted changes to extend the service in some cases.

Overall the case planning process used by Right Turn has produced plans that relied on strategies that reasonably addressed the goals and visions of the family. To achieve these goals, Right Turn made over 1,500 service referrals, mostly to peer supports and mental health services. Referrals for benefits had the highest utilization rates, followed by peer supports. When families did not use services it was usually attributed to family refusal, agency refusal, distance and capacity or wait time.

Families reported being highly satisfied with Right Turn, but fewer reported receiving as much help as they needed from other service providers. Moreover, those with Medicaid were more negative when reporting on the concrete benefits of the program when compared to families with private insurance. Medicaid recipients were also more likely to report feeling that they received less help from service providers. Moreover, a handful of responses exhibited mixed results when asked whether the long-term family situation was better or worse.

Since one of the most goals of Right Turn is family stability, the evaluators performed a more in-depth review of the situations where that was not achieved and children were made wards of the state during the course of their involvement with the program. First and foremost, less than 5 percent of the cases served by Right Turn ever became state wards; given the difficult placement and removal histories of the program’s service population, this is a very good outcome. However, the review revealed that in some instances, temporary state custody occurred as a routine part of the process when parents sought help for a child or youth exhibiting extremely challenging behaviors. In some cases, in-home services or supports may have allowed the child to remain in the home without becoming a state ward. However, it is not clear whether other supports would have prevented wardship in the remaining cases. As one parent wrote, “Right Turn was of assistance...but it became very obvious I needed a tracker for my daughter

and only the court could order that.” Given that Right Turn staff have extensive experience working with the high-needs adoption population, it is appropriate for Right Turn to explore ways that it can better serve those families needing an additional level of support.

Conclusions

FIDELITY

All three programs generally conform to the specified models, meaning they provide short term assistance to families in crisis, helping them find services to stabilize or improve family functioning, preferably without having one or more of the children placed out of the home.

Both Family Navigator and Right Turn do quite well in terms of reaching out to families quickly. The largest issue of fidelity to the original design of the programs relates to the timeliness of the first face-to-face meeting with families in both programs. While the goal of conducting a face-to-face meeting quickly is theoretically reasonable, it appears to be unrealistic for some families given their personal circumstances. The standard was intended to keep the programs accountable to families but the inability to meet the standard generally reflects the families' preferences.

The question about the duration of the services has been addressed by Right Turn by permitting, with state consent, a portion of families to reopen for a second 90-day period and case closure rates within the timeframe have improved. About a third of the Family Navigator cases exceeded the 60-day guidance although in most cases not the number of contact hours. The feedback from families on this topic is mixed. Respondents to the Family Survey overwhelmingly felt the time was about right (98% for Family Navigator and 89% for Right Turn). When asked in person, however, family members from both programs have often stated that they wish the timeframe for the program could be longer.

EFFECTIVENESS

During the second year of the project the majority of families who approached the Helpline, Family Navigator or Right Turn programs got information about or referrals to the services and supports that they were seeking. For all three programs, the vast majority of those receiving services are satisfied with the services they receive and most believe they have benefited in concrete ways, allowing them to keep their families intact and to manage the impact of their children's behaviors better.

While referrals from both Family Navigator and Right Turn to families were plentiful, some families have expressed dissatisfaction in not being able to obtain the services they wanted. Case records, family surveys and family interviews suggest that the primary barriers to services involve accessibility, including simple availability of the service, waiting lists, and the distance one must travel to access the service.

Some additional findings were consistent between Right Turn and Family Navigator. On the Family Survey, families from both programs were most negative about the statement that "we got as much help as we needed from the service providers." For Right Turn, 26 percent of the responses registered disagreement with that statement,

somewhat more than Family Navigator at 18 percent. This is worth mentioning because the longer-term impacts of both programs may only be as effective as the services to which they can refer families.

OUTCOMES

A minority of consumers continue to believe they are not better off after their involvement in any of the programs. These results continue to suggest that there are some families who may need more than the usual level of assistance given the complexity of their presenting needs. In the past year, each program has served some families who have voluntarily made their children wards of the state in order to access the services that they felt were necessary to properly care for their children. Moreover, staff from both programs have asserted that they were challenged to locate many “mid-range” services to offer families. This sentiment was mirrored in a handful of parent surveys which expressed the need for in-home supports. Right Turn is currently proposing ways in which the program can expand what is currently available to families including using the expertise of their own staff in more intensive ways.

In addition, the evaluation continued to observe differences in the perceived experiences of those families whose services are covered by private insurance compared to those whose services are covered by Medicaid. Although there may be survey response bias or other explanatory factors, these observations have been consistent throughout the project and should continue to be explored because each program should be able to provide services effectively to all families, regardless of their insurance coverage. Moreover, perhaps because of ineligibility or maybe for other reasons, very few families appear to access the publicly funded child’s mental health services that are available, with the exception of Child Professional Partners.

In Right Turn, 14 out of over three hundred target children, or less than five percent, became wards of the state, a situation Right Turn intended to avoid if possible. While the parents had given up on the child in two of the cases, really before they even contacted Right Turn, in several of the others when families tried to access higher-end services they were advised to make their children voluntary state wards to achieve their goals, and several did. However, in just fewer than half the cases reviewers determined that in-home services or supports may have allowed the child to remain in the home without becoming a state ward. It is not clear the extent to which other supports, had they been accessed, would have prevented state ward ship from occurring in the remaining cases.