



**Nebraska Family Helpline, Family Navigator, and
Right Turn Post Adoption Service**

Final Evaluation Report

January 1, 2010 – June 30, 2012

Produced for the
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Program Context

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 to the one LB 1083 (2004) had provided for adults and to oversee implementation of the children's behavioral health plan.

In response to the Task Force's recommendations, in 2008 the Nebraska Department of Health and Human Services (DHHS) issued a paper, *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 LB 603, 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). 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. The support provided by Nebraska Family Helpline is immediate and short term, emanating from one or two telephone calls. Family Navigator services are for those who need more concentrated assistance over a longer period of time, while Right Turn works exclusively with families who have adopted or assumed guardianship of children from DHHS. Staff also provide referrals to community-based services and informal supports and sometimes shepherd families through the process of accessing services.

An additional goal of the Right Turn program 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 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 services.

This constitutes the final report by the evaluation contractor, Hornby Zeller Associates, Inc. (HZA), for the 30-month evaluation, beginning in January 2010 and continuing through June 2012. The report provides cumulative, descriptive information on clients but focuses on outcomes of clients, the histories of the three programs, and

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

recommendations. The Family Navigator chapter includes data from the first 18 months of the program separate from the most recent year due to a change in administration of the program.

Nebraska Family Helpline

Summary of Findings

Who Was Served:

- From January 1, 2010 through June 30, 2012, the Helpline made or received 15,233 calls to or from families in need.
- One quarter of those calls (3,988) were standard inbound calls, i.e., initial calls from families seeking help, with one percent of these categorized as high-risk, meaning they required immediate intervention from police or other emergency personnel.
- The typical caller was a 40 year-old woman.
- The subject of the call was most often a male child whose age was most frequently between 13 and 14.

Why They Were Calling:

- Families reported calling because their children were breaking family rules, acting in an aggressive and angry manner, causing family arguments, and/or having trouble at school.

What Callers Received:

- The Helpline suggests to families where to turn for help. About half of all recommendations made were for a mental health service, and close to half of all families receiving at least one service recommendation received one for some type of mental health service.
- Parent education and supports, assistance with basic needs and non-therapeutic services were the next most frequently recommended services.
- Families whose needs were documented to be more extensive or intensive were referred to Family Navigator. During the first two and one half years, 1,076 families representing nearly one quarter of the families were given referrals to Family Navigator.

Program Objectives

The primary aims of the Nebraska Family Helpline are to reduce the crisis state of the caller, identify immediate safety concerns, and provide recommendations and/or referrals for an appropriate course of action. Referrals are made to Family Navigator and Right Turn, as well as to other services as requested by the parent/guardian or as recommended by the Helpline operator. The program has been operated by Boys Town since it began in January 2010.

Program History and Development

Since the Helpline launched in 2010, the program has experienced changes that have affected the services provided and the process of providing referrals. Specifically, the Helpline has:

- accommodated multiple types of callers with varying needs,
- collaborated with community stakeholders to market the Helpline,
- revised the referral process to Family Navigator, and
- developed a pilot home-based service that caller's have reported needing.

Each of these developments is discussed in more detail below.

Types of Callers

The Helpline serves families who are in need of guidance, services and support when it comes to their child's behavioral or mental health needs. Those needs and the intensity of those needs, vary from caller to caller. Some needs can be met through the Helpline call itself, while others are too complex or long-standing to resolve on the telephone. In general, the range of needs can be separated into four categories of callers outlined below.

- *Callers in immediate crisis.* These callers need immediate assistance in the form of a crisis response team or emergency personnel such as law enforcement. These are the calls the Helpline classifies as high-risk and might involve a potentially dangerous situation in the home.
- *Callers needing assistance developing and implementing a long term plan.* These are callers who report multiple stressors and service needs. They need assistance putting a plan in place to access the appropriate services and alleviate their concerns because they are often unfamiliar with the behavioral health system. Many of these would benefit from a referral to Family Navigator or a similar service.
- *Callers seeking information and referrals.* These callers know which one or two services they need and are looking for referrals for those services and guidance in selecting a provider who can best meet their needs.
- *Callers seeking emotional support.* Some callers reach out to the Helpline because they simply need someone to listen to their struggles. These callers often need an empathetic ear and reassurance that they are not alone.

While the Helpline provides assistance to each type of caller, it is often the only type of assistance needed by the latter two – callers who are seeking information and referrals or emotional support. By providing referrals and listening to and calming the caller, the Helpline is able to achieve positive outcomes for almost all of these callers. For callers

in crisis or in need of long-term supports, the Helpline is able to provide the service referrals and supports to help the family begin to address those needs, again reflecting a central Helpline function: providing a gateway to the behavioral health system.

Marketing and Collaboration

At the time of its inception in 2010, Helpline staff were marketing the Helpline primarily through the media – television and radio advertisements. As the Helpline grew, more targeted outreach began. This included reaching out to and working with schools, local law enforcement and mental health professionals to help with referring families in crisis or needing assistance to the Helpline. By educating community partners who might come into contact with families in crisis or those needing referrals for specific services, the Helpline was able to reach and assist more families.

In January 2011 the Helpline began collaborating with the Crisis Response Teams (CRT) in region 6. When Helpline operators identify an immediate concern a referral can be made to CRT, with the family's permission. When a referral is made, a licensed therapist goes to the house to do immediate crisis counseling and to assess the situation to determine an appropriate course of action for the family. Law enforcement is also dispatched to the home solely as a safety precaution. This collaboration allows families to utilize immediate services and often prevents situations from reaching a point where the child needs to be removed from the home due to behavioral issues, primarily through de-escalating the situation. CRT services are available 24 hours a day, seven days a week.

Most recently, Nebraska's Child Protection Services (CPS) staff asked that Helpline operators reach out to families who are involved with CPS due to suspected abuse or neglect, but whose cases are not opened for services through the Division of Children and Family Services (DCFS). Rather than calling families unsolicited, the Helpline trained CPS workers about the Helpline and its functions in hopes that the CPS workers would refer families not served through DCFS to the Helpline. The intent of this collaboration is to assist families who may need some extra support to avoid becoming further involved with the state system.

Transition of the Family Navigator Program

The largest change impacting the operation of the Helpline occurred when the administration of the Family Navigator program transitioned from Boys Town to the Nebraska Federation of Families for Children's Mental Health (the Federation). This transition resulted in the Helpline having to make referrals to an organization outside of Boys Town, which had previously run the Navigator program. On July 1, 2011 when the transition occurred, the Helpline staff began making referrals to a representative of the Federation who assigned the referral to the appropriate local organization to reach out to the family.

The change in administration of the Family Navigator program, though smooth overall, sparked the creation of the Continuous Quality Improvement (CQI) Team. In December

2011 representatives from the Nebraska Department of Health and Human Services, the Nebraska Family Helpline, Hornby Zeller Associates and the Federation formed the CQI Team to ensure that families calling the Helpline received timely services from the Family Navigator program. The specific impetus was the Helpline's interest in following up on referrals to Family Navigator when families seeking their services were unable to make contact. The CQI Team worked to put steps in place to ensure timely, seamless transitions of families between the Helpline and Navigator services. The CQI Team also tracks families referred to Family Navigator, which allows the Helpline to identify common demographics or other characteristics – if any exist – of families who do not engage in Navigator services, so that more appropriate or at least additional service referrals could be given to those families.

Service Delivery

Many families, about one in five, have reported to the Helpline that they need a service which falls between traditional outpatient talk therapy and residential treatment services. Currently, few services exist at this level and families, especially those with older youth who have tried therapy and had little success, do not know where to turn, especially if their children do not qualify for residential or inpatient facilities. Based on these reports, Boys Town – the organization that operates the Helpline – piloted a mid-level service, the In-Home Family Service Pilot. The work under this service occurs in the family's home and addresses the youth directly using a more hands-on, behavioral approach than traditional therapy provides. The services provided in the home focus on parenting and skill building rather than therapeutic supports.

Boys Town reported that the new service was not intended for families who are involved with the state child welfare or mental health system and does not replace services such as Family Navigator. In fact, one of the criteria the agency uses to select families is the requirement that they must have accepted services with Family Navigator. Other criteria are that families must have previously tried other services such as traditional outpatient therapy, have multiple stressors or reasons for needing the service and have multiple children in the home.

Boys Town has piloted a similar service in the past but hopes to reach more families this time and to obtain the funding necessary to sustain the program. It has garnered one-time support (outside its Helpline contract with DHHS) for a year thus far, with the goal of serving 50 to 60 families. The pilot program began in January 2012 and has had steady enrollment.

Outcomes

To measure the outcomes of the callers in need of information and referrals and those who need support from Helpline staff – those two types of callers for whom the Helpline is most clearly designed – two pieces of information are examined. The first is the frequency and range of referrals provided to callers and their satisfaction with those referrals. Referral information is taken from the Helpline's database of calls as well as from a sample of calls audited by the evaluator. The second is a pre- and post-

comparison of the caller's state of mind at the beginning of the call and at the end of the call. This information is recorded by the Helpline operator for each call.

Referrals Provided

Over the course of its two and one half years of operation, the Helpline operators have offered families over 11,600 referrals to services. Often the operators provided the names of several providers of the same service, so that callers had some choice and a better chance of finding a provider with prompt availability. While some referrals were for services recommended by the Helpline operators after listening to the callers, others were to specific services the callers asked for but did not know where to find. From this combination of operator recommendations and caller requests, over half of the referrals (51%) were for mental health services. Specifically, 29 percent were for outpatient community based services, 12 percent for residential treatment services and nine percent were for mental health evaluations and assessments.

The next most frequently provided referral types were for parenting classes followed by housing assistance and respite. Since its inception, the Helpline has provided over 1,000 referrals to the Family Navigator program, referring about one-quarter of the initial callers to date. Most of these are among those who require support and guidance with long-term planning for their child. Similarly, callers who need the same supports with planning and accessing services but who are the legal guardian or adoptive parent to the child were referred to Right Turn. Right Turn provides services only to this unique population and to date the Helpline has referred 81 families to the program.

As part of the evaluation, HZA has listened to 900 randomly selected Helpline calls. In nearly all of those, the callers appeared satisfied with the results. Only a handful of callers expressed dissatisfaction and their dissatisfaction focused almost exclusively on the referrals provided or the services available in their area, not with the Helpline operator or the advice and guidance offered by the operator. Below are some examples of the frustrations expressed by callers.

- A father was seeking an open bed in a residential treatment center for his daughter; however, no facilities in the family's area had beds available.
- A mother was looking for an inpatient substance abuse treatment program for her son but despite efforts to locate one, none was accessible at the time.
- A mother was seeking services for her children, but was unwilling to take any serious action. She was requesting in-home services and was unwilling to leave her home to access other services available in her community.
- Having a child who was heavily involved in the legal system, a mother was seeking services for her son. She had tried multiple services with little success in the past including outpatient counseling and residential treatment. The mother felt helpless and was unsure that any services existed that could help her son.

- Needing services right away, one mother was frustrated that her son could not access services until he had an evaluation which required authorization from Magellan. According to the mother, while waiting for Magellan authorization her son ran away causing him to lose his job and miss a court date which resulted in a warrant being issued for his arrest. The child was located and at the time of the call was at home with an ankle bracelet, but was still not receiving any services.

Each of these examples shows parents who were actively seeking help for their children but who were unable to obtain it because the services were inaccessible, or, as was seen in one case, the parent was unwilling to utilize those resources that were available outside her home. In each of these examples, there was little the Helpline could do to assist the families.

On the other hand, the vast majority of the audited calls involved callers who reported that they received all they were seeking from the Helpline. Further, follow-up calls made by the Helpline reveal that many callers report an improved situation in the weeks and months following the call, often after the caller has accessed services or at times because the caller feels more in control of the situation after speaking with a Helpline operator. Examples of positive outcomes from follow-up calls are listed below.

- Multiple caretakers reported that they were able to access the appropriate services to assist their children.
- A few parents reported that they had more control over the child and the household, mostly thanks to the discipline and coping techniques provided by the Helpline operators.
- Many parents reported a lack of negative events since the initial Helpline call, such as children not running away, an absence of negative school-related events (e.g., suspensions, skipping school) and a lack of hospitalizations.
- Several caretakers reported having a more positive outlook and feeling less isolated after calling the Helpline. To them, just knowing that they were not alone assisted in improving the situation.

Caller Disposition

With each call to the Helpline, operators make note of the caller's disposition at the beginning and end of each call, rating whether the caller seems angry, helpless or confused. The results of the pre- and post-call comparison have remained consistent since the beginning of the Helpline's operation, with the majority of callers in a much better state at the end. Given that many parents and caregivers call the Helpline when they are in crisis, these results are not surprising and show that the Helpline is effective in calming parents or caregivers who are feeling overwhelmed.

**Caller's Disposition at the Beginning and End of the Call
January 1, 2010 – June 30, 2012**

Caller's Disposition	Beginning of Call	End of Call
Angry	84%	10%
Helpless	89%	9%
Confused	89%	9%

Callers who were still upset at the end of the call were more likely than those who were improved to be identified as having a high priority call (77 percent compared to 58 percent). They also tended to report more stressors (five) than those who were improved (four).

Another trend seen among those callers who still feel angry, confused or helpless at the end of the call is that they are more likely to report challenges such as parenting a child who has a diagnosis on the autism spectrum or a child who has behaviors that stem from a history of abuse. It is likely that many of the callers whose state of mind is not improved by the end of the call are those who have lost hope or who have tried multiple services unsuccessfully in the past. Among the recorded calls that were audited and reviewed many of those who reported previous mental health issues, for example, had attempted services in the past and had been unsuccessful. On the other hand, callers who report needing assistance fulfilling basic needs such as housing or food assistance were more likely to have an improved state of mind by the end of the call.

Overall, the Helpline is successful with assisting the vast majority of callers. Those who they are not successful with are those who tend to have specific service needs that are unavailable or inaccessible at the time. Also, the Helpline appears to be most successful with families who need assistance with basic needs and who have fewer stressors than those who are seeking help with long term mental health issues or developmental disabilities and those who report more stressors.

Recommendations

The Nebraska Family Helpline should be continued; however, additional efforts should be made to increase call volume through community outreach, social media and traditional media. After the first two and one half years of existence, the Helpline was receiving an average of five calls per day, far fewer than initially projected by DHHS. The outcomes for those who have had contact with the Helpline are positive and increased awareness of the Helpline – through traditional media advertising as well as community collaboration and social media – should increase the number of families who are able to benefit from the Helpline’s services.

Families who qualify for the Boys Town In-Home Family Service Pilot should be referred there directly by the Helpline. The current system requires that the Helpline refer families to Family Navigator and then the Family Navigator refers the family back to Boys Town for the in-home service. Because Helpline operators are often able to obtain a history of the family over the phone, including what services they have tried in the past, they will know whether the family has multiple stressors and multiple children in the home, as well as whether they have previously accepted a referral to Family Navigator. If Helpline operators are allowed to refer those who qualify directly to the program, it will reduce the number of times families are bounced from one program to another and may reduce the frustration experienced by the minority who were not satisfied with the result of their call.

Family Navigator Program

Summary of Findings

Who Was Served:

- Boys Town's Family Navigator program served 669 families from the program's inception until the end of June 2011 when the program changed hands.
- From July 1, 2011 to June 30, 2012, while under the Federation's administration, 414 families were served for a total of 1,083 families under both administrations.
- Services typically focused on male children who were 13 years of age or older.

Why They Were Served:

- Parents reported reaching out for help due to the child's behavior or mental health needs. The children were reported as breaking home rules, acting in an aggressive and angry manner, arguing with parents and breaking school rules.
- Most families had many reasons for seeking services, often citing up to six different stressors.

How Family Navigators Responded:

- Under both contracts, slightly fewer than half the families were contacted within 24 hours and the majority had a meeting within 72 hours.
- Similarly, 80 percent of the families were closed within 75 days, or shortly thereafter, the maximum number of days permitted.

What Was Received:

- During the first eighteen months of the program, Family Navigators recorded over 2,800 service referrals provided to families.
- The Federation provided 354 referrals to its 414 families.
- Families reported using just under half of the referrals provided. They tended to access non-therapeutic supports, parent education programs, benefit programs, basic need supports and legal services more frequently than mental health services.
- For the most part, when a service referral was not utilized it was because the family did not follow through with the referral, often because it found an alternative solution.

Program Objectives

The intent of Family Navigator is to assist the family whose child has a significant behavioral health need in negotiating the community based behavioral health system, helping the youth and family members understand their options and make informed decisions. Navigators (called Advocates under the Federation's administration of the program) provide information and support, make referrals to both formal and informal supports and services and promote a productive partnership between the family and their choice of professional service providers. To achieve these outcomes, the

Navigators work with each family to identify its strengths and needs, develop a plan that builds on the strengths and addresses the needs and help obtain specific services and supports identified in the plan. These efforts are designed to increase the safety and wellbeing of everyone in the home and reduce the likelihood of future crises such as law enforcement involvement, hospitalizations and out-of-home placements.

Program History and Development

Although the services provided by the Family Navigator program have not changed since inception, the program has experienced two significant changes. Originally administered by Boys Town which also runs the Helpline, the program changed hands after the first 18 months and is now administered by another agency. Related to that transition, the second largest change is that Family Navigator is now associated with a similar program, Family Peer Support, that provides some of the same services, as well as some additional services.

Family Navigator is geared to families in crisis. Advocates are expected to provide time limited services to families of youth experiencing an urgent behavioral health situation who have been referred from the Nebraska Family Help Line. Family Peer Support is a longer-term parent education and support service where families may benefit from a family-driven; strengths based approach. Staff work with families to develop a plan of action while providing encouragement through peer to peer support.

Transition of the Program

The main change was the transfer of the operation of Family Navigator from Boys Town to the Nebraska Federation for Families for Children's Mental Health (the Federation). This transition occurred after the pilot phase ended on June 30, 2011. At that time all of the Family Navigator cases handled by Boys Town were closed and on July 1, 2011, the Federation took over the program, building caseloads up from zero.²

The Federation oversees family organizations in each of the six behavioral health regions across the state. Unlike the first 18 months, the Family Navigator program now has organizations dedicated to serving families in each of Nebraska's six regions. Previously the Navigator program was run by Boys Town and three sub-contracted organizations, one serving regions 1 through 4, one serving region 5 and one serving region 6. Now each region has a separate family organization located in the region that is dedicated to serving only that region.

As discussed in the Helpline section, in response to this transition representatives from the Nebraska Department of Health and Human Services (DHHS), the Helpline and the Federation as well as the evaluator formed a Continuous Quality Improvement (CQI) Team in December 2011. The main objective of the CQI Team and the primary reason

² Caseloads were built from zero in regions 1 through 5; one Family Navigator case in region 6 remained open and transferred from Boys Town to the Federation.

for its formation was to ensure that families were contacted in a timely manner by the Advocates from the Navigator program. Weekly automated emails are being sent to the Helpline detailing which families had a face-to-face meeting with the Advocate that week so they know how their referrals fared.

A lack of timely Navigator services can be due to the Advocate having difficulty reaching the family. In that event, the Helpline is also notified of attempted contacts. Because families often call back into the Helpline when they have not been able to make contact with the Advocate, this system helps ensure that the Helpline and the Federation both have current information on attempts to reach the family as well as successful contacts.

Linking of Family Navigator with Long-term Supports

Prior to the transition of the program from Boys Town to the Federation, the Helpline was linked with Family Navigator. The two programs, which serve the same clients, were both administered by the same agency, with the Helpline serving families prior to engagement with Family Navigator, with only the neediest moving on.

With the transition to the Federation, the Family Navigator became linked to an alternate program that assists families who need it *after* the Navigator case closes. Now families who utilize Family Navigator services have easy access to the Family Peer Support (FPS) program, which was already being provided by the Federation through each of its family organizations. Once families involved with Navigator services reach their maximum time limit of eight contact hours, they can be transferred to FPS if their needs have not already been met.

Within some family organizations this transition is done by staff automatically if the Advocate perceives the need. Conversely, in other family organizations the family is given an option to transfer to FPS or simply end services with the organization. Under the Peer Support program, the family organizations provide parent education, mentoring, advocacy and facilitate support groups, in addition to providing the navigation services. .

The component where the two programs overlap – navigation to services – has only a few differences. First, the contract requires that Family Navigator families be contacted within 72 hours of their call to the Helpline and that the case remain open for no longer than 45 to 60 days or eight contact hours with the family. Under FPS there are no state-imposed contractual obligations to reach the family within a set timeframe, nor is there a limit on the duration of services. Another difference has to do with eligibility for each program. To be eligible for Family Navigator services, families must be referred to the family organization via the Helpline, unlike Family Peer Support where families can be referred from anywhere, including self-referrals.

Outcomes

Outcomes of the Family Navigator program are measured by the family's ability to access services, meet the goals of their Family Plan and keep their family intact. The family's satisfaction with the program and their own perceptions of their family situation are also used. Three items are examined to determine these outcomes. They are: the Family Plan and updates to the plan, the satisfaction surveys administered at case closing or transition to FPS, and the Caregiver Strain Questionnaire which is administered at case opening, at transition to FPS (if applicable) and at case closure.

Accessing Services, Meeting Goals and Keeping the Family Intact

Since the Federation took over the program, HZA has selected 75 cases for an in-depth review of the records and overall the results were positive. Three-quarters of the families were able to access the needed services and over 80 percent met all of their family goals from their Family Plan. Four of the children in the 75 cases were made state wards. In three of these cases there was likely little the Advocate could do to prevent wardship. In one case the child was made a ward largely because the mother would not accept help and was resistant to receiving services. In another, the child had a history of multiple placements and was court-involved due to aggressive behaviors; it appears that this child had already been placed out of the home when the case was opened. In another case the child was made a state ward because the parents wanted residential services and nothing else.

In the final case, the child was placed in foster care when law enforcement became involved. The review of this family's case indicated that the family did not receive a face-to-face contact with the Advocate for two weeks after calling the Helpline, and by that time the child's behaviors had escalated to the point of law enforcement involvement and removal from the home.

Although not all the same information was tracked and not all the same data collection tools were utilized, similar case review results were seen when Boys Town administered the program. The majority of families served under that administration were able to meet the goals of their case plan and were able to access the services needed to keep the family intact and prevent removal or wardship.

Interviews with staff revealed that many Family Navigator families engage with the program at the onset of services, but once the initial crisis has passed, they lose contact with the Advocate. This disengagement of families midway through services may be a reason why it is difficult to determine the exact family situation at case closing. Staff also reported that they had been receiving referrals for the program for families whose primary concerns involved more parent issues than child issues. For example, a few Advocates noted that they had cases in which the parent's mental health issues were the main concern or in which domestic violence or marital discord were the concerns, not the child's mental health or behavioral health issues. This made it difficult for the Advocates to serve those families because family needs not connected to a child need are almost out of the program's scope.

Satisfaction with the Program

Since the Federation took over administration of the Family Navigator program in July of 2011, 121 satisfaction surveys have been returned. Sixty-two percent of the families reported positive experiences with the program. They reported that they received the help they were seeking in terms of services and supports; that the Advocate was helpful, knowledgeable and available to the family; and that the program helped the family remain intact, improve stability in their home and that their overall situation had improved. One family reported that of all the services it had tried in the past, this was the most helpful.

Thirteen percent of the families were displeased with the availability of the services in their area, rather than with the Navigator program itself. These families reported issues such as Magellan not authorizing residential placements even when it was recommended by a health care professional, the lack of in-home services, difficulty finding activities and programs for youth with behavioral issues, income eligibility requirements to access programs and the lack of programs for younger youth. Almost all of these surveys came from region 6 and most of the rest from region 5. It should be noted, however, that during the last three months of the evaluation, no families reported that services were an issue.

The satisfaction survey administered to families under Boys Town was slightly different than the survey used by the Federation. Of the 73 surveys collected while Boys Town ran the program, 84 percent of respondents indicated that the Navigator helped get the family connected with the services it was seeking. Eighty percent of the respondents reported that the Navigator services were timely and that they were generally satisfied with the program. Approximately 65 percent of respondents reported that the Navigator was familiar with community resources and knew where to refer the family for help, and over three-quarters reported that their home situation was more stable after working with the Navigator. On the other hand, fewer than half of the families stated that they received all the help they were seeking from the service providers in their community.

Family Perception of Progress

Three indicators from the Caregiver Strain Questionnaire (CGSQ), the pre-post assessment used by the Federation, were used to rate the progress families make through the life of their case. These specific indicators were chosen because they are the most objective and concrete of the CGSQ measures and relate to the purposes of Family Navigator. The three indicators were:

- the degree to which the child is getting into trouble with the neighbors, school, community or law enforcement;
- the family's current access to services for their child's emotional or behavioral problem; and
- the degree to which the care the child has received has met his or her needs.

The first indicator – the child gets into trouble – shows the greatest improvement from the pre-assessment to the post-assessment. At intake, only 34 percent of families reported that their child gets into trouble *not at all* or *only a little*. At discharge that figure had increased to 50 percent of the families served.

The other two indicators, on the other hand, went in the opposite direction. More families reported at discharge that their access to services was a problem than had done so at intake. Also, fewer families reported that the care received met the child’s needs at discharge than at intake. Because families access Navigator services to help them navigate the behavioral and mental health system and access appropriate services, these results are puzzling.

Caregiver Strain Questionnaire Pre- and Post-assessments July 1, 2011 to June 30, 2012		
Indicator	Positive at Intake	Positive at Discharge
Child gets into trouble	34%	50%
Access to appropriate services	46%	31%
Care received meets child’s needs	78%	54%

HZA’s review of particular cases offers some possible explanation. One is that through involvement with the program families may change their perceptions about what an appropriate service is. For example, families may have initially identified their major issue as the child’s behavior, some even wanting residential treatment; they may end up thinking in-home support is needed but cannot obtain it in sufficient quantity. It could also be that expectations are high at intake, but cannot be fulfilled at the hoped-for level. The table above reports results from the beginning of the Federation’s administration of the program. Because the scores are improving over time, the expected trend is for the negative scores to reverse over the next year. This perception is borne out by changes in the family surveys, which are demonstrating more positive responses over time, particularly in the last quarter of the evaluation.

Recommendations

The Family Navigator and Family Peer Support (FPS) programs should be restructured such that any family, regardless of referral source, which would benefit from the planning and assessment functions of Family Navigator be provided that program, while those needing longer term support transition seamlessly to Family Peer Support. The following guidance is recommended: 1) The Nebraska Family Helpline should not be required to be the sole referral source to Family Navigator. That requirement does not exist in the State's contract with the Federation but comes from the family organizations themselves. It has led to some families calling the Helpline, at the direction of the family organization, solely to get a referral to Family Navigator and not to get other services or crisis support. 2) Any family in crisis seeking services from either Family Navigator or Family Peer Support should first be placed in Family Navigator so it can benefit from the short-term stabilization work done there, with all of the intake paperwork, assessment and planning functions and the initial linking services completed there. 3) Family Navigator clients who need either ongoing services and support from Advocates and/or additional help accessing other services should be transitioned seamlessly to Family Peer Support.

As discussed earlier, while Family Navigator and FPS are different in that FPS includes direct services such as mentoring, the two programs are provided by the same staff, in many cases to the same families and do have some common functions. Essentially this means that the programs look the same to the families who are served by each. Some family organizations inform families that their eight hours with Family Navigator are up and they are given the option to transfer. Other organizations make the transition seamless from one program to another. The process recommended above would help families benefit from the distinct attributes of each program without administrative burden.

Referrals to Family Navigator should not be limited to families who call the Helpline. Even if the first recommendation is not adopted, the second one would eliminate the artificial process that sometimes occurs now. The Helpline is an excellent referral source for the Family Navigator program, but it should not be the only one. Families who are referred to the family organization through another source or who contact the family organization on their own should not be excluded from receiving the services provided under Family Navigator or forced to call the Helpline for a referral.

The Federation requirement that Advocates meet families face-to-face within 72 hours should be eased. The actual state requirement through its RFP was: "The Family Navigator Services must be made available to the Help Line caller within 24-72 hours from referral by Help Line staff." It does not say that there must be a face-to-face meeting. While the goals of making contact within 24 hours and having a face-to-face meeting within 72 hours provide an excellent guideline for timely services, they are often unattainable through no fault of the Advocate or the Advocate's organization. Families can be difficult to reach and may not be available within the time constraints set forth by the contract. Advocates should document attempts to make contact or set up a face-to-face meeting within the timeframes, but should not be required to execute both. The

revised requirement could be making contact within 24 hours and having a face-to-face meeting within a week.

The Federation should ensure timely data entry. Accurate and timely data entry is integral to tracking outcomes of families. During the evaluation, some outcomes were difficult to determine based on the notes entered into the database. For example, information from the database shows that Advocates have provided only 354 service referrals in one year in total, or less than one service referral on average per family. This is likely inaccurate, especially when compared to the initial one and one half years of data collected by Boys Town showing almost 3,000 service referrals provided.

Right Turn Program

Summary of Findings

Who Was Served:

- Over the last two and one half years, Right Turn served 746 children in 391 families.
- The typical person accepting service is a woman between the ages of 36 and 55.
- Most of the children were between 10 and 18, and nearly half were reported by the parent or guardian to have a mental health diagnosis, particularly ADD/ADHD, Reactive Attachment Disorder or Fetal Alcohol Syndrome.

Why They Were Seeking Service:

- Over half of the families sought help with the child's mental health or out of control behaviors. Many families also requested assistance in dealing with school issues.
- The most common goals cited by the families were to manage the child's behavioral issues and to develop informal supports.

How Right Turn Responded:

- Families were contacted within 24 hours in 94 percent of the cases and were seen face-to-face within 72 hours in over 60 percent..
- While fewer than half of the cases closed within the required 90-day timeframe, 85 percent closed within 95 days.

What Was Received:

- The strategies generally included service referrals, attendance at counseling, obtaining a mentor or support group or obtaining a mental health evaluation.
- Right Turn documented over 3,600 service referrals with the most common being for parent education and support, followed by mental health services, child development and support and assistance in obtaining benefits.

Program Objectives

The Post Adoption/Post Guardianship Service (subsequently named Right Turn) is intended to provide support to families in meeting the needs of their children who may be experiencing behavioral or emotional problems. 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. Families are eligible regardless of whether they live in Nebraska. Staff provide referrals to community services; advocate for family needs with courts, service providers and schools; and provide support to families as they navigate through the behavioral health system. Right Turn's efforts are designed to help the family remain intact and prevent adoption dissolution, termination of guardianship or the child being placed in out-of-home care even temporarily.

Right Turn was initiated by Lutheran Family Services (LFS), a licensed child placing agency, in conjunction with its subcontractor, Nebraska Children's Home Society

(NCHS). Together the two organizations formed a limited liability company to operate Right Turn. At the onset, the Nebraska Foster and Adoptive Parent Association (NFAPA) was subcontracted to provide mentor services for families and KVC was subcontracted to operate the Access Line, Right Turn's single point of entry to the program.

Program History and Development

The Right Turn program has grown significantly since it piloted more than two years ago. Recognizing the needs of clients, Right Turn adapted its program to meet those needs. The major changes of the program include:

- the development of the A Step Further Program;
- changes to the administration of the Access Line;
- increased services delivered in-house by staff; and
- efforts to increase adoption awareness and competency of the community.

A Step Further

In the first 18 months of the program, Right Turn administrators discovered that less than one-third of the cases closed within the required 90-day timeframe, meaning that some families seemed to require more days of services and support to manage the issues they were facing. With permission from the state, Right Turn established protocols to reopen a case for a second 90-day period and began the A Step Further program. A Step Further is designed to serve, for an extended period of time, certain families who meet additional eligibility criteria. These are families who demonstrate a willingness to make positive changes in their parenting approach and in the parent-child relationship and a desire to better understand their child's needs. The program provides training to parents to help them understand how a child's past relates to present behaviors and relationships and how to identify triggers that result in behavioral problems. The program also focuses on teaching parents relationship-building techniques, developing discipline strategies that can help with the parent-child relationship, and techniques to increase the child's capacity to develop trust. A Step Further represented Right Turn's effort to address more difficult family problems for which some other community provider could not be found. By the end of June 2012, approximately 30 families had been served through A Step Further.

Access Line

To gain access to Right Turn's services families call the Access Line which screens calls for eligibility and refers eligible callers to the case management arm of the program. Right Turn advertises the Access Line and Right Turn services via a quarterly mailing to families whose names are provided by DHHS. In addition, it has a newsletter that is distributed to their mailing list as well as community partners; it advertises in newspapers; and staff attend health fairs and network with community partners.

At the onset of the program, KVC was contracted to operate the Access Line. Over time, Right Turn administrators discovered that the Access Line was not being administered as it was initially intended. Under KVC the Access Line was essentially serving as an answering service, simply taking information, determining eligibility and passing information on eligible families along to Right Turn staff. Additionally, the line experienced outages and missed calls, resulting in fewer families gaining timely access to the program.

In October 2011 Right Turn ceased services with KVC and began services with a new Access Line vendor, ProtoCall. Unlike the KVC call takers, the new Access Line operators are licensed clinicians who provide immediate crisis counseling and coping mechanisms to the families who call. Thus, the new vendor provides an immediate service even before Right Turn staff make contact with the family. The clinicians also complete risk and safety assessments with callers to help Right Turn staff prioritize its calls to families.

ProtoCall has a system in place that prevents the clinicians from missing any calls to the Access Line, a problem experienced with the previous provider. Lastly, the Access Line no longer screens families for eligibility and instead sends all families to Right Turn. Right Turn staff can then decide how they are able to help each family who calls, even if the family is not eligible for the service.

Service Provision

Although Right Turn staff report that the primary objective of the program and the majority of their work is still linking families to existing services, the amount of direct service provision has increased over the past two and one half years. An earlier analysis of children served by Right Turn using data from N-FOCUS showed that they were much more likely to have been removed from their home more than once prior to adoption and had experienced many more placements while in foster care, over six on average, than other adopted children whose parents did not seek help from Right Turn. 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. It is no wonder that this level of service and support are required.

Families report that staff help with parenting issues and assist with basic needs such as budgeting and organizing the home as well as working with the children when possible. Right Turn staff also established parent support groups that simultaneously provide activities for children so that parents are able to attend.

Each family served by Right Turn is offered a mentor when its case is opened with Right Turn. The mentor is another parent who has worked with Nebraska's behavioral health system. The main purpose of the mentor program is to provide families with a peer who has been through a similar situation, someone who can provide an empathetic ear and

possibly advice in certain situations. Initially, the mentoring program was contracted out to the Nebraska Foster and Adoptive Parent Association (NFAPA), who provided mentors and oversaw that aspect of the program. Over time, Right Turn staff discovered that although the NFAPA mentors were providing a high-quality service, they often lacked the adoption knowledge that the families of Right Turn needed from a mentor. As a result, at the end of 2011, Right Turn ended its contract with NFAPA and began providing mentoring services in-house. After hiring a Peer Mentor Coordinator to oversee the program, Right Turn began matching families with former Right Turn families who have direct experience with adoption issues, Nebraska's behavioral health system and the Right Turn program. Since the program began in 2012, one dozen families have been matched with Right Turn mentors.

Adoption Awareness and Adoption Competency

One recurring need Right Turn staff have identified over time is for more mental health practitioners who are competent in the area of adoption. According to Right Turn staff, the children and families they serve have a unique set of needs, particularly related to trauma and attachment, with which many counselors and therapists are not familiar. Most of the staff interviewed believe that if there were more mental health providers competent in adoption issues the main issues with which the children deal would be resolved and there would be fewer children being made state wards, experiencing adoption dissolution or termination of guardianship or being removed from their adoptive or guardianship home for any reason.

In response, Right Turn hired an Education and Training Coordinator to work to help educate providers and other stakeholders on adoption issues. The coordinator is responsible for setting up trainings statewide to educate parents, mental health providers and other professionals on adoption issues. Right Turn also sponsored an adoption conference in the summer of 2012 for state staff and stakeholders to increase awareness of adoption.

Most recently, because so few practitioners in the state are well-versed in adoption issues, Right Turn applied for and was awarded a grant from the Center for Adoption Support and Education (CASE) to assist in training mental health providers in adoption competency. "Adoption competency" means that the provider understands the skills and traits that help make adoptive families successful and helps families develop those skills. Through the "train the trainer" grant, Right Turn's Director and the Training and Education Coordinator will be trained to train mental health providers in adoption competency. Right Turn staff hope that multiple providers statewide will sign up to become more proficient in adoption issues, thus increasing the number of resources available to adoptive families.

Outcomes

For Right Turn, outcomes are primarily measured by the family's progress on its Service Plan goals and its ability to meet the child's needs without placing the child outside of the home or undoing the adoption or guardianship. Additionally, the family's satisfaction with the program and the family's perception of its ability to meet the needs of the child without placement are considered as adoption outcomes. HZA used its case reviews, satisfaction surveys and pre- and post-assessment comparisons to measure the outcomes.

Accessing Services, Meeting Goals and Keeping the Family Intact

Among 245 closed cases randomly selected for review, over 90 percent have resulted in families accessing all the needed services and meeting the goals of their case plans. Few children were living outside the home at the time of case closure and even among those, many were living with other relatives rather than in state care.

To date, only 18 of the 746 (2.4%) children served by Right Turn have become temporary state wards and only two of those children (.3%) have experienced adoption dissolution. The rate of state wardship for children working with Right Turn is lower than shown in other studies³ as is the rate of dissolution.⁴ While a tiny minority, it is nonetheless useful to look at these in more depth to determine whether anything could have been done to prevent even a temporary wardship.

The table below provides basic information on the 18 cases, including the primary reason for wardship.

³ Festinger (2002) found that four years after adoption, about 3.3% of children adopted from public and voluntary agencies in New York City in 1996 were or had been in foster care since adoption. A study of children adopted in Kansas City showed that 3% of adopted children were not living with their adoptive parents 18 to 24 months after adoption (McDonald, Propp, & Murphy, 2001). In a longitudinal study of families in Iowa who were receiving adoption subsidies, Groze (1996) found that 8% were placed out of the home after four years.

⁴ A study of public agency adoptions in Illinois reported that adoptions dissolved at a rate of 6.6% between 1976 and 1987 (Goerge et al., 1997). The GAO reported that about one percent of the public agency adoptions finalized in fiscal years 1999 and 2000 later were legally dissolved. The report cautioned that the one percent figure represents only adoptions that failed relatively soon after being finalized, so the number could have increased with time (U.S. GAO, 2003).

State Ward/Dissolution Cases			
Status	Sex	Court Ordered into Placement	Reason for Removal Post-adoption
Dissolution	F	Yes	<ul style="list-style-type: none"> • Endangering others • Substance abuse
Dissolution	M	No	<ul style="list-style-type: none"> • Sexually acting out
Out-of-home	F	No	<ul style="list-style-type: none"> • Endangering others • Running away • Substance abuse
Out-of-home	F	No	<ul style="list-style-type: none"> • Endangering others • Harming self/suicidal • Running away • Sexually acting out
Out-of-home	F	Yes	<ul style="list-style-type: none"> • Harming self • Substance abuse
Out-of-home	F	No	<ul style="list-style-type: none"> • Running away
Out-of-home	F	Yes	<ul style="list-style-type: none"> • Harming self • Running away
Out-of-home	M	Yes	<ul style="list-style-type: none"> • Endangering others
Out-of-home	M	Yes	<ul style="list-style-type: none"> • Family unable to meet needs
Out-of-home	M	No	<ul style="list-style-type: none"> • Endangering others • Hallucinations
Out-of-home	F	No	<ul style="list-style-type: none"> • Sexually acting out
Out-of-home	M	No	<ul style="list-style-type: none"> • Endangering others • Running away • Substance abuse
Out-of-home	M	Yes	<ul style="list-style-type: none"> • Endangering others • Running away
Out-of-home	F	No	<ul style="list-style-type: none"> • Endangering others
Out-of-home	M	No	<ul style="list-style-type: none"> • Family unable to meet needs • Endangering others
Out-of-home	M	Yes	<ul style="list-style-type: none"> • Endangering others
In-home	M	Yes	<ul style="list-style-type: none"> • Running away • Endangering others • Substance abuse
In-home	M	No	<ul style="list-style-type: none"> • Running away

Eight of the 18 cases (44%) included instances where the child was specifically ordered by the courts to be placed in out-of-home care. In two cases where the children became state wards this was done solely to access tracker services because of the child's chronic running. In these two cases, permitting tracker services to children who are non-state wards may have eliminated the need for the child to become a ward.

In eleven of the 18 homes, families had identified services they wanted but could not obtain. Two of these were tracker services and in another four cases the family wanted

residential treatment but was unable to get the service, either because Magellan did not authorize it or because the child's behaviors were too severe to meet the criteria for admittance. Other than those two services, two families sought childcare services but could not get them because childcare was not covered in their adoption subsidy and they could not afford it on their own. One family wanted non-therapeutic supports, but was denied due to lack of service capacity. Capacity was also the issue for one family seeking both mental health and sexual abuse services.

Aside from the two cases in which the children were made state wards solely to access tracker services, these cases represent an extreme group. Despite the family's and Right Turn's best efforts to put supports in place to keep the families intact, it appears as though the issues facing these children and their families were simply too far along for in-home supports to handle safely. All the children were at least twelve years old and the files indicate that the issues had developed over time and reached a point where they had become unmanageable for the family, especially those with other children in the home.

Similarly, many of these children had known issues – such as severe sexual abuse or exploitation – prior to adoption. Placing these children in a home with multiple other children or with parents who did not have the means to provide 24-hour supervision was likely not the best placement. Earlier interventions and better matching of children with adoptive families may help to reduce this number of extreme cases in the future; but there will always be some children who have previous life experiences and trauma so severe that they will require a higher level of care.

Satisfaction with the Program

According to the 73 families who completed a satisfaction survey, 80 percent reported that they believe their family will be able to remain intact after completing services with Right Turn. Only fifteen families total registered concerns about their ability to remain intact. Of those families, the majority were seeking services with Right Turn due to the child's severe behavioral or mental health issues. A few families were facing legal issues with the child. These reasons were more often than not coupled with other problems such as the child's drug or alcohol abuse or sexual activity; the family's need for respite, counseling services, an evaluation or residential treatment; or problems with the court or educational systems.

Despite the majority of families being pleased with the services that Right Turn provided, many pointed out that their situation had not greatly improved because the services they desired were either not available or not accessible. Several families were seeking respite for their children and were unable to find it, particularly when the child had special needs. The lack of this service is likely part of the reason these families feared they would not be able to remain intact. One family noted that "The Specialist was helpful but it seems there is a lack of concrete services to fit our special needs child here in Nebraska." A few other families reported that although the family physician or therapist recommended an evaluation and residential treatment, the service was not

authorized for Medicaid reimbursement by Magellan. One family wrote, “The major roadblock was two-fold – finding a psychiatrist willing to work when Magellan would be paying the bill, and getting Magellan to approve the evaluation. Eventually, we ran out of time.” This family felt itself forced to reverse its guardianship due to barriers to accessing the appropriate services.

Family Perception of Progress

A total of 140 families completed the pre- and post-assessment, with the pre-assessment completed at intake and the post-assessment at case closing. Because one of the primary goals of Right Turn is to keep families intact, the question regarding the family’s perceived ability to remain intact was examined. Based on the results, many families reported that they will be able to remain intact without seeking out-of-home placement for their child after completing services with Right Turn. In fact, 95 percent of the families served reported that they had little concerns with their family’s ability to remain intact after completing services.

Some positive comments by families are these:

- The program was very proactive and did everything they could to try and keep the family together.
- Right Turn provided emotional support and encouragement so that our family could process the situation.
- It is great to know that there is a program fighting to get us information and working to ensure that the word gets out.
- I am not sure where we would be if it weren’t for Right Turn stepping in. Our child might not be on track to graduate and might not even be in the home.
- [Right Turn is] an answer to a prayer.

Overall families who had services with Right Turn reported positive experiences and the majority felt able to keep their families intact. Very few children served by Right Turn became state wards and, when a child did become a ward, often there was little Right Turn staff could have done to prevent it. Those families who report a lack of improvement in their family situation often do so because of a lack of appropriate services providers trained in adoption competency and other non-therapeutic supports such as respite. The former is being addressed through Right Turn’s education and training efforts.

Recommendations

Right Turn should continue to develop its program as needs emerge among the population served and should be supported in these efforts. Since its beginning the Right Turn program has slowly grown and adapted to best serve the families in need. Changes to the mentoring program, the development of the A Step Further program, the commencement of support groups and community outreach and training in relation to adoption issues are all examples of the growth. Continuing to identify needs and address them when possible will help improve outcomes for children and families.

Right Turn should be provided more accurate and complete information on families receiving a DHHS subsidy and thus eligible for Right Turn services. Initially, Right Turn was supposed to get a list of eligible families from the Department. Right Turn staff would then promote the program to those families through a mailing. Over time, Right Turn has discovered that the mailing list it receives is often incomplete, meaning that families who receive a subsidy are not on the list given to Right Turn, or the information is inaccurate, meaning that the addresses and contact information supplied are out of date. Right Turn was made aware of these issues from families who called the Access Line and were eligible, but were not a part of the supplied mailing list and through mailings that were returned as undeliverable.

While the lists have become more complete, additional progress needs to be made. Right Turn has served hundreds of children and families to date and has had positive results for the vast majority of those it serves. While Right Turn markets its service in other ways, an up-to-date and accurate mailing list is the most effective way to reach these very specifically defined families. If all families who received a subsidy received information on Right Turn, more families would be able to access Right Turn services, and thus decrease adoption dissolutions or terminations of guardianship and possibly help to decrease the number of children who are made state wards.

Tracker services should be made available to former state wards. Although this is not a function of Right Turn, two children were made wards solely to access this service. It is likely that other children who are not involved with Right Turn have had a similar experience. Making this service available without wardship at least to former state wards will decrease the number of adopted children who return to state wardship.

Consideration should be given to involving Right Turn with families at the pre-adoption stage. Many families who are considering adoption are often underprepared and not fully aware of how to parent an adopted child. Because the staff of Right Turn have an expertise in adoption and teaching adoption competency, involving them pre-adoption finalization would help to prepare families, provide them with resources and link them with mentors. This assistance and support pre-finalization would likely prevent future disruptions and dissolutions because supports would be in place at finalization and not only when a family is in crisis.

Afterword: Does Nebraska Have Sufficient Mental Health Services

A question that has been raised over the course of this study is whether Nebraska has a sufficient mental health service array for children and youth. While the focus of this evaluation has been on the functioning of the three new services, it is useful to comment on the larger question, drawing from our experience with the three.

Each of the three evaluations has revealed that the services that do exist, together with these new supplements, satisfy the needs of 80 to 90 percent of the families with whom they come in contact. Those whose needs have not been met generally have children with multiple and often long-term problems who have tried to get help in the past. In some cases, the types of support provided by these programs, provided earlier, may have helped to forestall such difficult problems later. In others a mental illness or a child's experiences of abuse and neglect could not necessarily have been prevented; instead, giving the parents the tools they need to cope on a long-term basis is the most that can be hoped for.

In a brief two and a half year period of this study the two original providers, Boys Town and Right Turn, have done an impressive job not only of identifying the service gaps themselves but also of trying to address them. These gaps in both instances constituted a more intensive form of in-home services. In the long run the family members need the skills to manage their children and the children need to be able to function in a family setting if at all possible. While residential treatment is sometimes required, transferring the burden of caring for a child to others while providing a supportive living environment, it certainly cannot be the answer to the problems of most children and even for most parents who seek it.

As the programs being evaluated have demonstrated, parents often do not know about alternatives. For these parents, program such as the Federation's Family Peer Support have proven beneficial. Linking families to others in their community who have experienced similar situations will assist them both in accessing services and in providing guidance and support when formal services are not available. Aside from FPS which is a long-term informal support for families, the programs' functions have been in part to provide short-term help through their own staff, in part to illustrate that such alternatives already exist in the community and to link them to those services, and ultimately to create the alternatives themselves. **Both Boys Town through its in-home service and Right Turn through its A Step Further have created more intensive in-home services.** So the answer is at the front door. If 20 percent of the families need more intensive help, then programs such as that provided by Boys Town should be given the capacity to serve about 100 families per year in the Omaha area with a commensurate capacity built across the remainder of the State. In addition, Right Turn should have the capacity to provide A Step Further to 50 families a year. Taking our

observations to the next logical stage we also recommend that consideration be given to involving Right Turn in working with adoptive parents **before adoption finalization**. More should be done to give parents both the understanding of what is driving their children's behavior and the skills needed to manage it before a crisis arises.