



NEBRASKA FAMILY
HELPLINE
1-888-866-8660

**Nebraska Family Helpline &
Family Navigator Services
Annual Report
Fiscal Year 2011**

August 25, 2011
Final

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Q6 OVERVIEW

During the sixth quarter of operation (April – June 2011) the Helpline served **599** unique families throughout Nebraska. Families made **851** calls to the Helpline during the quarter – an **11%** increase over the same period in 2010.

Of the families that contacted the Helpline in Q6, **110** families were offered Family Navigator service (**18%**) and **64** families accepted Family Navigator service (**11%**) – a **58%** acceptance rate. The percentage of Navigator cases was lower in Q6 due to a transition plan being established as the new Family Navigator contract became effective.

Helpline Counselors and/or Family Navigators provided families with **1,319** referrals for a range of services – representing **1,779** referral service types. A total of **1,041** referrals were provided by Helpline Counselors (representing **1,221** referral service types), while **278** referrals came from Family Navigators (representing 558 referral service types).

Overall, **45%** of callers reported being from Single-Parent households. Single-Parent households made up **50%** of the families that accepted Family Navigator service.

Callers became aware of the Helpline through community agencies; media such as television and radio; and the Internet. An increase continued to be seen in the number of families receiving Helpline information from schools, law enforcement and hospitals.

In addition, **29%** of the families served by the Helpline reported that their children had undergone at least one form of Mental Health treatment prior to the family contacting the Helpline. More than **half** of those previous interventions consisted of Community-Based Outpatient treatments such as counseling. Families often contacted the Helpline seeking referrals for more restrictive services, including Residential Treatment.

The most common barriers to accessing Mental Health services reported by families were **cost and appointment availability**. Families that did access services reported that **counseling and/or medication was ineffective or the child wouldn't attend sessions or treatments, stopped participating in sessions and/or stopped taking medications**.

Gaps were reported for **Community-Based Outpatient** programs. Gaps occur when families report that needed services are more than 50 miles from their community.

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FY2011 OVERVIEW

The Helpline received **3,861** documented calls made by **2,717** unique families.

Family Navigator service was offered to **686** families (**25%**) and **460** of those families accepted the service (**17%**). That was a **67%** acceptance rate.

A total of **6,185** referrals were provided to families in FY2011, representing **8,097** referral service types. Helpline Counselors provided **4,313** referrals (representing **5,040** referral service types) and Family Navigators provided **1,872** referrals (representing **3,097** referral service types).

The Helpline Referral Database was audited monthly to check service types in various regions and to make changes as necessary.

42% of parent callers reported belonging to single-parent households.

30% of identified children underwent at least 1 Mental Health treatment prior to the family's Helpline call in FY2011. A form of Outpatient treatment was reported **52%** of the time. Medication was reported **25%** of the time.

46% of Helpline callers reported having Medicaid/Kids Connection insurance; **44%** reported holding Private insurance coverage.

47% of families that accepted Family Navigator service reported having insurance through Medicaid/Kids Connection; **43%** reported Private insurance coverage.

PROGRAM SUMMARY

The Nebraska Family Helpline provides a single point of access to children's behavioral health services through the operation of a 24-hour, year-round Helpline for the State of Nebraska. The Family Navigator service offers even more assistance to families needing guidance through the mental and behavioral health systems. The Helpline and Family Navigator services support the Children and Family Behavioral Health Support Act (LB603), appropriated by the Legislature in 2009.

Under Nebraska's former Safe Haven law 36 children were abandoned by parents and guardians; 29 of those children were from Nebraska. The Helpline and Family Navigator services were formed to give information and assistance to parents, guardians, children and others in need.

On January 1, 2010, the Helpline and Family Navigator services became operational. The programs' first full fiscal year was 2011. During the sixth quarter (April 1 to June 30, 2011) call volume grew from the same three-month period a year ago. Data in this report is presented by quarters of operation. For reference, the Helpline's sixth quarter of operation (Q6) was the fourth quarter of the State of Nebraska's FY 2011.

Boys Town has 20 years of experience providing assistance to parents and youth across the country through its Boys Town National Hotline. Boys Town applied this extensive experience (staff expertise, policies and procedures) as well as its technology systems (telephone, caller and referral databases) as the foundation for the Helpline.

The Nebraska Family Helpline offers a range of services, including:

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

Boys Town and its partners, Healthy Families Project, NAMI Nebraska and the Nebraska Family Support Network, also assist families through the Family Navigator service. Family Navigators own children were consumers who have been a part of the mental and behavioral health systems, enabling Navigators to help guide other families and to provide a family voice to support this program. Family Navigators rely on real life experiences and system familiarities to assist other families. The Helpline and Family Navigator services also benefit families through the extensive experience that Boys Town and its partnering agencies have in collaborating with community providers. The Helpline and Family Navigators serve the six behavioral health regions across Nebraska.

General Contract Requirements

The Nebraska Family Helpline, 1-888-866-8660, is a toll-free line where Helpline Counselors answer calls from parents, guardians, relatives, youth and third parties seeking assistance with a variety of mental and behavioral health issues. Counselors assist callers by:

- Providing referrals for community services ranging from Mental Health experts and Residential Treatment to youth and education programs.
- Linking families that require additional assistance to the Family Navigator service.
- Sharing techniques for de-escalating contentious situations and establishing rules/expectations in the home.
- Assessing safety risks related to behavioral health and contacting law enforcement on behalf of callers if necessary.
- Providing a sympathetic ear and words of encouragement to those who want to vent frustration about their family situations.
- Linking Families to Right Turn Post-Adoption/Post-Guardianship program.

Helpline Counselors collect substantial information on each caller and their situations. That information is used to refer families to community services. Data is analyzed to improve operations, as well as to identify service trends, barriers to accessing services and service gaps.

Family Navigators meet with families to guide them through the system of care within their communities. Navigators keep extensive records of their interactions with families. Those records are supplemented by the information collected by Helpline Counselors during initial calls.

Service Requirements

Nebraska Family Helpline: The Helpline operates 24 hours-a-day, 7 days-a-week, 365 day-a-year. Calls are to be answered by a Helpline Counselor at least 95 percent of the time. The wait time for a call on hold or in the call queue should be an average of 100 seconds or less. Helpline staff are provided clinical supervision and training by Licensed Mental Health Professionals.

Family Navigator: The Family Navigator service is to be available to a referred family within 24 to 72 hours. It was estimated that Family Navigators would have approximately 8 hours of contact with each family over the service period, which is meant to be 45 to 60 days. The maximum caseload ratio for each Family Navigator is to be 15 to 1. The caseload ratio was maintained throughout the fifth quarter, while meeting the contract requirement of Family Navigators being located in each behavioral health region. It was anticipated that 20% of the families that called the Helpline would be referred to the Family Navigator service each month.

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Family Navigator referrals for the month of June 2011 decreased due in part to the pending change in the Family Navigator services contract, effective on July 1, 2011. During the month of June transition plans were established to help connect those families active with Family Navigator service to the new contract provider. Family Navigators worked with all active families to ensure that they received an appropriate number of contact hours to meet the needs of their families. Although services may not have been spread over the typical 45-60 day time period, families did receive approximately 8 contact hours. This was done, in part, to minimize the disruption that would have occurred by transferring families from one Navigator provider to another.

Due to a delay in the contract process, the transition plans were modified toward the end of June. To further limit disruption for families, those families who contacted the Helpline during the second half of June received more intensive support and assistance via the Helpline Counselors. This included Helpline Counselors increasing their conference and three-way calling to agencies, while also increasing the frequency of follow-up calls to families. All families who were interested in Family Navigator services were scheduled for follow-up calls on July 1, 2011 and were referred to Navigation services. This process ensured that all families received the support and assistance they needed without the disruption of changing service providers.

Quality Assurance Requirements

Boys Town is committed to rigorous quality assurance practices. These practices ensure that families that contact the Nebraska Family Helpline and those that are referred to the Family Navigator service are provided with information that is up-to-date, pertinent and consistent.

The Helpline and Boys Town National Databases are the main sources of referral and service agency information provided to families. Both databases maintain information for quality reporting purposes of this contract. Information stored in these databases includes:

- Call volumes
- Caller demographics
- Case notes
- Family contacts
- Agency referrals

Boys Town maintains and monitors data used for aggregate and cross-tabular reports. Data can be further broken down by behavioral health region, county, city and many other variables.

In the sixth quarter a drop-down menu was added to the Family Navigator intake screen in the National Database. The menu allowed Navigators to select the status of the Safety Plans that are part of the Family Navigator services provided to families. Navigators could select from three choices: Completed with Family Navigator, Previous Plan Created or Family Declined. These options were developed with the state-contracted

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consultant Hornby Zeller Associates with the goal of showing reasons why a Safety Plan would not be developed with the Family Navigator.

Also, another barrier was added to the list of why families did not access services prior to their Helpline call. The added barrier was parents reporting a service as ineffective or leading to no change in their child's behavior. This option was added to call screens because of the frequency with which parents reported it to Counselors as the main reason for not continuing services for the identified child.

In addition, staff continued to update the Helpline Referral Database to ensure that referral information is up-to-date and accurate.

April focused on contacting parenting classes and educational services for parents in Region V. **Twenty-two** agencies were contacted, with seven of those agencies needing changes. In addition, **4** new agencies were added to our database. These agencies were discovered through attending community fairs and the Columbus Community Directory.

May focused on contacting summer programs throughout the state. **Seventeen** agencies were contacted to check program information and the Database was updated with new referral requirements and new services. **Four** new summer program agencies were added to the Database.

June focused on contacting the **25** counseling agencies in Region I, with about half requiring changes and updates to the Database. Also, throughout the state, **3** new Outpatient agencies were added to the Database. Staff removed **3** agencies for residential services for adolescents because the agencies no longer offered these services.

An Advisory Panel was developed for the Nebraska Family Helpline in an effort to maintain on-going quality assurance. Advisory panel membership includes family representatives who have been consumers of the Helpline and Family Navigator services; a judicial representative; members of the Nebraska Legislature; Behavioral Health Region Administrators; service providers; Family Navigator provider agencies; the Program Manager of the Helpline; and the Boys Town NE/IA Youth Care Administrator (chair). The Advisory Panel will meet quarterly throughout the duration of the contract.

Key objectives of the Nebraska Family Helpline Advisory Panel are:

- To serve as a bridge between the general public and state Legislature.
- To connect behavioral health service providers and consumers.
- To review Helpline and Family Navigator services and outcomes.
- To provide input for development and enhancement of the services.
- To provide recommendations for future planning of the program.

There was no Advisory Panel meeting in the sixth quarter due to key stakeholders being unavailable. The next meeting was scheduled for August 10.

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Other Quality Assurance activities include:

- Regular file reviews by the Program Manager, Project Coordinator and Clinical Helpline Supervisors.
- Quarterly audits of Navigator documentation in hard files.
- Data checks performed by the full-time Helpline QA/Data Analyst.
- Consumer satisfaction surveys and ongoing consumer collaboration.

Reporting Requirements

Boys Town utilizes the Helpline and National Databases to track demographic caller information, family problems, child issues, the number and type of agency referrals and other information. The QA/Data Analyst reviews data and monitors trends daily. The information collected is analyzed and used for reporting, presentations and marketing efforts. The information that is collected is shared with the state-contracted consultant Hornby Zeller Associates.

Training Requirements

Helpline Counselors and Family Navigators were provided specific training in the DHHS behavioral health systems, basic providers, engaging families and the policies and procedures for the Helpline and Family Navigator services prior to the January 1, 2010, launch of services. Additional training and supervision by Licensed Mental Health Professionals is ongoing.

The Nebraska Family Helpline provides the training and development necessary for Helpline Counselors to deliver high-quality and consistent services to callers. All new staff must demonstrate competency after completion of pre-service training prior to providing intervention and information/referral services.

Pre-service training consists of a minimum of 40 hours, which includes reading and reviewing written material, listening to pre-recorded calls and monitoring of “live” calls. Training also includes methods for engaging families, de-escalation techniques and how to handle crisis calls. In-service training and professional development is offered on an ongoing basis for Helpline Counselors in order to improve knowledge, skills and abilities. Nebraska Family Helpline staff are encouraged to attend external training sessions. These include conferences, seminars, workshops and college/university courses. Full-time staff (40 hrs. per week or more) receive 16 hours of paid education time, while part-time staff (20 hrs. per week or less) receive 8 hours of paid education time per year.

Family Navigators underwent 40 hours of job-specific training within the first year of operation, per contract requirement. The initial 24 hour pre-service training consists of several topics, such as Nebraska Network of Care, professionalism, engaging and empowering families, as well as cultural and family diversity. The Program Manager conducts monthly all-staff training sessions with Family Navigators on issues such as proper case note documentation, professional development and techniques for interacting

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with families. All training sessions are documented, training materials are made available to staff, and an attendance record is maintained for each Family Navigator.

Methodology

Boys Town utilizes Helpline and Family Navigator data to assist families in connecting with the appropriate community services. The data also are used to identify trends in service needs, as well as service gaps and barriers. A **service gap** is when a particular service does not exist in an area, defined as more than 50 miles away from the family's community. A **service barrier** is when factors such as cost or appointment availability prevent families from accessing a service.

In addition, collected information is used to continuously adjust and improve the Helpline and Family Navigator services. Computerized forms filled in by Helpline Counselors are adjusted as the Helpline Program Manager, QA/Data Analyst and Clinical Supervisors refine the kinds of information to be collected from callers.

Information on all callers is stored in the Helpline Database. Caller information is entered by Helpline Counselors. Information on participants in the Family Navigator service is stored in the Boys Town National Database. That information is entered directly by the Family Navigator subcontractors who are employed by Healthy Families Project, NAMI Nebraska and the Nebraska Family Support Network. These databases contain information on family and children demographics, referral agencies, case notes and other types of data.

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Q6 HELPLINE SUMMARY

- The Helpline received **851** Inbound calls where information was collected about the callers. Of the **689** families that called in Q6, **599** families called for the first time.
 - The Helpline met contract requirements with a Call Answer Rate of **99%** and an average Call Wait Time of **11 seconds**.
 - **82%** of callers were female.
 - **45%** of callers were from Single-Parent households; **50%** of families that accepted Family Navigator service had Single-Parent households.
 - Callers mostly sought parenting assistance for **13- to 16-year-old** children. The average age was **13**.
 - **55%** of the calls concerned male children.
 - The three most-cited problem behaviors were **children not following family rules, children being aggressive in the home and children arguing with parents, guardians and other authority figures**.
 - Of the **599** unique families that contacted the Helpline, **19%** self-reported that their children had a previous mental health diagnosis, the most common being ADHD/ADD. Families attempted Community-Based Outpatient treatment and medication as the most common previous interventions for ADHD/ADD.
 - Helpline Counselors made **557** Outbound Follow Up calls to families to determine whether additional support and/or service referrals were needed.
 - Helpline Counselors provided **1,041** service referrals to callers; **38%** of families in the sixth quarter requested specific referral types, with **Community Based Outpatient** and **Residential Treatment** being the most-requested service types.
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FY2011 HELPLINE SUMMARY

- The Helpline received **3,861** calls in Fiscal Year 2011 where information was collected from callers. A total of **2,717** unique families called the Helpline. In addition, Helpline Counselors made **2,303** outbound calls to families to follow up on their situations and assess whether additional help was needed.
- The Helpline met contract requirements with a Call Answer Rate of **98%** and an average Call Wait Time of **13 seconds**.
- The Helpline received calls from **79** unique Nebraska counties (**85%** of counties).
- The three most-cited problem behaviors were **children not following family rules, children being aggressive in the home and children arguing with parents, guardians and other authority figures**. That matched previous results.
- **42%** of callers reported being from Single-Parent households, followed by **26%** who reported being from households with Both Biological Parents.
- **More than a third** of callers (**35%**) who participated in Follow Up calls with the Helpline reported improved family situations since the initial Helpline call. That result was in line with findings for the sixth quarter.
- **75%** of callers identified themselves as parents.
- **81%** of callers were female.
- The median age of all callers was **40**; while **4%** of callers were under the age of 18.
- **60%** of identified children in Helpline calls were male; **40%** were female.
- **46%** of callers reported having Medicaid/Kids Connection insurance; **44%** reported Private insurance coverage.
- **14%** of identified children had a previous Mental Health evaluation; **20%** had a previous Mental Health diagnosis. The most reported diagnosis was ADHD/ADD.
- Factoring in parents, **25%** of families had a child and/or parent with a Mental Health diagnosis prior to calling the Helpline.
- **30%** of identified children underwent at least 1 Mental Health treatment prior to the family's Helpline call. A form of Outpatient treatment was reported **52%** of the time. Medication was reported **25%** of the time.

HELPLINE STATISTICS & COMPARISONS – Q6 and FY2011

The Nebraska Family Helpline was involved in a total of **1,444** calls during the sixth quarter (**887** Inbound; **557** Outbound).

Inbound Call Types (Documented)	FY11	FY11%	Q6	Q6 %
Standard Inbound Call	1,617	42%	337	40%
Information	1,163	30%	280	33%
Inbound Follow Up	1,019	26%	218	26%
High Risk	52	1%	13	2%
Positive Consumer	6	0%	1	0%
Negative Consumer	3	0%	2	0%
E-Mail Call Request	1	0%	0	0%
TOTALS	3,861	100%	851	100%
Other Inbound Call Types				
Inappropriate Use of Services	46		13	
Hang up/Wrong Number	128		23	

The first seven Inbound Call Types are Documented Calls, where demographic and other caller information is collected.

Positive feedback was received during a variety of call types; **1** call in Q6 was coded as Positive because that was the main reason for the call.

Two Negative Consumer calls were received in Q6. One call was from a mother who was frustrated about being denied residential services for her son. The other call was from a 16-year-old boy who believed that a Helpline TV commercial placed too much emphasis on family problems caused by children instead of identifying the role parents sometimes play, as well.

Families sent **11** e-mails to the Helpline via the DHHS Website in the sixth quarter. There were **77** e-mails in FY2011.

Helpline Averages	State Goal	FY11	Q6
Call Answer Rate	≥ 95%	98%	99%
Call Wait Time	< 100 sec.	13 sec.	11 sec.

The number of Outbound Follow Up Calls in Q6 held steady from the previous quarter.

Families stated that they appreciated the follow up calls. Counselors were able to assess how families were doing since the initial call and could provide additional referrals.

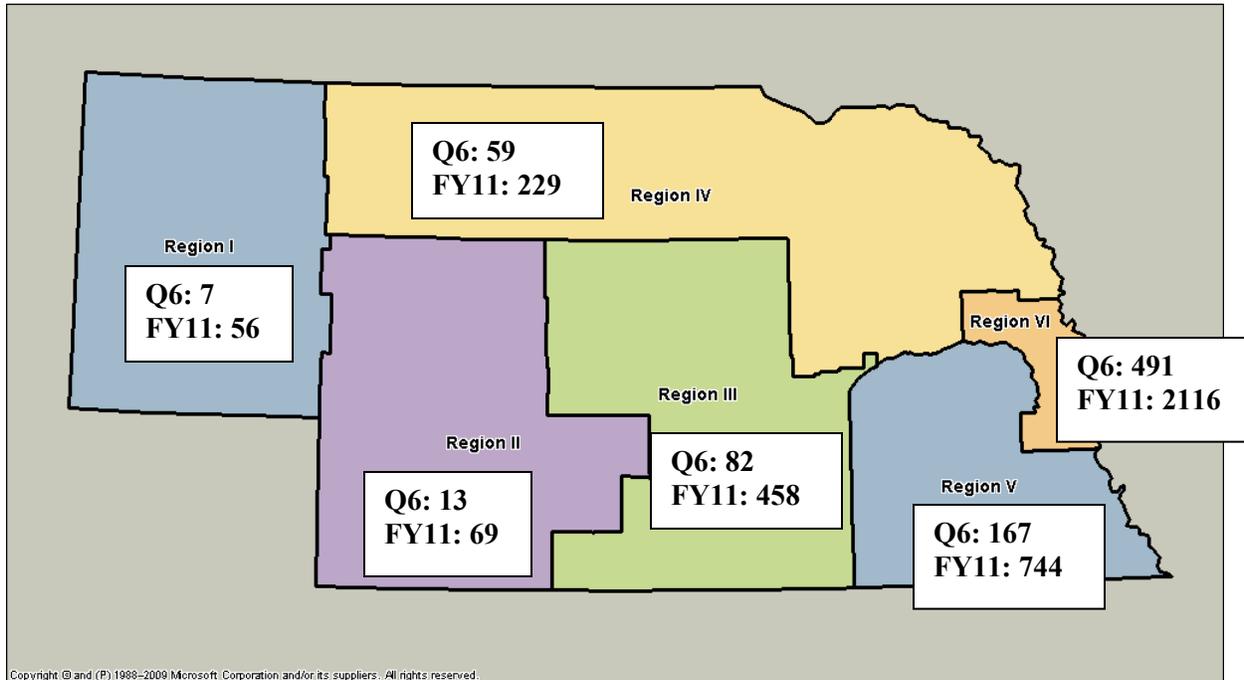
Outbound Calls	FY11	Q6
Outbound Follow Up	2,303	557

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

Of the **3,848** families that called the Helpline from January 1, 2010, through June 30, 2011, **81%** called once. The Helpline became a service in itself, not just a referral source, for **19%** of families who called multiple times. In the sixth quarter, **54%** of the multiple call families reported calling back because of a continuation of a previously discussed crisis. Meanwhile, **30%** reported calling back due to a continuing crisis and a new crisis. Most often repeat callers contacted the Helpline within 30 days of their initial call. The majority of repeat callers follow-up with the Helpline Counselor on strategies or referrals they received.

Some callers initially wanted to seek out resources on their own; however after experiencing barriers, they contacted the Helpline for additional resources or a referral to Family Navigator service. Repeat callers frequently call the Helpline to report changes in the events they are experiencing with their children. The Helpline provides a safe and neutral environment for the caller to vent about their situation and problem-solve their next steps.

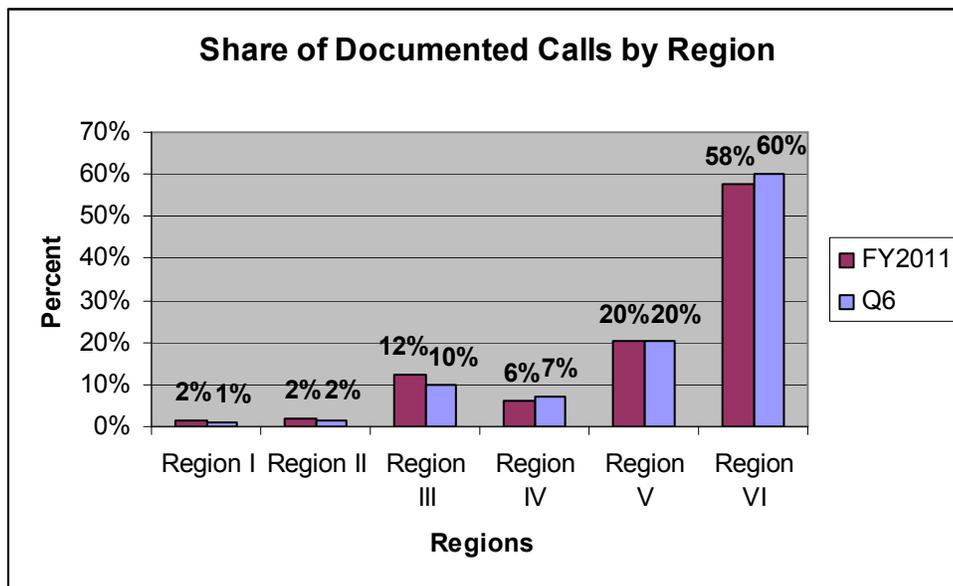
Documented Calls by Region*



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*N = 819 in Q6; 3,672 in FY11 (Out-of-state calls not included)

The highest share of documented calls continued to come from Behavioral Health Region VI. The share of calls from each region held steady from the previous quarter.



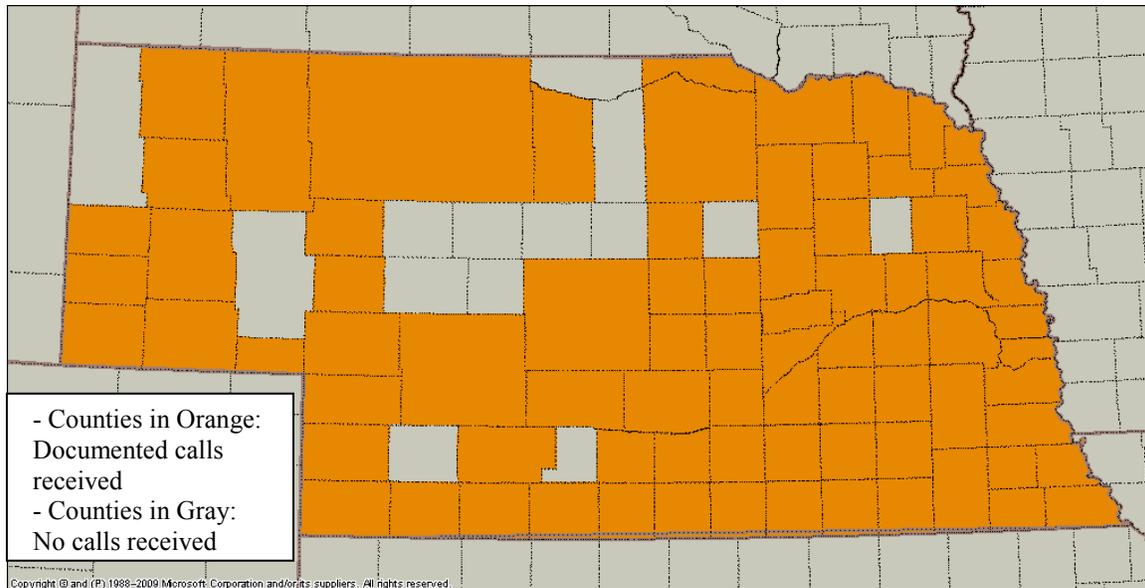
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The rate of calls to the Helpline in Fiscal Year 2011 was highest in Region VI, with **10.7** Documented Calls per 1,000 residents under age 18.

Region	Pop. Under 18	Pop. %	FY11 Doc. Calls	Call %	Calls per 1000 Under 18
Region I	19,783	4%	56	2%	2.8
Region II	24,064	5%	69	2%	2.9
Region III	53,595	12%	458	12%	8.5
Region IV	50,596	11%	229	6%	4.5
Region V	101,270	23%	744	20%	7.3
Region VI	197,687	44%	2116	58%	10.7
TOTAL	446,995	100%	3672	100.0%	8.2

The most documented calls continued to come from Douglas County. Calls were received from **59** unique counties in the sixth quarter.

From January 1, 2010, through June 30, 2011, calls came from a total of **79** unique counties, or **85%** of Nebraska counties.



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The largest number of calls to the Helpline came from parents seeking parenting assistance for a variety of issues involving their children. The primary issue that families called about in the sixth quarter was children not following Family Rules, followed by Aggression at Home and Arguing.

Top 10 Child Issues*	Q6	% of All Child Issues Reported	% of Unique Families
Family Rules	292	16%	81%
Aggression at Home	236	13%	65%
Arguing	211	12%	58%
School Authority	163	9%	45%
Grades	120	7%	33%
Sibling Relations	101	6%	28%
Runaway	93	5%	26%
Aggression at School	84	5%	23%
Depression	62	3%	17%
Peer Relations	61	3%	17%

*1819 Child Issues reported by 361 families

Top 10 Child Issues**	FY11	% of All Child Issues Reported	% of Unique Families
Family Rules	1313	16%	78%
Aggression at Home	1042	12%	62%
Arguing	994	12%	59%
School Authority	746	9%	44%
Grades	565	7%	33%
Sibling Relations	441	5%	26%
Aggression at School	397	5%	23%
Runaway	369	4%	22%
Depression	323	4%	19%
Substance Abuse	313	4%	18%

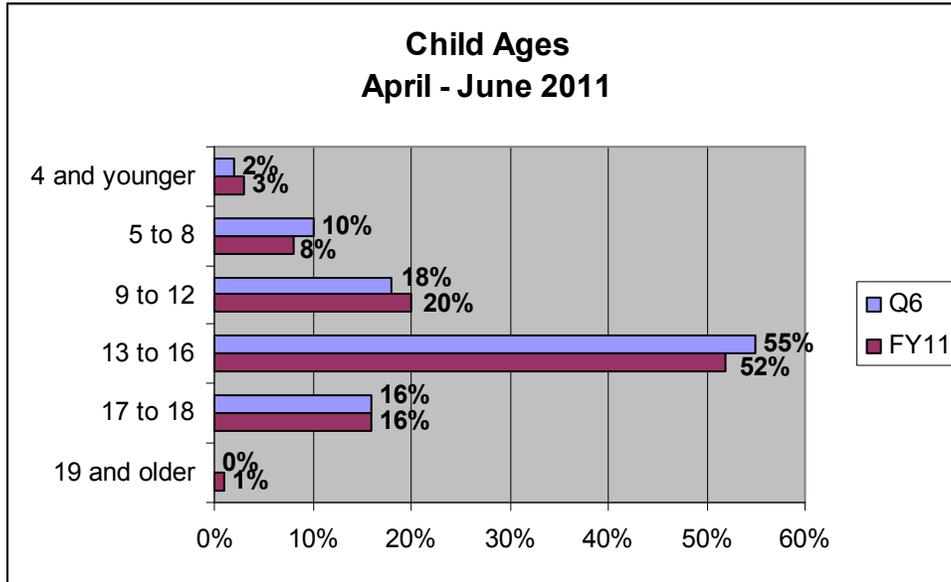
**8470 Child Issues reported by 1693 families

Aggression at Home	When a youth in the caller's home behaves in a way that is considered aggressive or violent in nature, which could result in bodily harm to another family member.
Aggression at School	The identified youth behaves in a way that is considered aggressive or violent in nature, which could result in bodily harm to another student or to a staff member.
Arguing	The identified youth speaks disrespectfully during a discussion with an authority figure.
Depression	The identified youth has described feeling sad, hopeless, worthless or pessimistic; or the caller feels that the identified child is demonstrating what the caller has identified as signs of depression.
Family Rules	The identified youth does not follow or agree with the rules that have been given to him or her. This includes a variety of rules such as bedtime, curfew, use of technology, chores and other responsibilities.
Grades	A youth is not performing to the academic standards his or her guardian feels he or she is capable of.
Peer Relations	The identified child has verbal and/or physical altercations, or fails to interact with youth of similar age in a healthy manner.
Runaway	The identified youth has left the home of their legal guardian without permission and the youth's whereabouts are unknown for a period of time.
School Authority	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.
Sibling Relations	Siblings in the home of the caller have verbal and/or physical altercations, or fail to interact with each other in a healthy manner.
Substance Abuse	The identified youth self-reports substance use; or the caller reports that the identified youth has used substances or suspects substance use.

Helpline Demographics

The following are major demographic findings for those who called the Helpline during the sixth quarter:

- Parents most often called about **13- to 16-year-olds**; with the average age being **13**.



The majority of identified children in Q6 calls were males.

- **55%** of the children were males; **45%** were females.
- The median age of callers to the Helpline was **39**.
- **2%** of callers were under the age of 18.
- **82%** of the callers were female.
- **80%** of callers identified themselves as parents.

60% of Helpline callers in Q6 reported having **Medicaid/Kids Connection**.

Insurance of Helpline Callers Q6	Number	Percent
Medicaid/Kids Connection	102	60%
Private Insurance	54	32%
Have No Insurance	11	6%
Private Insurance w/o Mental Health Coverage	2	1%
Other	1	1%

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During the sixth quarter, the highest percentage of callers to the Helpline identified themselves as being in Single-Parent households (45%), followed by households that had Both Biological Parents (22%).

Family Structure	FY11	FY11 %	Q6	Q6 %
Single Parent	650	42%	147	45%
Both Biological Parents	405	26%	72	22%
Parent and Step-Parent	267	17%	63	19%
Parent and Live-In Friend	88	6%	21	6%
Legal Guardian	44	3%	13	4%
Adoptive Parents	53	3%	9	3%
Other Relative	36	2%	4	1%
Non-Family Member	13	1%	1	0%

PRECIPITATING EVENTS

Of those who called the Helpline in the sixth quarter, 89% reported specific events that prompted their calls. Examples of precipitating events included:

A mother calling the Helpline requesting assistance with her 14 year old daughter. Mom reports her daughter has been texting older boys and men she has met online. Mom discovered texts of a sexual nature on more than one occasion. Mom reports that she is a single parent; her daughter's father has been in and out of their life. Mom reports that her daughter was a good student until recent months. Since that time her grades have dropped to D's and some F's.

She has been more focused on communication with boys/men online. Mom reports that she took her daughters phone away when she discovered the 'sexting.' Her daughter served the consequence and later earned her phone back. Yesterday Mom discovered that her daughter was having a sexually explicit conversation with a male online again. Mom stated she needs help to keep her daughter safe and teach her to respect herself. Helpline Counselor made several conference calls with the Mom to therapy clinics in their community. Mom was able to have an initial appointment scheduled and indicated that she was feeling hopeful that this would help both her and her daughter improve their communication with one another and focus on making the right decisions.

A father called wanting advice and assistance with his 12-year-old daughter who seems to be taking out her anger and frustration on her step-mother and physically attacks her when upset. The daughter and her sister came to live with their dad in May of last year. The 12-year-old daughter was severely abused by her biological mother for several years. Dad stated he has had both of his daughters in counseling. Last week the older daughter had an evaluation and was diagnosed with ADHD, ODD, and Anxiety NOS.

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Last year after continuously trying to stick her finger in a light socket, she was placed inpatient for 3 days and spent 1 week in an outpatient day program. Dad stated he is having difficulty finding residential placement for his daughter due to her age. Dad became emotional at one point and was very overwhelmed and wanted to do what was best for his daughter. He admitted that his wife is also very overwhelmed and this is causing problems in their marriage. Dad reported that he and his wife had voluntarily participated in a parenting class previously.

Helpline Counselor praised Dad for reaching out for assistance and praised him for being an advocate for his children. Helpline Counselor offered 3 therapeutic resources for his wife if she is interested in seeking counseling and informed Dad about the Region 6 Crisis Response team for future reference if his daughter's behaviors escalate again. Helpline Counselor also discussed residential and intensive residential placement for his daughter, discussed admissions criteria and provided contact information. Helpline Counselor offered Family Navigator services and Dad accepted.

The Helpline also receives calls from third parties on behalf of families needing assistance.

A worker from a program for young families was calling on behalf of a mother who is struggling with her 9-year-old daughter. The daughter is diagnosed with ADHD and ODD and Mom feels that her daughter needs help, possibly a group home. Her daughter also displays sexual acting out behaviors due to sexual abuse in the past but program worker did not have any further information on that. Mom's children were in foster care for 4 years and so she is very cautious of any type of help from HHS. Program worker stated she would have Mom call the Helpline. Helpline Counselor explained the possibility of a Family Navigator referral which program worker thought would be a good idea.

(Later that day) Mom called the Helpline and told Helpline Counselor she wants ADHD services for her daughter, as well as counseling and respite. Mom is homeless and living at the shelter with her 3 children the past 3 weeks. She is overwhelmed and needing help so she can also get services started. Helpline Counselor assessed lethality and Mom said she was suicidal. Helpline Counselor attempted to get Mom to contract for safety but she couldn't and said she is a danger to herself and her daughter.

Mom was venting and crying, very overwhelmed with her situation. Helpline Counselor asked to speak with one of the staff at the shelter. Staff came on and Helpline Counselor let staff know what the situation was and that Mom is suicidal and unable to keep herself safe. Helpline Counselor suggested they either monitor Mom constantly or get her to the hospital to be evaluated. (Mom was taken to the hospital for evaluation.) (The next day) Helpline Counselor called Mom for a follow up and to finish signing her up for Family Navigator services. She was grateful for the support and feels much better about things today.

REFERRALS

During calls Helpline Counselors gathered information on the Mental Health history of the identified child and parents. Of the families that contacted the Helpline in the sixth quarter, **14%** self-reported that their child had previously received a Mental Health evaluation. In addition, **116** families, or **19%**, reported that their child had received a Mental Health diagnosis. When the Mental Health of parents was factored in, **24%** of families reported a child and/or parent had received a prior Mental Health diagnosis.

April – June 2011

Top 5 Child Diagnoses Reported*	Number	Percent
ADHD/ADD	67	41%
Oppositional Defiant Disorder	25	15%
Bipolar	22	13%
Depression	14	8%
Anxiety	8	5%

* N = 165 diagnoses reported; Multiple diagnoses can be reported per child

Overall, **176** families, or **29%**, self-reported that their children had undergone at least one form of Mental Health treatment prior to the Helpline call. A form of Community-Based Outpatient treatment was reported **52%** of the time, mostly counseling and therapy. Medication was identified as **23%** of the prior treatments. In general, families told Helpline Counselors that they tried less restrictive forms of treatment such as counseling and/or medication and they were seeking more restrictive types of referrals from the Helpline, such as Residential Treatment.

Helpline Counselors and Family Navigators offered referrals to a variety of programs. A total of **1,319** referrals (**1,041** Helpline, **278** Family Navigator) were provided in the sixth quarter. Many families were given multiple referrals. Referrals were provided to **386** unique families, or **64%**, that contacted the Helpline in the sixth quarter. Helpline staff utilized the Referral Database to provide families with information on services that best matched the needs of the callers.

In the sixth quarter, **228** families, or **38%**, requested specific referral types. Callers most requested referrals for Community-Based Outpatient services, followed by Residential Treatment services. Residential Treatment was requested by callers twice as often as it was suggested by Helpline Counselors.

Helpline Counselors educated callers on the continuum of services and most often suggested Outpatient services to callers, followed by Mental Health evaluations.

Requested Referral Types Q6*	Number	Percent
Mental Health	207	58%
Community Based (Outpatient)	77	
Residential Treatment	76	
Evaluation/Assessment/Diagnostic	26	
Hospital/Crisis Mental Health	13	
Specialized Residential Treatment	8	
Community Based (Day Treatment)	4	
Medication Management	3	
Non-Therapeutic Supports	37	10%
Formal Respite	13	
Other Informal Support	9	
Informal Respite	8	
Other Home Based Services	6	
Community Treatment Aide	1	
Basic Needs	34	10%
Housing	18	
Fuel/Utilities	10	
Food	3	
Clothing	3	
Child Development and Support	21	6%
Recreation and Leisure	8	
Mentoring for Child/Youth	5	
Transition Age Youth/Independent Living	4	
Leadership Programs and Activities	2	
Youth Development	2	
Parent Education and Support	15	4%
Parenting Classes	6	
Support Groups	4	
Peer Support	2	
Child Care	2	
Other Forms of Parenting Education	1	
Substance Abuse	14	4%
Evaluation	5	
Residential Treatment	4	
Community Based (Outpatient)	3	
Hospital/Crisis	2	
Legal Services	11	3%
Adult	6	
Juvenile	5	
Benefits	9	3%
Medicaid	3	
Other	2	
Developmental Disabilities (SSI/SSDI)	1	
Energy Assistance	1	
Child Care Subsidy	1	
Aid to Dependent Children	1	
Education	5	1%
Alternative School	3	
Special Education	2	
Health Care	2	1%
Primary	2	

*Multiple services can be requested/suggested during calls

Suggested Referral Types Q6**	Number	Percent
Mental Health	197	50%
Community Based (Outpatient)	94	
Evaluation/Assessment/Diagnostic	47	
Residential Treatment	34	
Hospital/Crisis Mental Health	17	
Community Based (Day Treatment)	3	
Specialized Residential Treatment	2	
Non-Therapeutic Supports	55	14%
Formal Respite	23	
Other Informal Support	18	
Informal Respite	10	
Other Home Based Services	4	
Parent Education and Support	45	11%
Parenting Classes	25	
Other Forms of Parenting Education	6	
Support Groups	5	
Peer Support	3	
Individual	3	
Specialized Parenting Training	2	
Child Care	1	
Legal Services	25	6%
Juvenile	19	
Adult	6	
Substance Abuse	25	6%
Evaluation	10	
Community Based (Outpatient)	8	
Residential Treatment	6	
Hospital/Crisis	1	
Child Development and Support	25	6%
Mentoring for Child/Youth	14	
Youth Development	4	
Transition Age Youth/Independent Living	4	
Recreation and Leisure	2	
Leadership Programs and Activities	1	
Basic Needs	16	4%
Housing	13	
Food	2	
Clothing	1	
Benefits	6	2%
Adoption Subsidy	2	
Aid to aged, Blind, Disabled	1	
Other	1	
Medicaid	1	
Developmental Disabilities (SSI/SSDI)	1	
Health Care	1	0%
Specialized	1	

**Does not include referrals to Family Navigator program

Basic Needs	Programs for families that seek to meet the basic needs of housing, food assistance, clothing, fuel/utilities assistance and employment/training programs.
Benefits	Programs to assist families in accessing health care benefits and financial assistance (i.e. ACCESS Nebraska, SSI/SSDI).
Child Development and Support	Programs for children that are not treatment-focused, but rather offer guided assistance and/or structured social activities. This includes camps, leisure/recreation activities and mentoring programs.
Education	Programs within the context of the formal educational system, including services offered as an adjunct to the traditional school curriculum. These services include instruction that is individualized or specialized 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.
Legal Services	Services for legal aid for those seeking answers to legal questions or seeking representation.
Mental Health	Services that provide for the mental health needs of individuals and families. Includes evaluation and 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 the family during their current crisis. Such services do not offer a clinical or therapeutic component, but rather attempt to support the family while they dealing with non-specific crisis situations. An example would be respite care.
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 any addictive substances.

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Helpline Counselors also gauged families’ abilities to access services. Service access was coded as a Stressor if parents or guardians told Counselors of past difficulties accessing services. It was marked as a Strength if the families self-reported past success in obtaining at least some services. The highest number of families self-reported difficulties in accessing services.

April - June 2011

Service Access	Number	Percent
Stressor	149	41%
Neither	139	39%
Strength	73	20%

A significant Stressor reported by parents continued to be not being able to access the services they wanted for their child. This often occurs when a child’s behavior is not at a level that would warrant in-patient hospitalization; however the behaviors pose a safety risk to the child and family.

During calls to the Helpline, families self-reported barriers that prevented them from successfully accessing past services. Most barriers reported by families related to accessing Mental Health services, such as Community-Based Outpatient counseling and medication. The most common barriers reported for these service types were:

- Parent reports counseling or medication ineffective/No change in child’s behaviors (regions V, VI)*
- Child wouldn’t attend / did not find it helpful and/or stopped participating in sessions or taking medication. (regions IV, V, VI)*
- Family didn’t follow through with continuing/accessing services due to scheduling, costs or other factors (regions V, VI)*

Families contacting the Helpline self-reported service gaps for:

- Community-Based Outpatient counseling (region III)* The only resource that met a cultural need was in the Omaha area, more than 50 miles from the caller’s home.

*Region refers to geographical area, not Region-provided services

It is difficult to determine the actual percentage of families that access the referrals provided to them by the Helpline, due to limited contact with most families. However, families that were a part of the Family Navigator program had numerous documented successes accessing referrals.

Of the families whose Navigator cases ended during the sixth quarter, **75%** utilized at least one referral provided to them by either the Helpline or the Family Navigator; **48%** utilized at least two referrals; **26%** utilized at least three referrals.

During the contract period, January 2010 through June 2011, **165** families were provided referrals for Access Nebraska, many of whom also accepted Navigator service and received registration assistance from Navigators.

Client Satisfaction

Of the Follow Up calls initiated by Helpline Counselors or by families in the sixth quarter, **249** involved Counselors asking questions to gauge perceived levels of family improvement since initial calls. During these calls parents were asked to assess their family situation. In the sixth quarter, **37%** of families reported improved situations since their initial Helpline call. The majority of Follow Up calls are made three to four days after initial calls to the Helpline.

Situation After Call	Q6	Q6 %	FY11	FY11 %
Same	126	51%	623	51%
Better	92	37%	427	35%
Worse	31	12%	162	13%

Helpline callers also were provided with the option of participating in an automated phone survey. **Twenty-eight** people answered the survey in the sixth quarter. Participants were asked to rate four aspects of the Helpline on a scale of 1 (poor) to 5 (excellent). Average ratings for all four questions were **4.6** or above:

- How would you rate the Helpline operator's ability to listen to you and understand your need for calling? Average rating: **4.9**
- How would you rate the Helpline staff in giving you options to try for further help? Average rating: **4.6**
- How would you rate the overall effectiveness of the service you received from the Helpline? Average rating: **4.7**
- If you did receive a follow up phone call from the Helpline staff, how would you rate the helpfulness of this follow up call? Average rating: **4.6**

Participants in the automated survey also were given the opportunity to record comments about the Helpline. Comments in the sixth quarter continued to be overwhelmingly positive:

"I'd like to say that it was the most helpful that (the Helpline Counselor) was willing to do a three-way call on the phone to help me with the services that I needed to get. It was nice to have that support in the three-way calling - 'cause sometimes you don't know what you need to say to get the help you need. So that was the best thing that she could have done. And I was glad that she stuck up for me when I needed it. Thank you."

"I just want to make sure that I impress the very fortunate situation there is with the Nebraska Family Helpline for someone going through the troubles I've had for my son. It's been very beneficial to me and I appreciate that it's available to me. The resources from time to time are very difficult to find without some help getting there. So it's been a good experience. Thank you."

"(The Helpline Counselor) was absolutely fabulous when she took my call. I didn't know where to turn. I was unfamiliar with the information. I felt very naive about the process"

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and simply embarrassed by the situation. Not only did she address my concerns and give me the information I needed, I felt like she was my partner. She stayed right on the line with me and kind of helped me when I would get confused or emotional at times. Once she stayed on the line with Child Protective Services and explained the process to me, then she validated my concerns. I want to thank you for this service and I'm most appreciative of it. I wish that I could help others the way you've helped me. And I will strive to do so. Thank you."

"Because of my experience today I feel so much better. I feel like there's help out there and I'm not the only person. Your support team, I can't say enough about them. They have been very helpful. I have a reason to keep going now. Thank you. They are going to follow up with me in another week and I can't say enough about your organization. Thank you."

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Q6 FAMILY NAVIGATOR SUMMARY

- **110** families were offered Family Navigator service (**18%**) and **64** families accepted Family Navigator service (**11%**). The acceptance rate in the sixth quarter was **58%**. The percentage of Navigator cases was lower in Q6 due to a transition plan being established as the new Family Navigator contract became effective.
 - **13- to 16-year-olds** was the age group most served by the Family Navigator service. The average age was **13**.
 - **56%** of children receiving Family Navigator service were Caucasian.
 - **47%** of Family Navigator cases were in Region VI.
 - Navigators made first contact with families an average of **13.6 hours** after families accepted service. Navigators held first meetings with families an average of **6.2 days** after families accepted service, based mainly on difficulties reaching families and the limited availability of families to attend meetings.
 - Navigators spent an average of **5.6 hours** per case assisting families; over an average of **60.7 days**.
 - Navigators provided families with a total of **278** service referrals.
 - **75%** of families whose Navigator cases closed in the sixth quarter accessed at least one referral provided by either the Helpline Counselor or the Family Navigator; **48%** accessed at least two referrals.
-

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FY2011 FAMILY NAVIGATOR SUMMARY

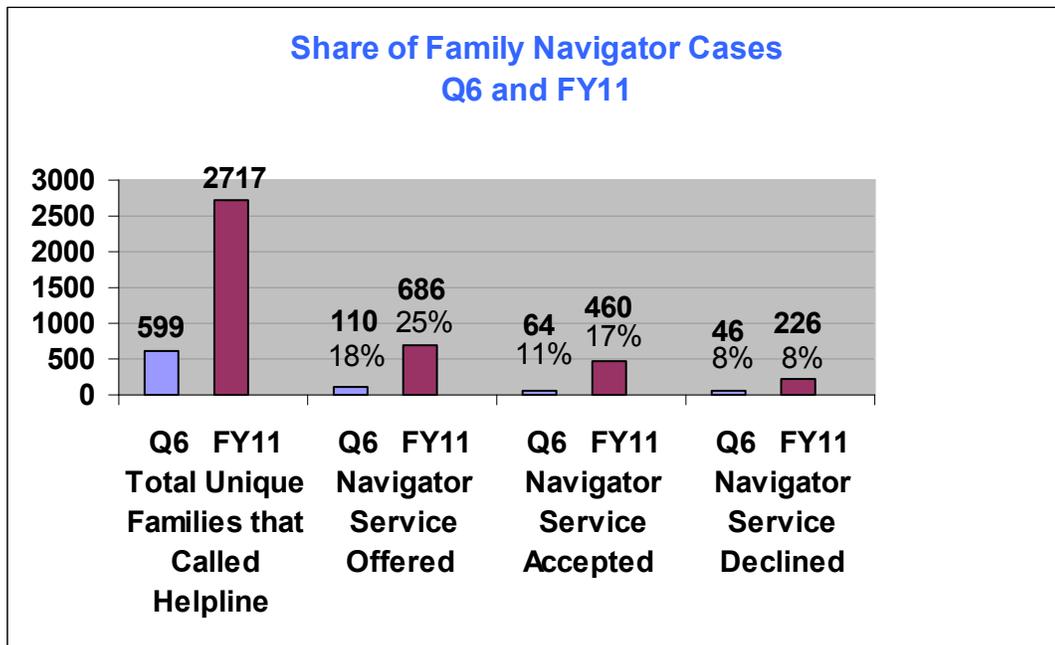
- Family Navigator service was offered to **686** families (**25%**) in Fiscal Year 2011. Of those families, **460** accepted Family Navigator service (**17%**). That represented a **67%** acceptance rate.
 - **13-to 16-year-olds** was the group most served by Family Navigator service. The average age was **14**.
 - **66%** of children who received Family Navigator service in FY2011 were Caucasian.
 - **54%** of Family Navigator cases were in Region VI.
 - Navigators made first contact with families an average of **14.4 hours** after families accepted the service. Navigators held first meetings with families an average of **5.7 days** after families accepted service.
 - Navigators spent an average of **5.7** hours per case assisting families; over an average of **62.4** days.
 - Family Navigators provided families with a total of **1,872** referrals in FY2011.
 - **47%** of families that accepted Navigator service reported having insurance through Medicaid/Kids Connection; **43%** reported Private insurance coverage.
-

FAMILY NAVIGATOR STATISTICS & COMPARISONS – Q6 and FY2011

Boys Town works in partnership with Healthy Families Project, NAMI Nebraska and the Nebraska Family Support Network to offer the Family Navigator service. Family Navigator service was offered to **110** families in the sixth quarter; with **64** families accepting service.

Overall, **48** families held at least a first meeting with Navigators. Social Security numbers were provided by **31** of those families (**65%**) and used for the purpose of Magellan registrations. About **71%** of the children registered with Magellan in the sixth quarter had Medicaid, while **29%** had Private Insurance. The remaining families declined to provide Social Security numbers, citing reasons such as concerns about protecting personal information and identities. Navigators also noted that the degree of family involvement with the service often dictates how much personal information is provided. Families seeking heavy involvement by Navigators tend to be more willing to share personal information than families that may only be seeking referrals to contact on their own.

Families who declined Family Navigator service often included parents who wanted to see how well referrals from the Helpline worked first, as well as some parents who wanted immediate Residential placement for their children. Family Navigator service was not provided in all cases because some families that initially agreed to the program later declined or were unreachable.

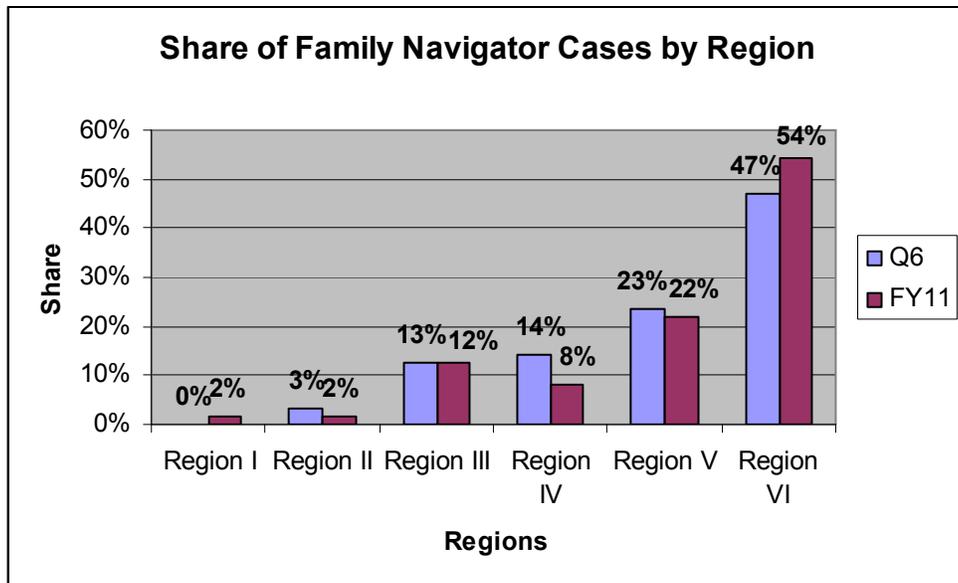
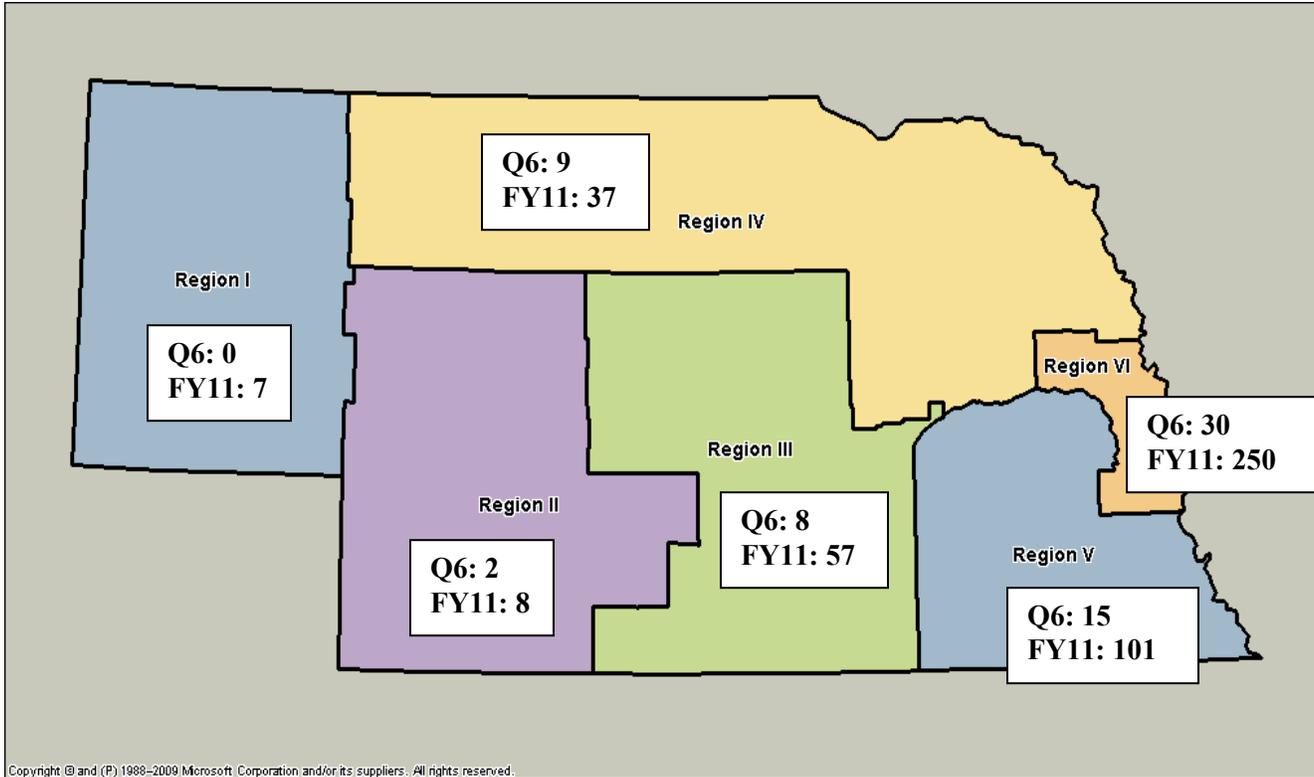


Share of Families Accepting Navigator Service

State Estimate	FY11	Q6 April - June
Approx. 20%	17%	11%

Region VI had the highest number of new Family Navigator cases in the sixth quarter, followed by Region V.

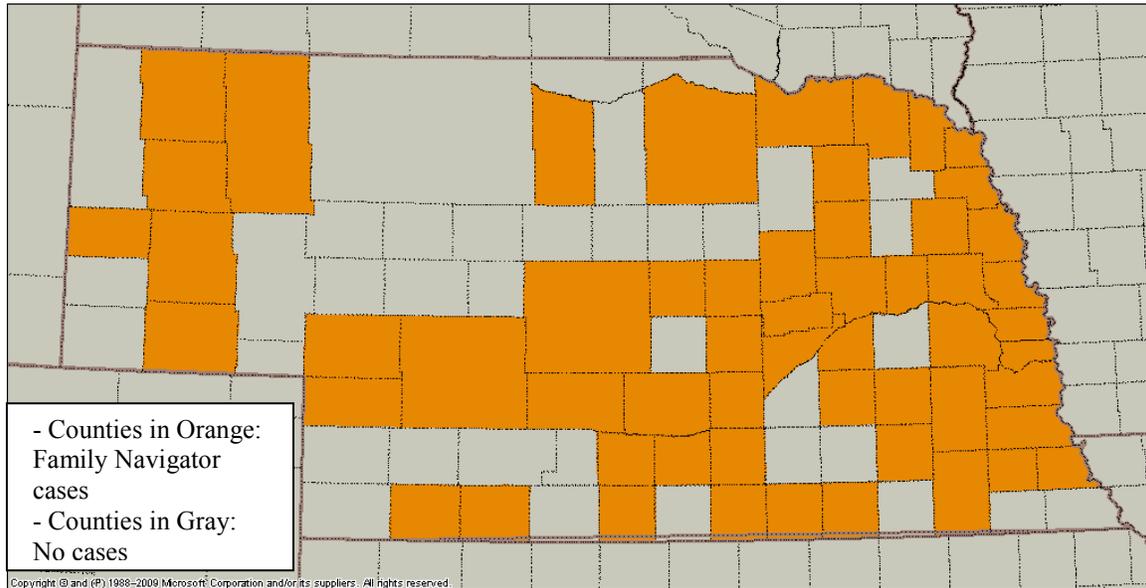
New Family Navigator Cases by Region



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The highest number of Family Navigator cases occurred in Douglas County in the sixth quarter, followed by Lancaster and Hall Counties. Family Navigator cases were opened in **15** unique counties in the sixth quarter.

Fifty-six unique counties, or **60%** of all Nebraska counties, had Family Navigator cases from January 2010 through June 2011.



Navigators made first contact with families by phone within 24 to 72 hours in **100%** of cases in the sixth quarter; **48%** of cases also had a first face-to-face meeting within 24 to 72 hours.

Time to First Meeting in Q6	Number	Percent
3 days or less	23	48%
3 to 6 days	13	27%
6 to 9 days	5	10%
10 days and over	7	15%

For all cases in Q6, first contact was made an average of **13.6** hours after the families accepted the service. Navigators conducted their first meeting with families an average of **6.2** days after acceptance. A major factor in the length of time between referrals and first meetings was scheduling conflicts in which family availability was limited. In all cases, Family Navigators were available to families within 72 hours, per RFP requirements that Navigator service “be made available” in that timeframe. However, being a family-centered service, parent availability dictated when meetings were held. Navigators inform parents of the goal and this was reinforced in Navigator all-staff training in Q5 and Q6.

All Navigator Cases in Q6	Avg. Time to First Contact	Avg. Time to First Meeting
64 cases (64 with first contact, 48 with first meeting)	13.6 hours	6.2 days

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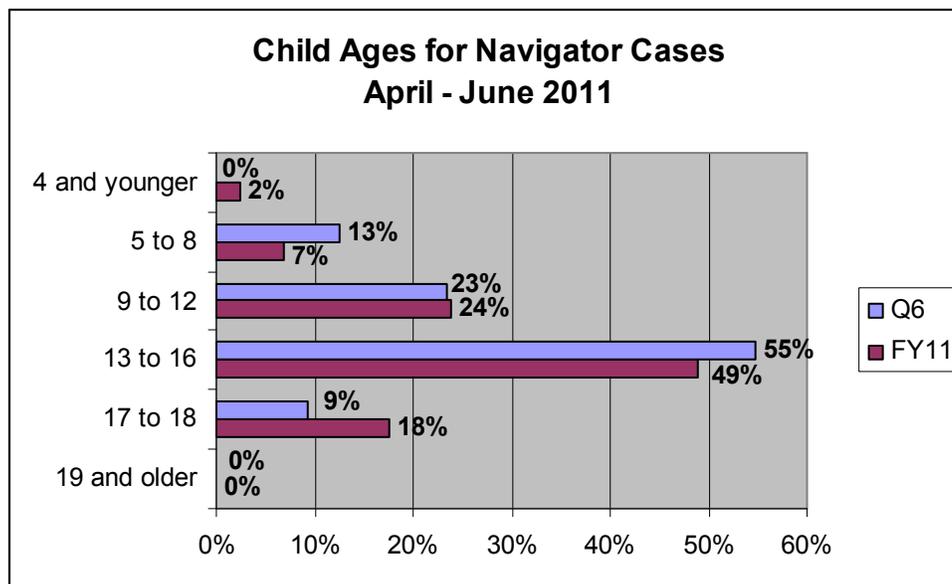
Overall, **143** Navigator cases closed during the sixth quarter, including cases opened in previous quarters. Navigators had a first contact and a first meeting in **122** of those cases.

Avg. Hours of Service for Cases with First Meeting
5.6 hours
Avg. Days of Service from Family Accepting Navigation Service
60.7 days
Avg. Days of Service from First Meeting
55.8 days

The high number of average service days is due, in part, to Navigator attempts at making initial contacts with hard-to-reach families. It was initially determined that once a Navigator makes three unsuccessful attempts to contact a family, a 10-Day Letter is sent to the family. The letter explains that the family should make contact with the Navigator within the next 10 days or their case will be closed. In an attempt to serve as many families as possible, Navigators have expanded those guidelines by making several attempts to contact families; leaving messages and requesting that Helpline Counselors make Follow-Up calls with families before sending the 10-Day Letter. As a result, some cases have remained active longer than the 45- to 60-day time period.

Family Navigator Demographics

The age group of youth most served by the Family Navigator service in the sixth quarter was **13- to 16-year-olds**. The average age was **13**.



Males made up **53%** of the identified children whose families accepted Navigator service in the sixth quarter; while females made up **47%**.

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More than half of the children in the Family Navigator program during the sixth quarter were Caucasian. The next highest percentage was Two or More Races. The percentage of African-American children in the Family Navigator program continued to be significantly higher than the proportion of African-Americans in the state’s population.

Race	Q6 April - June	Q6 Percent	FY11	FY11 Percent	NE Pop. %
Caucasian	36	56%	305	66%	82%
Two or More Races	10	16%	38	8%	2%
African-American	9	14%	66	14%	4%
Hispanic or Latino	7	11%	40	9%	9%
Other	1	2%	3	1%	
Native American	1	2%	5	1%	1%
Middle Eastern	0	0%	2	0%	N/A
Asian	0	0%	1	0%	2%

Most of the identified children in sixth quarter Navigator cases were covered by Medicaid/Kids Connection.

Insurance Type of Navigator Families Q6	Number	Percent
Medicaid/Kids Connection	45	70%
Private Insurance	15	23%
Have No Insurance	4	6%
Private Insurance w/o Mental Health Coverage	0	0%
Other	0	0%

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DATA TRENDS – Q6 and FY2011

Of the **599** unique families that contacted the Helpline in the sixth quarter, **19%** self-reported that their children had a Mental Health diagnosis, the most common being ADHD/ADD. With parent information included, data showed that **24%** of households self-reported a child and/or parent with a Mental Health diagnosis.

Approximately **29%** of the **599** unique families that contacted the Helpline in the sixth quarter reported that their children had undergone at least one form of Mental Health treatment prior to the Helpline call. Community-Based Outpatient treatment, such as counseling or therapy, was the most commonly reported treatment type for the quarter.

Callers continued to report having limited success with previous Community-Based Outpatient counseling and/or medication interventions due to:

- Not being able to afford continued sessions
- Lack of appointment availability
- Parents reporting that counseling or medication were ineffective/No change seen in child's behaviors
- Children refusing to attend sessions or not participating in sessions
- Children refusing to take medication as prescribed

After gathering behavior and treatment histories from families, Helpline Counselors:

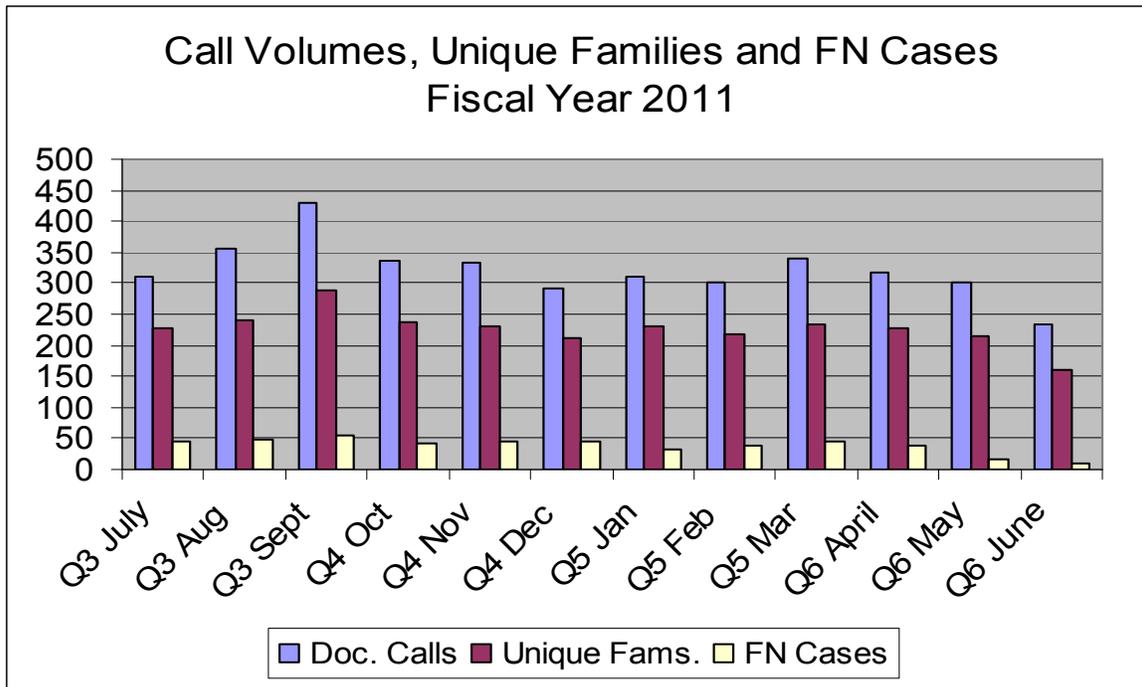
- Most often suggested/recommended referrals for Community-Based Outpatient counseling/therapy services.
- Suggested/recommended Mental Health evaluations as the second-most frequent service.
- Respite services were recommended to families **more than 30 times**.

Finding respite services has continued to be difficult, however, because of changes to provider funding and criteria.

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The number of calls to the Helpline declined at the end of Q6, similar to the trend seen for the same period in 2010. Call volume increased last summer when school resumed.



Documented Calls	Calls or e-mails from individuals and families seeking information, service referrals or other assistance. Demographic and other information on callers and their families is collected.
Unique Families	Families contacting the Helpline for the first time.
Family Navigator Cases	When Helpline Counselors offer Navigator service and service is accepted. (Navigator service is not provided in all cases due to some families later declining service or being unreachable.)

The average numbers of Documented Calls, Unique Families and Family Navigator cases in Q6 and FY11 were:

Monthly Averages	Documented Calls	Unique Families	FN Cases
Q6	284	200	21
FY11	322	226	38

EMERGING TRENDS

In January of 2011, the Nebraska Family Helpline began referring appropriate callers to the Region 6 Crisis Response Team (CRT). The Region 6 Crisis Response Team currently serves the counties of Douglas, Sarpy, Washington, Dodge and Cass. The Helpline referred **8** callers to the crisis response team in Q6. **Seven** of the callers were from Douglas County, while **1** of the callers was from Sarpy County.

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The identified youth in crisis ranged in age from 7 to 17. Crises included an out-of-control daughter who made her mother feel threatened, a boy who had become very violent and threatened to kill a member of the household and a girl destroying property whose father worried would resume cutting behaviors.

CRT outcomes included safety planning, referrals to Family Navigator service and families agreeing to post-crisis counseling.

Access to the Region 6 Crisis Response Team by Helpline Counselors is a valuable resource for families experiencing a current mental or behavioral health crisis with their child.

A 60-day Outbound Follow Up survey of families who contacted the Helpline was developed and implemented in the fourth quarter of operation. The survey consists of 12 questions. The purpose of the survey is to determine whether changes have occurred in the family's situation; determine the utilization of referrals that were provided to the family during their call to the Nebraska Family Helpline; and identify the potential need for additional resources. Helpline Counselors began requesting consent for the Follow-Up calls in mid September and the 60-day Follow Up calls began two months later. Survey volume has been lower than expected. Helpline Counselors have faced some difficulties receiving permission from families to call the families back.

From November through March **70** families were offered the survey - **67** accepted the follow up survey call and **3** families declined the survey. Of the families that accepted the survey, **32** were reachable and completed the survey by the end of the sixth quarter.

Overall, **66%** of the surveyed parents reported improved family situations since the family's Helpline call. Nearly half (**47%**) of the parents also reported that the relationship between the identified child and the rest of the family had improved. In addition, **78%** of youths continued to live at home, **91%** continued to attend school and **50%** were participating in social activities two months after the Helpline call.

Law enforcement was used by **28%** of the surveyed families since their initial Helpline call, while emergency Mental Health services were used by **10%** of the families.

Thirty-eight percent of the surveyed parents reported using resources provided to them by the Helpline. In the remaining cases referral utilization was either unclear or parents stated they used resources referred to them by other sources - most often accessing a school counselor or an Employee Assistance Program for help.

Data collection continued in the sixth quarter for reasons why families call the Helpline multiple times. Overall, **54%** of the parents who called back in Q6 did so because of a continuation of the crisis that prompted the family to call the Helpline in the first place. This would continue to suggest that many families are relying on the Helpline to assist them with longer-term family problems. It may also suggest that by the time families are

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receiving help from the Helpline or Family Navigator, their issues are more complicated and require longer-term intervention to be resolved.

Reason for Multiple Calls in Q6	Number	Percent
Continuation of previous crisis	47	54%
Continuation of previous crisis plus a new crisis	26	30%
Difficulty Accessing Services	5	6%
Wanting verbal support	4	5%
Requesting additional services	3	3%
New crisis	2	2%

The Helpline also continues to see an increase in calls made by third party individuals calling on behalf of families. These callers are gathering information about the Helpline and asking for advice to assist families within their communities. These calls are mainly from school professionals concerned about the well-being of students and families.

MARKETING

Q6 MEDIA

One week of newspaper advertising distributed in 177 newspapers

Three weeks of radio advertising, with 853 spots per week

Two weeks of cable TV advertising, with 1,914 spots per week

Two weeks of network TV advertising, with 353 spots per week

Ad in five Nebraska School Activities Association programs

Ad in Lincoln Public Schools Newsletter, Omaha Family and Family Spectrum

Q6 WEB STATS

766 visitors

655 unique visitors

1,334 total page views

Traffic to the website has remained steady from Q5 through Q6.

The majority of traffic (56.79%) continued to come as a result of search engine traffic, followed by referring sites at 33.68%, with the most popular keywords being “nebraska family helpline” and “nebraska help line”

Direct traffic accounted for 9.53% of visits to the site.

79.24% of visitors during Q6 were new visitors to the site, and people spent an average of over a minute on the site.

Advertising Summary by Quarter in FY2011

	Q3	Q4	Q5	Q6
Print ad placements	519	346	531	177
Radio ad spots	4182	2580	4265	2559
Cable TV spots	7664	3832	3588	3828
Network TV spots	1124	562	702	706
Online ad impressions	1,532,324	6,331,290	n/a	n/a
Unique Web visits	1512	2049	669	655

FINAL

NEXT STEPS

The media planning process for the July 2011 - June 2012 fiscal year began in June. However, no advertising buys could be completed or new development started until the signed contract was received. Therefore, ads placed in August and early September will be the existing ones. New, refreshed advertising is being developed. An evolution of the television and radio advertising will take place, utilizing feedback from Helpline Counselors as a guide for content.

In a continued effort to increase the data for referral utilization and effectiveness the Helpline 60-Day follow-up survey will be enhanced during the 2011-2013 contract period. The survey will be expanded and made available to all callers who receive referrals from the Helpline. Utilization and effectiveness data is essential to continue tracking gaps and barriers in services across the state.

In-Home Family Services Pilot Program

While more data is needed, it does appear that in-home family services is a service often requested but rarely available to families who access the Helpline and Navigator services. A comparison of Family Strengths and Stressors was done between families who received In-Home Family Services from Boys Town and Helpline services at the time of intake. The data demonstrated common Strengths and Stressors, as well as Presenting Problems.

To further understand the need for in-home services, an In-Home pilot program for families that reached out to the Nebraska Family Helpline was started in the fifth quarter and concluded in the sixth quarter. This pilot program was funded by Boys Town. Helpline and Family Navigator families typically are not eligible for funding of this service type due to not being involved in the DHHS child welfare system.

The In-Home pilot program served **10** qualifying families that accepted Family Navigator service within the Douglas and Sarpy County area in Region VI. Criteria for inclusion to the pilot program was as follows:

- The identified child has conflicts with authority figures at home and/or at school
- The identified child has at least one sibling
- The identified child has relationship problems with his or her sibling(s)
- The identified child's parents are willing to accept help

The pilot program was designed to serve approximately 20 families over an 8-12 week period. Family Consultants were to be in the family home approximately 2-4 hours per week, based on each family's individual needs.

Ten families were referred to the pilot program. Of the **10** families, Boys Town IHFS served **8**. One family did not engage in services and another became involved with CPS at the time of referral to IHFS.

FINAL

Upon admission to the IHFS Pilot program, each family - along with their IHFS Family Consultant - completed a Strengths and Stressors Assessment. This is an evidence-based tool that assesses behaviors and conditions that contribute to child behavior problems and family instability. The Strengths and Stressors Assessment consists of 35 individual items within six domains: 1) Environment; 2) Social Support; 3) Parental Capabilities; 4) Family Interactions; 5) Family Safety; and 6) Child Well-Being (identified child).

On average, families within the pilot program each identified **10** stressor items, with the range being from **5 to 16** items. After this data was collected, the families, along with their IHFS Family Consultant, created a treatment plan with goals and objectives individualized to address the family's needs. Each family had **3 to 5** goal areas defined.

With the IHFS Pilot Program, Family Consultants met with families for an average of **27 hours**, with an average of **13** face-to-face contacts per family. This occurred over the span of an average of **10 weeks**.

At the time of discharge from the Pilot program, families demonstrated achievement of or progress toward **95%** of their goals. Specifically, **11** goals were identified as fully achieved, **10** goals were identified as having progress made and **1** goal was noted as no progress.

IN CLOSING

The first contract period for the Helpline and Family Navigator Services ended on June 30, 2011, after 18 months of operations. This contract provided a unique opportunity for Boys Town to partner with smaller family organizations across the state. Boys Town operated the Helpline and provided data management and clinical supervision, while the partnering organizations (NAMI-NE, Healthy Families Project, and Nebraska Family Support Network) provided Family Navigator Services. The result was a streamlined, effective process that provided support and assistance to thousands of families statewide.

As the Helpline moves into the next contract period, priority will continue to be given to providing families with a 24/7 Helpline that is a service unto itself. Also data collection will be enhanced to more thoroughly identify service gaps and barriers within the system and to offer potential solutions to the identified challenges. This will be done through further pilot projects to demonstrate the need for particular services within communities statewide, as well as expanding the reporting elements of the statewide Referral Database.

Boys Town is looking forward to on-going collaboration with the Nebraska Federation of Families for Children's Mental Health and the statewide family organizations as they provide Family Navigation Services, as well as Hornby Zeller Associates in its continued role as the independent evaluator of the Helpline and Family Navigator Services.