right turn

Help for post-adoptive parents & guardians is just around the corner

June 2010

Part 1. ACCESS LINE

Reporting data provided by KVC Behavioral Health, which operates the access line.

Total Calls to the Access Line	**49**	
Test Calls (KVC testing access lines calls)	**7**	**14%**
Wrong Numbers	**4**	**8%**
Hang Ups	**2**	**4%**
Inbound Follow-up (current RT family requesting information)	**5**	**10%**
Information Only	**7**	**14%**
Ineligible: Referred to Helpline	**4**	**8%**
Total Referrals (ineligible and eligible)	**24**	**49%**

0 calls had a hold time greater than 100 seconds

8.02 seconds is average hold time

4 (8%) number of abandoned calls (calls where caller never spoke to a person)

Part 2. Referrals to Right Turn

Total Referrals (sent from KVC) **24**

Duplicate Referrals	**3**	**13%**
Total Referrals (non duplicated)	**21**	**87%**

Referrals responded to within 72 Hours	**21**	**100%**
Ineligible Referrals	**4**	**19%**
Eligible Referrals	**17**	**81%**

Disposition of Ineligible Referrals

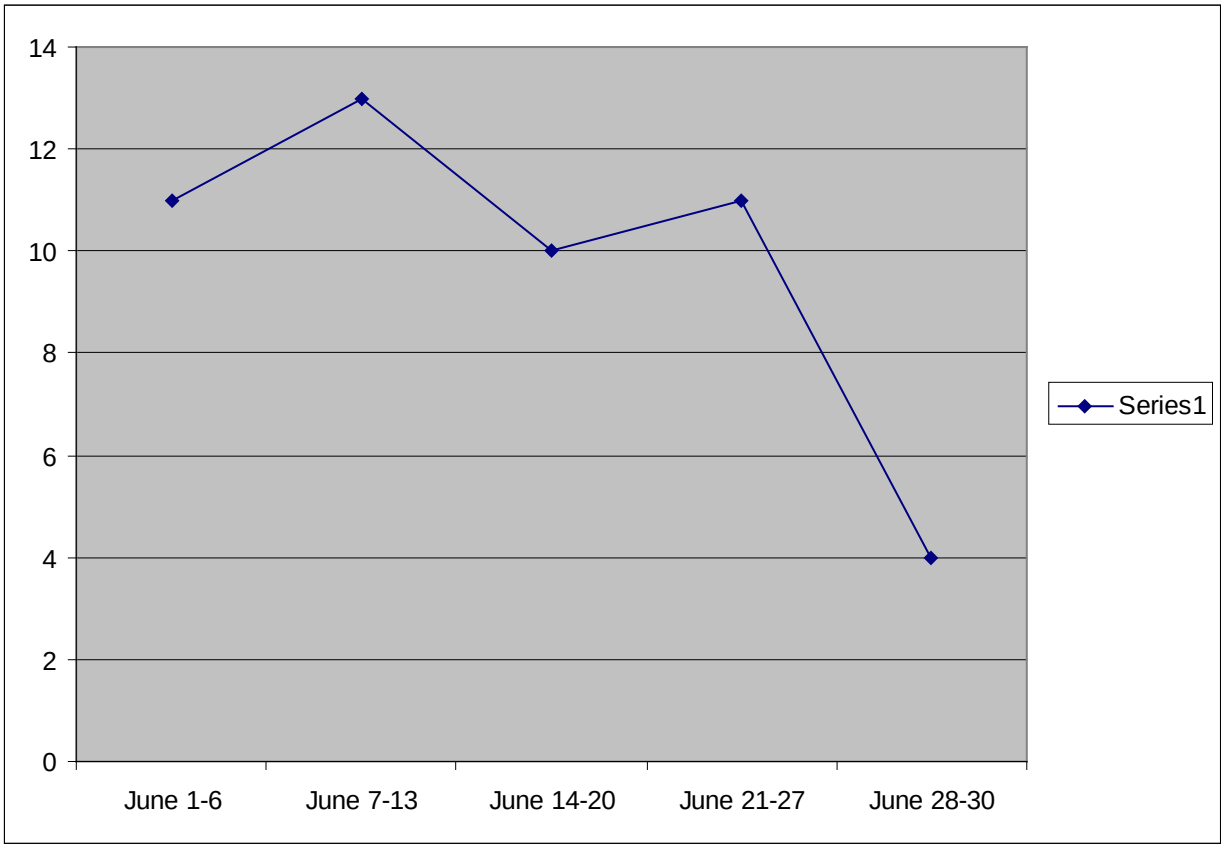
Total Ineligible **(families were referred to more than one resource)**	**4**
Ineligible: Referred to Post adoption support (Post adoption support other than Right Turn)	**4/4**
Ineligible: Referred for Helpline for Referral and Support	**4/4**
***Provided additional referrals to family**	**4/4**

**Right Turn made contact with all ineligible families and provided resources to families in addition to referring families to the Helpline and post-adoption support (when applicable). Families who are not eligible for Right Turn services are referred to other programs that will meet the needs of families. In cases where the families are adoptive parents who have a child not eligible for Right Turn, post adoption supports are needed but Right Turn is unable to serve these families. Right Turn has partnered with Nebraska Children's Home Society who has post adoption support for families who are not eligible for Right Turn. Right Turn is committed to ensuring all adoptive families access the support they need even when not eligible for Right Turn.

Disposition of Eligible Referrals

Total Eligible	**17**	
Eligible: Accepted case management services	**14**	**82%**
Eligible: Declined case management (e.g. support needs resolved, not interested in case management, did not respond to attempts to contact)	**3**	**18%**

Number of Referrals Received per Week

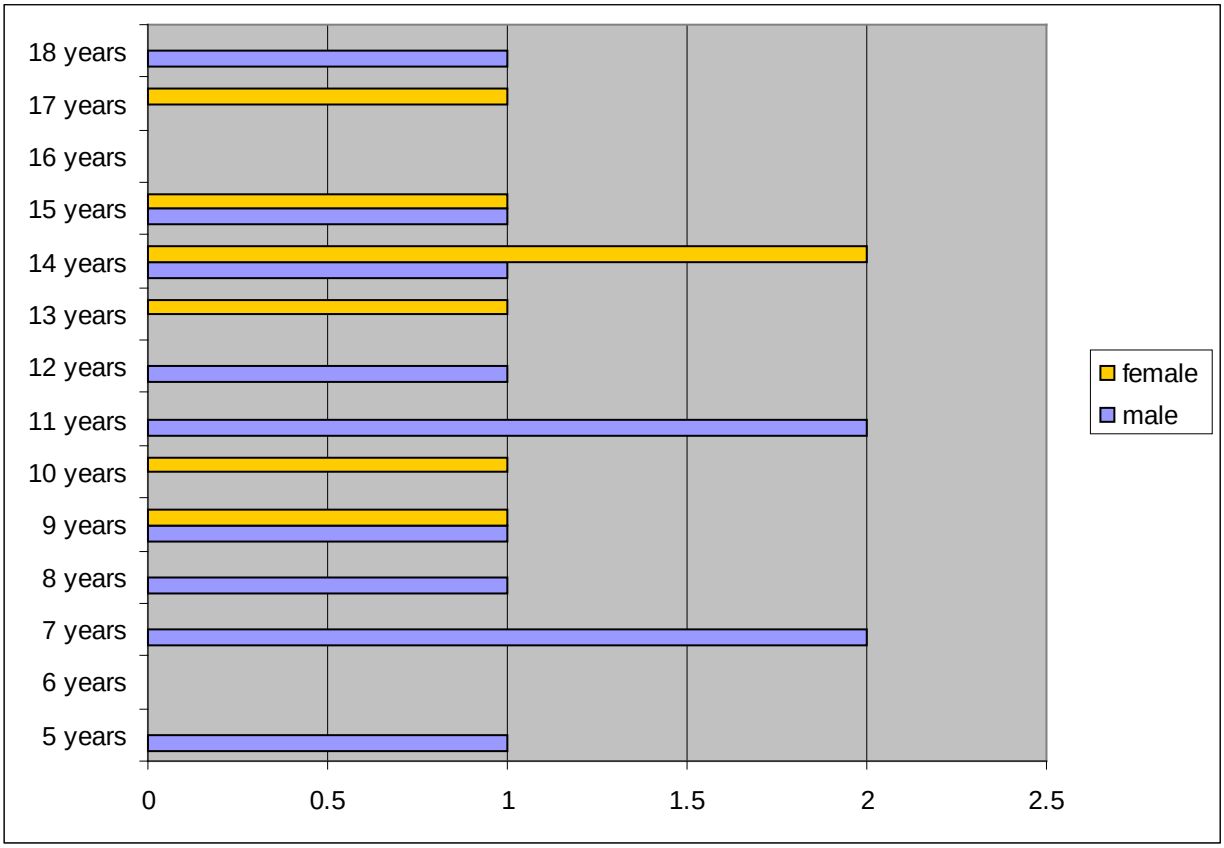


Part 3. Characteristics of New Case Management Families

New Case Management Families (Monthly)	14	
Adoption	**10**	**71%**
Guardianship	**4**	**28%**
Total New Case Management Families	**14**	

AGE AND GENDER OF THE ELIGIBLE CHILD

The age and gender of the child that qualifies a family for Right Turn *services. Parents of children under the age of four years did not self-refer to the* Right Turn *Access Line this past reporting period (N/A - services were not provided to family and age and/or gender of child was not gathered during intake).*

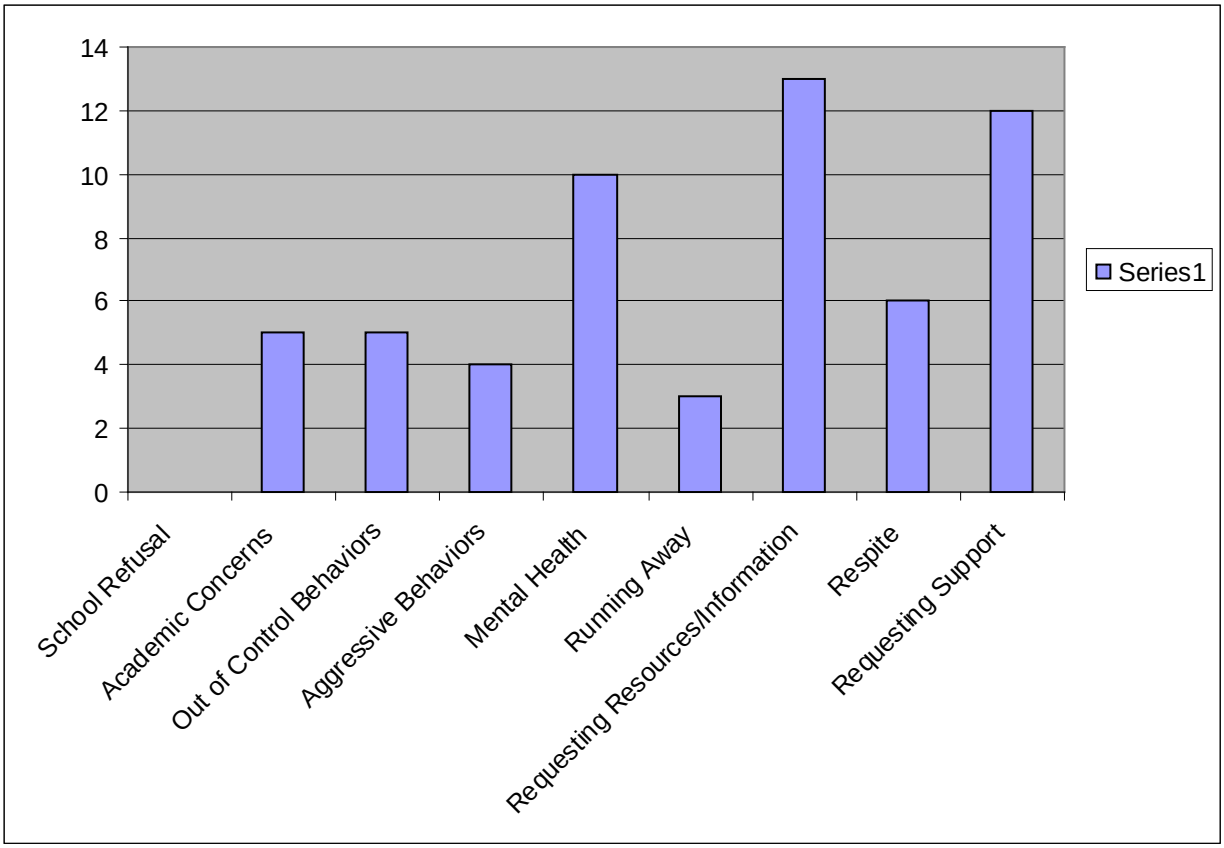


New Youth Served (Monthly)
***accounts for total youth in families served, not the eligible child**

Female	**10**	**53%**
Male	**9**	**47%**
Total New Youth Served	**19**	

ISSUES IDENTIFIED AS THE REASON FOR REFERRAL

More than one reason can be identified. Reasons for referral are identified by both the family and the permanency support specialist once case management begins.


14
12
10
8
6
4
2
0
School Refusal
Academic Concerns
Out of Control Behaviors
Aggressive Behaviors
Mental Health
Running Away
Requesting Resources/Information
Respite
Requesting Support
Series1

May	Adoption	Guardianship	Total
Families at start of month	50	10	60
Families opened this month	10	4	14
Families that closed this month	12	1	13
Families at the end of the month	48	13	61
Total families served	60	14	74

Families closed this month	13
Average length of service for families that closed this month	88.6 days

	Total
Children at start of month	118
Children opened this month	19
Children that closed this month	39
Children at the end of the month	98
Total Children served	137

PART. 4 SERVICES PROVIDED

Services provided to each family through the Right Turn *program. Services are on-going for 90 days unless otherwise requested by family.*

SERVICES PROVIDED TO FAMILIES RECIEVEING CASE MANAGEMENT:

June: Served 74 families

Case Management *Family-centered, short-term case management services that work with families in their home and at the intensity defined by the families' needs and wants.*	**100%**	**74 families served in June received case management services**
Short-term respite *Emergency respite care services provided as a safety service when other informal respite arrangements cannot be arranged.*	**6%**	Percentage of families receiving case management services who also received assistance (financial support or referral) for formal respite care in reporting month 5
Mentoring *Peer mentoring support provided by Nebraska Adoptive and Foster Parent Association (NFAPA).*	**56%**	Percentage of families who were served by NFAPA peer mentors in reporting month New cases this month: 8 referrals made to NFAPA of the 14 new families served

Education Referrals *Referral to area trainings provided by community agencies, NFAPA, Right Turn, and other agencies providing post-adoption services.*	Type of (percent): Training- 14% Websites- 7% Online training 4% Literature- 68%	Types of Educational referrals by percentage Total Educational Referrals: 28
Support Referrals *Access and referral to local support groups.*	Type of: Parent support group-95% Youth support group- 5%	Types of support group referrals by percentage Total Support Referrals: 19 (In addition to the above listed support group referrals, all Omaha and Lincoln families served by Right Turn were referred to the Omaha adoptive parent and adopted person support group through a monthly mailing (92 families))

Referral for Services *Right Turn has phone contact with all families who self-refer and eligible for services. If a family chooses not to participate in case management services, the initial contact with Right Turn provides referral for services that may better meet family need. Locating services with services providers who provide professional post-adoption services and facilitating access to services is also a function of case management.*	Types of referrals: Assistance- 0% CD evaluation 0% Child Care- 7% Community Support- 49% Community Support Emergency- 0% CPS- 0 % Educational Support- 3% Independent Living Services- 2% Legal- 2% Mental Health- 14 % MH evaluation- 6% Magellan 3 % Peer mentoring (youth) 12% Post Adoption Support- 1% Residential 1% Social Security- 0% Social Services- 0% Tutoring- 1%	Types of referrals by percentage Total service referrals: 96

GAPS IN SERVICE TRENDS THAT HAVE BEEN DISCOVERED AS FAMILIES ARE SERVED BY *RIGHT TURN*

(In cooperation with Hornby Zeller, it was determined the best method of capturing gaps and/or barriers to services would be to collect a list of identified gaps and/or barriers over the course of three months. At the end of the three month period, we hope to establish categories of gaps and/or barriers to services and then be able to quantify the number of gaps and/or barriers experienced by Right Turn families)

This section is currently being adjusted with the guidance of Hornby Zeller. HZA has made suggestions related to changing the manner in which we are collecting and calculating data in the area of barriers and gaps.

On July 12, 2010, HHS and Hornby Zeller will be working with Right Turn in developing a system of gathering and recording gaps and barriers to services. Right Turn will continue to collect information from families and case specialists in regards to the gaps and barriers to service based on family report and specialist report. Right Turn is a family driven program and report from family is seen as valuable and honest.

1. Lack of Community based services necessary to avoid of out of home care for youth with a mental health diagnosis
2. Lack of Parent education or training related to raising an adopted child (i.e. loss, grief, shame, identity, intimacy, control, rejection) (captured in Right Turn assessment, number of referrals made to education resources, parent survey)
3. Lack of Appropriate level of support and service for children who have been diagnosed with Reactive Attachment Disorder
4. Lack of Access to mental health services in rural areas (specialty services which are available within thirty miles of the family home and therefore not reimbursable by Medicaid
5. Lack of educational training on what life looks like for the adopted child who has been prenatally exposed to drugs, has mental health issues, or who has been in several placements prior to adoption) number of referrals made to education resources, parent survey)
6. Lack of information/training on transferring subsidy benefits to another State and the differences in State Medicaid when accessing mental health services (PARENT SURVEY)
7. Lack of education or training on out of state services available to families when or if they move from Nebraska (PARENT SURVEY)
8. Difficulty in accessing or identifying services in the community for a family that does not have the internet (ON REASON LIST)
9. Lack of cooperation from schools to address special needs, parents feel like school is not listening or being responsive
10. Lack of understanding or information on what type of testing or services are responsive to the needs of children with pre/post natal drug exposure

11. Adoption/guardianship subsidies not covering the cost of the child as they get older and needs increase.

12. No training on the costs related to raising high/special needs children.

13. Mental health services or treatment end prior to child making progress due to stop in payment or authorization from insurance company (OPTION INTAKE FORM)

14. Parents not receiving the details or the "full picture" of their child's mental health issues prior to adoption/guardianship (parents feeling like information was withheld to get them to adopt)

15. Lack of communication between mental health providers and the rest of the interdisciplinary team.

16. Lack of childcare resources available for children with special needs.

17. Lack of educational advocacy to create and enforce responsive IEP's.

18. Lack of respite care resources available to special needs children.

19. Recommended level of service by insurance companies not available (MST and FFT programs have waiting lists).

20. Lack of services in the Panhandle (No CTA or mental health service providers.)

21. Several high needs or special needs children placed in one home, as children age families are unable to attend to all the needs.(REASON FOR REFERRAL)

22. Respite costs are greater than respite subsidy amount

23. Lack of education or training on adoption issues

24. Not trained in accessing the services or on-going parent education needs that would enable the parent to better meet the emotional, physical and behavior needs of their child

25. Parents who feel rushed into providing permanency through adoption or guardianship when they felt ill prepared but did not want to risk losing the child in their home (SURVEY)

26. Families lack of understanding on the limitations of Medicaid and even if recommended by mental health provider, services are not always authorized for payment

27. Lack of training opportunities for therapist who are serving adopted children in the area of adoption grief and loss issues

28. Lack of training and understanding among mental health providers regarding process and necessary paperwork needed to request higher level of services from Magellan (INTAKE)