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

First Quarterly Evaluation Report (FY 2010-2011)
July 1, 2010 –September 30, 2010

Produced by
Hornby Zeller Associates, Inc.
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Evaluation Purpose and Activities

PURPOSE OF EVALUATION

This report represents the third of six quarterly reports evaluating the Nebraska Family Helpline, Family Navigator Services, and Right Turn Post Adoption/Post Guardianship Programs. It covers the period of July 1, 2010 to September 30, 2010 which represents the first quarter of Fiscal Year 2010-2011. For the purpose of making comparisons across all three quarters of service delivery, however, the report refers to this quarter as the "third quarter" from this point forward. The three programs all are intended to provide empathetic support and behavioral health referrals to families in meeting the needs of their children who may be experiencing behavioral or emotional problems; they generally focus on helping families to clarify their concerns, identify their strengths and needs, and develop plans to address the needs. Staff also provide referrals to community-based services and informal supports and sometimes shepherd families through the process of accessing services. A further goal of Right Turn is to prevent the dissolution of adoptions and guardianships by ensuring that the adoptive parents and other caregivers have adequate support to deal with the special issues they face.

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

EVALUATION ACTIVITIES

During this quarter the evaluator, Hornby Zeller Associates, Inc. (HZA), continued its data collection activities, implemented the Dashboard website and worked with the provider agencies to improve access to their case tracking information. Each of these efforts is summarized below.

On-going Data Collection

HZA staff continued to collect data on the programs in multiple ways. During on-site visits to the programs in September, HZA conducted case readings of both Family Navigator and Right Turn cases, interviewed family members, program administrators and representatives of the regional mental health offices. Simultaneously, HZA was conducting telephone interviews with consumers of services, collecting Family Survey responses from those who had completed services and listening to calls to the Nebraska Behavioral Health Helpline and to Right Turn's Access Line.

The following summarizes the data collection activities for this quarter.

Helpline:	Reviewed 97 calls, 88 inbound Interviewed Program Manager
Family Navigator:	Reviewed 66 case records Interviewed Program Manager Interviewed four family members Received and data entered 16 Family Surveys
Right Turn:	Reviewed 30 case records Reviewed 15 calls Interviewed Director Interviewed one supervisor Interviewed three family members Received and data entered 19 Family Surveys

Dashboard Implementation

The Dashboard is an on-line tool designed to allow the public, program administrators and staff to track progress on these new legislatively-mandated programs. The Dashboard went "live" during the third quarter, meaning that it is now available for public viewing. Updates are made to the data every quarter as HZA receives new data extracts from the provider agencies. Information is available at the statewide, regional and county levels. The website may be viewed at:

http://nebraskadashboard.hornbyzeller.com/

Access to Case Tracking Information

As would be expected with any new initiative, numerous changes have occurred in relation to the kinds of information collected by the provider programs and reflected in the extracts provided to the evaluator. As noted in the previous quarterly report, the DHHS project officer, the program administrators and HZA developed a common menu of service types to be recorded, as well as a better delineation of what families requested and what the programs recommended. Because the changes to the data collection tools were decided upon late during the second quarter, they could not be fully implemented during the current quarter. HZA anticipates, however, that the data it receives from the programs will begin to be consistent over time, beginning October of 2010.

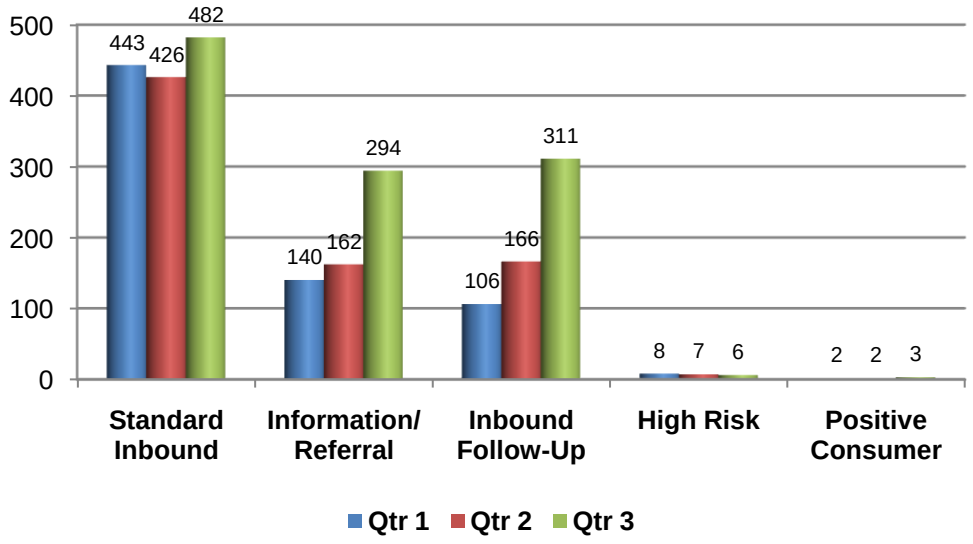
Clients and Services

CALLERS TO HELPLINE AND ACCESS LINE

During the third quarter of operation, the Nebraska Family Helpline handled nearly 1,100 documented calls.[1] The vast majority of these calls were either standard inbound calls, i.e., calls in which a family was seeking referral to appropriate services (482), or information and referral calls (294). The 482 standard inbound calls represented 476 families, a few of whom called the Helpline more than once. In addition, 284 families called for information and referral. Standard inbound calls lasted on average 35 minutes, while information and referral calls averaged 14 minutes. This has remained relatively consistent across all three quarters included in the evaluation.

Call volume increased during the third quarter. As Figure 1 illustrates, the increase in documented calls during the third quarter was driven primarily by large increases among information and referral calls and inbound follow-up calls, although standard inbound calls increased as well.

Figure 1.
Documented Inbound Calls Placed to the Helpline by Quarter

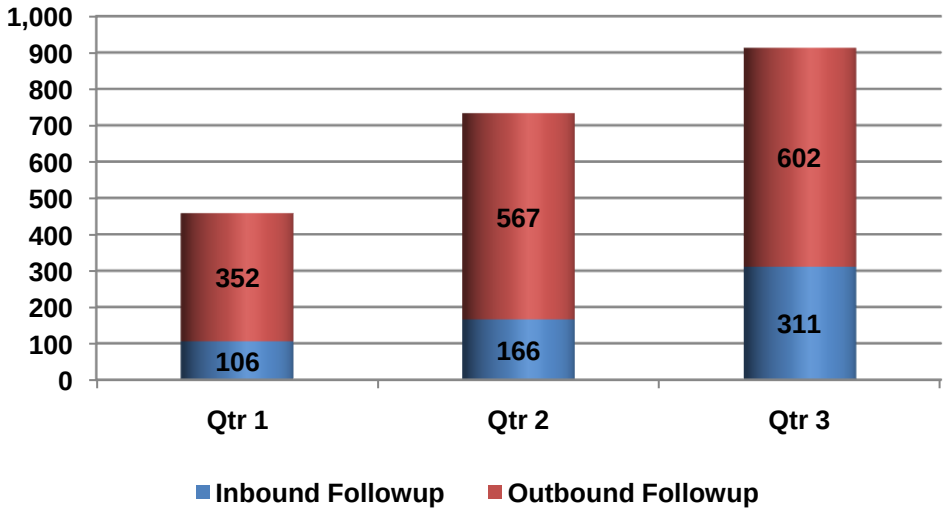


During the third quarter, there was a high of 21 inbound calls (including standard inbound calls, information and referrals and high risk calls)[2] received in one day and a low of zero calls received, with the average being around 9 calls per day. Following up

[1] "Documented calls" excludes hang-ups/wrong numbers (40), inappropriate use of the service (14) and outbound follow-up calls (602).
[2] Inbound follow-up calls and positive consumer calls were excluded from the calculation of daily average number of calls received.

with consumers after the initial Helpline calls continued to be a major component of the support that Helpline counselors provided in the third quarter. As demonstrated in Figure 2, outbound follow-up calls have almost doubled since the beginning of the program, from 352 in the first quarter to 567 in the second, to 602 in the third. These calls are initiated by the Helpline to families who have called in the past to assure that their needs have been met or to see what more can be done. Inbound consumer follow-up calls (when an individual calls back to update a counselor on a situation or to obtain more support) also appear to be increasing, which suggests that consumers are indeed finding the Helpline support helpful.

Figure 2.
Helpline Follow-Up Calls (Inbound and Outbound)
by Quarter



Legend: Call Types	
Standard Inbound Call	A call that usually results from a precipitating event regarding an individual under the age of 19 in which intervention strategies, resources, and/or parental support are provided.
Information	A call in which someone is looking for a specifically identified resource or information regarding behavioral or mental health issues or Helpline services.
Inbound Follow Up	A consumer/family call to the Helpline to provide or obtain information following a previous call.
High Risk	A call that results in immediate Helpline intervention such as contacting child protective services, the police, fire department, or other emergency personnel. Such calls could be precipitated by violence in the home or the risk of suicide as examples.
Positive Consumer	A call specifically to give positive feedback to the Helpline for the assistance provided on a previous call.

The Helpline made 150 referrals to Family Navigator services, all but two of which were accepted. These referrals occurred during standard inbound calls (117), inbound follow-up calls (consumer initiated, 16) or outbound follow-up calls (Helpline initiated, 17). The 150 referrals represent 32 percent of the 476 families who contacted the Nebraska Family Helpline during the third quarter (excluding those families who called for information and referral only) and 22 percent of all families who contacted the Helpline regardless of the reason (that is, including information and referral). These numbers continue the trend seen in previous quarters where the proportion of families referred to Family Navigator exceeds the initial projection of 20 percent.

Right Turn's Access Line received 130 calls in the third quarter, bringing the total number of calls received in nine months to 519, see Table 1. Most of the callers were referred to Right Turn (97, or 75%) although many were not eligible; those who were not referred wanted and received information only. Several of the ineligible families were also assisted, either by a referral to the Helpline or to the Right Turn Director for other types of post adoptive support and referrals. Of those 97 referred, 59 were eligible and 58 accepted services.

Table 1
Right Turn Access Line Calls
January – June 2010

Call Types	Number
TOTAL Calls	**130**
Ineligible	33
Referred to Right Turn	97
Eligible	59
Accepted Services	58

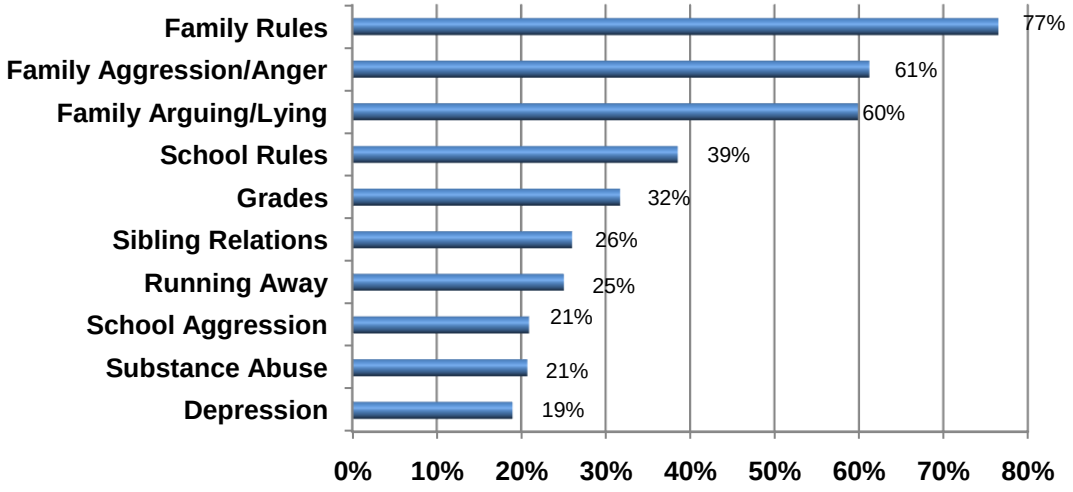
The majority of calls to the Helpline were placed by women (80 percent), and the median age was 40 years old. The basic demographics of Helpline callers have remained the same across all three quarters. The children about whom they were calling tended to be older, with 67 percent over the age of 13, and male (61%). Comparing the second and third quarters, the proportion of younger children rose from 30 percent to 34 percent as did the proportion of male children (up from 55 percent in the second quarter).

Right Turn's Access Line does not provide demographic information on callers. Among those referred on to Right Turn itself, 88 percent were women and they tended to be older, with an average age of 47. Unlike families entering the Family Navigator program, the target children in families enrolling in Right Turn during the third quarter were more likely to be female (51%), and only 50 percent were seeking help for a child over the age of 13.

Callers to the Helpline usually cited multiple reasons for their calls. As illustrated in Figure 3, the most frequent reasons cited by families had to do with family relationships, including children not following rules, aggression and anger, and arguing and lying. These reasons have generally remained the same since the inception of the program. Families who were referred to Family Navigator services cited similar issues, although the rates of incidence continue to be much higher. For example, while 77 percent of all Helpline callers cited the child not following rules as a challenge, 89 percent of families referred to Family Navigator reported this as a reason for calling. This finding holds true for all the reasons included in Figure 3 below. It is also noteworthy that families referred

to Family Navigator were much more likely to express concerns about school specifically regarding their child's ADD/ADHD diagnosis (32% compared to only 18% among all Helpline callers). These results suggest, as one might expect, that families with more difficult and persistent problems are being referred to Family Navigator.

Figure 3.
Ten Most Commonly Cited Reasons for Calling Helpline



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

For Right Turn, callers tend to cite mental health concerns specifically, rather than strictly behavioral concerns, as the reason for their call. In the third quarter, just under two-thirds (64%) of the callers cited mental health concerns, followed by:

- out of control behaviors (48%),
- school problems (43%),
- aggressive behaviors (41%) and
- running away (17%).

This is generally the same as the reasons provided by families in the second quarter, which suggests that families continue to face similar challenges prior to contacting Right Turn.

PEOPLE SERVED

Of the 150 families referred by the Helpline to the Family Navigator program during this quarter, 148 accepted the referral. Table 2 shows the flow of cases into and out of the Family Navigator program during each month, July through September, 2010.

Table 2
Family Navigator Case Flow

	July	August	September
Opened	44	49	55
Closed	36	43	51
Open at End	81	87	91

Analysis of the case flow during the first 6 months of the program suggested about 100 families could be expected to be served every month. Data from the third quarter showed increases with an average of 139 families served per month, and September had the highest number since the program's inception (171 served). This may be due in part to the program keeping cases open for a longer period of time although not above established limits.

During the third quarter there were minimal demographic differences between the overall population calling the Helpline and the population ultimately accepting Family Navigator services. In both groups, the children about whom parents called were more likely to be boys (60% and 62% respectively) and were more likely to be 13 or older (67%).

Racial demographics are not collected for Helpline calls but are collected when a family enrolls in the Family Navigator program. In the third quarter, the majority of children in families referred to the Family Navigator program were White (69%), followed by African American (14%), Hispanic/Latino (9%) two or more races (6%). When compared to

statewide population estimates, this continues to reflect an over-representation of African Americans (who constitute 5% of the population statewide).

Among the 130 calls received by Right Turn's Access Line during the third quarter, 59 (or 45%) involved families eligible for Right Turn services and all but one accepted Right Turn case management services. Twelve cases were "re-opens" meaning the family had been previously served by the program. Table 3 shows the flow of cases into and out of the Right Turn program during this quarter.

Table 3
Right Turn Case Flow

	July	August	September
Opened	23	18	16
Closed	25	22	11
Open at End	62	56	59

The first six months saw Right Turn program grow fairly quickly to a reasonably stable level which was subsequently maintained although it appears that the overall case load has decreased slightly in the third quarter.

During the third quarter, just under half (49%) of the target children in Right Turn cases were male. This differs from the Family Navigator program, where over 60 percent of the target children are male. The ages of the children also differed, with only 50 percent of Right Turn families seeking help for children over the age of 13 compared to 67 percent for Family Navigator.

Race continues to be "unknown" in a number of Right Turn cases during the third quarter; indeed, one-third of the cases (31%) is listed as "unknown" or "n/a" in the database. Some of these represent relatively new enrollments where the Specialist may not have had the opportunity to gather the information, but most of the "unknowns" involve cases that have been open since mid-August. Among those children for whom the race is known, White children represent 61 percent and African American children 30 percent. As with the Family Navigator program, Right Turn continues to serve a disproportionately high number of African-American children when compared to the general Nebraska population (5%) as well as to the percent of children adopted from the public system who are African-American (18% in 2006).

Right Turn has begun to capture more information at intake about the mental health diagnoses of the children about whom the parents are calling. In the last two months of the quarter 74 families completed the intake questionnaire. Nearly two thirds of the families indicated that their child had a mental health diagnosis. The most frequently cited diagnosis was ADHD, mentioned by 80 percent of those with diagnoses. The second and third highest were fetal alcohol syndrome, 47 percent and bipolar, 37 percent.

Fidelity: Compliance with Program Requirements

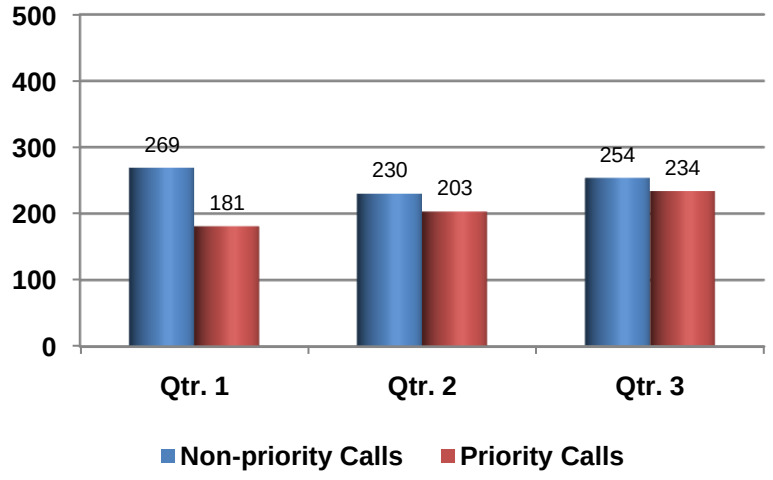
NEBRASKA FAMILY HELPLINE

For this report there are three program requirements against which the Nebraska Family Helpline is measured. These include:

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

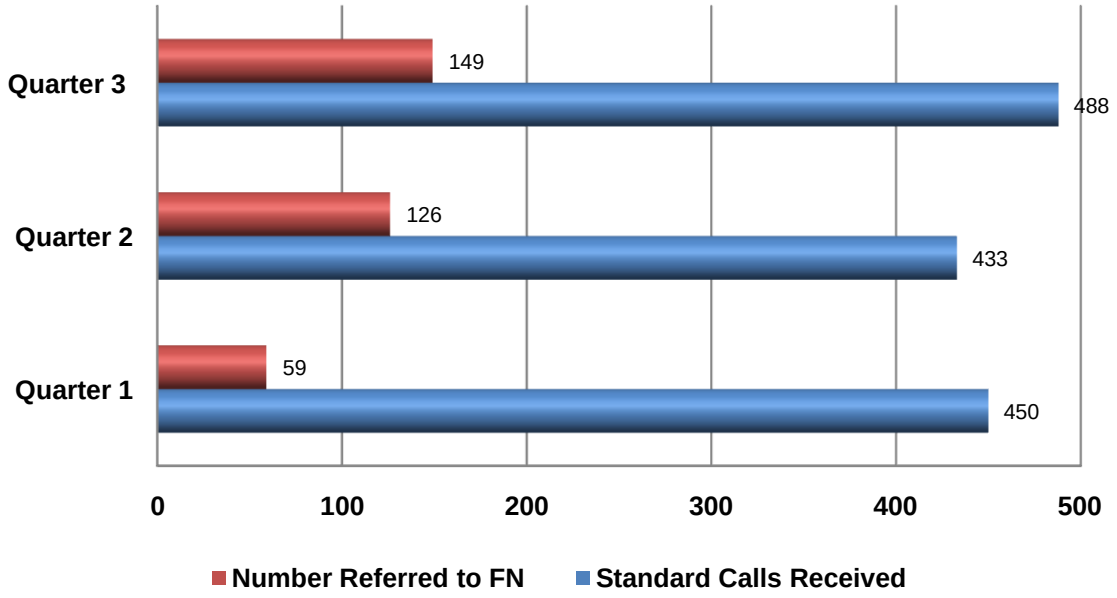
Each quarter of the project has seen a slight increase in the percentage of cases considered to be high priority. High priority cases include those involving emergencies, callers in crisis, safety concerns and situations deemed by the counselor to be high risk. During the first quarter two out of every five calls or about 40 percent met these criteria. By the second quarter the total number of incoming calls had declined slightly, but 47 percent were designated as high priority. During the third quarter, the number of calls increased to 488 and 48 percent of those calls met the priority criteria. This represented a 15 percent increase in priority calls, compared to the second quarter. Despite the large percentage of calls which fall into the high priority category, only a tiny proportion of them present genuine safety concerns or high risk situations. Most of the high priority calls were classified that way because the counselor determined the caller to be in a crisis. Figure 4 illustrates the number of priority cases received by the Helpline per quarter.

Figure 4.
Priority and Non-priority Calls by Quarter



Perhaps reflecting the increase in the frequency of high priority calls, the number of referrals from the Helpline to Family Navigator has also increased steadily over the first nine months of the project as shown in Figure 5. During the first quarter, 450 standard inbound calls resulted in 59 referrals to Family Navigator. Despite a slight dip in the number of standard inbound calls in the second quarter to 433, the Helpline made 126 referrals. During the most recent period, there have been 149 referrals to Family Navigator services out of 488 calls. The original projection of the proportion of calls which would be referred to Family Navigator was 20 percent. While the first quarter's results were understandably well below that, those for the past two quarters have risen to about 30 percent. If you include information and referral calls, the total calls received is 782 and the percent referred to Family Navigator is 19 percent.

Figure 5.
Proportion of Standard Inbound Calls Referred to Family Navigator by Quarter



When the Helpline does not refer the case to Family Navigator, it frequently recommends other services to the caller. In fact, the Helpline has made nearly 2,000 service recommendations to callers during the first nine months of the project.

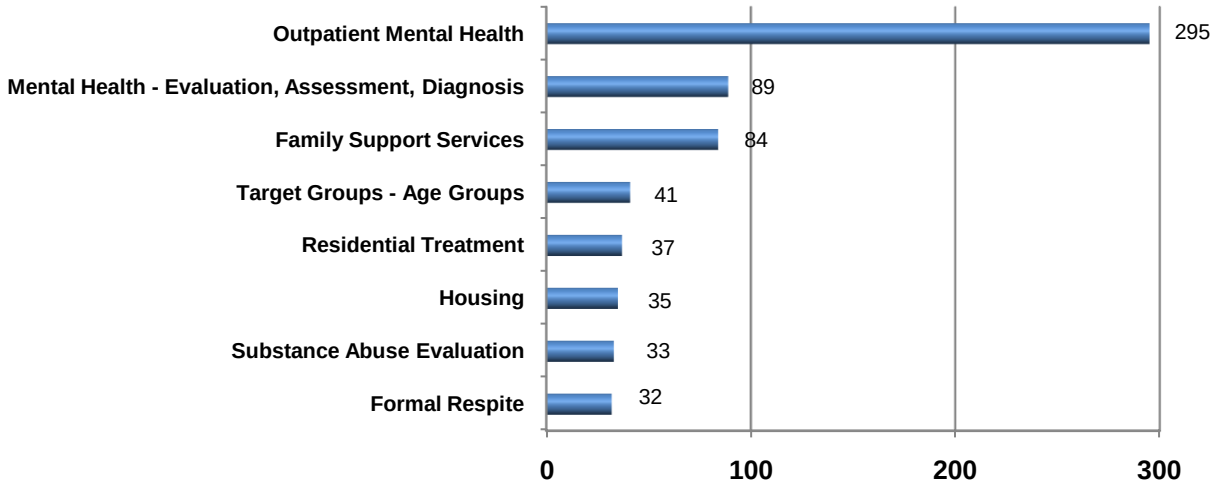
This number can be deceiving, however, because it does not mean that 2,000 families received service recommendations or even that 2,000 different services were recommended. In most cases where the Helpline provides service recommendations, it gives multiple recommendations to the same caller for the same service. This is presumably to ensure that the caller has a range of options from which to choose.

In the third quarter the number of families who received service recommendations was 217 out of 488 callers (representing standard inbound and high risk in Figure 1). Those who received recommendations got, on average, between three and four

recommendations each, but the remainder received none, presumably because that was not what they needed.

More families were referred to outpatient mental health services by far more than any other. Mental health services of a variety of types represented by far the most likely services to which the Helpline referred families during the third quarter. Figure 6 shows the eight most frequent service type recommendations made by the Helpline during the third quarter, excluding referrals to multiple providers for the same quarter.[3]

Figure 6.
Most Frequent Recommendations Made by Helpline



Legend: Most Frequent Recommendations Made by Helpline	
Outpatient Mental Health	Services provided by a licensed professional related to the mental health treatment for an individual, often involving therapy (individual, group or family).
Mental Health - Evaluation, Assessment, Diagnosis	Services provided by a licensed professional to determine the mental health needs of individuals and families through formal psychometric tests and validated tools.
Family Support Services	Programs for parents, guardians and caregivers that offer support, parenting classes, specialized parent training and respite care.
Target Groups - Age Groups	Services to individuals who have specific disabilities, medical diagnoses, ethnic backgrounds, national origins, family relationships, income levels, religious affiliations, special problems or considerations such as day programs, specialized childcare facilities, therapeutic play settings, and age-based support/play groups.
Residential Treatment	Facilities providing 24-hour care for individuals with behavioral/emotional problems through therapy, counseling and trained staff. A person may need residential treatment for his or her own safety or for the safety of others.
Housing	Services related to helping families locate/retain suitable housing.
Substance Abuse Evaluation	Services provided by a licensed professional to determine an individual's needs related to substance abuse through formal tests and validated tools.
Formal Respite	Services that provide of short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a facility outside the home.

[3] Due to the change in service categorization made in September the list includes some old and new categories. However, HZA combined the categories of outpatient mental health, mental health care and counseling and outpatient community-based mental health.

FAMILY NAVIGATOR

The Family Navigator program is designed to help families navigate the behavioral health system through peer support and referrals to both formal and informal supports and services. Contact is to be made with the family within 24 hours to 72 hours of the initial phone call and a first face-to-face meeting is to occur within 72 hours. Moreover, the services are supposed to last no more than 60 days and generally are to involve no more than eight hours of contact between the Family Navigator and family members.

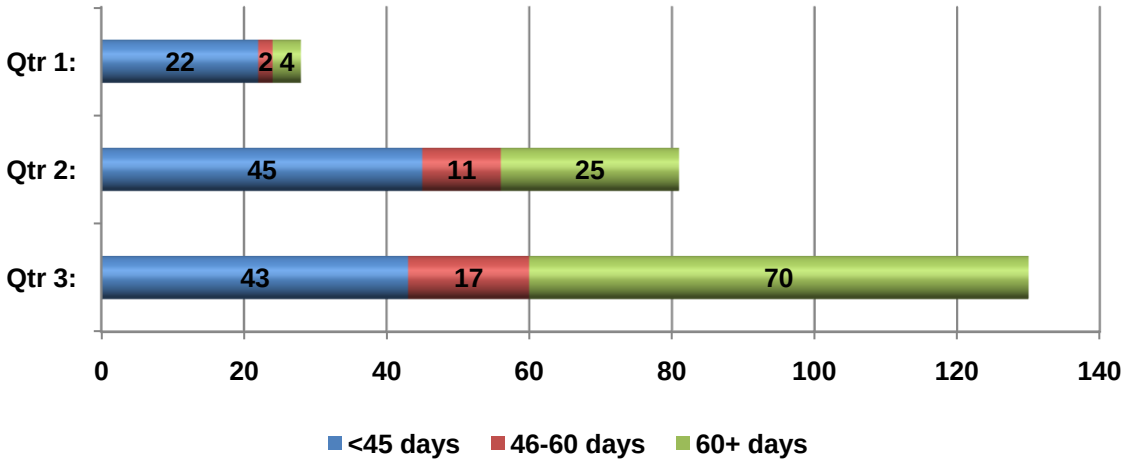
Despite the increase in referrals to Family Navigator from the Helpline, achievement of the first contact within 24 hours of the Helpline call improved during the third quarter. Eighty-six percent of the cases showed a first contact within that period, compared to 79 percent in the previous quarter.

The timeliness of the first face-to-face meeting with the family also improved, although the figures are much lower. In fact, the third quarter was the first time that Family Navigators were able to meet with their assigned families within 72 hours in more than one-third of the cases. Even with the larger number of enrolled families, Navigators were on time with their first meetings in 36 percent of the cases, compared to 34 percent in the first quarter and 27 percent in the second quarter. At the same time, more than one-quarter of the cases in every quarter who initially agreed to the referral on the Helpline call as evidenced by an enrollment date in the database appear not to have received a face to face contact. HZA's case review shows that Navigators are attempting to contact all referred families but experience a broad a range of success in terms of subsequent engagement. For example, some families do not ever respond to the initial contact, some decline the service after the initial conversation and others take a few weeks to respond to the Navigators' attempts.

Family Navigator service is designed to last for 45 to 60 days and encompass approximately eight contact hours. In almost every case contact hours are limited to eight hours. Only four cases have exceeded that time, two of which closed during the second quarter and two during the third quarter. None of the cases open as of September 30 had more than eight contact hours.

The situation is very different in relation to the 45 to 60 day duration criterion. Among cases closing since the outset of the project, 45 percent actually closed in less than 45 days after initiation into the service. At the other end of the spectrum, 42 percent closed more than 60 days after the start of service. In the most recent quarter, however, only one-third of the cases closed before 45 days had elapsed and 54 percent closed more than 60 days after initiation of services as shown in Figure 7. These figures represent a trend across the nine months of the program, with the percentage of cases closed within a short period of time steadily decreasing and the proportion closing after more than 60 days just as steadily increasing.

Figure 7.
Number of Cases Closed by Duration of Service by Quarter



The change could in part reflect state-level approval to keep some families engaged longer to see them through to the point of accessing needed services. The contact notes, however, suggest that cases that remain open longer than 60 days often involve families who are more difficult to contact. For example, 57 percent of cases that were open for longer than 60 days showed 5 or more attempted contacts in the case notes, whereas only 27 percent of cases that closed within the timeframe involved 5 or more attempted contacts.[4]

RIGHT TURN

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

Both Right Turn and HZA rely on KVC Behavioral Health, the firm which operates the Access Line, for statistics as to its operation. Based on that information, the standard of having no callers on hold or in the cue for more than 100 seconds is being met in all cases, with the average hold time being just over eight seconds. On the other hand, over the first nine months of the contract, nine percent of the calls have been abandoned. Aside from being nearly double the standard that was set for the call center, that figure needs further explanation if the average hold time is only eight seconds. This makes sense only if the eight seconds is calculated by including the

[4] Attempted contacts include attempted telephone calls, calls where a voicemail message was left and attempted face-to-face contacts.

cases not required to hold at all, which would mean that the hold time for callers who had to hold is much longer.

Right Turn's database includes a call log with the date and time the call was received and the time it took for Right Turn staff to attempt to contact the family. Right now you cannot tell if the contact succeeded unless you read and manually count the description of the attempt to contact. Right Turn itself reports on a less stringent measure than initiating case management services within 72 hours. It counts whether staff attempted to contact the family in that time and reports a 99 percent rate of achievement with that standard.

While more than one in five of the respondents to the Family Survey expressed disagreement that the amount of time they received from Right Turn is about right, the agency has been limiting its services to the required 90 days. Of the 56 cases closed during the third quarter, 51 closed within that time period, a slightly higher percentage than among cases closing during the second quarter. Twelve families were reopened in the third quarter.

FIDELITY SUMMARY

All three programs examined here appear to be conforming generally to the specified models. They provide short term assistance to families in crisis, helping them to find the appropriate services to stabilize or improve family functioning and preferably without having one or more of the children placed out of the home.

The largest fidelity issue may be with the timeliness of the first meeting with families in both programs. Right Turn appears to measure its performance on the lesser standard of responding to the referral within 72 hours, without regard to whether that response involves actual contact with a family much less face-to-face contact. HZA has not tried to confirm the information through a manual review of the database, having learned very recently where that information is recorded. For Family Navigator the third quarter was the first one in which more than one-third of the cases received an initial face-to-face contact within three days and in every quarter more than one in four have no face-to-face contact at all recorded. It is quite possible that the aims of the programs can be achieved with different methods than those included in the initial design, but that issue should be considered openly as a modification to the design, rather than treated as an issue with the way the programs are meeting the standards.

There are also potential issues with the duration of the services in both programs. While Right Turn closes 90 percent of its cases within the allotted three months, its consumers are often dissatisfied with the length of the program and many have returned, and their cases reopened. Family Navigator, on the other hand, closes an increasingly large percentage of its cases, more than half in the third quarter, later than the 60 days allotted for its duration. Again, some re-thinking of the initial design may be called for.

Effectiveness: Service Referral and Provision

NEBRASKA FAMILY HELPLINE

The primary aim of the Helpline is "to reduce the crisis state of the caller from the presenting level at start of call, identify immediate safety concerns, and provide recommendations and/or referrals for an appropriate course of action." Effectiveness therefore entails making appropriate service recommendations to families and helping them diffuse the problem situations which prompted the call. In some cases that will result in a recommendation to Family Navigator, but for most callers other kinds of service recommendations are sufficient.

During the second quarter the Helpline made several changes to the questions counselors ask and to the data collected. From listening to calls, it is clear that the Helpline is placing much greater emphasis on mental health concerns than it did previously. Simultaneously, although perhaps not directly related, counselors appear, as the project proceeds, to be referring more families to Family Navigator services.

Two other areas are worth noting. First, there appear to be wide variations in the extent to which counselors ask questions about family strengths and stressors. During the first quarter those questions were asked during nearly three out of every four inbound calls to which HZA listened. For the second quarter that fell to one in seven and then increased back to nearly one in two during the third quarter.

The second has to do with repeat calls. Ideally, the Helpline would be able to resolve a family's issues with the first call, referring to an appropriate provider who would help the family achieve a longer term resolution. Generally this is what happens although, as indicated in previous reports, a few families are satisfied with talking to the Helpline without receiving service referrals and even use the Helpline counselors themselves as their ongoing supports, which leads to repeat calls.

The actual rate of repeat calls is very low. Of 1,311 different families who have called during the first nine months of the project, 48 have made one or more repeat calls. Thirty-nine of those 48 made only one additional call, while six made two calls and the other three made three or four calls.

The vast majority of the repeat callers, 35 out of 48, made their first subsequent call within 30 days of the initial call. Eight of them, however, made the first call more than 60 days after the initial call, suggesting perhaps either that a new crisis had occurred or that the family was seeking a continuation of services whose time had expired. Whatever the reasons for the subsequent calls, having under four percent of the families come back to the Helpline for additional assistance suggests that the Helpline is doing all that can be expected for a call center for nearly all callers.

FAMILY NAVIGATOR

For Family Navigator services to be effective, the Navigators must identify the families' strengths and needs, match the service plans to those strengths and needs and help consumers obtain the services in the plans. Fifty-seven of the 66 cases reviewed this quarter included a family plan, and all provided some description of the family's strengths and needs. While nearly all exhibited consistency between the family's needs and the strategies outlined in the plans, there were a few exceptions. In two instances, the plan indicated simply that the Family Navigator would try to find out what services might be appropriate. In a few other cases, it was difficult to see the connection between the documented strengths and needs of the family and the strategies the Navigator selected. For instance, one plan called for, among other strategies, making a referral to a bankruptcy lawyer, but the list of family stressors makes no reference to any financial issues the family is facing.

Fifteen of the 57 plans indicated within it something about the outcome of the family plan, and 13 of these were positive, meaning either that the family was successfully connected to appropriate services, or that the client believed he or she had experienced an improvement in the situation. One of the other two plans with an outcome indication seemed still to be in the process of getting the family connected to services.

Even among the 13 families with positive outcomes, six indicated barriers to the receipt of services. Five of the six involved some type of issue with eligibility, usually for Medicaid, while the other case involved a waiting list so long the client finally gave up.

Eleven of the 66 Family Navigator case records reviewed this quarter, or 17 percent, included a safety plan. Over the entire nine months of the project, between 17 and 19 percent of families have received such a plan. A few of the family records specifically noted that the family did not think it needed a safety plan at this time. However, one role of the Family Navigator specified in the RFP is to "assist youth and/or family in the development of a safety plan." The low percent may be an issue of terminology, where "safety plan" is perceived by families negatively; simply changing the name to one that is more family friendly could increase the use of safety plans. Whatever the reason, Family Navigators should place greater emphasis on this aspect of the service.

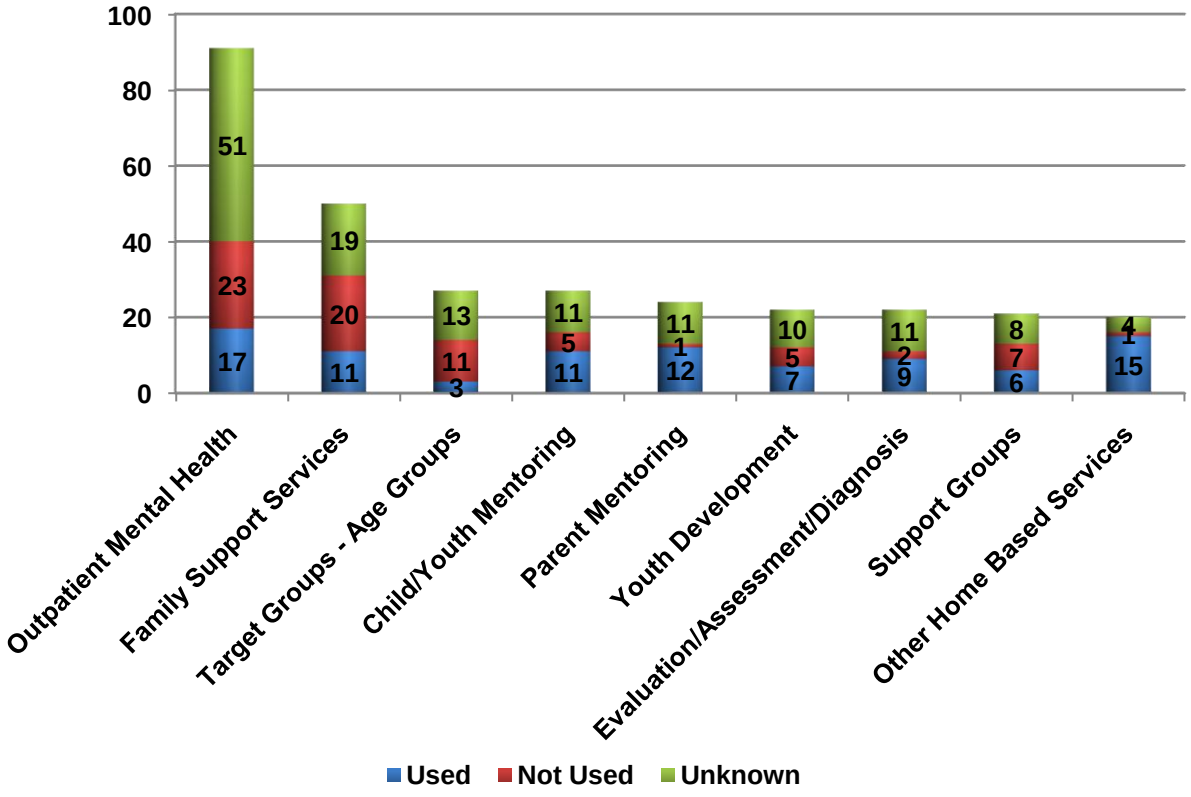
Frequently the plans describe the behaviors that trigger the need for a safety plan. Examples in the plans are: she will bang her head; she will charge at her brother and sister; he kicks objects and throws things; she yells at her mother, curses and throws things against the wall; he stabs his brother with a fork and knees his mother in the stomach; she feels depressed and suicidal; she self exposes and puts herself in harm's way; he tried to jump out of a truck while the family was driving on the highway. The plans generally include strategies about what to do to diffuse such situations and who to call if needed. Examples are: to get away and lock yourself in the bathroom; enforce mini (sit on floor with legs crossed and count to 10); agree to disagree; suspend cell phone use and call the police if behavior does not stop; send child to room and walk away to calm down; note triggers and try to diffuse before there is a full-fledged fight;

teach child to notice triggers and express them (mom, there is a dragon in the cupboard). Many plans have emergency numbers for hotlines and police.

Family Navigators make many types of service referrals as reflected in the database. Figure 8 shows the nine services to which Family Navigators most frequently referred families during the third quarter as well as whether the family used the referral. Two months into the third quarter Family Navigator moved to the new categorization of services adopted by Helpline, Family Navigator and Right Turn. Therefore the figure includes a mix of new and old service categorizations.

Mental health services received the most frequent referrals. The percentages known to use those services, however, were relatively low. Other types of services were used proportionately more frequently by the families than mental health. In fact, non-therapeutic supports/home based services ranked ninth in the frequency of referrals and first in the frequency of known utilization at 75 percent. The next most frequent utilization as a proportion of referrals occurred for parenting mentoring at 50 percent. In contrast only 17 percent of the families were known to use a mental health referral.[5]

Figure 8.
Top 9 Referrals Made and Whether Used by Family



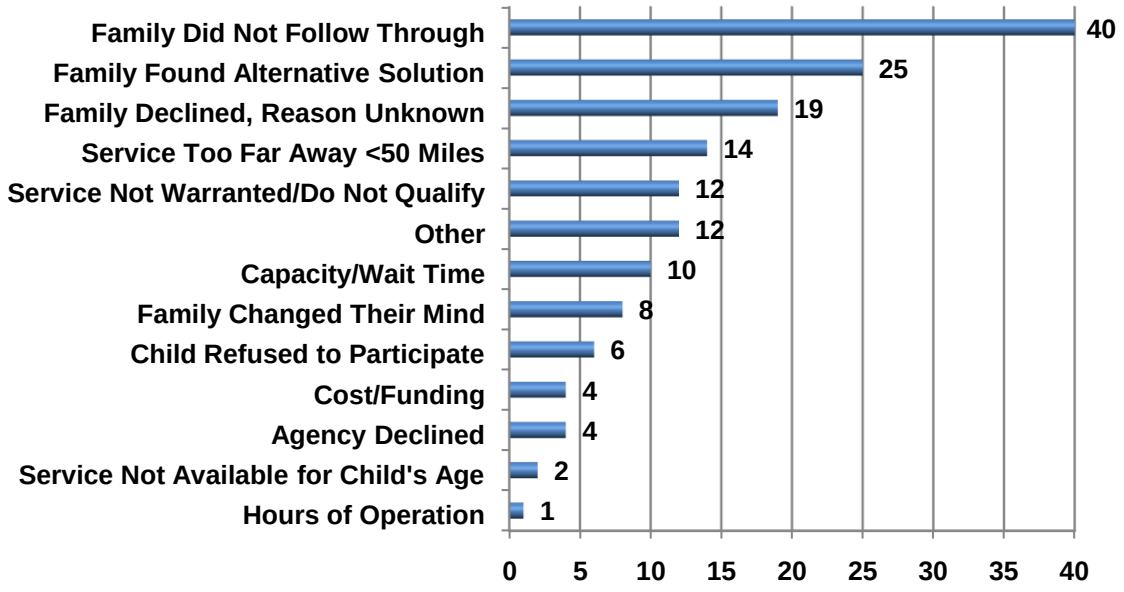
[5] This category includes outpatient mental health as well as community based mental health from the two ways services are categorized before and after September 1.

The data recorded in the automated tracking system by the Family Navigators as to why a family does not use a service is markedly different from the reasons the parents themselves give. Looking at all the reasons for non-utilization which occurred more than twice *for a single service*, only two appear in the tracking system:

1) family declined, did not follow through;
2) family declined, unknown reason.

Figure 9 expands on this by showing all the reasons, by the frequency of their occurrence regardless of what service was being recommended.

Figure 9.
Frequency of Reasons For Not Using Services



According to information coded by Family Navigators in the database, the primary reason families do not use services is that they did not follow through with the referral (40), followed by families finding alternative solutions (25) and families declining for reasons that are unknown (19). However, lack of follow through on a referral is not necessarily a negative outcome. For example, if a family is offered referrals to many types of services, only some of which are pursued, the family may not follow through with the remaining because it believes its needs have been met. What the Family Navigators record in the family plans, which are more open ended, and what the families themselves report in the Family Surveys is different, however, than what is coded next to each referral in the database. As noted in the discussion about family plans above, Family Navigators noted eligibility for services as in issue in nearly half of the 13 cases with successful outcomes. In the Family Survey, families cited eligibility, usually but not always for Medicaid, as the most frequent barrier to obtaining services.

One respondent, however, cited the lack of coverage of counseling by private insurance as the barrier, and that is mirrored in other results from the survey.

Specifically, most of the negative responses on the Family Survey came from those with private insurance. While on **no** question did more than 17 percent of the Medicaid recipients give negative responses, 25 percent or more of the privately insured respondents disagreed with each of the following statements.

1) The Family Navigator shared helpful experiences with the mental health system.
2) The Family Navigator understood our issues.
3) The Family Navigator knew what was available.
4) The Family Navigator knew how to access services.
5) The Family Navigator helped build on family strengths.
6) We got as much as we needed from the Family Navigator.
7) We got as much as we needed from the providers.

Privately insured respondents were also more negative in relation to their confidence in their ability to help the child and to having a better idea of how to get help. No Medicaid respondents answered negatively on these questions, while one in six of the privately insured did so.

What is being recorded in the tracking system as reasons families are not using their referrals is different than what appears in the narrative portion of the case records and what families report in the satisfaction survey. Reconciling the difference is important, because each set of reasons has different implications. If families are simply refusing the services, Family Navigators need to determine whether the families do not really need services, whether the services to which they are referring the families are inappropriate or whether there is some lack of engagement and communication between some of the Family Navigators and some of the client families. If, on the other hand, the issues are eligibility for coverage, whether private or public, what looks like a family's refusal is actually a feature of the service and/or insurance system which makes the referrals of little use to certain families. It will not be possible to change the system until the reasons for the non-utilization of services are known with more precision.

Additional information about service utilization can be gleaned from Magellan Health. Magellan has a contract with DHHS to maintain a database of children receiving services funded by children's behavioral health. Family Navigator is one of those services and the program enters the registration data. They report receiving resistance from some families because registration requires providing a social security number and some families do not wish to do this. Nonetheless, the evaluator has received a Magellan file containing information on 69 families who have been registered as of September 30, 2010.

The evaluator analyzed the Magellan file to determine:

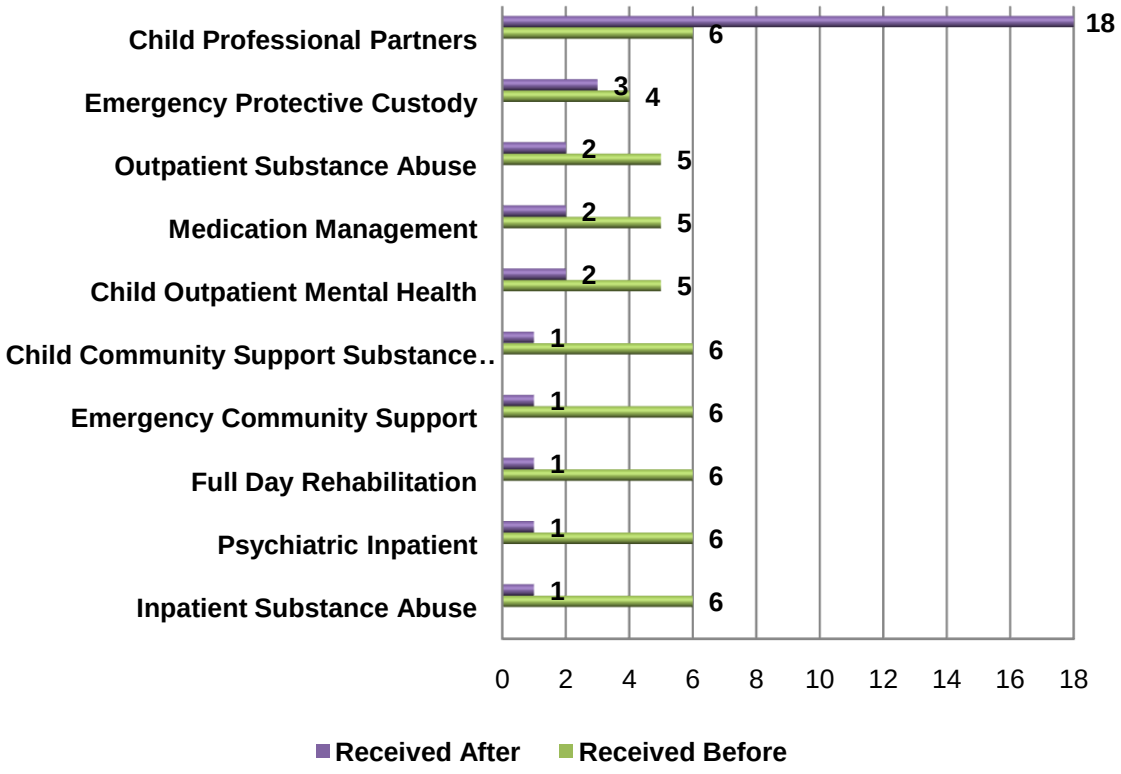
1) The relationship between previous history of receiving services and the effects of Family Navigator on service receipt
2) The relationship between previous history of receiving services and duration of Family Navigator services
3) The relationship between the types of services received before and the types received after involvement with Family Navigator.

Relationship between previous and current receipt of state-supported behavioral health services: Of the 69 families reviewed, only 7 (10%) had received services from the children's behavioral health system prior to Family Navigator. Two of these also received services during Family Navigator while 18 were added. That is, they received a Medicaid or state-supported children's behavioral health service other than Family Navigator after enrollment; 26 percent of the families studied received one of these services who had not before.

Relationship between previous history of receiving services and duration of Family Navigator services: Only five cases were counted in this analysis, because there were only five shown as closed to Family Navigator and for whom the duration could be calculated. There were no observable differences in the duration of Family Navigator services between those with and those without previous service histories.

Relationship between the types of services received before and after involvement with Family Navigator: Figure 10 displays the response for all 69 families with data. The only service that was received by more families after the initiation of Family Navigator than was received before is Child Professional Partners. About 26 percent of all the families studied were newly enrolled in that service. These data do not support the notion that more children are becoming engaged in the publicly-funded children's behavioral health services, other than the one service mentioned although Child Professional Partners can be a gateway to other services.

Figure 10.
Services Captured in Magellan Registry Received Before and During/After Family Navigator



Overall, among families who have completed Family Navigator services, about 90 percent of responding families report in the Family Survey that they got what they wanted, attesting to the effectiveness of Family Navigator. The primary things families were seeking included:

1) help with the child's behavior or mental health needs (80 percent),
2) help for the family's well-being due to the child's behavior or condition (60 percent),
3) getting the child counseling, group therapy or day treatment (60 percent), and
4) help with the child's education (33 percent).

RIGHT TURN

As with Family Navigator, Right Turn's Permanency Support Specialists must identify the family's strengths and needs, develop plans to match those strengths and needs and help families actually obtain the services called for in those plans.

Nearly all the plans for the Right Turn program showed both strengths and needs. Table 4 summarizes the information for each quarter.

Table 4
Right Turn Family Plans with Strengths and Needs

	Total Plans	Shows Strengths	Shows Needs
First Quarter	48	48	48
Second Quarter	48	46	47
Third Quarter	49	42	42

Virtually all of the plans also show services appropriate to the needs of the family. The only exception among cases HZA reviewed onsite was a plan with multiple target children in which there was insufficient information about the family's needs to allow a determination about the appropriateness of the services.

While the number of surveys received from families who have completed Right Turn services is relatively small, nine in the second quarter and 19 in the third quarter, there are some clear patterns. Most notably, for all issues but one, respondents in the third quarter reported receiving what they had wanted somewhat less frequently than had second quarter respondents. The kinds of help the families were seeking most frequently included:

1) help with the child's behavior or mental health needs (94 percent),
2) help for family well-being due to the child's behavior or condition (67 percent),
3) help with babysitting, child care or respite (44 percent),
4) help getting the child counseling, group therapy or day treatment (39 percent),
5) help getting the child residential care or psychiatric hospitalization (28 percent) and
6) help with camps, leisure or recreational activities (28 percent).

Respondents reported being least likely to get a placement for their child outside the home; the second least likely result was a productive relationship with a service provider. While most people reported getting what they wanted in general terms, only two-thirds said they had been connected to the service provider they had been seeking and one-quarter said there were still services they wanted but could not get. In contrast to consumers of Family Navigator services, there was less focus on eligibility as a

barrier than on the availability of services. This makes sense given that all adopted children enrolled in Right Turn are Medicaid eligible.

There were two significant similarities in consumer responses between Right Turn and Family Navigator. First, the single item about which those completing the service were most negative was the statement that "we got as much help as we needed from the service providers." For Right Turn 39 percent of the responses registered disagreement with that statement.

The second point of similarity is that those with private insurance are more negative about their experiences (as opposed to the results) than those with Medicaid. Table 5 compares the responses of Right Turn consumers with private insurance with those of Medicaid clients.

Table 5
Right Turn Consumer Satisfaction by Insurance Type

	Medicaid Client Agrees	Private Insurance Client Agrees
Got as much help from providers as needed	75%	67%
Specialist shared helpful experiences with adoption/ guardianship	100%	69%
Got as much help from Right Turn as needed	100%	81%
Right Turn Specialist knew what was available	100%	87%
Right Turn Specialist knew how to access services	100%	87%

These results are interesting in at least two ways. First, all Right Turn children should have access to Medicaid by the definition of the program. That is, children who are eligible for state and federal adoption subsidies and guardianship subsidies are eligible for Medicaid. The similarity of the results to those of Family Navigator, where approximately one half will not be eligible for Medicaid, seems, therefore, quite remarkable. In fact, it is not entirely clear who the "private insurance" group is. In some instances, families may have Medicaid as a supplement to private insurance and therefore need to draw on their private insurance before relying on Medicaid. Alternatively, Medicaid may not pay for the kinds of services these families need or Medicaid providers are not available in some areas and families have to rely on their private insurance.

The second point of interest lies in the contrast to how respondents reported the more concrete results of the service. In this instance, Medicaid respondents were far more negative than were privately insured families. Table 6 shows the largest discrepancies.

Table 6 Right Turn Results by Insurance Type	Medicaid Client Agrees	Private Insurance Client Agrees
Better understanding of diagnosis	50%	80%
Family can remain intact	60%	77%
Better understanding of adoption issues	67%	83%
Better idea of where to get help	67%	87%

EFFECTIVENESS SUMMARY

The majority of the families who approach the Helpline, Family Navigator or Right Turn appear to get connected to the services they wanted. For the families where that does not occur, however, there is conflicting information about the reasons. Examining case records and reading responses to the Family Surveys lead to the conclusion that the primary barriers to services are eligibility and availability issues. Examining the information in the Family Navigator tracking system,[6] however, leads to the conclusion that families most often are not following through on the recommendations on their own accord. Determining which of these answers is more accurate is important. As will be seen in the next section, for the majority of families the Helpline, Family Navigator and Right Turn programs are doing what needs to be done. There is, however, a minority of families who are not getting what they need, and finding out why they are not utilizing the services to which they are referred will be an important step in determining how to address that issue.

[6] Right Turn either does not yet capture that information or has not yet made it available to HZA. It should, however, be available for the next quarterly report.

Outcomes: Benefits to the Clients

At the end of the first six months of projects such as those being evaluated here, too little time has elapsed for long-term outcomes to be measured. What are available, however, are the clients' impressions of and reactions to the impact of the services they did or continue to receive. At this stage of the process, this is probably the best indicator of what is likely to be found later.

NEBRASKA FAMILY HELPLINE

For those calling into the Helpline, the major outcome question which can be answered at this point is whether the family thought it received information on an appropriate service. Based on its review of 64 standard and high priority calls, HZA found that all of those for whom a judgment could be made appeared satisfied at the conclusion of the Helpline call. Moreover, when follow-up calls were made and callers were asked about their initial experiences with the Helpline, satisfaction was equally high. On the other hand, among the follow up sample several indicated that a negative event had occurred since the initial call such as placement of the child out of the home or a child's arrest. In all, an equal number of the follow-up calls had negative events and had improvements in the situation, about 20 percent in each group. The other 60 percent had neither positive nor negative events to report and in many instances their situation was still in process. Some even received additional referrals during the follow-up call.

In previous reports, HZA has reported that a major benefit some callers have experienced has been the emotional support provided by the Helpline counselors. Some of the information provided in this report suggests that three different groups may be calling the Helpline and it may be useful to analyze the benefits and reactions to the Helpline separately for each of these groups. The first group consists of those who do not receive referrals to services and whose primary benefit is probably the emotional support. The second consists of those who are referred to services other than Family Navigator. These are families the counselors believe can be directed towards services without the kinds of hands-on attention that Family Navigators will provide. More than anything else, these families probably need information. Finally, there are the families referred to Family Navigator. These are presumably the families who need not just information but also some concrete assistance in assessing their needs and getting connected to the right providers.

The outcomes the Helpline achieves for its consumers are likely to be different for each of these groups, both because the nature of their needs is different and because the level of intervention provided is different. By the end of the coming quarter, the Helpline will have been in operation for an entire year and there should be sufficient cases that the evaluation can begin to distinguish what happens for each group.

FAMILY NAVIGATOR

During the third quarter, every single respondent to the Family Survey agreed or agreed strongly with six of thirteen positive statements about their experiences with the Family Navigator program. The six issues with perfect scores included the following.

- Family Navigator services were timely.
- The length of time he or she was available to our family was about right.
- The Family Navigator treated us with respect.
- The Family Navigator demonstrated sensitivity to our cultural and religious beliefs.
- The Family Navigator understood our issues.
- The Family Navigator spoke to us in a way we understood.

Only one of the remaining seven statements received agreement in less than 80 percent of the responses and that relates to satisfaction with service providers. Just 69 percent of the respondents believed that they received as much help as they needed from the service providers.

When asked about the concrete results of their work with the Family Navigator, that is, the change in their situation or in their ability to handle the situation, no less than three-quarters of the respondents to any statement gave positive responses. The results are shown in Table 7.

Table 7
Number of Families Who Agree/Strongly Agree

Statement	Agree	Total
I feel more confident about my abilities to help my child.	14	15
I have a better idea of how to get help.	13	16
Our family is better able to navigate the behavioral health system.	13	14
I feel more supported by other families.	10	13
I feel that I am better able to make informed decisions.	13	14
Our home situation is more stable.	10	12

Given that the families who receive Family Navigator services are probably those with the most serious needs, compared to the others who call the Helpline, these would appear to be strong results. At the same time the fact that both during this and the previous quarter one of the lowest results had to do with the stability of the family suggests that there are a few families receiving Family Navigator services who may need more than the usual level of assistance. This underscores the need to determine whether some families are being kept from getting services by eligibility and availability issues or by their own refusal to pursue the referrals.

RIGHT TURN

Family satisfaction was more mixed for Right Turn than it was for Family Navigator, although there were also some strong similarities. During the third quarter the only attitudinal statements receiving complete agreement in the Family Surveys were the statements that the Right Turn Specialists were sensitive to the consumers' religious and cultural beliefs and that the Specialists spoke to the consumers in ways they could understand. Two other statements got more than 90 percent agreement: the services were timely and the Specialists treated the consumers with respect.

As was the case with Family Navigator, the greatest dissatisfaction was expressed not with Right Turn but with the service providers. Only 61 percent of the respondents reported that they got as much help as they needed from the service providers. The only other statement receiving less than 80 percent agreement involved the length of time the Right Turn Specialist was available to the family. Seventy-eight percent of the respondents thought this was about right. That compares to 100 percent of the Family Navigator respondents, despite the fact that Right Turn services have longer durations. With a number of families having a second case opening, it appears that the length of time criterion should be relaxed in some cases.

Families also express a relatively wide variety of responses in relation to the more concrete results of their work with Right Turn. As Table 8 shows, on none of the issues did third quarter respondents to the Family Survey register improvement in 90 percent of the cases.

Table 8
Percent of Families Who Agree/Strongly Agree

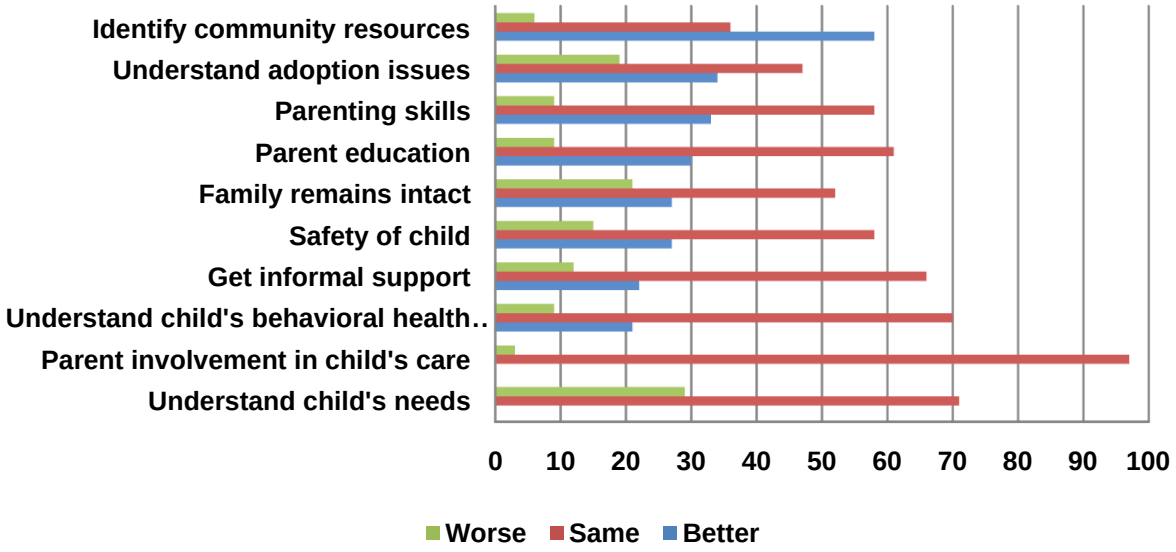
Statement	Agree	Total
I feel more confident in my abilities to help my child.	16	18
I feel my child or family is safer.	13	16
I feel our family can remain intact without placing my child somewhere else.	10	14
I have a better idea of where to get help.	12	17
I have better parenting skills.	12	15
I have a better understanding of my child's needs.	12	15
I have a better understanding of my child's diagnosis.	9	14
I have a better understanding of adoption issues.	8	13
I have more informal support.	14	17

While not receiving the lowest score, the issue of family stability is a concern here as much as with Family Navigator. Perhaps of equal concern is that relatively few respondents believe that they have better parenting skills or even a better understanding of their children's needs.

Another measure of family outcomes can be gleaned from the assessments that Right Turn administers at the beginning and end of service. Each assessment has scaled

responses, some questions having only three points on the scale and others having as many as six. Figure 11 shows the percent of families who improved, stayed the same or declined in each of the domains; the figure includes all 33 families who had completed both a pre- and post-assessment that could be matched to one another by the end of the quarter.

Figure 11.
Percent of Families
Getting Better, Worse or Staying the Same
on Assessment



The questions in which more families showed greatest improvement related to identifying community resources and understanding adoption issues. The area where more families declined than any other was understanding their child's needs. However only seven of 33 families had both a pre-test and post-test in the database that could be matched on this question so the numbers are too low to interpret. The second largest decline related to families remaining intact where 21 percent of the 33 families had a lower score at post-test than pre-test. In that important area, 52 percent stayed the same while 27 percent improved. The categories constituting "getting better or worse" are not simple to interpret, however. For example sometimes it is a family goal to send a child away for treatment although on the assessment, achieving that goal will appear as a negative score if the child lived at home during the time of the pre-test.

OUTCOME SUMMARY

For all three programs, the vast majority of those receiving services are satisfied with the services they receive and most believe they have benefited in concrete ways, allowing them to keep their families intact and to manage the impact of their children's behaviors better. To the extent that a minority of consumers do not believe they are

better off, at least three explorations are needed. The first has to do with the differences, if any, in the characteristics of those families from the remaining population of people being served. The second has to do with the reason for frequent non-utilization of the referrals the programs are making. The third, suggested by consumer dissatisfaction with the service providers to whom the programs referred them, has to do with the extent to which the lack of progress for these families is more a function of the service system than it is of the programs being evaluated here. If the available services to which families are referred are not capable of addressing their issues, the referral services cannot succeed. It may be that the last two issues, the reasons for non-utilization and the dissatisfaction with service providers, are related.

NEXT STEPS

DHHS should work with the programs to clarify the terms and expectations for making the initial contacts with families within given timeframes. For example, is trying to call a family even if it has not been reached, sufficient to demonstrate that a family contact has been made? Once agreements have been reached both databases should be altered as needed so the information can be collected through automation.

If DHHS agrees, the programs should develop criteria for when a case should be allowed to remain open longer than the periods initially specified. The criteria have already been relaxed for Family Navigator and should be for Right Turn as well. However, these standards should be clarified and formalized for both programs.

Family Navigator should explore with its staff why there are discrepancies between the coding of services in the database and the explanations in the case plans as to why families are not getting the services they are being referred to. To the extent that there is a large proportion of cases in any program where the families are declining most or all service referrals, the programs should explore with their staffs why this is the case. Staff should also explore why there are so few referrals to the children's behavioral health services funded through the DHHS regional offices, other than Professional Partners which, like Family Navigator, is designed to help families connect to the right services.

The evaluators and programs should also explore the implications of health insurance, particularly Medicaid and private coverage, both in relation to access to regional mental health services and to future state financial liability. The fact that someone is not currently eligible for Medicaid does not ensure that he or she is not at risk of becoming a state charge if placed into an out-of-home setting. To understand the actual state liability in relation to the Family Navigator and Right Turn populations, the flows of Medicaid clients, privately insured clients and uninsured clients have to be tracked and compared.