right turn

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

Right Turn Annual Report

In its first year of providing services, Right Turn has served over 200 families who have adopted or become legal guardians for children previously in Nebraska foster care. These families face unique challenges, and the Right Turn program provides family-centered services designed to help them meet these challenges. The success of the Right Turn program is rooted in its flexibility of services – the ability to adapt services based on individual family needs.

The starting point, the first question asked, is: “What needs to be different in the next 90 days to make life easier and support you in maintaining your parenting commitment?” The answers received are often daunting. In 2010, more than 40 parents or caregivers responded by saying they wanted to end their parenting commitment to their child. The good news, however, is that 99% of the families receiving Right Turn services in 2010 ultimately remained intact.

Each member of the Right Turn staff has more than 80 hours of mandatory training in topics ranging from “motivational interviewing techniques” to “administering Wellness Recovery Action Plans with children and parents.” Staff needs intensive, adoption-specific and ongoing training to provide effective services. This training allows the staff to help families access services and provide interventions such as behavioral charting, mediation between adoptive parents and birth parents, and interactive discussions regarding mental health diagnosis.

From its client families, Right Turn continues to collect information that assists policymakers and lawmakers in improving children’s behavioral health services in Nebraska. This report offers greater details regarding the mental health diagnoses of the children in Right Turn families and highlights the struggles these families are facing. This report will also outline areas of success families have had while receiving Right Turn services.

Sincerely,

Jessyca Vandercoy

Annual Report Final
January2010 –September 2010

Part 1. Access Line

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

Total calls to the KVC Access Line	**519**	
Wrong number	**51**	**11%**
Abandoned calls	**46**	**9%**
Inbound follow-up (current RT family requesting information)	**48**	**9%**
Information only (community professionals, family members, service providers, etc)	**72**	**14%**
Total referrals (ineligible and eligible)	**302**	**58%**

0 calls had a hold time greater than 100 seconds.
8.27 seconds is the average hold time.

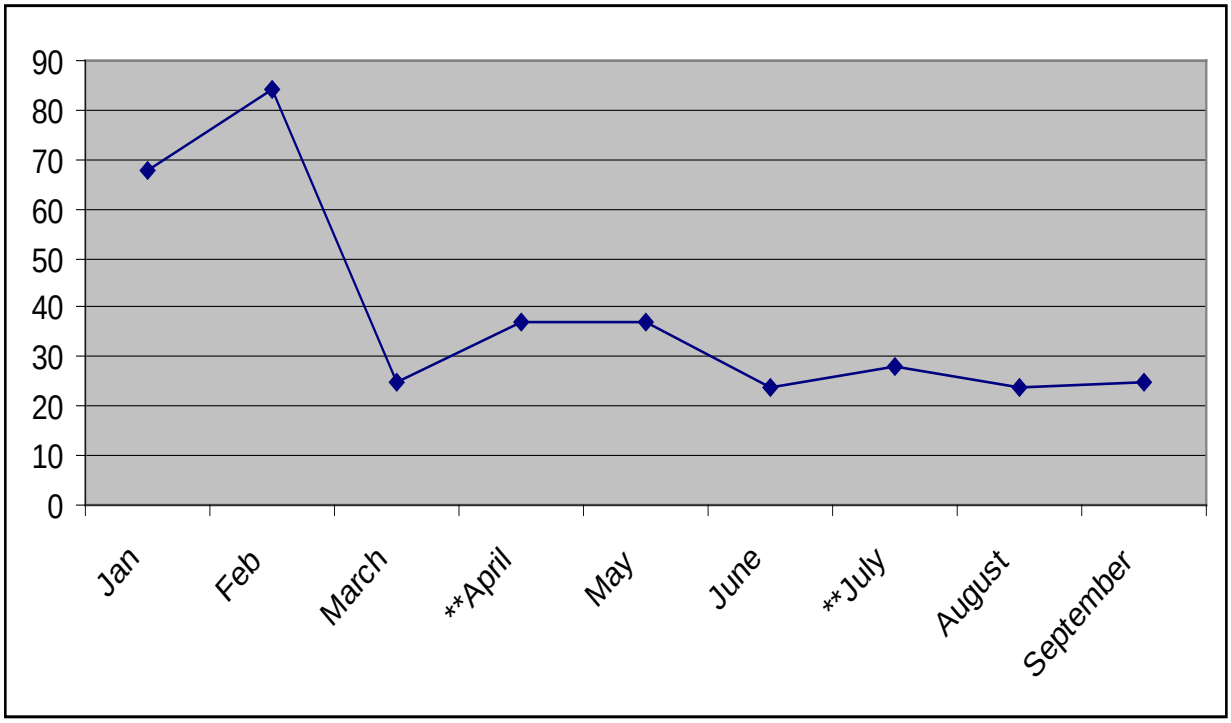
Part 2. Referrals to Right Turn

Total referrals	**302**	
Referrals responded to within 72 hours	**300**	**99.3%**
Ineligible referrals (includes ineligible and duplicate referrals)	**49**	**16%**
Eligible referrals	**253**	**84%**

Disposition of eligible referrals

Total eligible	**253**	
Eligible: Accepted case management services	**212**	**84%**
Eligible: Declined case management (e.g. support needs resolved, not interested in case management, did not respond to attempts to contact)	**41**	**16%**

Number of referrals received January 2010 through September 2010

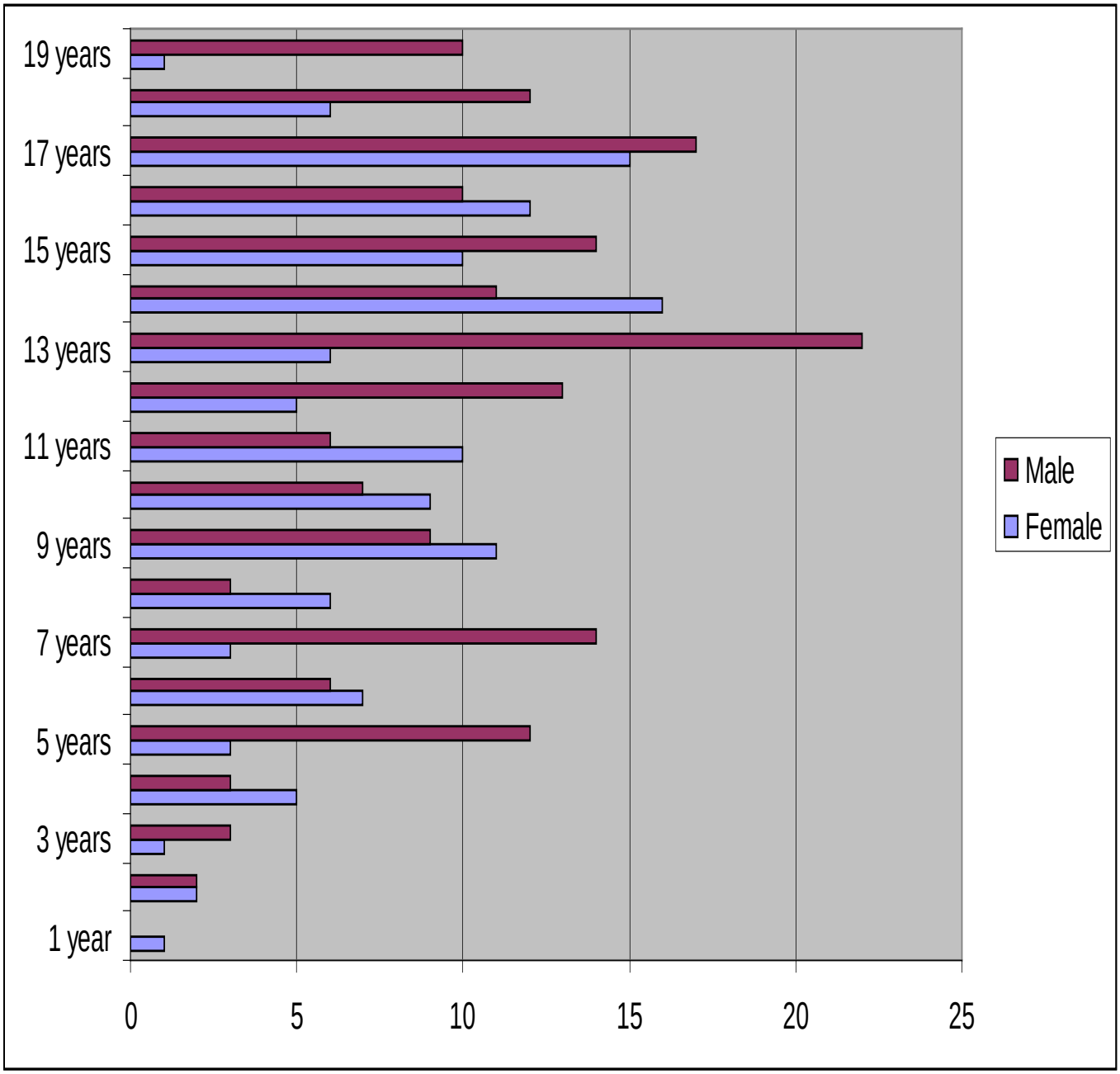


** 3rd quarter mailing

Part 3. Characteristics of case management families

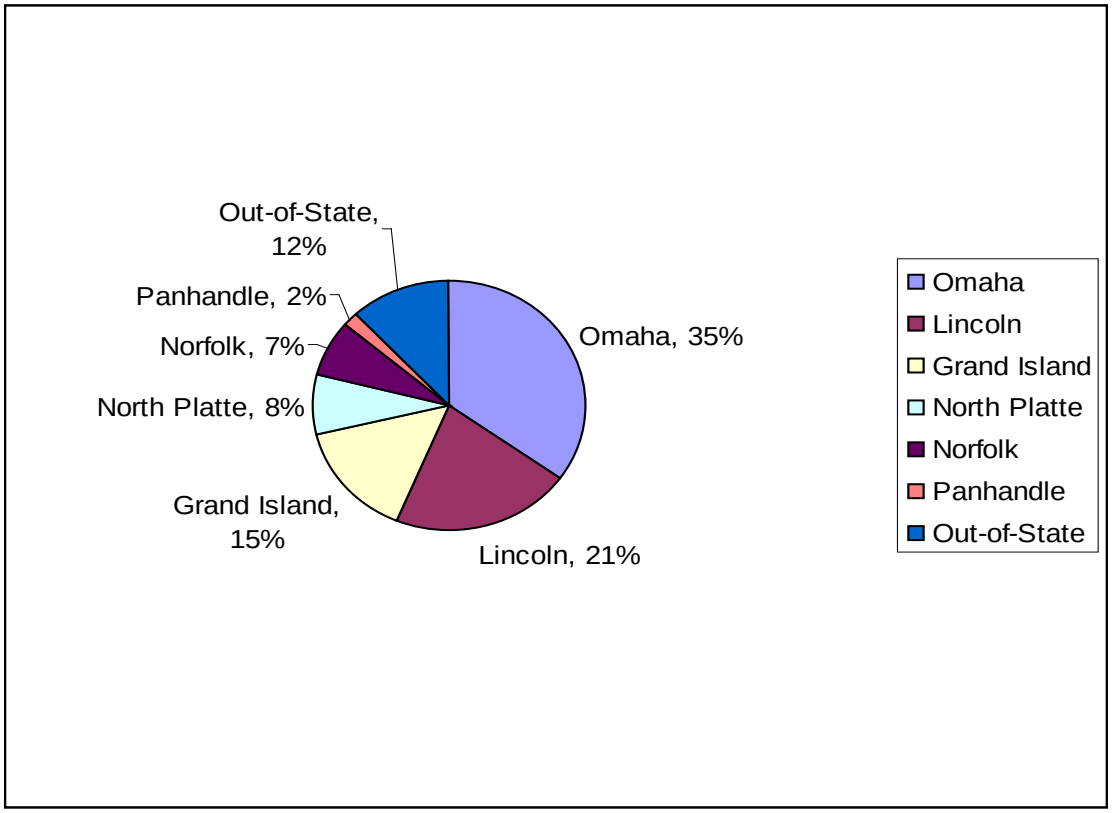
Case management families (January 2010 through September 2010)	**212**	
Adoption	**170**	**80%**
Guardianship	**42**	**20%**
Total case management families	**212**	

Age and gender of eligible child (January 2010 through September 2010)
This chart represents the age and gender of the child that qualifies a family for Right Turn *services.*



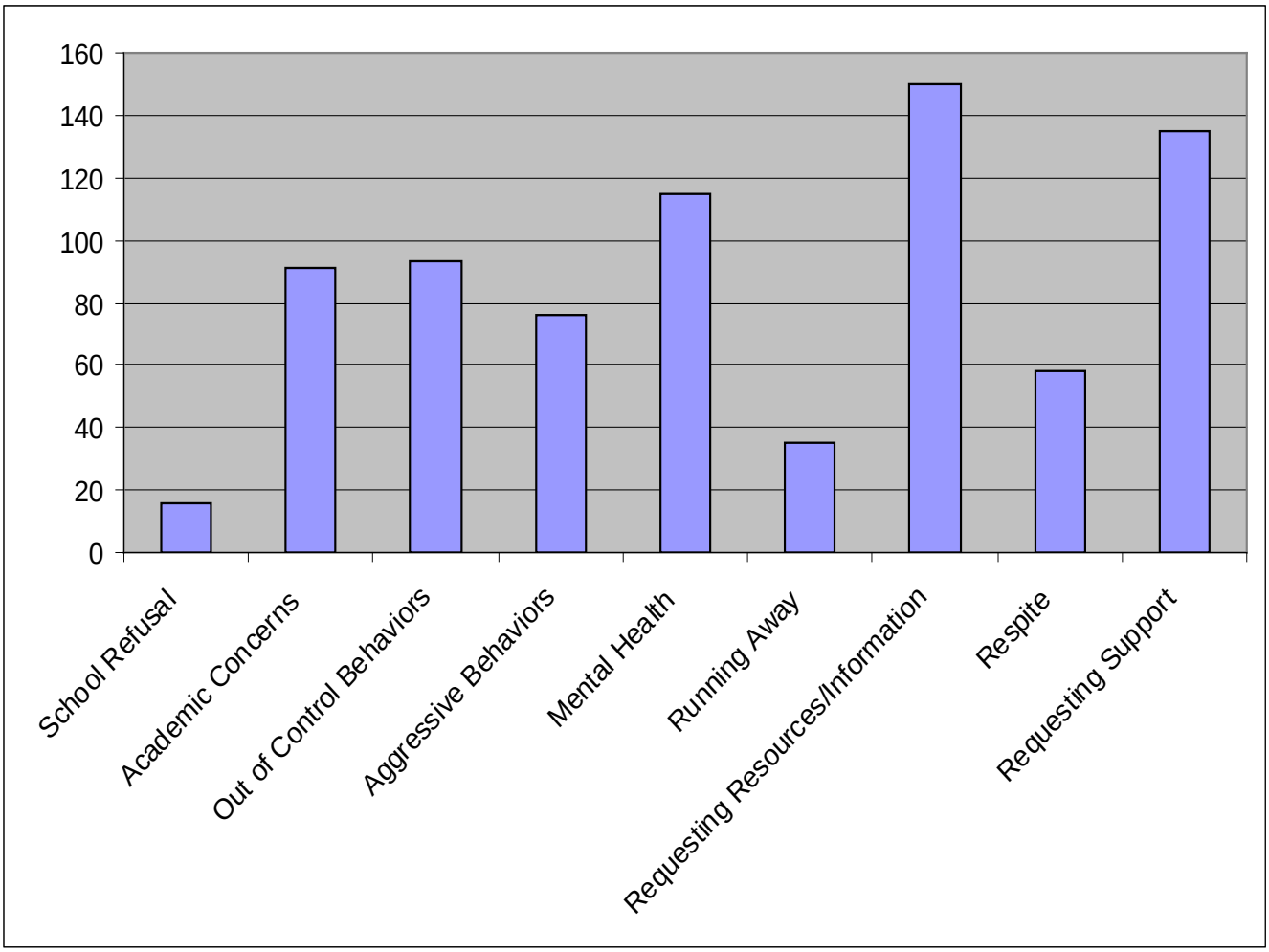
Total youth served January 2010 through September 2010
***accounts for total youth in families served, not just the eligible child**

Male	**241**	**53%**
Female	**211**	**47%**
Total new youth served	**452**	



Out-of-State families are families who finalized their adoption or guardianship in Nebraska, receive a subsidy from Nebraska, but reside outside Nebraska. Right Turn has served families in the following states: Arizona, Colorado, Georgia, Iowa, Kansas, Minnesota, Missouri, Montana, New Mexico, Oklahoma, Pennsylvania, South Dakota, Texas, Virginia, Wisconsin, and Wyoming.

Issues identified as 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.



Outcomes for families at the end of service provision
Outcomes are established in proposal prepared for and approved by NDHHS.

Thirty-three families have completed both the pre- and post-assessment. Fifty-eight families completed pre-assessments, which were scored and reported in the second-quarter report. We have scores for thirty-three post-assessments of the fifty-eight pre-assessments completed last quarter. Overall assessment scores show improvement for all families served by Right Turn. Right Turn continues to work closely with Hornby Zeller to ensure the accuracy of assessment scores and the improvements families are reporting with pre- and post-assessment scores. The Right Turn family assessment is below.

Right Turn Family Assessment
(Administered pre-service and post-service)

Safety of my child

☐	My son or daughter is safe in the home.
☐	My son/daughter is at risk to harm him/herself or others in my home.
☐	My son/daughter is not in my home due to safety concerns.

Families will remain intact without a need for out-of-home placement

☐	There is no need for placement of my son/daughter outside of my home.
☐	I am seeking community based services to prevent a need for my child to be placed outside of my home.
☐	I am actively seeking a higher level of care for my son/daughter outside of my home.
☐	My son/daughter is not placed in my home, but I am working to get him or her back.
☐	My son/daughter is placed in my home, and I am actively seeking dissolution of my parental commitment.
☐	My son/daughter is placed out of the home, and I am seeking dissolution of my parental commitment.

Ability to identify community resources (education, support, and treatment)

☐	I am able to locate community resources to meet the needs of my family.
☐	I know there are resources available to my family but I am uncertain on how to access them.

☐	I know there are resources available but they are not available in my community.
☐	I am not aware of any resources that would help me in meeting the needs of my family.

Ability to meet child's needs through parenting skills

☐	I feel competent in my parenting ability.
☐	I feel good about my parenting ability.
☐	I feel my parenting ability is adequate.
☐	I feel my parenting ability is inadequate.

Parent education and skill building support

☐	I do not need additional parent education and skill-building support.
☐	I would benefit from parent education and skill-building support.
☐	I am in need of parent education and skill-building support.

Parent understanding of child's needs

☐	I completely understand the emotional, educational, and/or physical needs of my son or daughter.
☐	I partially understand the emotional, educational, and/or physical needs of my son or daughter
☐	I do not understand the emotional, educational, and/or physical needs of my son or daughter.

Parent understanding of child's behavioral health-related diagnosis

☐	My son/daughter has a diagnosis that I fully understand.
☐	My son/daughter has a diagnosis that I somewhat understand.
☐	My son/daughter has a diagnosis that I do not understand.
☐	My son/daughter does not have a diagnosis.

Parent involvement in child's care and/or treatment

☐	I am actively involved in my son/daughter's care and/or treatment.
☐	I am sometimes involved in my son/daughter's care and/or treatment.
☐	I am not involved in my son/daughter's care and or treatment.

Level of understanding of adoption issues

☐	I have a great understanding of the adoption/guardianship issues my son/daughter may experience as he/she ages.
☐	I have some understanding of the adoption/guardianship issues my son/daughter may experience as he/she ages.
☐	I have limited understanding of the adoption/guardianship issues my son/daughter may experience as he/she ages.
☐	I have no understanding of the adoption/guardianship issues my son/daughter may experience as he/she ages.

Level of informal support

☐	I have many friends and family who support me in my role as a parent.
☐	I have many friends and family who support me but not in my role as a parent.
☐	I have few friends and family who support me in my role as a parent.
☐	I have few friends and family who support me but not in my role as a parent.
☐	I am alone and I have no one to call for support.

Total families served	212
Number of children served	452
Number of children who became state wards for the purpose of accessing treatment	8
Number of children who became state wards and their parents are no longer involved in their treatment (ended their parenting commitment)	2 of 8
Rate of Right Turn families which remained intact*	99%

* "Intact" family is defined as parents who remain committed to their child's care and treatment even if the child required placement out of the family home for safety or treatment services OR if the child was temporarily placed in the custody of the Department of Health and Human Services in order to access mental health treatment.

- **212 families were served between January 2010 and September 2010, involving 452 children.**

- **1% of Right Turn families ended their parenting commitment with their child by formally dissolving/terminating their legal commitment to their child.**

1 of 8 families decided to terminate their adoption (details regarding the family's circumstances are kept to a minimum to protect the identity of the family).

- The family called Right Turn for respite support and assistance in accessing mental health treatment for their son. After being hospitalized for treatment and returned to the parent's home, the family made the decision that they were unable to continue care for and adequately meet the needs of their child.

1 of 8 families decided to dissolve their guardianship (details regarding the family's circumstances are kept to a minimum to protect the identity of the family).

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- The family initially began services with Right Turn because of need for respite services. Before services could begin with the family and while the child was in a respite home, this family successfully proceeded with the dissolution of their guardianship.

- **2.3% of Right Turn families (five families) report being told, and followed through with, the recommendation made by a service provider and/or insurance company and/or clinician to make their child a state ward in order to access mental health treatment.**

In each of these five cases involving dependency filings, the child became a state ward in order to access mental health services. Parents of all five children are active in their child's treatment and plan to continue with their parenting commitment. Each family intends to have their child return to their care when treatment is complete.

- **Less than 1% of Right Turn families (one family) had their child return to the custody of the State of Nebraska as a result of a juvenile delinquency filing.**
- **Less than 1% of Right Turn families (one family) completed a successor guardianship, with the assistance of Right Turn staff, to avoid the child being placed in custody of the State of Nebraska.**

Families will remain intact	99% of Right Turn families remained intact (210 of 212 families). If children required out-of-home care for treatment purposes and the family remained involved in child's treatment, these families were counted as "intact" families.
Families will be able to identify at least one community resource they will be able to access as needed after being discharged from services	100% of Right Turn families are able to identify one community resource before discharge from the Right Turn program. Right Turn staff made over 1,000 referrals for services.
Parents will report improved parenting skills through the participation of services	54 satisfaction surveys were returned by Right Turn families to the Right Turn Continuous Quality Improvement Manager for review and tabulation. Surveys are conducted in a manner which protects the identity of the family. In the second quarter of service, the satisfaction survey was altered with new questions. 65% of families reported improved parenting skills. 29% of families remained neutral. 6% of families disagreed. 6% of families did not provide a response.
Parents will report they have a better understanding of their children's specific needs and know how to deal with them as a result of participation in the program	According to satisfaction surveys (54 surveys returned): 67% of families report improved parenting skills and the ability to put these skills into practice. 28% of families remained neutral. 6% of families disagreed. 3% of families did not provide a response.
Families will have improved scores on the assessments	All families had an overall higher score on the post-assessment than on the pre-assessment. The areas where families had the <u>most improvement</u> were on questions related to: o Better understanding and identifying resources in the community; o Better understanding of child's needs and issues related to adoption and guardianship. Assessment score improvements were consistently improved on both adoption and guardianship cases.

Gaps in services trends that have been discovered as families are served by Right Turn.

Preliminary data taken from intake questionnaire and interview:

1. The family is unfamiliar with the type of treatment needed and how to access treatment.
2. A specialty service not available or only available at a great distance.
3. The child does not have a current mental health diagnosis that is acceptable to insurance providers in approving mental health services.
4. The family lacks training and understanding of the special needs of children who have experienced abuse, neglect, trauma, or losses associated with adoption/guardianship.
5. The families continue to believe – and continue to be told by insurance companies, mental health providers, and service providers – that the best, and sometimes only, way to access mental health services is to make their child a ward of the state.
6. There are an insufficient number of mental health providers throughout the state able to adequately address losses associated with adoption/guardianship. As a result, a family or child may be in therapy for many years without issues being addressed or without improvement in the child's mental health.

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Right Turn intake process includes a series of mental health questions asked of the parents. Right Turn began using this intake tool with all intakes in July 2010.

Seventy-four families completed the intake questionnaire. The following diagnoses have been reported.

1. Does eligible child have mental health diagnosis?
Yes **49**
No **16**
Unknown **9**

Reactive attachment	10
Autism	3
Asperger's	8
ADHD	39
ADD	6
Depression	6
Anxiety	5
Conduct disorder	0
ODD	15
OCD	2
Bi-polar	18
Borderline	3
Schizophrenia	1
Schizoaffective	0
PTSD	5
Mood disorder NOS	9
FAS diagnosed	23
FAS suspected	13
Pre/postal natal drug exposure (documented)	17
Developmental disabilities	11

Marketing

The Right Turn staff fully participates in the Right Turn marketing campaign. From January 2010 through September 2010, Right Turn has participated in over 100 marketing activities throughout the state, including e-mail blasts to providers and families, quarterly mailings to eligible families, presentations and mailings with marketing materials to providers and community leaders. Staff also attends professional meetings designed to share the success of the program and explain how to access services.

In September, Right Turn developed a monthly newsletter. It is being electronically mailed to more than 250 families and providers throughout the state. The newsletter contains updates on Right Turn services and support groups, mental health articles, information on community partners and the services they provide, and facts related to adoption and adoptive families.

Right Turn has made significant efforts to share Right Turn services statewide to physicians, health clinics, and school counselors and administrators, as well as being present at professional conferences and delivering professional presentations.

Website Development

Right Turn's website has developed into an effective tool for parents and service providers. Eligibility requirements for the program are outlined on the website, which also features a lending library, a calendar of events, a listing of activities and support groups, and information on trainings and conferences throughout the state. The site links visitors to the NFAPA website and details not only the role of peer mentors, but instructions on how to apply to become a peer mentor. Additionally, the site is updated weekly with statewide community resources, reading resources, websites, and many other adoption/guardianship-specific resources that may benefit families.

Staff Training

Right Turn staff is required to attend a quarterly training. The Right Turn staff has 82 hours of mandatory training which has focused on five key areas: documentation/privacy/confidentiality, accessing resources, intervention tools and strategies, adoption and guardianship issues, and evidence-based models of service.

Right Turn Staff

Jessyca Vandercoy, MSW (Statewide Program Director)

Jessyca Vandercoy has worked in the child welfare field for the past ten years. Her experience includes positions with: the Nebraska Department of Health and Human Services; Nebraska Aids Project; and private child-welfare agencies. Vandercoy currently serves as the Right Turn Program Director, providing both clinical guidance and executive oversight. As an adoptee herself, as well as a foster and adoptive parent, Vandercoy brings important insights to the program. Vandercoy completed her Master's degree in social work in 2004.

Christie Abdul, LCSW (Clinical Supervisor-Omaha)

Christie Abdul has worked in the child welfare field for fourteen years. Her experience includes positions at: a youth shelter for children who were removed from their homes; Child Saving Institute-Nebraska Adoption Partnership; and the Southern Sudan Community Association. Christie earned her Master's degree in social work from the University of Nebraska-Lincoln in 2004. Abdul also worked for the Department of Veterans affairs, helping military veterans transition from homelessness to permanent supportive housing.

Linda Dubs, LCSW, LIMHP (Clinical Supervisor-Lincoln)

Linda J. Dubs has more than thirty years of experience working with children and families. She is a licensed clinical social worker and an independently licensed mental health practitioner in Nebraska. She has worked with children and families in the foster care system, the educational system, and in-patient and out-patient facilities. Dubs have trained with national and international experts in the adoption, attachment, and trauma fields. Dubs have also provided training at the local and regional levels. She is a facilitator for the Midwest Regional Fetal Alcohol Syndrome Training Center. As a former foster parent and a current adoptive parent, Dubs understands the issues related to adoption that she deals with in her position. As a supervisor for the Right Turn program, she provides clinical oversight and service. Dubs also works as the clinical director for post-adoption clinical services at Nebraska Children's Home Society, a partner of the Right Turn program.

Augusta Carbray, JD (Permanency Support Specialist-Omaha)

Carbray has more than ten years experience in the field of adoption. Fluent in English, French and Spanish, she has previously resided in Brazil and France. Carbray moved to the United States in 1999, residing in Arizona, where she received training in the areas of adoption and foster care. Carbray is a PS-MAPP leader, and PRIDE, Spaulding and WRAP trainer.

Lorilee Couture, BS (Permanency Support Specialist-Omaha)

Couture has more than six years experience in social services, working with children and families in Omaha. She earned a Bachelor's of Science degree in family service in 2004 and is currently working on her Masters degree in Public Administration.

Mark Bryant, BA (Permanency Support Specialist-Omaha)
Bryant has more than twenty years experience working with children and families with a focus on adoption. His work has included more than 10 years at Nebraska Health and Human Services in the adoption unit, mentor recruitment and training for the Team Mates program, and as a foster care specialist with a private, non-profit agency in Omaha. Bryant is extremely knowledgeable about guardianship and adoption subsidies. He is Spaulding and PS-MAPP trained. He is also an adoptive parent.

Sarah Loseke, BA (Permanency Support Specialist-Lincoln)

Loseke has worked in the human services field in positions as a child protection and safety worker and a service coordinator for individuals with developmental disabilities. She is currently working towards her Master's degree in social work at the University of Nebraska-Omaha, with an expected graduation date of December 2011.

Teri Wendel, BA (Permanency Support Specialist-Norfolk)
Wendel has nearly thirty years experience in the field of adoption. She has been a caseworker for the Nebraska Children's Home Society in their pregnancy, parenting and adoption programs since 1982. She earned a Bachelor's degree from Wayne State College in 1979. Wendel has significant experience in working all sides of adoption; her work includes working directly with children who are adopted, birth parents, and adoptive parents.

Rhonda Christensen, BSW (Permanency Support Specialist-North Platte)
Christensen has more than forty years experience in working with children and families. She has worked both in county and state government agencies, as well as various non-profit agencies. She has been in the adoption field with Nebraska Children's Home Society for fifteen years.

Kari Narjes, MS, PLMHP (Permanency Support Specialist-Alliance)
Narjes has more than three years experience in working with children and families. She has more than two years experience in the area of mental health and is currently earning her license as a mental health practitioner. Her work includes mental health services to families and as an outpatient drug and alcohol counselor. She has a Masters degree in counseling from Regis University.

Featuring Right Turn families

(Names have been changed to protect the identify of children and families**)**

Right Turn family story:

"I need you to come get my son. I am done."

That was how Mrs. G introduced herself to Right Turn staff members. She was tired, stressed and feeling hopeless. Her sixteen-year-old son, whom she had adopted at the age of six, had become physically aggressive and defiant.

When the Permanency Support Specialist visited the G's home, within hours of the despairing call, she discovered that prior to adoption; Mrs. G's son had suffered trauma and abuse. After initial respite care, a Wellness Recovery Action Plan (WRAP) was initiated. The assisted this family with locating a safe respite care home and beginning services to assist the family in addressing the immediate needs of the family. WRAP is a personal plan created with the child to help identify triggers and developing coping skills. It also offers strategies for choosing healthier behaviors.

The Specialist was able to facilitate a referral for a complete psychological evaluation for the teen and Multisystem Therapy (MST) was initiated in the home approximately one month later. Mrs. G is still parenting her child. "For the first time in a long time, I feel hopeful for the future with my son," Mrs. G reported.

Right Turn family story:

"Nothing works with her!"
Mr. S, an adoptive father, called the Right Turn Access Line desperate for more information and a better understanding of his fourteen-year-old daughter. The youngest of three children in his home, and the only adopted child, the teen had been diagnosed with ADHD and was demonstrating aggressive, defiant behaviors.

The Right Turn Permanency Support Specialist provided Mr. and Mrs. S with information about their daughter's diagnosis and behaviors, as well as the seven core issues of adoption. A referral was also made to a therapist specializing in ADHD and adoption issues.
Today, the fourteen-year-old continues to see a therapist, and the family reports that progress is being made. In addition, the family has become part of the Right Turn support group for families. "Right Turn was so helpful in providing resources and support to me and my family and helped us connect with the resources we needed," Mr. S said.

Right Turn family story:

Mrs. R contacted the Right Turn program concerned about safety issues affecting her grandchildren. She and her husband have adopted their two pre-school-aged grandchildren. With the children's biological father, who had a violent history, soon to be released from prison, Mrs. R was distressed, fatigued, and feeling helpless.

The Right Turn Permanency Support Specialist attempted to facilitate a positive contact with the biological father. A safety plan was established, and Mrs. R was provided with the resources to assist her with a protection order if such a step became necessary.
The Specialist also helped her set up respite care to relieve her stress. Now, Mrs. R has begun to use respite support on a regular basis and has also gotten her children involved in community activities. She reports "I am better able to deal with the kids and the everyday stresses…thanks to Right Turn."

Right Turn families in their own words….

Right Turn Testimonials submitted at www.RightTurnNe.org

“I did not know a single thing about Right Turn but I was willing to give them a try. It was like they were God sent to me. I was having issues with Medicaid not paying for medical bills when I went to my home town (out of state). I had to pay for all medical bills out of pocket which kept me here in Nebraska because of that. Ms. Lorilee came to my house and told me of other options I did not know about. She was so kind and very professional. She help me so much. Its like a dream come true. I'm so glad Right Turn sent me that letter it sure turned my whole life around. I can now go home and feel good about it."

"Right Turn has come along at just the right time for us! Like many other adoptive parents, we had a need for post-adoptive support, and we found Right Turn. We've found a great deal of support from Lorilee; she has made herself very available for us and has brought resources together. We have come to appreciate very much the services of Right Turn."

"I'm special because, it's who I am. Because, i'm special is that i'm adopted. And because, i'm very smart and it doesn’t matter if you can't do that and you can't do this doesn’t matter everyone is special in there own way. I think i'm special because, i'm a African American. The second thing why I think i'm special because, I have alot of friends. The third thing why I think i'm special because, I have 6 brothers and 1 sister. I'm special because i can sing and dance. Second, i'm special because, I have beautiful hair and i'm pretty. Third, i'm special because, my friends are the best. I like to play outside with my friends that's why i'm special. I use my own personality not someone elses. I am special and unique just like every one else."