right turn

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

October 2010 Final

Part 1. Access Line

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

Total calls to the access line	**43**	
Test calls (A "test" call is defined by KVC as testing/quality assurance/training calls by KVC to ensure operability and preparedness of access line staff.)	**12**	**28%**
Wrong number	**2**	**5%**
Abandoned calls	**1**	**2.5%**
Inbound follow-up (current RT family requesting information)	**0**	**0%**
Information only	**1**	**2.5%**
Total referrals (ineligible and eligible)	**26**	**60%**

0 calls had a hold time greater than 100 seconds.

9.71 seconds is the average hold time.

1 (2.94%) abandoned call. An "abandoned" call is a call in which the caller never speaks to a person. For example, the caller may dial the number and then hang up before the call is answered, or a call may be disconnected before a live person answers.

Part 2. Referrals to Right Turn

Total referrals (sent from KVC) **26**

Duplicate referrals	**2**	**8%**
Total referrals (non-duplicated)	**24**	**92%**
Referrals responded to within 72 hours	**24**	**100%**
Ineligible referrals	**5**	**21%**
Eligible referrals	**19**	**79%**

Disposition of ineligible referrals

Total ineligible referrals	**5**
Ineligible: Referred to post adoption support <u>(Post adoption support other than Right Turn)</u>**	**2/5**
Ineligible: Referred to Nebraska Family Helpline for referral and support	**5/5**
Provided additional referrals to family	**4/4**

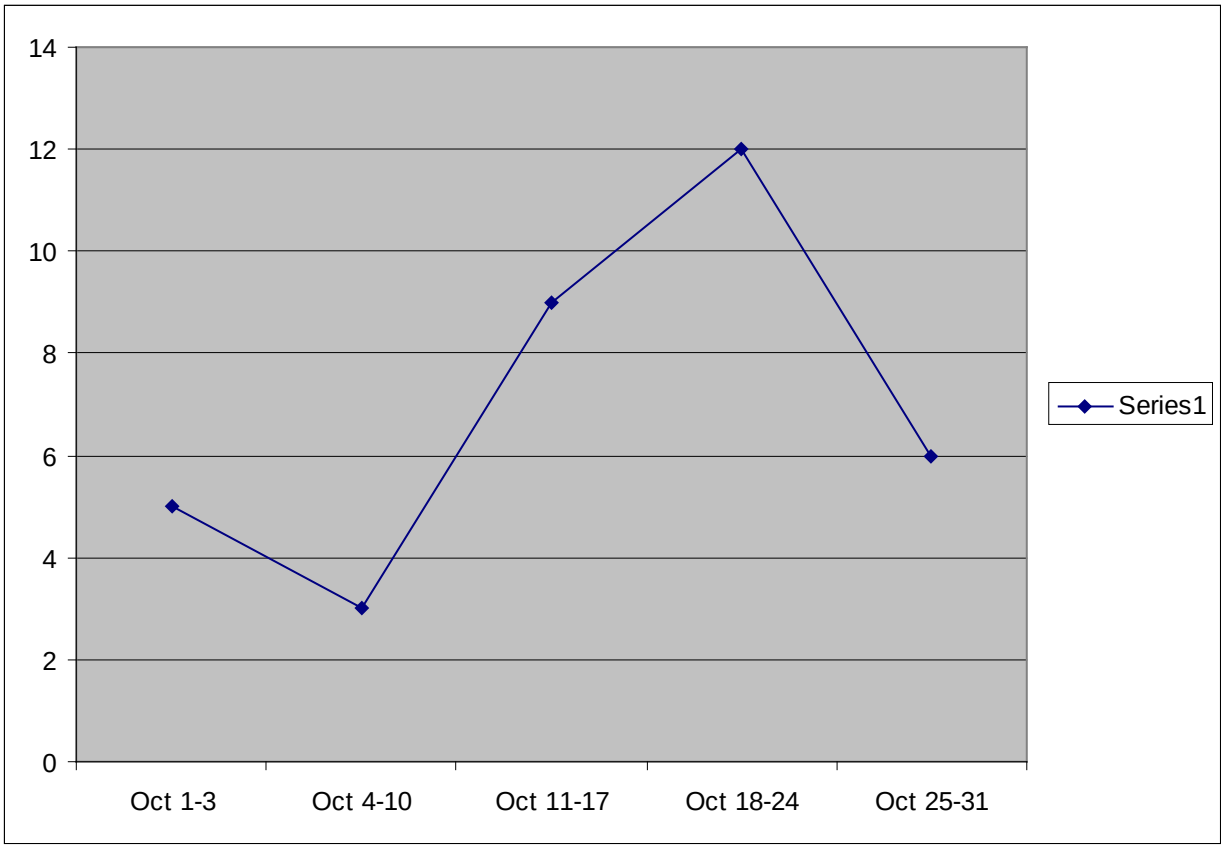
**Right Turn made contact with all ineligible families. Right Turn provided resources to these families in addition to referring them to the Helpline and post-adoption support when that was applicable. Families that are not eligible for Right Turn services and are not adoptive/guardianship parents are referred to other programs. If families are adoptive/guardianship parents that are not eligible for Right Turn, but post-adoption supports are needed, Right Turn refers them to other post-adoption programs. Right Turn has partnered with Nebraska Children's Home Society, which has post-adoption support for families

who are not eligible for Right Turn. Right Turn is committed to ensuring all adoptive/guardianship families access the support they need, even when they are not eligible for Right Turn.

Disposition of eligible referrals

Total eligible	**19**	
Eligible: Accepted case management services	**15**	**79%**
Eligible: Declined case management (e.g. support needs resolved, not interested in case management, did not respond to attempts to contact)	**4**	**21%**

Number of Referrals Received Per Week



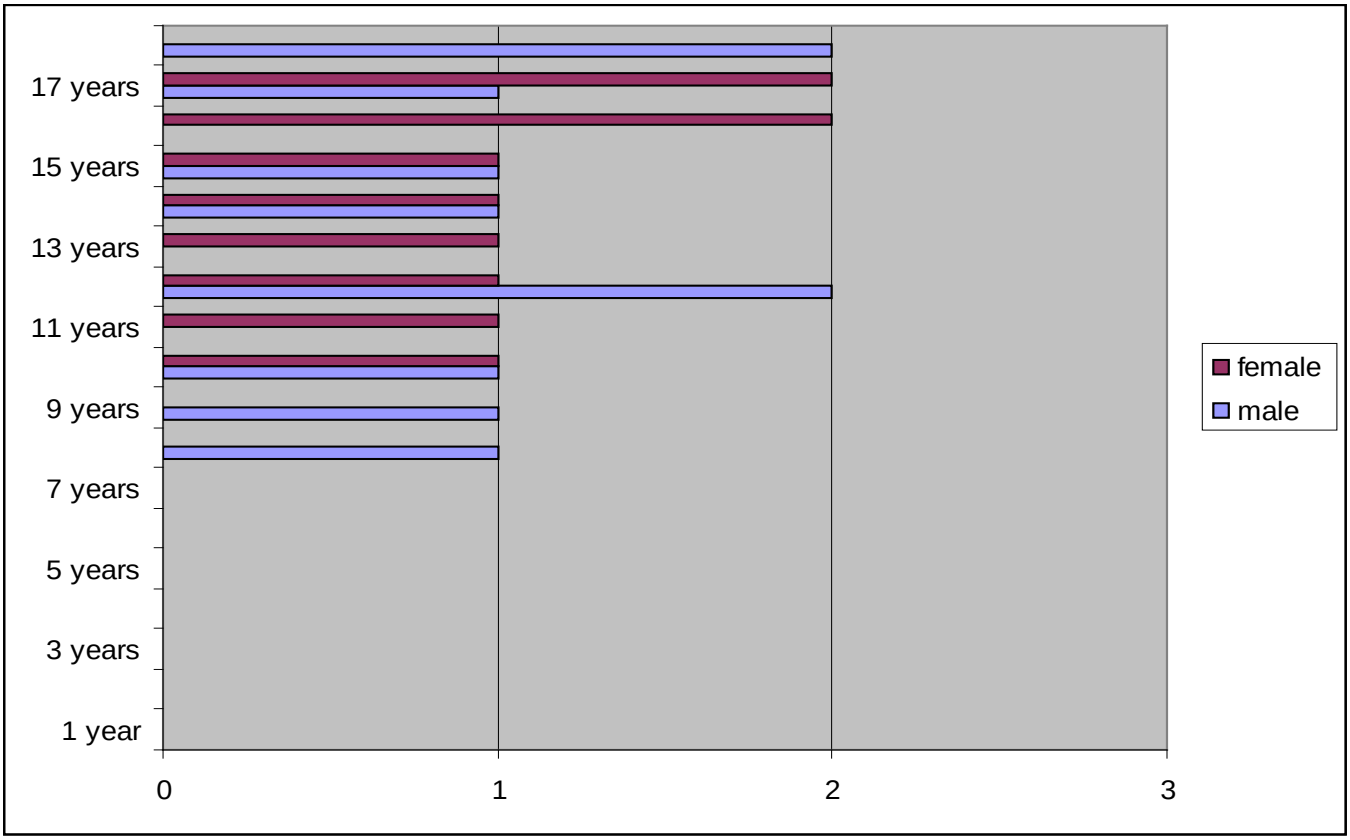
Explanation of call volume: Right Turn is constantly participating in marketing efforts. At this time, Right Turn does not have an explanation for the pattern of calls.

Access Line Update:
KVC has reported that their access line was not operable from October 6th through mid-day on October 12th, 2010. In the attached letter, KVC explains why the phone line was inoperable during this period and details a plan to ensure the line is operable at all times in the future. (Please see attached letter from KVC).

Part 3. Characteristics of new case management families

New case management families (Monthly) October 2010	**15**	
Adoption	**11**	**73%**
Guardianship	**4**	**27%**
Total new case management families	**15**	

Age and gender of the eligible child
This chart represents the age and gender of the child that qualifies a family for Right Turn *service in October 2010.*

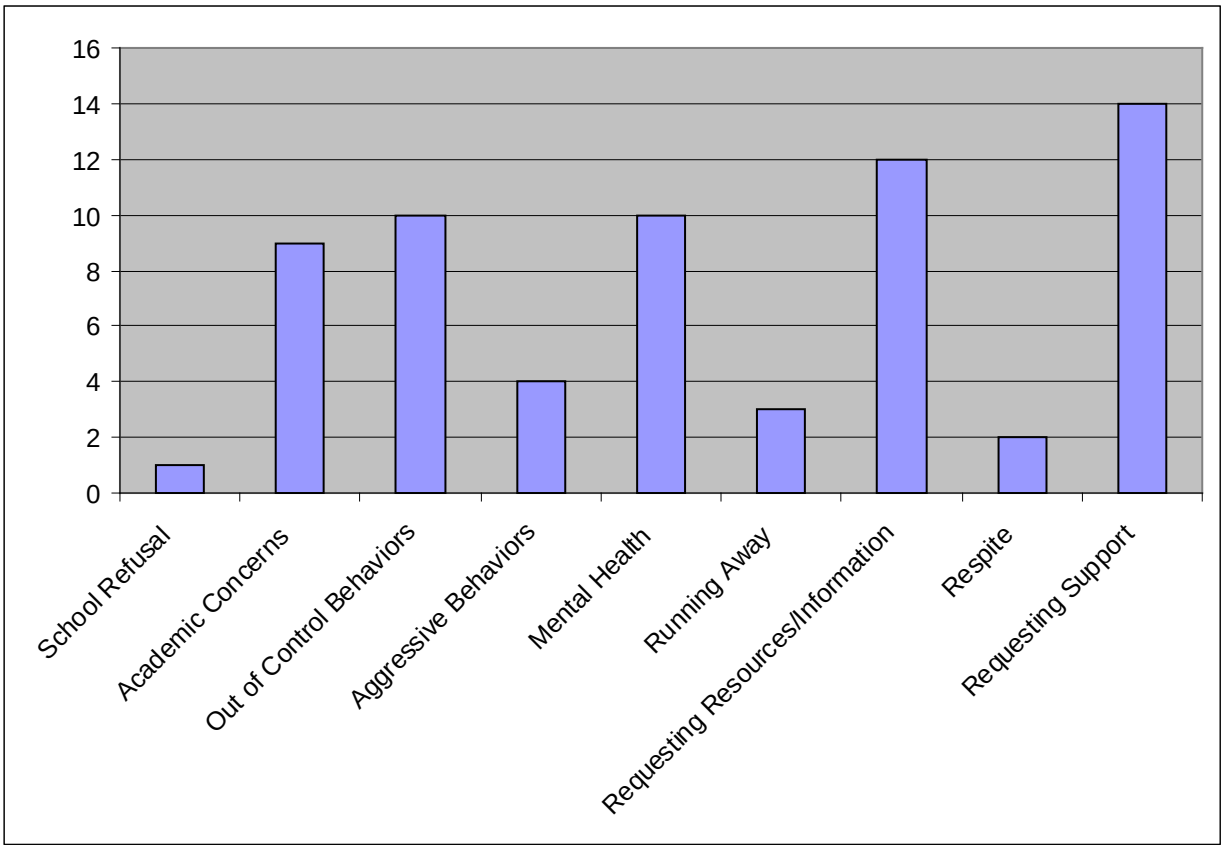


New youth served (monthly) October 2010
***Accounts for total youth in families served, not just the eligible child**

Female	**17**	**50%**
Male	**17**	**50%**
Total new youth served	**34**	

Issues identified as the reason for referral

More than one reason can be identified. Reasons for referral are identified by both the family and the Permanency Support Specialist once case management begins.



October	Adoption	Guardianship	Total
Families at start of month	59	24	83
Families opened this month	11	4	15
Families that closed this month	19	6	25
Families at the end of the month	51	22	73
Total families served	70	28	98

Families closed this month	25
Average length of service for families that closed this month	88.8days

	Total
Children at start of month	147
Children opened this month	34
Children that closed this month	67
Children at the end of the month	114
Total children served	181

PART. 4 Services provided

Services are on-going for 90 days unless otherwise requested by family. Service categories have been amended and agreed upon by HHS and HZA.

Right Turn's "Six Core Services" as established in contract with HHS:

- Case management service
    - Support and referral
    - Crisis management
    - Advocacy
        - Mental health services
        - Education/school services
    - Intervention services
        - Independent living
        - Wellness plans
        - Behavioral management
        - Tutoring/education wellness
        - Establishing healthy relationships with birth family
        - Parent coach
- Mental health referrals
    - Ensuring all families are connected to adoption-competent mental health providers that are able to meet the needs of the families

- Respite care
    - Offering training to families on the benefits of planned respite
    - Assisting families in locating informal respite options for planned and crisis respite needs
    - Connecting families to formal respite networks
    - Financial assistance for families where respite expenses exceed the monthly respite payment provided as part of their subsidy and for families who do not receive respite payments as part of their subsidy.
- Training/education
- Support group
- Peer mentoring 67% of families use peer mentoring services

October: Served 98 families
October: 207 service referrals

Case Management *Family-centered, short-term case management services that work with families in their home and at the intensity defined by the families' needs and wants.*	**98 families**
Basic Needs: Housing Food Clothing Fuel/utilities Job	9 referrals
Benefits Medicaid Food stamps Aid to Dependent Children (ADC) Aid to Aged, Blind and Disabled Energy assistance Kids Connection Child care subsidy NECHIP Developmental Disabilities (SSI/SSDI) Private insurance Adoption subsidy Medicaid waiver Other	4 referrals
Legal/Court Services Juvenile Adult	2 referrals
Education Primary Secondary Special Ed IEP	21 referrals

Tutoring 504 Plan (specialized plans to address the needs of children with a disability) Alternative school	
Health Care Primary Specialized Dental	0 referral
Mental Health Evaluation/assessment/diagnostic Community-based outpatient Community-based treatment (day treatment) Residential treatment Specialized residential treatment Hospital/crisis mental health Medication management	12 referrals
Substance Abuse Evaluation Community-based outpatient Community-based intensive outpatient Community-based day treatment Residential Hospital/crisis Medication management	0 referrals
Non-therapeutic Supports Formal respite Informal respite Community treatment aid Other home-based services Other informal supports	4 referrals
Parent Education/Support Individual Support group Peer support Mentoring Child care Parenting classes Other forms of parent education Post-adoption support Specialized parenting Training/education Adoption Attachment FAS/drug exposure Grief/loss	140 referrals

Mental health Behavioral	
Child Development/Support Recreation/leisure Youth development Leadership programs/activities Transitional/skill training/independent living Mentoring child/youth	15 referrals

Every month, Right Turn hosts parent and an adoptee support groups in Lincoln and Omaha. The Lincoln support group meets on the fourth Thursday of each month. The Omaha support group meets on the second Monday of each month. The support groups are open to all adoptive and guardianship families needing additional support. In addition to these groups, Right Turn partners with Nebraska Foster and Adoptive Parent Association and the Post Adoption Support and Education group to provide support groups for families throughout Nebraska. Each month, there are twenty-one support groups that meet throughout the state. These groups meet in the following areas:

Alliance: Fourth Thursday of the month
Columbus: Second Tuesday of the month
Curtis: Third Tuesday of the month
Fremont: Second Monday of the month
Grand Island: Third Thursday of the month
Gretna: Fourth Monday of the month
Hastings: First Thursday of the month
Kearney/Lexington: Second Thursday of the month
Lincoln Right Turn: Fourth Thursday of the month
Lincoln: First Thursday of the month
Norfolk: Fourth Friday of the month
North Platte Kin-Nect Orientation: Third Monday of the month
North Platte PASE: First Monday of the month
North Platte: First Tuesday of the month
O'Neil: Third Thursday of the month
Ogallala: Fourth Thursday of the month
Omaha Right Turn: Second Monday of the month
Omaha: Third Monday of the month
Scottsbluff: Third Thursday of the month
Sidney: Second Tuesday of the month
South Sioux City: Third Tuesday of the month

Permanency Support Specialists

Permanency support specialists provide case management services that include the following activities: support, referral, advocacy, intervention, WRAP plans, crisis plans, coordination of services, teaching new skills, and mediation of services. (See below for a detailed list of how Specialists spend their time with families.)

In November 2010, the Right Turn database will break down the “type of contact” with families to include “WRAP plans” and “intervention services” delivered by permanency support specialists. This will enable Right Turn to collect the contacts and amount of time spent with a family to include an intervention service as provided by the Permanency Support Specialists.

Contact Type	Number of Contacts	Contact Hours	Percent of time
Documentation	146	6	19%
Intake (clinical triage) with family	13	9.75	2.5%
Intake (clinical triage) of family requesting additional days of case management	2	1.5	.5%
Research	28	20.25	5.3%
Travel	95	70.25	18%
Visit, case staffing	106	26.75	7%
Visit, collateral contact	154	41	11%
Visit, e-mail	211	52.75	14%
Visit, family team meeting	12	18.75	5%
Visit, In person	47	45.5	12%
Visit, telephone	234	76.75	20%
Visit, written	48	12.5	3%
Total	1096	381.50	

Marketing

The Right Turn proposal outlines a marketing campaign and requires contact with physicians, schools, school counselors, psychiatrists, health clinics, and hospitals. Additionally, Right Turn will send representatives to urban and rural health/wellness fairs, send quarterly mailings to eligible families, and have links established on subcontractor websites. The list of marketing activities is below and meets the marketing campaign requirements described in the proposal.

In addition to the marketing activities listed each month, Right Turn continues to develop the Right Turn website. The site serves as an information and support resource to families and providers. The site's community calendar lists activities, conferences, trainings, support groups, and events which occur throughout the state. The website also details the Right Turn core services, explains how to access services, and provides links to several local and national resources.

October 2010

Mailings (letters/promotional materials)

National Adoption Day materials

- Douglas County
- Hall County
- Lancaster County
- Lincoln County
- Scottsbluff County
- Stanton County

Email Blasts (Monthly)

Current and previous Right Turn families (monthly)

Newsletter (November) (267 addresses)
Providers, partners, Right Turn contacts (monthly) (267 addresses)
(support group reminder email)

Presentations

Barner Hospital, Ogallala

Chadron Medical Clinic

HHS McCook

HHS Ogallala

NASW conference presentation and booth, statewide conference

NeAHSC conference booth, Omaha

Preparing Teens for Tomorrow, Chadron

Red Willow Health Department, McCook

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

Preliminary data taken from Right Turn intake questionnaire and interview:

1. Families have insufficient training, preparation, and understanding of the special needs of children who have experienced abuse, neglect, trauma, or losses associated with adoption/guardianship. As a result, families are unfamiliar with the types of treatment needed to address a child's specific need, and they do not know how to access these specialized treatments.

2. There are an insufficient number of mental health providers throughout the state that are able to adequately address loss associated with adoption and guardianship. As a result, families can sometimes access mental health services for many years without seeing important issues addressed and, more importantly, without improvement in child's mental health.

3. There are an insufficient number of community-based services throughout the state able to work with a family in their home while avoiding the need for out-of-home care for the child.

4. Families often travel great distances to access specialty services, because well-trained, adoption-competent services are not available throughout the state.

5. Families often cannot get a current mental-health diagnosis of a child that insurance providers will accept. As a result, treatment is often not approved or paid for by the insurer.

6. A child who is in the legal custody of the State of Nebraska has access to <u>individual and family services</u> not available to children who are in the care and custody of their parent/guardian. These include tracking and electronic monitoring, intensive family preservation, a "group home" level of care, and family support services).

7. A child in the legal custody of the state has access to <u>mental health services</u> not available to children who are in the care and custody of their parent or guardian. Because of this, parents are using dependency court filings to give the state care and control of their children so the children can access treatment services.

8. A child who has a mental health diagnosis and developmental disability diagnosis can be refused for treatment in both the behavioral health system and the developmental disabilities system.