right turn

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

Quarter 1
January-March 2010

Part 1. ACCESS LINE

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

Total Calls to the Access Line	**236**	
Abandoned Calls	**16**	**8.1%**
Wrong Numbers	**28**	**8.4%**
Hang Ups	**2**	**1%**
Inbound Follow-up (current RT family requesting information)	**29**	**12.2%**
Information Only	**25**	**10.5%**
Ineligible: Referred to Helpline	**6**	**2.5%**
Total Referrals	**131**	**55.5%**

0 calls had a hold time greater than 100 seconds

7.87 seconds is average hold time

Part 2. Referrals To Right Turn

Total Referrals 131

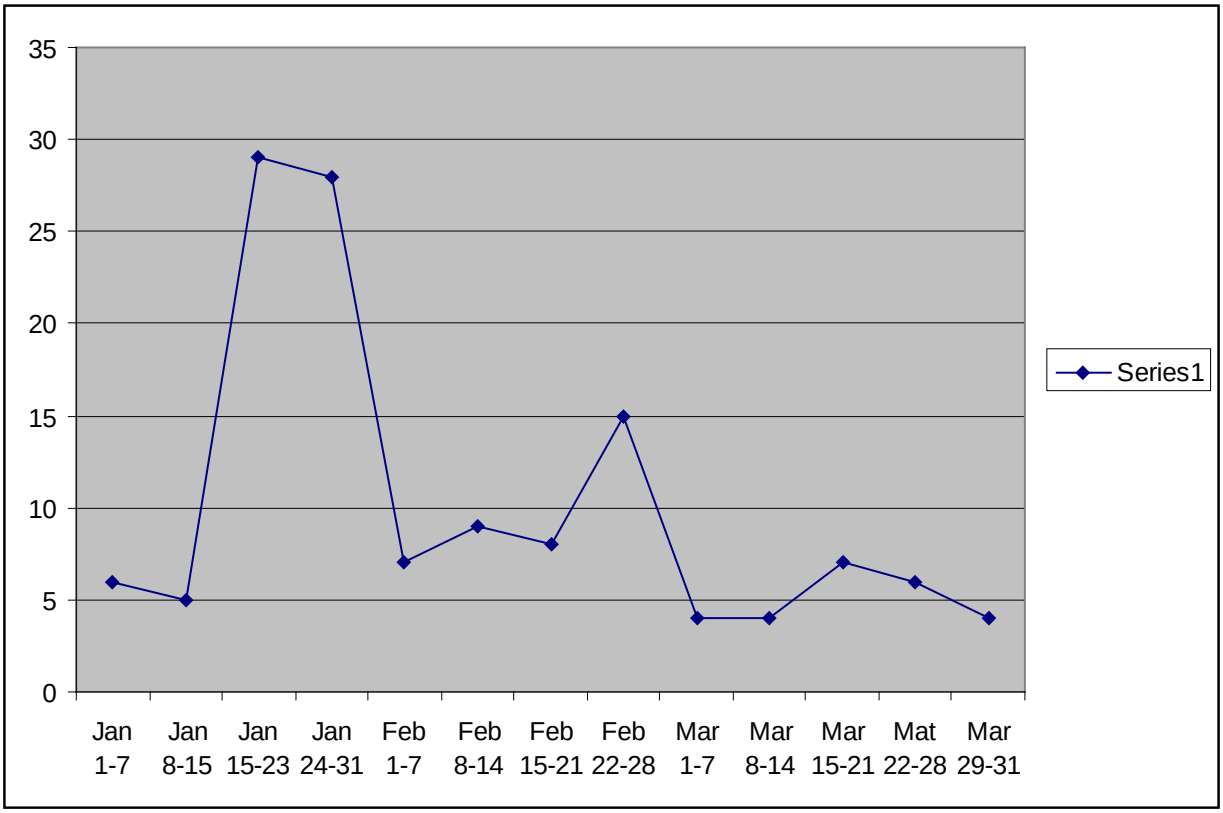
Referrals responded to within 72 Hours	**129**	**98.4%**
Ineligible Referrals	**6**	**4.5%**
Eligible Referrals	**125**	**95.5%**

Total Ineligible	**6**	
Ineligible: Referred to Post adoption Support	**6**	**100%**
Ineligible: Referred for Helpline for Referral and Support	**0**	**0%**

Disposition of Eligible Referrals

Total Eligible	**125**	
Eligible: Accepted case management services	**95**	**76%**
Eligible: Declined case management (e.g. support needs resolved, not interested in case management, did not respond to attempts to contact)	**31**	**24.8%**

Number of Referrals Received per Week



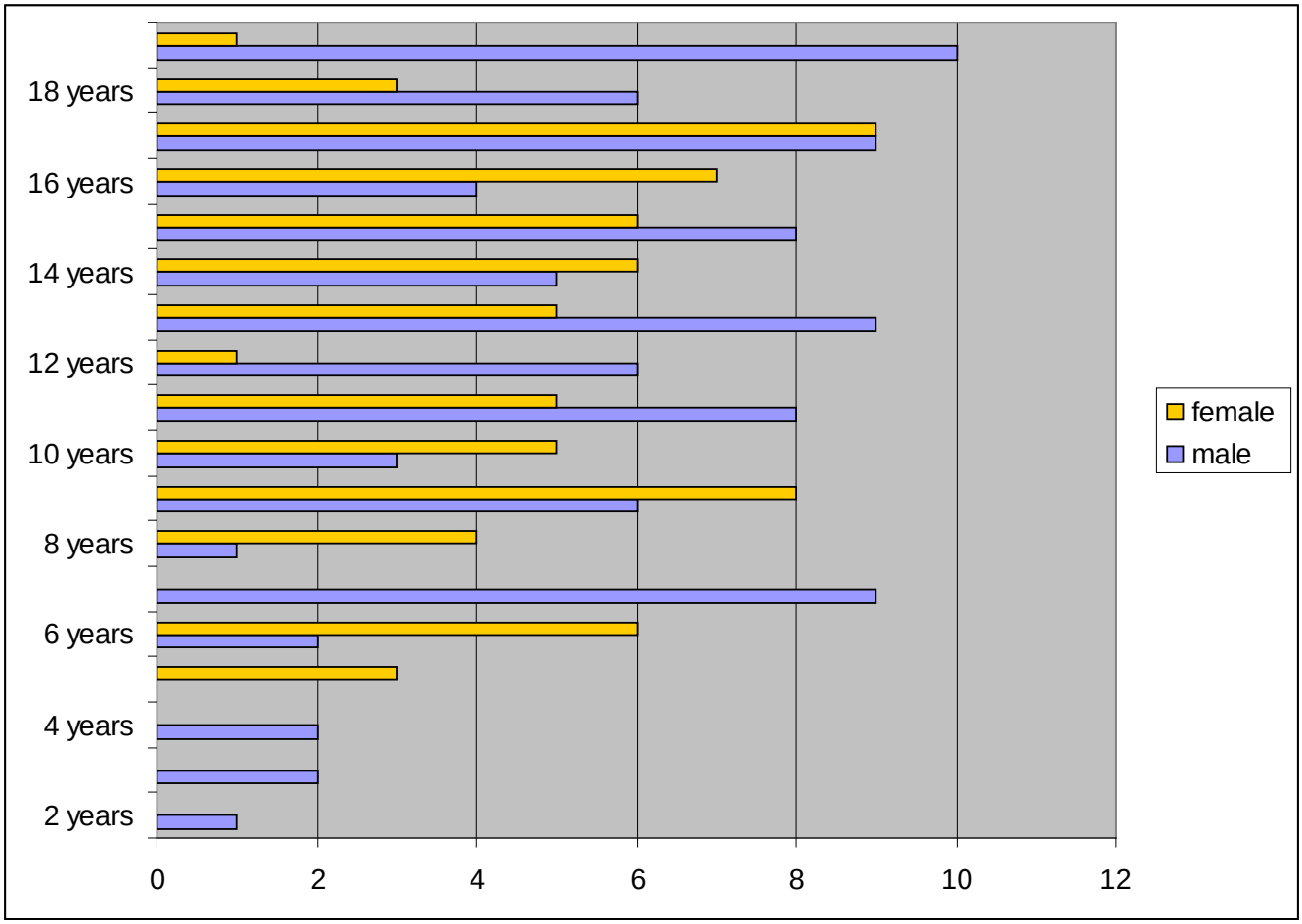
Part 3. Characteristics of Case Management Families

Quarterly Case Management Families

Adoption	**77**	**85.7%**
Guardianship	**18**	**14.2%**
Total Case Management Families	**95**	

AGE AND GENDER OF THE ELIGIBLE CHILD

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

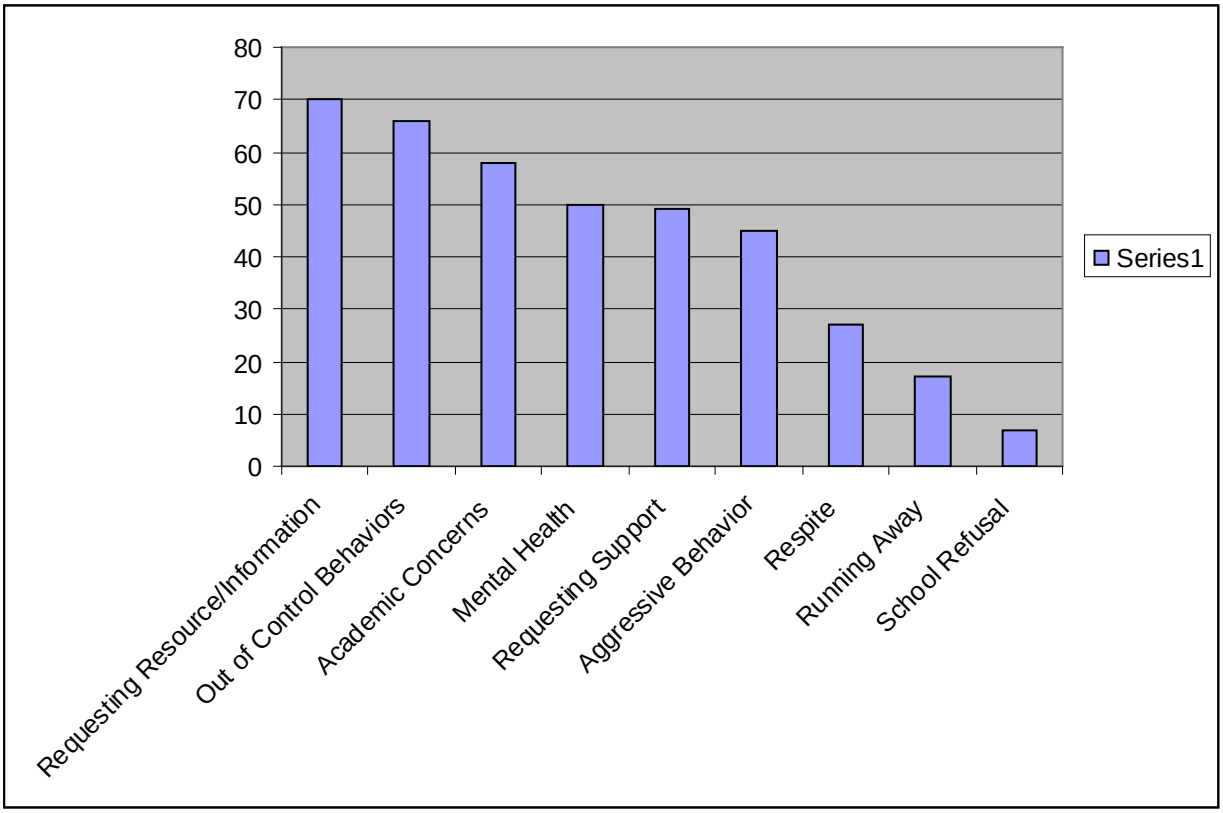


Total Youth Served (Monthly)
***accounts for total youth in families served, not the eligible child**

Female	**98**	**50%**
Male	**98**	**50%**
Total New Youth Served	**196**	

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.



	Adoption	Guardianship	Total
Families opened this quarter	**77**	**18**	**95**
Families that closed this quarter	**14**	**2**	**16**
Families at the end of the quarter	**62**	**16**	**78**
Total families served	**68**	**17**	**95**

Families closed this quarter	**16**
Average length of service for families that closed this quarter (prior to the 90 days)	**28.5 days**

	Total
Children at start of month	**167**
Children opened this month	**25**
Children that closed this month	**14**
Children at the end of the month	**178**
Total Children served	**192**

OUTCOMES FOR FAMILIES AT THE END OF SERVICE PROVISION

A list of outcomes for families served by Right Turn*. Outcomes are established in proposal prepared for and approved by NDHHS.*

Families will remain intact without a need for out of home placement	99% of all Right Turn families remained intact.
Families will be able to identify at least one community resource they will be able to access as needed after discharged from services	100%
Parents will report improved parenting skills through the participation of services	This outcome is based on responses to Question 1 on the customer satisfaction survey. With only two customer satisfaction surveys returned. Neither of the surveys returned indicate a belief that parenting skills were improved as a result of the Right Turn program. Survey summary is attached.
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	This outcome is based on responses to Question 2 on the customer satisfaction survey. With only two customer satisfaction surveys returned. Neither of the surveys returned indicate a belief parents have an improved understanding of their child's specific needs as a result of the Right Turn program. Survey summary is attached.
Families will have improved scores on the assessments	This first quarter has provided significant information in regards to the assessment tools inability to measure family success and the quality of the Right Turn services. The assessment tools used with families, as written into the Right Turn proposal, are FACES IV, CAFAS, Achenbach, and the Trauma Symptom Checklist. In the first quarter all staff were trained on administering the Achenbach and Trauma Symptom Checklist. All staff were required to request families to complete both assessments. We have not required families to complete assessments to continue with services. As Right Turn continues to serve families, Right Turn is becoming more aware of the wide range of services and support families are needing. In many instances, families are not struggle with the behavior of their child but want support in talking with their children about being adopted. This type of service and support provided to families does not require extensive pre and post assessments to determine types of services to families. Additionally many families are refusing to complete the assessments because they do not believe the assessments are appropriate for the circumstances of their family. Program Director has discussed these concerns with the assessments with both Hornby Zeller and the Department of Health and Human Services, primary concerns are: 1. Assessments not measuring the success of the Right Turn program a. Increased parenting skills b. Increase understanding of child's specific needs

	c. Ability to identify community resources d. Families remain intact 2. Assessments identified in the proposal are clinical tools which are not being administrated for clinical use 3. Right Turn families refusal to complete assessments or low return rate by families **Summary of Assessments collected:** 34/95 families completed pre-assessments (Achenbach and Trauma Symptom Checklist) 2/16 closed cases completed post assessments Primary reasons for not completing assessments: Families did not follow through with the return of assessments Families stated they did not feel comfortable completing assessments Families reason for requesting services did not warrant invasive testing/assessments

Consumer Satisfaction Surveys:

Sixteen case management cases closed in the first quarter
10/16 customer satisfaction surveys were mailed to families in the first quarter
6/16 customer satisfaction surveys were mailed in quarter two (at the beginning of April, two weeks following case closure)
2/16 surveys were returned
Quarter One Survey Summary is attached

Monthly reports provide an overview the of the services offered to case managed families. Referrals and services provided to families are reported in percentages. This past quarter, Permanency Support Specialist have had over three thousand contacts with families.

Success for the first quarter:

Increase in referrals after marketing efforts
Average time to respond to families
Overall satisfaction of services by families served (as evidence by online testimonies, evaluator interviews and monthly “spot checks’ with families)
99% of families served by Right Turn have remained intact
Collaboration between NCHS and LFS and their subcontractors is positive and effective
Expansion of Right Turn website

Challenges for the first quarter:

Assessment tools are not being completed by families
Data is incomplete for first quarter
Satisfaction Surveys are not completed consistently by families

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

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

1. Lack of Community based services necessary to avoid of out of home care for youth with a mental health diagnosis
2. Lack of Parent education or training related to raising an adopted child (i.e. loss, grief, shame, identity, intimacy, control, rejection)
3. Lack of Appropriate level of support and service for children who have been diagnosed with Reactive Attachment Disorder
4. Lack of Access to mental health services in rural areas (specialty services which are available within thirty miles of the family home and therefore not reimbursable by Medicaid
5. Lack of educational training on what life looks like for the adopted child who has been prenatally exposed to drugs, has mental health issues, or who has been in several placements prior to adoption)
6. Lack of information/training on transferring subsidy benefits to another State and the differences in State Medicaid when accessing mental health services
7. Lack of education or training on out of state services available to families when or if they move from Nebraska
8. Difficulty in accessing or identifying services in the community for a family that does not have the internet
9. Lack of cooperation from schools to address special needs, parents feel like school is not listening or being responsive
10. Lack of understanding or information on what type of testing or services are responsive to the needs of children with pre/post natal drug exposure
11. Adoption/guardianship subsidies not covering the cost of the child as they get older and needs increase.
12. No training on the costs related to raising high/special needs children.
13. Mental health services or treatment end prior to child making progress due to stop in payment or authorization from insurance company
14. Parents not receiving the details or the “full picture” of their child’s mental health issues prior to adoption/guardianship (parents feeling like information was withheld to get them to adopt)

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

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

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

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

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

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

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

22. Respite costs are greater than respite subsidy amount

23. Lack of education or training on adoption issues

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

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

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

27. Transitional services and education provided to families who are parenting youth who are nearing nineteen years old

28. Ability for parents to ensure their children will have access to services and medication assistance as child transitions from youth system to adult system