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

Second Quarterly Evaluation Report (FY 2010-2011)
October 1, 2010 – December 31, 2010

Produced by
Hornby Zeller Associates, Inc.

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Evaluation Purpose and Activities

PURPOSE OF EVALUATION

This report represents the fourth 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 October 1, 2010 to December 31, 2010 which represents the second quarter of Fiscal Year 2010-2011. For the purpose of making comparisons across all four quarters of service delivery, however, the report refers to this quarter as the "fourth 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 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 December, HZA conducted case readings of Family Navigator cases, held group interviews with family members and interviewed program administrators. Simultaneously, HZA was reviewing Right Turn cases, conducting telephone interviews with representatives of the Regional Behavioral Health Authorities as well as staff from the Professional Partners Program (PPP), collecting Family Survey responses from those who had completed services and listening to calls coming into the Nebraska Behavioral Health Helpline and to Right Turn's Access Line.

The following summarizes the data collection activities for this quarter.

Helpline:	Reviewed 74 calls, 67 inbound Interviewed Program Manager
Family Navigator:	Reviewed 78 case records Interviewed Program Manager Held focus groups with seven family members Received and data entered 25 Family Surveys
Right Turn:	Reviewed 30 case records Reviewed 15 calls Interviewed Director Held focus groups with five family members Received and data entered 10 Family Surveys

Data Extracts and Linkage

HZA also gained full access to the Right Turn database during the fourth quarter. This enables HZA to obtain extracts on a regular basis to update the dashboard, as well as to review Right Turn cases more consistently and from an off-site location. HZA still receives monthly extracts from Boys Town for the dashboard and quarterly data analyses.

HZA requested and received an extract from the state's Nebraska Family On-line Client User System (N-FOCUS). This allows HZA to compare those families who engage with Right Turn to families who do not in terms of their previous experiences within the system. HZA also received a Magellan data extract which allows for comparisons of children's behavioral health services received before, during and after participation in Family Navigator.

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. HZA requested and received an updated extract in order to track the children's behavioral health services received by enrolled families.

HZA worked to create protocols that link client records across the various data sources (e.g., program extracts, case readings, administrative extracts). This enables HZA to analyze the "whole picture" of experiences for the families receiving services from Right Turn and Family Navigator. This process was facilitated by gaining access to the Right Turn database. HZA also worked with Boys Town to obtain a crosswalk that allows HZA to link its program records to these other administrative data sets obtained from the state of Nebraska.

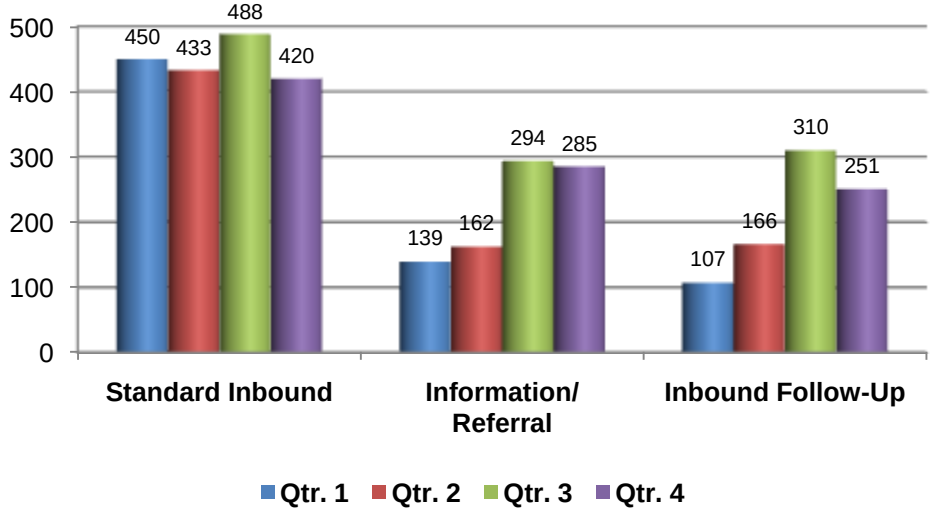
Clients and Services

CALLERS TO HELPLINE AND ACCESS LINE

Helpline: During the fourth quarter of operation, the Nebraska Family Helpline handled 969 documented calls.[1] Standard inbound calls[2], i.e., calls in which a family was seeking referral to appropriate services (43% or 420 calls), or information and referral calls (29% or 285 calls) together constituted a majority of the calls. Standard inbound calls lasted on average of 35 minutes, while information and referral calls averaged 13 minutes. This difference has remained relatively consistent across all three quarters included in the evaluation.

Call volume decreased slightly during the fourth quarter, as shown in Figure 1[3]. Given that the third quarter covered the start of the school year when families may be experiencing renewed stress, and the fourth quarter includes the holiday season when families may not be as likely to call, these trends are not surprising.

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

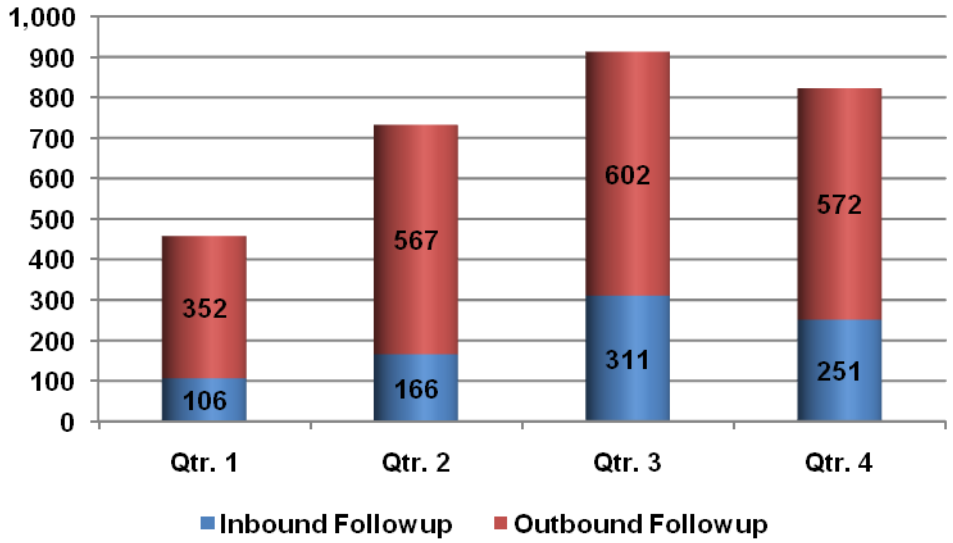


During the fourth quarter, there was a high of 33 inbound calls received in a given day (including standard inbound calls, information and referrals and high risk calls) and a

[1] "Documented calls" excludes hang-ups/wrong numbers (29), inappropriate use of the service (10) and outbound follow-up calls (572). The various call types are defined in the legend that follows Figure 2.
[2] This also includes a small number of "high-risk" calls.
[3] The fourth quarter numbers in the graph add to 956; the other 13 calls represent consumers calling with positive comments.

low of one call received, with the average being around 15 calls per day. Following up with consumers after the initial Helpline calls continued to be a major component of the support that Helpline counselors provided in the fourth quarter. As demonstrated in Figure 2, outbound follow-up calls have almost doubled since the beginning of the program but decreased between the third and fourth quarters, from 602 to 572. 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 decreased slightly in this quarter, but remains high when compared to the first two quarters.

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



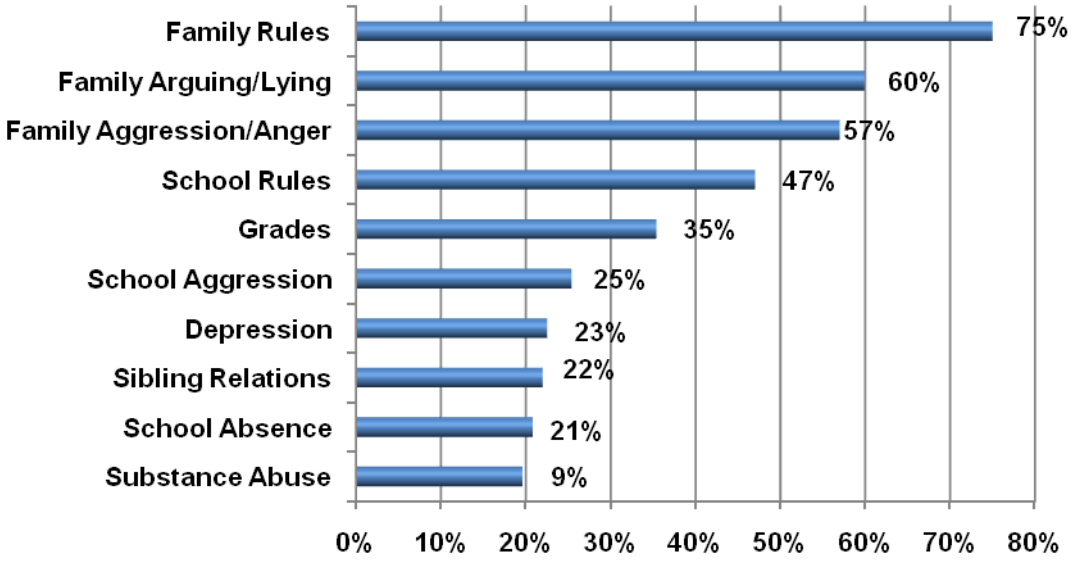
Legend: Call Types	
Standard Inbound Call	A call that usually results from a precipitating event regarding an individual under the age of 19 in which intervention strategies, resources, and/or parental support are provided.
Information	A call in which someone is looking for a specifically identified 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 133 referrals to Family Navigator services, all of which were accepted. These referrals occurred during standard inbound calls (110), inbound follow-up calls (consumer initiated, 11) or outbound follow-up calls (Helpline initiated, 12).

The majority of calls to the Helpline were placed by women (81 percent), and the median age was 40 years old. The basic demographics of Helpline callers have remained the same across all quarters of operation. The children about whom they were calling tended to be older, with 64 percent over the age of 13, and male (62%). The proportion of children under 13 has been rising slowly, up from 30 percent in the second quarter, to 34 percent in the third, to 36 percent in the fourth. Similarly, the proportion of male children is also rising, up somewhat from 55 percent in the second quarter and 61 percent in the third.

Callers to the Helpline usually cited multiple reasons for their calls. As illustrated in Figure 3, the most frequent reasons had to do with family relationships, including children not following rules, arguing and lying, and aggression and anger. These reasons have generally remained the same since the inception of the program.

Figure 3.
Ten Most Commonly Cited Reasons by Families for Calling Helpine



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 persistently speaks disrespectfully 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.

Legend: Reasons for Calling Helpline	
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.

Access Line: Right Turn's Access Line received 110 calls in the fourth quarter (see Table 1), which brings the total number of calls received in the first year to 629. The majority of the callers (71, or 65%) were referred to Right Turn although several were not eligible. Those who were not referred wanted and received only information. 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 the 71 referred, 52 were eligible and 47 accepted services. All of these numbers are, however, subject to interpretation, because some of the families who "accepted" the service had been in the program earlier and some even represented families who were immediately re-enrolled after completing the allotted 90 days of Right Turn service. The counts given here, however, are consistent with those used in previous quarters and show 20 fewer calls than in the previous quarter and 11 fewer families accepting services.

Table 1
Right Turn Access Line Calls
October – December 2010

Call Types	Number
TOTAL Calls	**110**
Ineligible	39
Referred to Right Turn	71
Eligible	52
Accepted Services	47

Right Turn's Access Line does not provide demographic information on callers. Using information gathered from those referred to Right Turn itself, 92 percent were women and they tended to be 46 or older (64%). Unlike the Family Navigator program, the majority of target children in families enrolling in Right Turn during the fourth quarter were female (57%), and only 40 percent were over the age of 13.

For Right Turn, families tend to cite mental health concerns specifically, rather than strictly behavioral concerns, as the reason for their call. In the fourth quarter, three-fourths (75%) of the callers cited mental health concerns, followed by:

- school problems (70%),
- out of control behaviors (62%),
- aggressive behaviors (48%) and
- running away (26%).

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

PEOPLE SERVED

Family Navigator: Overall, 463 families have begun services with Family Navigator since the program's inception. The program, which serves families for 45 to 60 days and is limited to eight contact hours, exhibits a steady flow of case openings and closings. Across the last three months of 2010, 133 families accepted a referral to Family Navigator, 152 closed and 224 had been open to the program at some point during the quarter. At the conclusion of the quarter, there were 72 cases open, down from 91 at the end of September. Table 2 shows the flow of cases into and out of the Family Navigator program during each month, October through December, 2010.

Table 2
Family Navigator Case Flow

	October	November	December
Opened	43	46	44
Closed	54	48	50
Open at End	80	78	72

During the fourth 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 (62% and 61% respectively) and were more likely to be 14 years of age or older (both 64%). Although families who were referred to Family Navigator services cited similar reasons for calling the Helpline as those presented in Figure 3 above, the incidence of each reason continues to be much higher. For example, while 75 percent of all Helpline callers cited the child not following rules as a challenge, 88 percent of families referred to Family Navigator reported this as a reason for calling. It is also noteworthy that families referred to Family Navigator were much more likely to express concerns about school specifically regarding their child's ADHD/ADD diagnosis (27% compared to only 19% among all Helpline callers). In this regard, the Helpline is referring the families with the more difficult and persistent problems to Family Navigator.

In the fourth quarter, the majority of children in families referred to the Family Navigator program were White (69%), followed by African American (17%), Hispanic/Latino (8%), and 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).

Right Turn: Table 3 shows the flow of cases into and out of the Right Turn program during this quarter. As noted above, some of the cases are repeat cases and some are simply continuations of cases which had met their time limit.

Table 3 Right Turn Case Flow			
	October	**November**	**December**
Opened	16	14	19
Closed	25	14	18
Open at End	55	53	52

The Right Turn program grew fairly quickly in the first six months and leveled off during the summer. During the past six months, including the summer and moving into the current quarter under review, the number of cases open at the end of the month has declined slightly every month but one.

During the fourth quarter, fewer than half (43%) 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 41 percent of Right Turn families seeking help for children age 14 and older compared to 64 percent for Family Navigator.

Race continues to be “unknown” in a number of Right Turn cases during the fourth quarter, representing almost half of the target children (45%) in cases opened during the fourth quarter. Among those children for whom the race is known, White children represent 35 percent, African American children 28 percent and Hispanic children 24 percent. Even though African Americans comprise a much larger percentage of the adopted population than they do of the general population, 18 percent compared to five percent, they are still disproportionately represented among Right Turn’s clientele.

Right Turn has begun to capture more information at intake about the mental health diagnoses of the children about whom the parents are seeking help. Of the 82 target children for whom an intake questionnaire was completed in the fourth quarter, half indicated that the child had a mental health diagnosis. The most frequently cited diagnosis was ADHD/ADD (46%), followed by Reactive Attachment Disorder (37%), Bipolar Disorder (20%), Fetal Alcohol Syndrome (20%) and Post-Traumatic Stress Disorder (17%).

In this quarter, N-FOCUS data was used in the evaluation of Right Turn, focusing specifically on information related to a child’s placement and adoption history with the child welfare system and whether there were permanency changes after the adoption. For the analysis HZA was able to confidently match 142 of Right Turn’s target children (or roughly 70%) to the N-FOCUS records. HZA then created three groups to compare: children and families who had participated in Right Turn, those who were eligible but

had not received services from Right Turn, and those who were not eligible for Right Turn at all. In most cases, there were few discernable differences across the groups; the children tended to be in the same age ranges and the gender distribution was comparable. However, children involved with Right Turn were much more likely to have been removed from their home more than once prior to adoption (37%), compared to nine percent among those not involved with Right Turn and 10 percent among those who are ineligible for the program, as demonstrated in Table 4.

Table 4
Number of Removals Prior to First Adoption

Involvement with Right Turn	Number of Removals		
	None	One	Two or more
Involved with Right Turn	0%	63%	37%
Not involved with Right Turn	0%	90%	9%
Ineligible	4%	85%	10%

Moreover, children involved with Right Turn experienced more placements than those who were not involved with the program; between five and six on average, compared to about four among the other two groups. For all children in care the average is three placements.[4] Since multiple removals and placements are associated with instability and frequently accompany behavioral or emotional problems, these findings suggest that Right Turn serves a higher need population compared to the overall adoptive population in Nebraska.

[4] This information comes from the data profile provided by the federal government to DHHS for the most recent Child and Family Services Review and relates to the 12-month period ending March 31, 2007.

Fidelity: Compliance with Program Requirements

NEBRASKA FAMILY HELPLINE

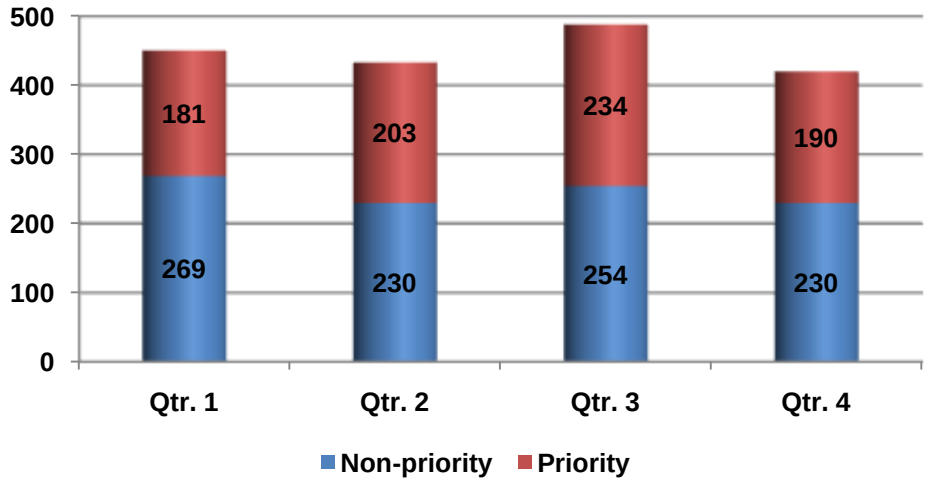
For this report there are three program requirements against which the Nebraska Family Helpline is measured:

- 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.

High priority cases include those involving emergencies, callers in crisis, safety concerns and situations deemed by the counselor to be high risk. The first three quarters of the project saw an increase in the percentage of cases considered to be high priority.[5] In the fourth quarter, the total number of standard inbound calls (which includes a small number of calls deemed by counselors as "high-risk") decreased to 420, and the proportion of those calls designated as high priority (190, or 45%) decreased to the lowest point since the second quarter (48% in the third and 47% in the second). 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 calls received by the Helpline per quarter.

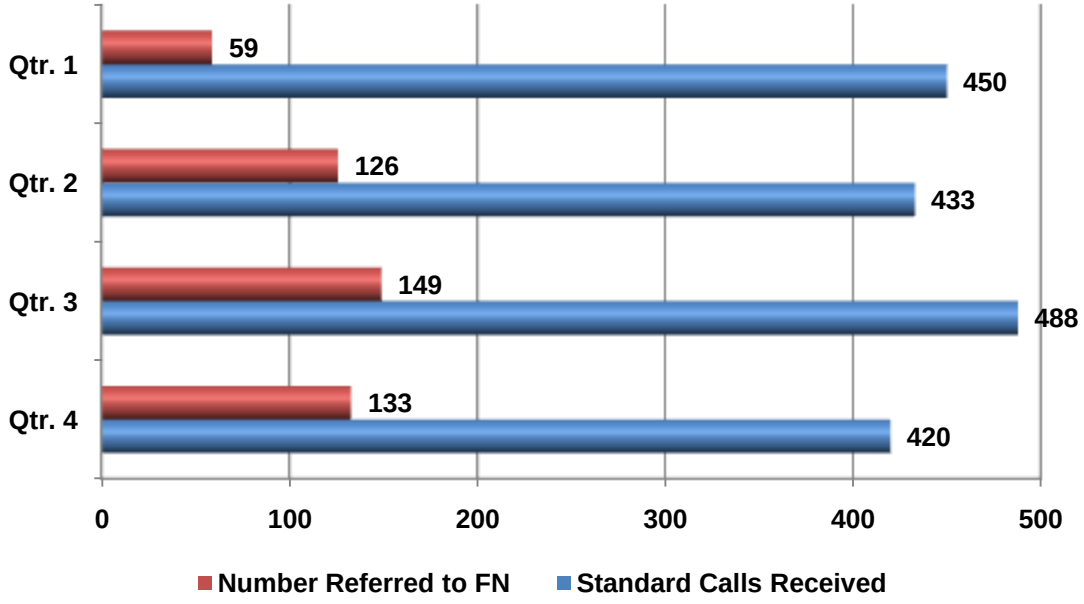
[5] In each quarter a small handful of information and referral calls and follow up calls (both inbound and outbound) were designated as "high priority" calls by Helpline counselors; those are not reflected here.

Figure 4.
Priority and Non-priority Calls by Quarter



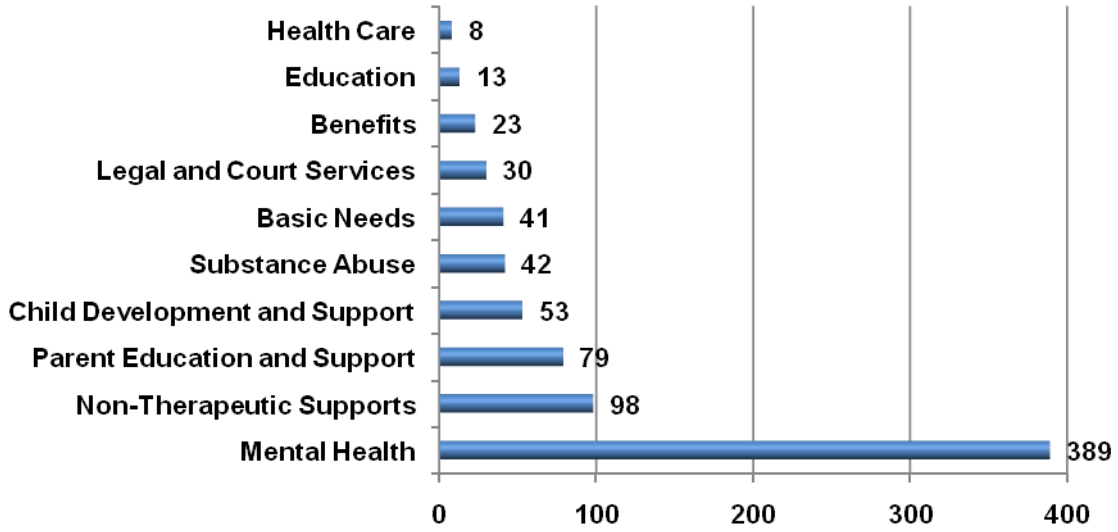
Perhaps reflecting the increase in the frequency of high priority calls over the first nine months of the project, the number of referrals from the Helpline to Family Navigator also increased steadily during the same time frame as shown in Figure 5. During the first quarter, 450 standard inbound calls 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. The third quarter saw 149 referrals to Family Navigator services out of 488 calls. During the most recent period, there have been 133 referrals to Family Navigator services out of 420 standard inbound calls (32%). Although a handful of Family Navigator referrals were actually made during follow-up calls, these were preceded by a standard inbound call to the Helpline. 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, the rate of referral since the second quarter has been around 30 percent. If one were to include information and referral calls, 19 percent of the 705 calls received during the fourth quarter were referred to Family Navigator.

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 the fourth quarter, the Helpline referred nine families to Right Turn. Helpline counselors also made just over 1,500 service recommendations to 457 families (including those who called specifically for information and referral and families who called as a follow-up or were called by the Helpline as a follow-up). 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. Those who received recommendations got, on average, between three and four recommendations each although the number per family ranged from one to 34. Figure 6 shows the most frequent service type recommendations made by the Helpline during the fourth quarter, excluding referrals to multiple providers for the same type of service. Mental health services of a variety of types represented by far the most likely service category to which the Helpline referred families during the fourth quarter (389).

Figure 6. Most Frequent Recommendations Made by Helpline



Legend: Recommendations Types	
Mental Health	Services that provide for mental health needs of individuals and families. Includes evaluation/assessment, community based programs, long and short-term out-of-home residential programs, hospital/crisis mental health services and psychiatric services.
Non-Therapeutic Supports	Programs that offer various supportive services to a family during their current crisis. Such services do not offer a clinical or therapeutic component, but attempt to support the family while they dealing with non-specific crisis situations (e.g., respite care).
Parent Education and Support	Programs for parents, guardians and caregivers that offer support groups, parenting classes and specialized parent training. This also includes referrals for child care.
Child Development and Support	Programs for children that are not treatment-focused, but offer guided assistance and/or structured social activities. This includes camps, leisure/recreation activities and mentoring programs.
Substance Abuse	Programs that provide preventive, diagnostic, outpatient, inpatient, residential treatment services and transitional support to address physical and/or psychological use/abuse of any addictive substance.
Basic Needs	Programs for families that seek to meet the basic needs of housing, food assistance, clothing, fuel/utilities assistance and employment/training programs.
Legal and Court Services	Services for legal aid for those seeking answers to legal questions or seeking representation.
Benefits	Programs to assist families in accessing health care benefits and financial assistance (i.e. ACCESS Nebraska, SSI/SSDI).
Education	Programs within the context of the formal educational system, including services offered as an adjunct to the traditional school curriculum. These include individualized or specialized instruction to meet the needs and interests of learners.
Health Care	Services that provide for the physical needs of individuals, including, but not limited to, primary health care services, specialized health needs and dental care.

Looking more specifically at mental health services in particular, the Helpline referred families most frequently for Community Based Outpatient services (45%), followed by Mental Health Evaluation and Assessment services (28%), Residential Treatment services (12%) and Hospital/Crisis services (12%). Although the referrals to residential

treatment services were among the most common referrals made, this does not imply that Helpline operators recommended that families pursue residential treatment as a solution. Families sometimes call the Helpline looking for information on residential treatment services and while Helpline staff will provide the caller with the information they are requesting, that information is given along with other, less intense service options for the family. During the calls to which HZA listened, Helpline operators consistently provided the residential information being requested and also provided the family with information for community based outpatient services. Further, Helpline operators often advise callers looking for information on residential treatments that facilities such as Boys Town will require that outpatient services be attempted before a child will be accepted into their residential program.

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. Last, the RFP specified that an important role of the Family Navigator is to "assist youth and/or family in the development of a safety plan."

During the fourth quarter, Family Navigators were able to make the first contact within 24 hours of the Helpline call in 87 percent of the referred cases, and in 26 percent of the cases contact was made within four hours. This remained stable between the third and fourth quarters.

The timeliness of the first face-to-face meeting with the family improved slightly. Family Navigators were able to meet with their assigned families within 72 hours in 38 percent of the cases, up from 36 percent in the third quarter and 32 percent in the second quarter. HZA's review of Helpline calls showed that counselors did a better job in the fourth quarter preparing callers for what to expect when they referred them to the Family Navigator program. They typically advised callers of the 24 to 72 hour timeframe in which they could expect a call and often asked what time of day and telephone number the caller preferred. Many counselors also asked the callers if they could follow up with them later to ensure that they had heard from their Family Navigator.

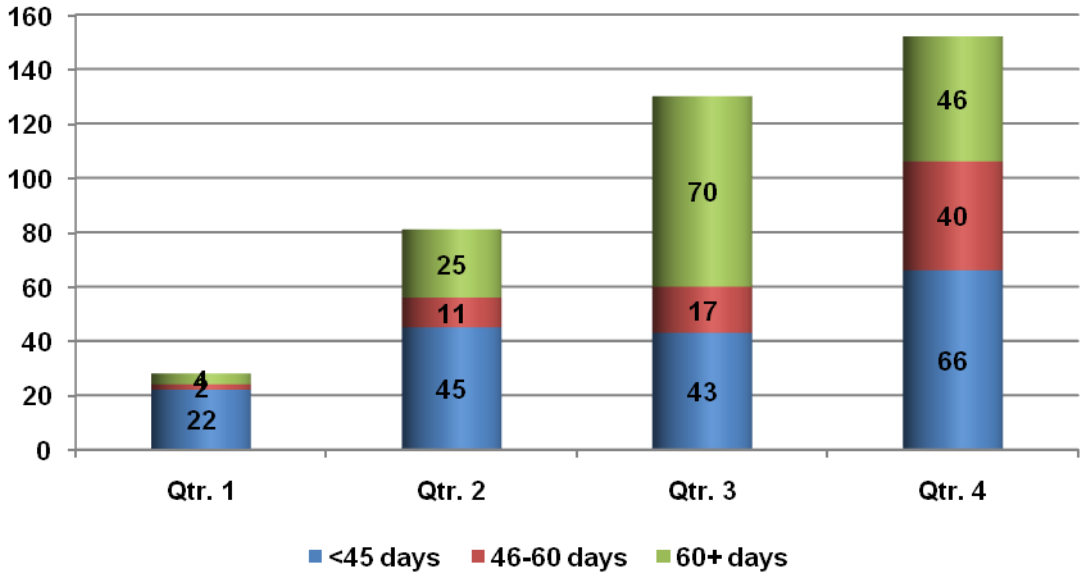
Still, the relatively low percentage of families given a face-to-face meeting within 72 hours needs to be put into a larger context. In every quarter, more than one-quarter of the families had no face-to-face contact at all, that figure reaching 27 percent in the fourth quarter. HZA's case review continues to show that Navigators are attempting to contact all referred families but experience varying levels of success. Some families never 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. If one excludes the 27 percent in the fourth quarter who were never reached (presumably

because they decided not to use the service), the percentage of families with whom a first meeting was held within 72 hours climbs to 52 percent.

Family Navigator service is designed to last for 45 to 60 days and encompass approximately eight contact hours. In most cases, the contact hours between the Family Navigator and the family total less than eight hours over the duration of program involvement. Among the 152 cases that closed in the fourth quarter, 30 did not receive a face-to-face contact. Of the remaining 122, 116 (96%) closed within the 8 hour limit on total contact hours.[6]

The situation differs 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 from service initiation. At the other end of the spectrum, 37 percent closed more than 60 days after the start of service. In the most recent quarter 43 percent of the cases closed before 45 days had elapsed and only 30 percent closed more than 60 days after initiation of services. Figure 7 shows the length of time cases remained open for each quarter.

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



The above figure represents the duration of cases closed during the quarter using the referral date as the family's start date with the program. The numbers can also be calculated using the first face-to-face contact with the family as the start date of the case. However, this changes the percentages only slightly. Of the 120 cases the percentage that close within 45 days of the first face-to-face contact is 44 compared to 43 percent seen above. Similarly 23 percent of the case closed between 45 and 60

[6] This excludes telephone, written and attempted contacts.

days when using the alternate start date and 33 percent remain open for more than 60 days. These are compared to 26 and 30 percent respectively.[7]

During the first three quarters, an analysis of the Family Navigator contact notes suggests that cases remaining open longer than 60 days often involved families who were more difficult to contact. This remained true in the fourth quarter as well.

As previously stated, one important role of the Family Navigator specified in the RFP is to help the family develop a safety plan. Over the entire first year of the project, 37 of the 210 cases (18%) reviewed by HZA have received such a plan and this result has been increasing slightly each quarter. Fifteen of the 78 Family Navigator case records reviewed this quarter, or 19 percent, included a safety plan; this is up from 17 percent in the third quarter and 16 percent in the second quarter. The most frequent reason cited for the safety plan is violence towards self or others, threats of harm, and aggressive behaviors (including yelling, cursing, throwing things). A few of the family records specifically noted that the family did not think it needed a safety plan at this time. In other cases, it may be that the family already has a safety plan in place (e.g., with a therapist or counselor) but this is rarely documented. Whatever the reason, the low rate of safety plans remains a challenge. The program should place greater emphasis on this aspect of the service, by either developing more plans, documenting why such plans are not wanted or needed, or recording instances in which the family already has a plan in place.

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, however, 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. However, it appears that the average hold time has been increasing in the fourth quarter, from 9.7 seconds in October to 19.8 seconds in November to 40.8 seconds in December.

Over the first nine months of the contract, nine percent of the calls were abandoned, nearly double the standard that was set for the call center. In the fourth quarter, 11 calls were abandoned, or 4 percent, which is well within the established standard. However, estimates from the fourth quarter should be interpreted with caution because the Access Line was not functional at all for a full week in October. During that time, no calls were

[7] Thirty-two of the 152 cases closed during the fourth quarter were excluded from the analysis of duration based on first face-to-face contact because they had no face-to-face contact.

able to get through. Right Turn and KVC have implemented a corrective action plan to address that and similar issues and the program reports fewer problems with the Access Line since that time.

HZA gained access to Right Turn's database during the fourth quarter, which includes a call log with the date and time Right Turn received the referral and when Right Turn staff first attempted to contact the family. Examining these data enabled HZA to determine the response time between an Access Line call and the program's first attempt to make contact. Across the entire first year, 216 cases (out of 232) had enough information in the system to make a determination as to whether Right Turn contacted the family within 24 hours of the initial call to the Access Line. In 198 of those 216 cases (92%) Right Turn made contact within 24 hours, and 96 (45%) had a face-to-face contact within 72 hours. For the fourth quarter, however, the figure had climbed to 59 percent.

In terms of the 90-day limit on Right Turn services, only 28 percent of the cases that closed over the course of the entire first year did so within 90 days. However, 72 percent were closed within 95 days and only 10 percent of cases that were open at the conclusion of the fourth quarter had been open for longer than 90 days. However, one in five of the respondents to the Family Survey (20%) disagreed that the amount of time they received from Right Turn was about right. In addition, eight families who enrolled in Right Turn in the fourth quarter had been previously involved with the program, and some of those represented continuations of service, occurring one or two days after the case had closed.

FIDELITY SUMMARY

During the fourth quarter, all three programs continue 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.

Both programs do quite well in terms of reaching out to families within 72 hours and this has been consistent across all quarters. In the previous quarter, the largest fidelity issue that emerged related to the timeliness of the first meeting (not the first contact) with families in both programs. In this area, however, both programs appear to have improved in the fourth quarter.

The question about the duration of the services in both programs persists. While Right Turn has closed 72 percent of its cases within 95 days, about one in five consumers are dissatisfied with the length of the program; moreover, eight have returned and their cases were re-opened. Family Navigator, on the other hand, closes a much larger percentage of its cases within the 60 days allotted for its duration, although those that did not close within the timeframe tended to remain open for much longer. The feedback from families on this topic is mixed. While respondents to the Family Navigator parent survey overwhelmingly felt the time was about right (95%), when asked in person,

family members often state that they wish the timeframe for the program could be longer.

For Family Navigator, the program should pay additional attention to creating safety plans and documenting the reasons why a safety plan was not completed. This would help the program to ensure that those families in need of safety plans are indeed getting them as well as to explain why families are not developing safety plans with their Family Navigator.

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.

From HZA's listening to calls in the fourth quarter, it is clear that the Helpline continues to place great emphasis on mental health concerns. Simultaneously, although perhaps not directly related, counselors appear to be referring families that have more challenging needs to Family Navigator services.

A few 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 in 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. Among calls reviewed during the current quarter, callers were infrequently asked about family strengths and stressors. In fact, information on family strengths and stressors was only collected from callers during 13 of the 67 standard Helpline calls (19%) reviewed during the fourth quarter. Nevertheless, the data from the Helpline shows that counselors are recording information about strengths and stressors in the database for the majority of standard inbound calls. This suggests that strength and stressors are not being explicitly solicited from callers but that counselors are recording what callers choose to disclose. This is backed up by Family Navigator staff who reported, "the information we get from the Helpline only captures about a quarter of what is going on." It could be useful for Family Navigators if the Helpline asked more families the questions directly.

The second has to do with repeat calls. Generally, the Helpline is able to resolve a family's issues with the first call, 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 a source of ongoing support, which leads to repeat calls. The actual rate of repeat calls is very low. During the first year of the project, 1,720 different families contacted the Helpline as part of a standard or high-risk call; of those, 72 have made one or more repeat calls. Forty-six of those 72 made only one additional call, while 16 made two calls and the other ten made three or four calls. Whatever the reasons for the other 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 families obtain the services in the plans. Of the 78 cases reviewed this quarter 50 (64%) included a family plan; all the plans provided some description of the family's strengths and needs.

Two strengths were seen in almost half of the cases reviewed: that the family members are supportive of each other (43%) and that the child has positive qualities (41%) such as being good with people, caring about others, having interests or showing talent at things such as art or music. Having informal supports was listed as a family strength in 17 percent of the cases reviewed.

In terms of stressors, the child's aggressive behavior was most frequently listed by families (36%). Other stressors commonly reported by families – each at 25 percent – include the family dynamics and stressful relationships within the family; the child's refusal to follow the rules; the child's attitude; and the family's basic needs which include food, clothing and shelter as well as financial distress. School and academic issues were listed as a stressor in 23 percent of the cases reviewed.

The majority of the family plans reviewed by HZA also contained very specific stressors (76%) that could not be categorized, and just over one-third listed strengths that were too unique to be categorized. This is noteworthy because it suggests that the Family Navigators are working with families to develop plans that are family driven and reflect the characteristics and needs of the family rather than just using boiler-plate language.

Of the family plans that were reviewed, the strategies and referrals usually related to the family's needs and stressors. Two-thirds (65%) of the plans included strategies for obtaining some type of mental health service. Accessing support groups and mentor programs was a strategy in 41 percent of the cases reviewed and 21 percent of the cases included a referral to the Professional Partner Program. Family Navigators also provided information to families (14%), particularly information about a specific mental health diagnosis, and supported the child and family in terms of academics and working with the school (13%).

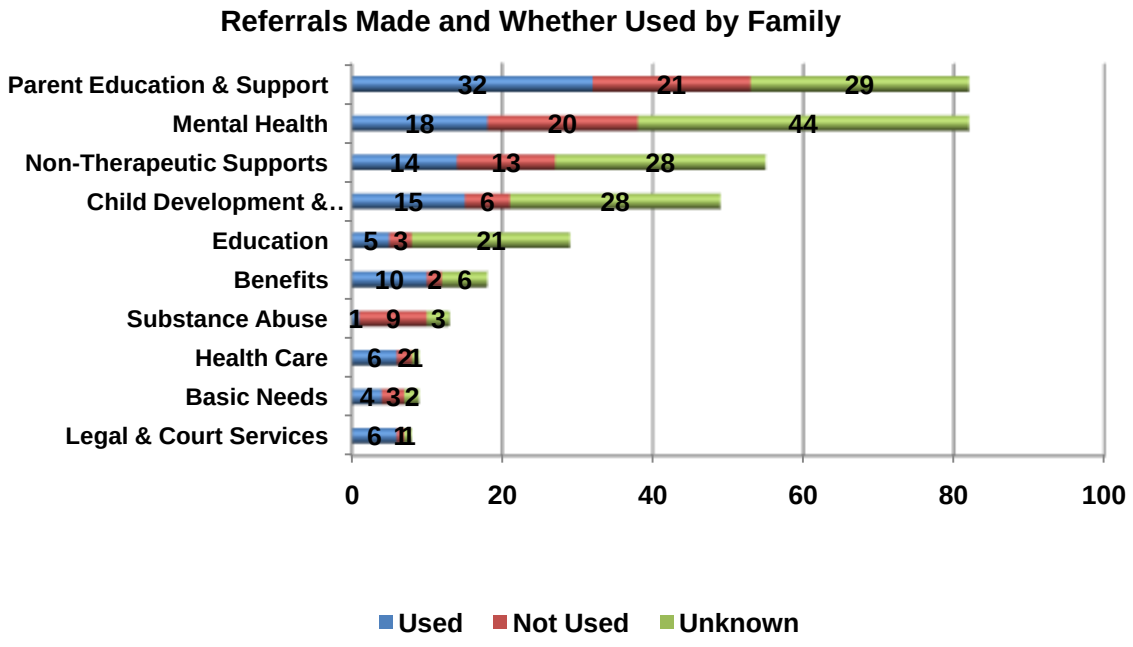
More plans that were reviewed in the fourth quarter contained information about the outcome of the family plan (30 of the 78 cases, or 38%) compared to previous quarters. The most commonly seen outcomes indicated that the family had accessed and was receiving ongoing services or that the family had scheduled an appointment with a provider (17% each). In 13 percent of the plans where outcomes were listed, the Family Navigator reported that the family contacted a referral and was placed on a waiting list.

About one-third of the plans (26 of the 78) also listed barriers to obtaining the needed services and/or supports that were encountered by the family. Many of those barriers

(23%) were unique to the family's situation, although eight percent referenced cost and four percent indicated challenges with Magellan.

Family Navigators make referrals to many types of services. Figure 8 shows the services to which Family Navigators most frequently referred families who opened a case during the fourth quarter, as well as whether the family used the referral. Families most frequently received referrals to mental health services and parent education and supports. The percentage of families known to use mental health services, however, were relatively low with only one in five case records (22%) indicating that the family utilized the referral; more than half were listed as "unknown." On the other hand, Navigators reported that 39 percent of the families referred for parent education and support used that service. It may be that Family Navigators cannot determine the utilization status for more formal services given the time it takes to access those services. Although few families received referrals for health care (9) and legal services (8), those had the highest utilization rates at 67 percent and 75 percent, respectively.

Figure 8.



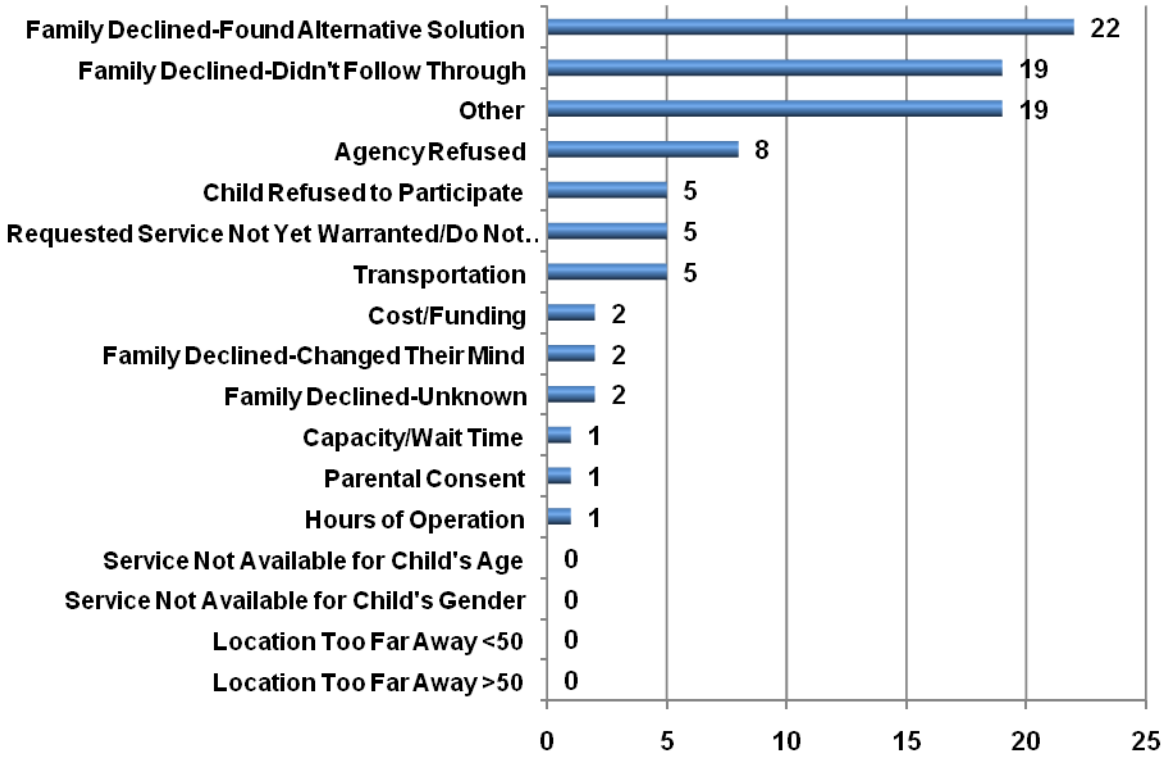
According to the Family Survey, the primary things families were seeking from Family Navigator included:

1) help with the child's behavior or mental health needs (83%),
2) help for the family's well-being due to the child's behavior or condition (63%),
3) help in getting the child counseling, group therapy or day treatment (51%), and
4) help with the child's education (27%).

Overall, 78 percent of the responding families report in the Family Survey that they got what they wanted, attesting to the overall effectiveness of Family Navigator. Conversely, that means that 22 percent (more than one-fifth) felt that the Family Navigator did not help to connect them to the services they were seeking. Respondents cited services being denied (by Magellan or private insurance), waiting lists and burdensome paperwork as barriers.

The data recorded in the automated program's tracking system by the Family Navigators as to why a family does not use a service is often different than the reasons provided by the families on the Family Survey, suggesting a difference in interpretation between the family members and the Family Navigators. Alternatively, it is possible that families are encountering barriers or having experiences with service providers that they are not communicating to the Family Navigator. There were 495 referrals during the quarter. Of these 422 were unique referrals and 73 were duplicative, that is, the same family was referred to the same service but with different providers. In only one case did the same family decline the same service twice but did so for different reasons and in only one case did the family accept one service and decline the other for the same service type. That is to say Figure 9 does not represent duplicate referrals except in two cases.

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 found alternative solutions (22), followed by not following through on the referral (19).

There was some variation in the reasons for not using services by service type. Families who did not utilize mental health referrals were more likely to do so because they found alternative solutions, whereas “lack of follow through” was more likely for parent education, support referrals and substance abuse referrals. Notably, agency refusal was listed as the reason only for mental health and substance abuse referrals, while cost was only listed for mental health services. Of some concern is the high rate of “other” reasons selected. This category does not lend itself to determining why families are not using service referrals. In these instances, the program should ensure that Family Navigators are using codes that best reflect the reason the family did not use the service and more codes may need to be added. In future quarters HZA will explore in more detail the high rate of “other” reasons selected and possibly be able to make recommendations on service codes that should be added.

Not using a service is not necessarily a negative outcome. Some focus group participants reported that they were initially seeking out of home placements, for which their Navigators provided referrals; but, they found through their involvement with the program that their needs could be met through other means and so they did not follow up with that specific referral. In other cases, families must complete one service (e.g., a psychiatric evaluation) before subsequent services can be accessed. However, in the focus groups, families repeatedly stated that having the Family Navigator encourage them to follow up was an important part of the service from which they benefitted, suggesting that following through is indeed a challenge for some families.

In the last quarter we noted discrepancies between the reasons being recorded in the tracking system as to why families are not using their referrals, what appears in the narrative portion of the case records and what families report. This finding continued in the fourth quarter. As noted in the discussion about family plans above, Family Navigators noted cost as an issue. On both the Family Survey and in the focus groups, some parents cited waiting lists and indicated that they found the paperwork and process for obtaining services at the agencies to which they were referred to be exhausting and overwhelming, which could contribute to a lack of follow through. And on the Family Survey, families cited eligibility as the most frequent barrier to obtaining services.

More specifically, most of the negative responses on the Family Survey come from those with private insurance. Thirty-two percent of respondents with private insurance reported that the Family Navigator did not connect them with the service providers they were seeking, compared to only 13 percent of those with Medicaid.

The difference in perceived experiences has been consistent throughout the project. Moreover, when asked about barriers or challenges faced by the families enrolled in the Professional Partners Program, staff consistently stated that parents with private

insurance often cannot afford regular co-pays, medications, medication management and counseling, all of which have varying levels of coverage with private insurance carriers.

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. HZA has received a Magellan file containing information on 186 families who have been registered as of December 10, 2010, which represents 40 percent of all families that have enrolled in Family Navigator since the program began. The file represents only those children's mental health services that are publicly funded by DHHS other than through Medicaid. Through the end of the fourth quarter, Family Navigator reports that slightly less than half of those registered in Magellan have some form of Medicaid (48%), just under half rely on private insurance (43%), and the remainder have no insurance or it is unknown.

The analysis of the Magellan file focused on the following:

1) The relationship between a previous history of receiving services and the effects of Family Navigator on service receipt;
2) The relationship between a previous history of receiving services and the duration of Family Navigator services; and
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: Fourteen out of 186 (8%) of Family Navigator clients previously had received relevant Magellan services. Four of them received Magellan services after being enrolled in Family Navigator. Close to the same proportion of families received Magellan services during Family Navigator, regardless of whether they had any previous Magellan history.

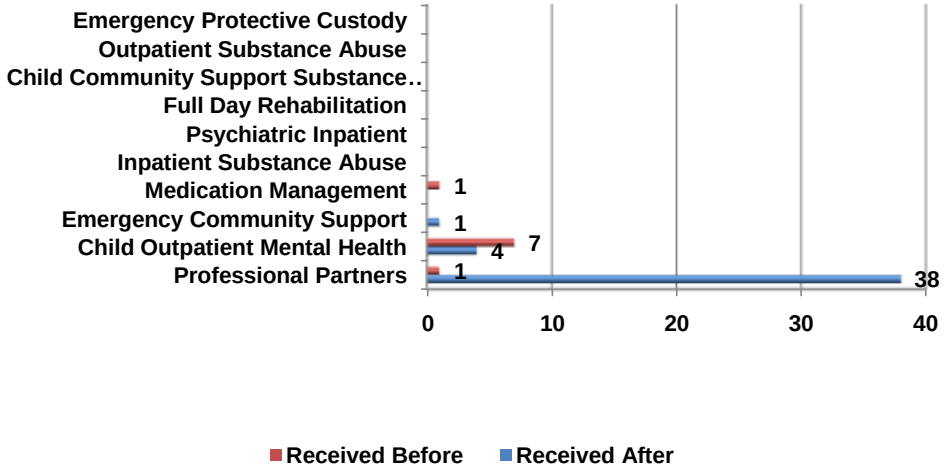
Relationship between previous history of receiving services and duration of Family Navigator services: The only cases counted in this analysis are now closed to Family Navigator, i.e., those in which the full duration of Family Navigator service is known. Eleven families with previous Magellan history and 39 families without such history have completed their Family Navigator service, a total of 50 families. Five of the eleven cases with previous Magellan history stayed open in Family Navigator for more than three months, while three closed within one month. Ten of the 39 families without previous Magellan history stayed open in Family Navigator more than three months, while three closed during the first month. While there is no clear connection between the length of the client's history with Magellan and the duration of Family Navigator, the two cases with the shortest histories also closed within the shortest period.

Relationship between the types of services received before and after involvement with Family Navigator: Figure 10 displays the response for all 186 families with data.

Nearly all the families from Family Navigator who received other Magellan services received Professional Partners, a service not funded under Medicaid and similar in nature to Family Navigator itself. Only one of the 186 families had received Professional Partners prior to Family Navigator. 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, Professional Partners can be a gateway to other services. Indeed, according to the Magellan records, more Family Navigator families received child outpatient mental health services before they started with Family Navigator (7) than did so after starting (4).

Overall, it appears that among families who are not eligible for Medicaid, fewer than one-quarter receive any Magellan-tracked service, and for nearly all of those the only service provided is Professional Partners. Regardless of previous history with Magellan services, the majority of families who begin services do so within one month of enrollment in Family Navigator. While one in five families wait more than 60 days to start services, none waited more than 75 days.

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



To a certain degree, the high rate of referral to the Professional Partners Program makes sense, given that it is the one service that has no income-related eligibility requirements for the first 90 days. Indeed, in interviews, Professional Partner staff indicated that the referrals they receive from Family Navigator are quite typical of the families that come to them by other means. The Professional Partners staff also felt that

the Helpline and Family Navigator program bridges the gap between the need to deal with an immediate crisis or situation and the longer term care provided by the Professional Partners Program.

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. As part of the case planning process, families are asked to identify what they perceive to be the strengths of their family as well as to verbalize their "vision" for their family.

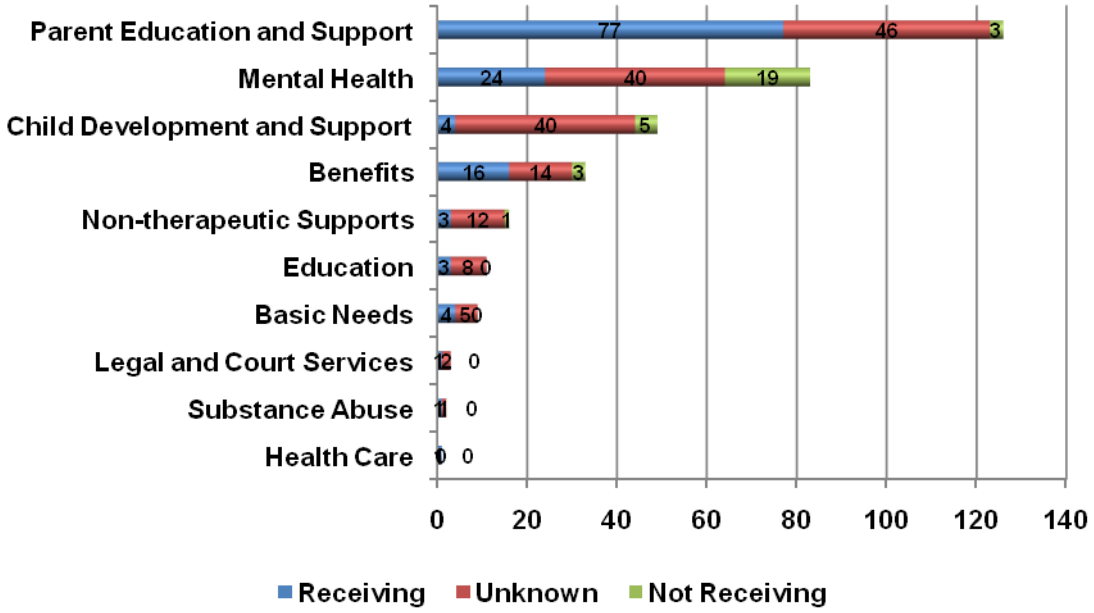
Nearly all the plans for the Right Turn program showed both strengths and needs. In almost every case reviewed in the fourth quarter (85%), the family members identified their family's support for one another and the fact that they are a protective, caring and loving family as a strength. Families also indicated strong family attachments in almost half the cases reviewed (46%) which includes familial characteristics such as spending time together, a long history together as parent and child and that the parent advocates for the child. Although not as frequently seen as the above listed strengths, it is noteworthy that many families among the cases reviewed indicated that the strengths of their family included a safe and stable home environment and that their family is resilient, resourceful and determined (19% each).

In the cases reviewed, the ultimate vision of the family strongly related to its reasons for accessing services. The ability to manage the child's behavioral issues was the most common vision reported by families (35%). At 15 percent each, other frequent visions included improving family relationships and/or communication; keeping the family intact or maintaining stability in the home; and increasing the safety of the home and/or decreasing the fighting within the home. As was seen with Family Navigator, almost 40 percent of the "visions" identified by family members were very specific to the family's situation and were not able to be categorized, suggesting that plans are family driven and tailored to their unique needs.

According to the database, Right Turn staff made 333 referrals to families during the fourth quarter. As demonstrated by Figure 11, the most commonly referred service was parent education and support (126) which makes sense given the strong partnership between Right Turn and the Nebraska Foster and Adoptive Parent Association (NFAPA). This was followed by mental health services (83), child development and support services (49) and benefits (33).[8]

[8] The service definitions provided in the previous legend for Family Navigator apply here as well.

Figure 11. Right Turn Referrals Made by Whether Used by Family



Families were least likely to use mental health referrals. The reasons why families did not use a given referral were reported in the database only 33 times in the fourth quarter. Unlike Family Navigator, the most frequently cited reason that a service was not being used was that the agency refused (17), 13 of which were related to mental health services. This was followed by the family's refusal (4), waitlists (2) and challenges with Magellan (2).

While the number of surveys received from families who have completed Right Turn services is relatively small, a total of 36 through the end of the fourth quarter, there are some clear patterns. The kinds of help the families were seeking most frequently included help with:

1) the child's behavior or mental health needs (77%);
2) family well-being due to the child's behavior or condition (56%);
3) babysitting, child care or respite (38%);
4) child counseling, group therapy or day treatment (32%);
5) adoption issues such as attachment, grieving, family contact (28%);
6) camps, leisure or recreational activities (27%);
7) education, special education or tutoring (24%) and
8) child residential care or psychiatric hospitalization (21%).

While most people generally reported getting what they wanted, only two-thirds said they had been connected to the service providers they had been seeking and one-third indicated that there were still services they wanted but could not get. In particular, in the focus groups, parents stated that it was difficult to get the schools to work with other

providers despite the efforts of the Permanency Support Specialists. Some other parents felt that the program would be extremely worthwhile for parents who are new to the foster/adoption system, but that it was less effective at addressing the more complex needs of families who had been working with the system for a long time.

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." This statement refers not to Family Navigator and Right Turn but to the services to which they are referred. For Right Turn, 17 percent of the responses registered disagreement with that statement, almost the exact same proportion as Family Navigator.

The second point of similarity is that those with private insurance are more negative about their experiences (as opposed to the end results) than those with Medicaid. Table 4 compares the responses of Right Turn consumers with private insurance with those of Medicaid clients.

Table 4
Right Turn Consumer Satisfaction by Insurance Type

	Medicaid Client Agrees	Private Insurance Client Agrees
The Right Turn Specialist understood our issues.	100%	95%
The Right Turn Specialist helped us to use and build upon our family strengths.	100%	94%
The Right Turn Specialist knew how to access services.	100%	89%
The Right Turn Specialist shared helpful experiences with the adoption or guardianship.	92%	76%

However, many more Medicaid respondents were negative than were privately insured families when rating the more concrete results of Right Turn. This is the opposite of what was found with Family Navigator. Some of the areas with the largest discrepancies were that people with private insurance were more likely to agree that they had a better idea of where to get help (89% compared to 50%) and were more likely to have informal supports (90% compared to 64%). Also noteworthy is that Medicaid clients were less likely to agree that they got as much help as they needed from the service providers, 67 percent compared to 74 percent among those with private insurance.

Virtually all children adopted from the public child welfare system have access to Medicaid. However, families with private insurance may never get to the Medicaid coverage since they are often required to use their other insurance first. 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. However, given that children who are eligible for state and federal adoption

subsidies and guardianship subsidies are eligible for Medicaid, the similarity between Right Turn families to the families enrolled in Family Navigator in terms of insurance is quite remarkable.

EFFECTIVENESS SUMMARY

The fourth quarter continued to demonstrate that the majority of families who approach the Helpline, Family Navigator or Right Turn programs get connected to the services and supports that they were seeking. In this regard, the programs should be regarded as highly effective for most of the people being served. However, some families have expressed dissatisfaction and have been unable to connect to the services they wanted. The evaluation to date is unable to identify conclusive findings about the reasons why this may occur. Case records, Family Surveys and family interviews suggest that the primary barriers to services are eligibility and availability issues. In many instance families with private insurance have more concerns about eligibility than those with Medicaid. For example, thirty-two percent of family respondents with private insurance reported that the Family Navigator did not connect them with the service providers they were seeking, compared to only 13 percent of those with Medicaid. It may be that response bias is skewing the results of the Family Survey, with the families who have had a less positive experience more likely to respond, although it is not feasible to test this hypothesis.

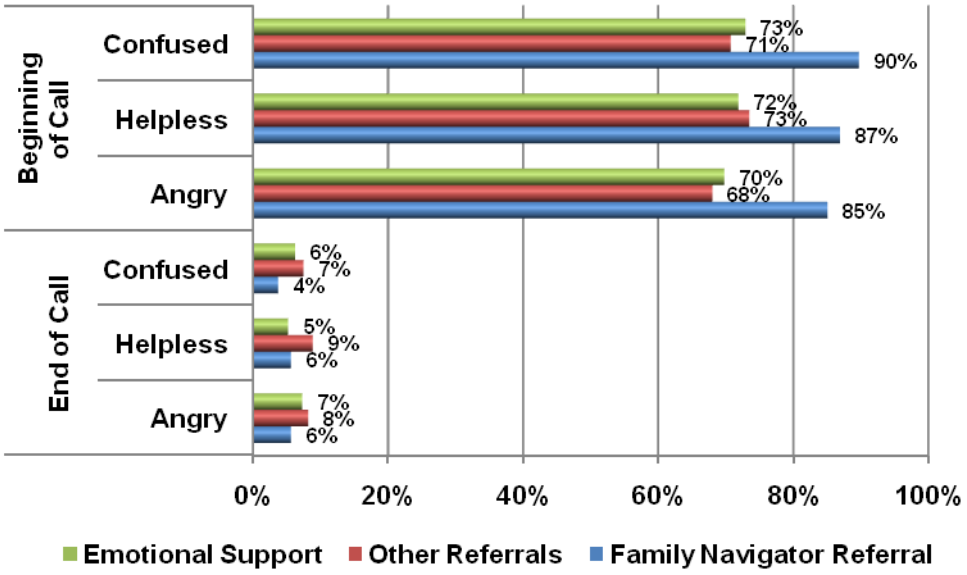
While the information is not complete, the Family Navigator tracking system suggests that families are not following through on the recommendations on their own accord, some of those finding alternative solutions. Right Turn's database showed that when families do not use services, it is due to agency refusal, but that these reasons are tracked for very few families. In any event, it is clear that a minority of families are not getting what they believe they need. Finding out why they are not utilizing the services to which they are referred and exploring in more detail the reasons why families do not follow through will be an important step in determining how to address that issue.

NEBRASKA FAMILY HELPLINE

For those calling into the Helpline, the major outcome question which can be answered is whether the family thought it received information on an appropriate service. Based on its review of 63 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 with the exception of one. In that case, although the call was handled well, the caller seemed dissatisfied with help she had previously sought and felt that nobody would help her.

This was corroborated when HZA examined the callers' state of mind at the beginning and end of the calls (as judged by Helpline counselors). The information provided in previous reports has suggested that three different groups may be calling the Helpline: those whose primary benefit is emotional support; those who are referred to services other than Family Navigator; and those families referred to Family Navigator. Figure 12 demonstrates that counselors were more likely to record that families who were referred to Family Navigator were angry (85%), helpless (87%) and confused (90%) at the beginning of the calls than the other two groups. However, by the conclusion of the calls, counselors rated all three groups more or less the same. This suggests that despite the different needs presented by families and the referrals and interventions offered, the Helpline is able to achieve similar positive outcomes for each of these groups at least in the short term.

Figure 12.
Caller's State at Beginning and End of Call



When follow-up calls were made and callers were asked about their initial experiences with the Helpline, such high levels of satisfaction with the outcomes were less apparent although callers still appeared satisfied with the Helpline. One caller indicated the situation had improved and one 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). The remainder 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 particular, a referral to Family Navigator was made in five of the seven follow-up calls that were reviewed (in the overall sample of calls, referrals to Family Navigator were made in 23 follow-up calls).

Another issue emerged during focus groups with families during the fourth quarter. Some families reported that the Helpline provided them with referrals that were either out of date or for which the family was not eligible. In particular, the service referrals for some of the informal community supports (such as mentoring) appeared to be out-of-date and of limited usefulness. However, families consistently felt that talking to the Helpline staff was itself a useful service. That is, a major benefit for some callers continues to be the emotional support provided by the Helpline counselors.

FAMILY NAVIGATOR

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

- Family Navigator services were timely.
- The Family Navigator demonstrated sensitivity to our cultural and religious beliefs.
- The Family Navigator spoke to us in a way we understood.

Only one of the remaining statements received agreement in less than 80 percent of the responses and that relates to satisfaction with service providers. Seventy-five 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 6.

Table 6 Number of Families Who Agree/Strongly Agree		
Statement	**Agree**	**Total**
I feel more confident in my abilities to help my child.	34	40
I have a better idea of where to get help.	35	42
Our family is better able to navigate the behavioral health system.	32	38
I feel more supported by other families.	25	36
I feel that I am better able to make informed decisions.	32	39
Our home situation is more stable.	26	35

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 appear to be strong results. The focus group findings support these conclusions. For example, one family member stated, "She helped me learn to open my mouth and say it." Others reported that the Family Navigator provided support, resources and coping skills for the whole family that will prevent things from getting worse. Another stated, "I was looking for residential placements, I was worried about my family's safety. Now, I don't know if I need it."

At the same time, the fact that 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

For Right Turn, during the fourth quarter the two 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. In addition, the statements that received more than 90 percent agreement are:

- Right Turn services were timely.
- The number of contacts made during that period was about right.
- The Specialist treated us with respect.
- The Specialist understood our issues.
- The Specialist knew what was available.
- The Specialist knew how to access services.
- The Specialist helped us to use and build upon our family strengths.

As was the case with Family Navigator, the greatest dissatisfaction was expressed not with Right Turn but with the service providers. Only 71 percent of the respondents

reported that they got as much help as they needed from the service providers. In addition, 80 percent of the respondents thought the amount of time the Specialist was available to the family was about right. That compares to 95 percent of the Family Navigator respondents who felt the length of time was about right, despite the fact that Right Turn services have longer durations. This appears to mean that Right Turn is so helpful that the parents want and need it longer.

Families also express a relatively wide variety of responses to the more concrete results of their work with Right Turn. As Table 7 shows, on none of the issues did respondents to the Family Survey register improvement in 90 percent of the cases with the exception of feeling more confident to help their children.

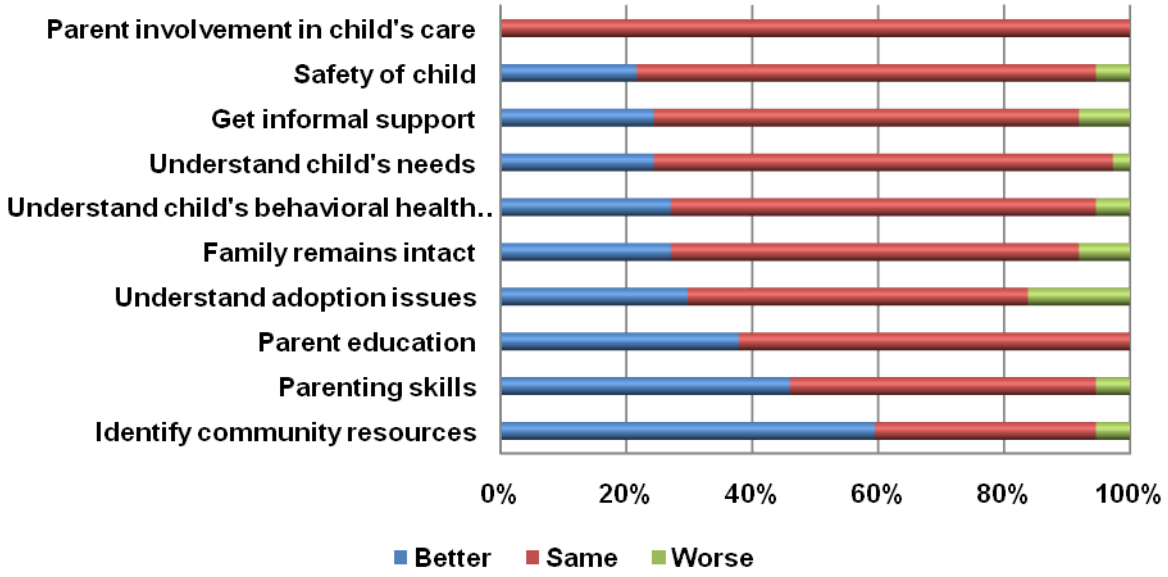
Table 7
Percent of Families Who Agree/Strongly Agree

Statement	Agree	Total
I feel more confident in my abilities to help my child.	29	32
I feel my child or family is safer.	25	30
I feel our family can remain intact without placing my child somewhere else.	21	26
I have a better idea of where to get help.	25	32
I have better parenting skills.	22	27
I have a better understanding of my child's needs.	24	29
I have a better understanding of my child's diagnosis.	17	25
I have a better understanding of adoption issues.	16	22

While not receiving the lowest score, the issue of family stability is a concern here as much as with Family Navigator with one of out five respondents disagreeing that they feel the family can remain intact. Perhaps of equal concern is that about one-quarter of respondents do not believe that they have a better understanding of adoption issues, their children's mental health diagnoses or where to get help. This may be because the program has been working with some families who have a longer history of involvement with the system and already understand these things.

However, the picture is somewhat different when examining family outcomes as measured by the assessments that Right Turn staff administer at the beginning and end of services. Each assessment has scaled responses, some with three points on the scale and others with as many as six. Figure 13 shows the percent of families who improved, stayed the same or declined in each of the domains; the figure includes all 37 families who had completed both a pre- and post- assessment and could be matched to one another through the end of the quarter.

Figure 13.
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 (59%), parenting skills (46%) and parent education (38%). Interestingly, all parents exhibited the same level of involvement in their child's care at the pre- and post- test points. Very few clients exhibited negative changes in any responses from the pre-test to the post-test. The area where more families declined than any other was in understanding adoption issues (16%), remaining intact (8%) and getting informal supports (8%). The decline related to families remaining intact applies to only a handful of the 37 families. In that important area, 65 percent stayed the same while 27 percent improved. The categories constituting "getting better or worse" are not simple to interpret, however. For example, when the scores are examined on an individual basis, it becomes clear that families often improved on some measures and declined on others. To complicate this, sometimes it is a family goal to send a child away for treatment; achieving that goal will appear as a negative score on the assessment if the child lived at home during the time of the pre-test.

The analysis conducted with N-FOCUS data also provides some important information about outcomes. N-FOCUS includes data on experiences with the juvenile justice system as well as the foster care system. Involvement with the Office of Juvenile Services (OJS) after adoption was the same for all three groups examined (eligible and received Right Turn, eligible and did not receive and not eligible). Among the children who had two or more removals from home prior to adoption there was more OJS involvement after adoption among children not served by Right Turn (2%) than those who were (0%). However, it appears that Right Turn clients were somewhat more likely to experience a subsequent removal after adoption than were the other two groups (8% compared to 3% each) although the number of cases is actually quite small.

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. It also appears that Right Turn in particular may be preventing negative outcomes for some of the highest-need children it serves. A minority of consumers continue to believe they are not better off after their involvement in any of the programs. It is likely that these less positive experiences relate to the types of families being served, the complexity of their presenting needs, and their insurance type (as evidenced in the effectiveness section). Indeed, non-utilization of services and consumer dissatisfaction are most likely related although there is no way to test for this at this time.

Next Steps

Many of the recommendations from the previous report remain pertinent to the discussion of the fourth quarter findings.

After a full year, it is clear that both Right Turn and Family Navigator are generally compliant with the original program model. However, for all these measures (i.e., time to first contact, time to first meeting, program duration) there are clear exceptions. DHHS has already begun to work with the programs to clarify the terms and expectations for making the initial contacts with families within given timeframes as well as to identify situations in which a case should be allowed to remain open longer than the periods originally specified in the RFP. In the remaining months, this work should continue with the end result being formalized criteria and processes for each program.

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 to which they are being referred. The database is not very complete on whether the family actually received the service and the reason it did not. 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 the Professional Partners Program which, like Family Navigator, is designed to help families connect to the right services. Similarly, Right Turn should attempt to determine the utilization status of referrals more frequently so that the reasons why they are not being accessed can be examined in more depth. Whatever the reason, the low rate of safety plans remains a challenge. Also, the evaluator will work with the programs to see why "other" is used so frequently as a reason that service referrals are not used. Is there a pattern that should be reflected in additional categories?

For Family Navigator the review of case records found over a third without a case plan and the vast majority without a safety plan. Many families do not think they need a safety plan. However, the program should place greater emphasis on this aspect of the service by either developing more plans, documenting why such plans are not wanted or needed, or recording instances in which the family already has a plan in place.

The evaluators and programs should continue to explore the implications of health insurance, particularly Medicaid and private coverage, both in relation to service utilization, access to regional mental health services and consumer satisfaction. This issue is paramount to the future of the state's financial liability in regard to these families. 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 in the future. To understand the actual state liability in relation to the Family

Navigator and Right Turn populations, the flow of Medicaid clients, privately insured clients and uninsured clients have to be tracked and compared.

In the next quarter the evaluator will try to determine if there are regional variations in the findings as well as what supports and/or service types should be developed for families seeking residential care when alternatives may make more sense.