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

Third Quarterly Evaluation Report (FY 2010-2011)
January 1, 2011 – March 31, 2011

Produced by
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Evaluation Purpose and Activities

PURPOSE OF EVALUATION

This report represents the fifth 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 January 1, 2011 to March 31, 2011 which represents the third quarter of Fiscal Year 2010-2011. For the purpose of making comparisons across all five quarters of service delivery, however, the report refers to this quarter as the "fifth quarter."

The three programs being evaluated are all 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

On-going Data Collection

HZA staff continued to collect data on the programs in multiple ways. During on-site visits to the programs in March, HZA conducted case readings of Family Navigator cases and interviewed family members, program staff and program administrators for all three programs. Simultaneously, HZA was conducting telephone interviews with family members and staff in geographic regions that were not visited in person, reviewing Right Turn case records electronically, collecting Family Survey responses from those who had completed services and listening to calls coming into the Nebraska Family Helpline and to Right Turn's Access Line.

The following summarizes the data collection activities for this quarter.

Helpline: Reviewed **90** calls, **78** inbound
Interviewed Program Manager

Family Navigator: Reviewed **81** case records
Interviewed Program Manager
Interviewed **8** staff
Interviewed **6** family members
Received and data entered **21** Family Surveys

Right Turn: Reviewed **25** case records
Reviewed **12** calls
Interviewed Program Director
Interviewed **9** staff
Interviewed **8** family members
Received and data entered **12** Family Surveys

Follow-up Family Survey

HZA developed brief survey instruments to follow up with families whose cases had been closed to the Family Navigator or Right Turn program for more than three months. The surveys, tailored to the goals of each program, ask questions such as whether the family has accessed new services, experienced any other challenges, feels more capable of coping with the child's issues and whether the child remains in the home. The surveys were mailed to families who agreed to be contacted at a later time regarding their experiences. Responses are being collected currently and results will be presented in a subsequent report.

Data Extracts

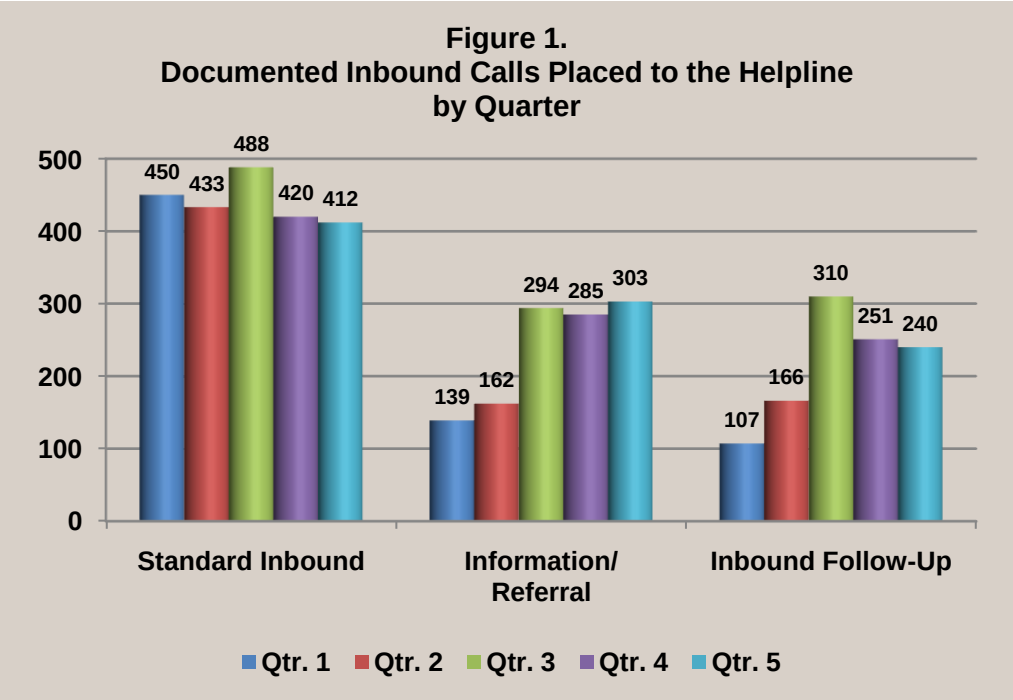
During this quarter, HZA received an additional extract of information from Magellan, showing the non-Medicaid behavioral health services Family Navigator clients had accessed. In addition, HZA continued to pursue access to an extract of Medicaid data to determine what Medicaid funded behavioral health services both Family Navigator and Right Turn clients receive. HZA is working with Family Navigator and Right Turn to gather the needed information to identify the families in the Medicaid database. Once this is completed and the data is received, this information will help the evaluators explore issues that have been raised concerning access to services and the role played by the type of insurance the clients have.

Clients and Services

CALLERS TO HELPLINE AND RIGHT TURN

Helpline: During the fifth quarter of operation, the Nebraska Family Helpline handled 955 documented calls.[1] Standard inbound calls,[2] i.e., calls in which a family was seeking referral to services (43% or 412 calls), or information and referral calls (32% or 303 calls) together constituted a majority of the calls. Standard inbound calls lasted an average of 29 minutes, while information and referral calls averaged 13 minutes. This difference has remained relatively consistent throughout the evaluation.

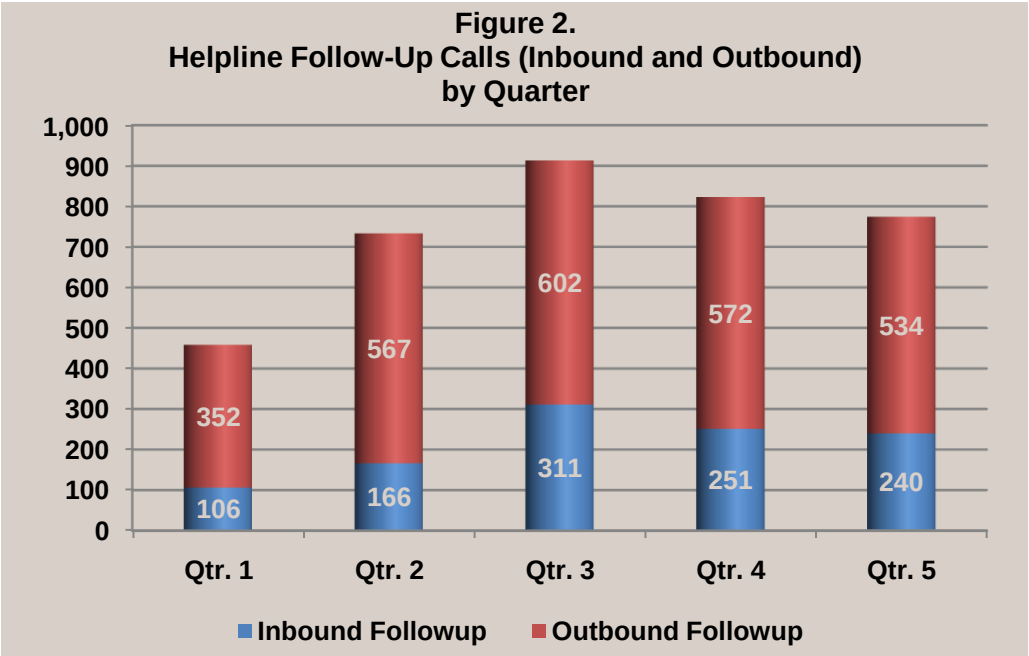
Call volume decreased slightly during the fifth quarter with the exception of Information and Referral calls, as shown in Figure 1. There was a high of 33 inbound calls received on a single day (including standard inbound calls, information and referrals and high risk calls) and a low of one call received, with the average 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 fifth quarter. These calls are initiated by the Helpline to assure that families who have called in the past have had their needs met or to see what more can be done. As demonstrated in Figure 2, outbound follow-up calls have almost doubled since the beginning of the program but have decreased since the third quarter, from 602 to 534. As a proportion of all calls that

[1] "Documented calls" excludes hang-ups/wrong numbers (36), inappropriate use of the service (9) and outbound follow-up calls (534). The various call types are defined in the legend that follows Figure 2.
[2] This also includes a small number of "high-risk" calls.

the Helpline handles, however, outbound follow-up calls have remained fairly stable across the duration of the project (between 34 and 44 percent of all calls[3]). 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 remained high when compared to the first two quarters.



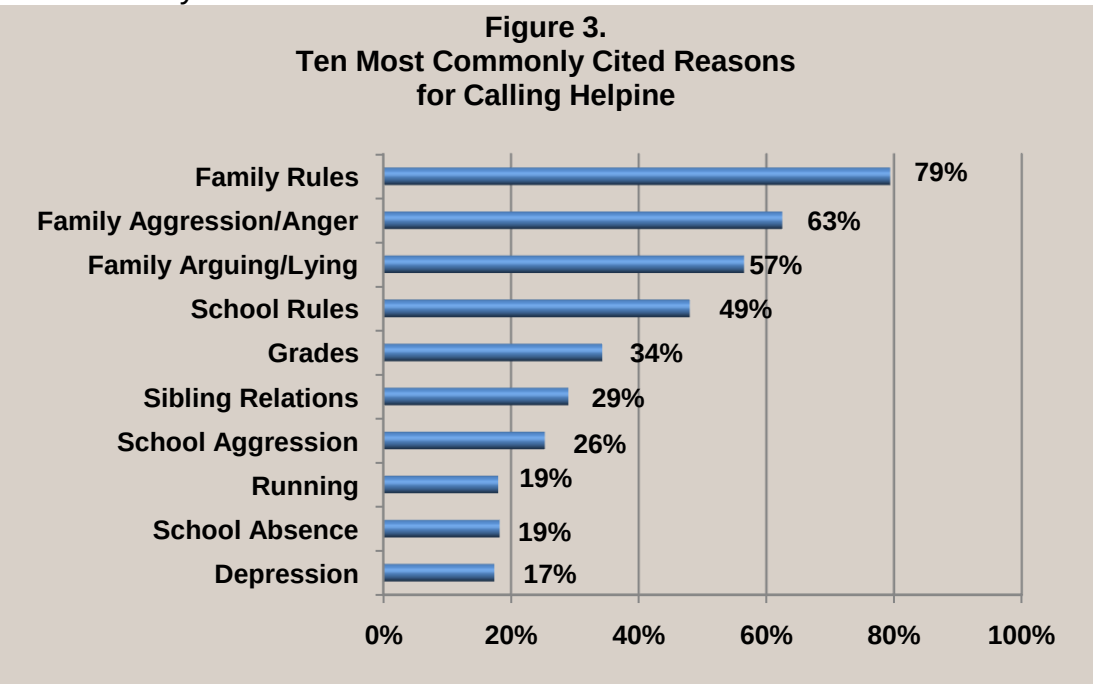
Legend: Call Types	
Standard Inbound Call	A call that usually results from a precipitating event regarding an individual under the age of 19 in which intervention strategies, resources, and/or parental support are provided. These include "high risk" calls, those that require immediate Helpline intervention.
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.
Positive Consumer	A call specifically to give positive feedback to the Helpline for the assistance provided on a previous call.

The basic demographics of Helpline callers have remained the same across all quarters. In the fifth quarter, women continued to place the majority of calls to the Helpline (80%), and the median age of callers was 41 years old. The children about whom they were calling continued to be older, with 61 percent over the age of 14, and 59 percent male.

Callers to the Helpline usually cited multiple reasons for their calls. As illustrated in Figure 3, the most frequent reasons during the fifth quarter had to do with family relationships, including children not following rules, arguing and lying; and aggression

[3] This excludes hang-ups and calls determined to be an inappropriate use of the service.

and anger. These reasons have generally remained the same since the inception of the program in January 2010.



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 him or her.
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.
Sibling Relations	Siblings in the home have verbal and/or physical altercations or fail to interact with each other in a healthy manner.
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.
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 Absence	The caller is concerned about the identified youth's persistent absence from school
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.

Right Turn: Right Turn's Access Line received 87 calls in the fifth quarter (see Table 1), which brings the total number of calls received since the start of the program to 716. The majority of the callers (54, or 62%) were referred to Right Turn although several callers were seeking information only. Of the 54 referred, 41 were eligible and 36 accepted services. 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. 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 two 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 23 fewer calls than in the previous quarter and 11 fewer families accepting services.

Table 1
Right Turn Access Line Calls
January – March 2011

Call Types	Number
TOTAL Calls	**87**
Ineligible	33
Referred to Right Turn	54
Eligible	41
Accepted Services	36

Right Turn's Access Line does not provide demographic information on callers. Using information gathered from those referred to Right Turn itself, 80 percent were women and they tended to be 36 or older (94%); just over three-quarters (77%) were Caucasian. Unlike the Family Navigator program, the target children in families enrolling in Right Turn during the fifth quarter were split evenly between females (49%) and males (51%), and only 39 percent were over the age of 14.

For Right Turn, families tend to cite mental health concerns specifically, rather than strictly behavioral concerns, as the reason for their call. In the fifth quarter, 80 percent of families cited mental health concerns[4], followed by:

- out of control behaviors (59%),
- school problems (46%),
- aggressive behaviors (44%), and
- respite (22%).

These are 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. In addition, as part of the qualitative case review evaluators determined that 48 percent of families were seeking services with Right Turn because of their child's defiant behaviors, such as lying, stealing and not following the rules. In 36 percent of the cases reviewed and with some overlap with the previous category, HZA noted that the child's physical aggression was a reason for seeking services with Right Turn.

[4] Callers may cite more than one reason for calling so these proportions total more than 100 percent.

PEOPLE SERVED

Family Navigator: During the fifth quarter there were some slight demographic differences between the overall population calling the Helpline and the population ultimately accepting Family Navigator services. For example, 62 percent of the children about whom Helpline calls were placed were over the age of 14 while 58 percent of Family Navigator referrals were in that age range. Although both programs recorded more male than female children in the fifth quarter, this was somewhat lower among Family Navigator (54 percent male) compared to Helpline (59 percent male).

The majority of children in families referred to the Family Navigator program continue to be Caucasian (65%), followed by African American (12%) and Hispanic/Latino (9%). African Americans, who constitute 5% of the population statewide, continue to be over-represented.

Families who were referred to Family Navigator services cited similar reasons for calling the Helpline as those presented in Figure 3 above. However, the incidence of each reason continues to be much higher. For example, while 79 percent of all Helpline callers in the fifth quarter cited the child not following rules as a challenge, 89 percent of families referred to Family Navigator reported this as a reason for calling. The same pattern is found regarding the child's aggressive behaviors (73% among those referred to Family Navigator, compared to 63% among all Helpline callers). It is also noteworthy that families referred to Family Navigator were more likely to express concerns about school (40% compared to 34%) and specifically regarding their child's ADHD/ADD diagnosis (19% compared to 13% among all Helpline callers). In this regard, it appears the Helpline continues to refer the families with more difficult and persistent problems to the Family Navigator Program.

Overall, 578 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 first three months of 2011, 115 families enrolled in Family Navigator, 108 closed and 222 had been open to the program at some point during the quarter. At the conclusion of the quarter, there were 82 cases open, 10 more than at the end of the previous quarter. Table 2 shows the flow of cases into and out of the Family Navigator program during each month, January through March, 2011.

Table 2
Family Navigator Case Flow

	January	February	March
Opened	33	38	44
Closed	38	35	35
Open at End	68	72	82

Right Turn: In total, 439 children have been enrolled in Right Turn since the program's inception. Thirty-nine cases were opened during the fifth quarter which includes seven families who re-enrolled in the program. 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

	January	February	March
Opened	10	13	9
Closed	14	16	21
Open at End	52	49	37

The Right Turn program grew fairly quickly in the first six months. Since the summer of 2010, the number of cases open at the end of each month has declined slightly every month but one. In addition, the current quarter had the fewest number of cases opening since the program began. It may be that the pool of eligible and needy families will be smaller going forward now that the Right Turn has served a backlog of families that needed its services prior to its existence.

During the fifth quarter, just over half (51%) of the target[5] children in Right Turn cases were male. This differs slightly from the Family Navigator program, where 54 percent of the target children were male. The ages of the children also differed, with only 46 percent of Right Turn families seeking help for children age 14 and older compared to 58 percent for Family Navigator. Despite some variation in the proportions, these demographic differences between the two programs have remained consistent across all quarters.

Race continues to be listed as "unknown" in a number of Right Turn cases in the database, representing almost half of the children (41%) in cases opened during the fifth quarter. Among those children for whom the race is known, Caucasian children represent 46 percent, African American children 31 percent and Hispanic children 20 percent. While African Americans comprise 18 percent of the adopted population, they continue to be disproportionately represented among Right Turn's clientele at 31 percent, assuming the children with an unknown race are randomly distributed.

Right Turn has begun to capture more information at intake from the parent or guardian about the mental health diagnoses of the children for whom the parents are seeking help. Clearly, the information from the parents may differ from that given by mental health professionals. Of the 59 target children for whom an intake questionnaire was completed in the fifth quarter, half of the parents indicated that the child had a mental health diagnosis. The most frequently cited diagnosis was ADHD/ADD (32%), followed

[5] Target children are those about whom the original contact to Right Turn was made and who are considered when determining eligibility.

by Reactive Attachment Disorder (20%), Opposition Defiance Disorder (19%), Bipolar Disorder (12%), and Fetal Alcohol Syndrome (8%).

Fidelity: Compliance with Program Requirements

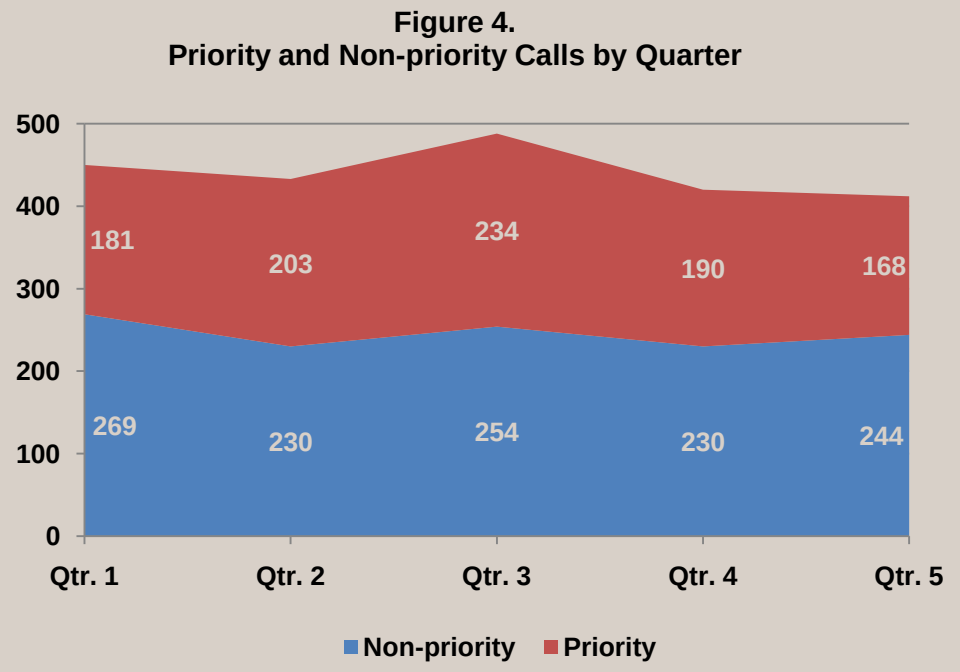
NEBRASKA FAMILY HELPLINE

The three program requirements for which fidelity is measured for the Nebraska Family Helpline ask whether the Helpline counselors:

- identify immediate safety concerns and other high priority situations,
- appropriately identify eligible callers for referral to either Family Navigator or Right Turn, and
- 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. Only a tiny proportion of the calls present genuine safety concerns or high risk situations. Most high priority calls are classified that way because the counselor has determined the caller to be in a crisis.

Figure 4 illustrates the number of standard inbound calls (which includes a small number of calls deemed by counselors as "high-risk") received by the Helpline per quarter by the priority status.[6]

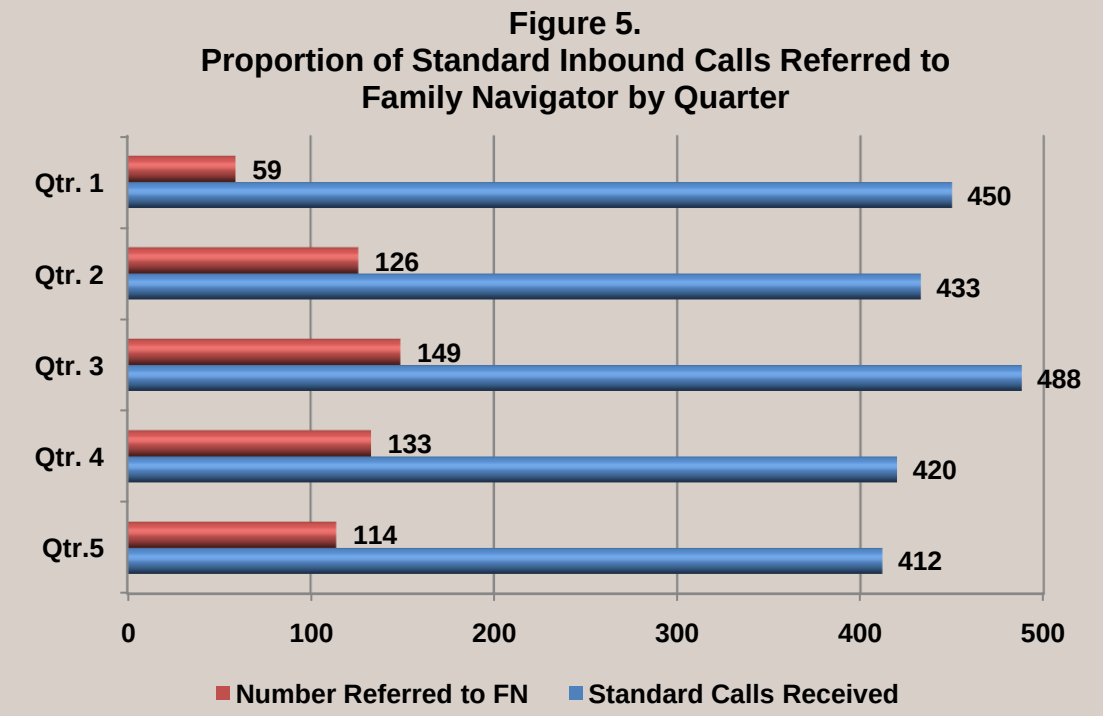


The fifth quarter saw the lowest total number of standard inbound calls since the program's inception; 168 of those calls (41%) were designated as high priority (meaning

[6] 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.

the counselor believed there was a safety concern, a risk situation or a crisis), down from 48 percent in the third quarter and 45 percent in the fourth. This differs from the first three quarters of the project which saw an increase in the percentage of cases considered to be high priority. Across all quarters, however, the proportion of high priority calls remains within the range of 40 to 50 percent of all standard inbound calls.

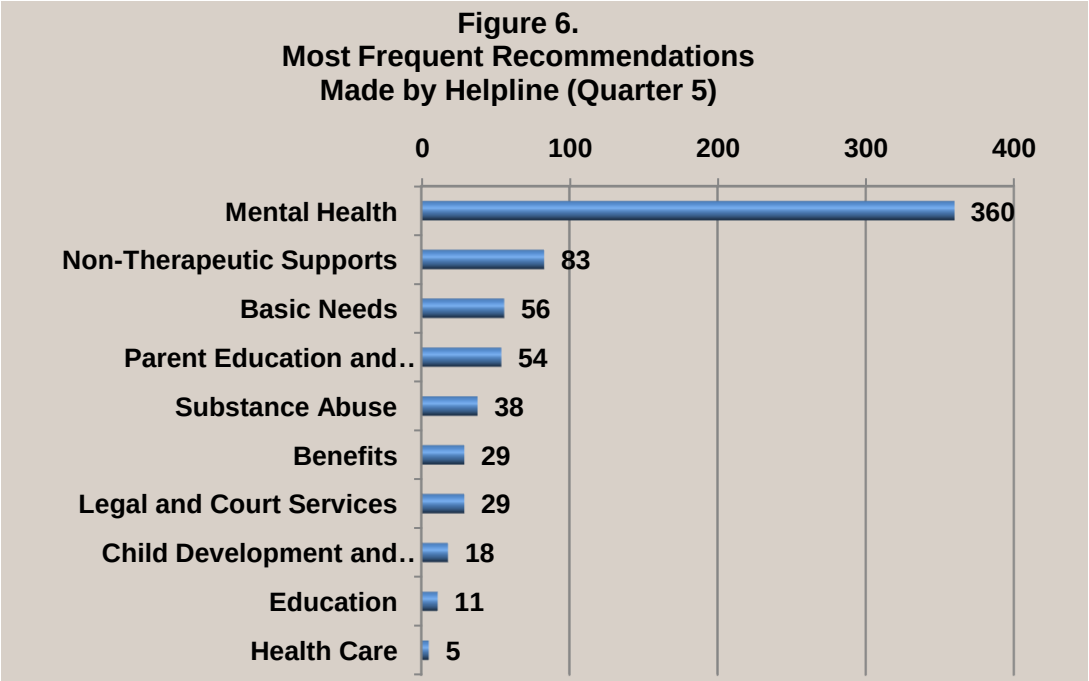
Perhaps reflecting the decrease in the frequency of high priority calls received, the fifth quarter saw a decrease in the referrals made to Family Navigator. As illustrated in Figure 5, the current period saw the lowest referral rate since the program's inception with 114 referrals made to Family Navigator out of 412 standard inbound calls. This represents 28 percent of the standard inbound calls and compares to 33 percent during the fourth quarter. If one includes information and referral calls, 16 percent of the 715 calls received during the fifth quarter were referred to Family Navigator.[7]



When the Helpline does not refer the case to Family Navigator, it frequently recommends other services to the caller. In the fifth quarter, the Helpline referred six families to Right Turn. Helpline counselors also made 1,273 service recommendations to 447 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, the Helpline provides a caller with multiple recommendations for the same type of service to ensure that the caller has a range of options from which to choose. Those who received recommendations got, on average, between two and three recommendations per family, although the number per family ranged from one to 14.

[7] Although 29 referrals to Family Navigator were made during follow-up calls, these calls were presumably preceded by a standard inbound call to the Helpline; therefore, the proportion is calculated based on the number of standard inbound calls.

Figure 6 shows the most frequent service type recommendations made by the Helpline during the fifth 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 fifth quarter (360).



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).
Basic Needs	Programs for families that seek to meet the basic needs of housing, food assistance, clothing, fuel/utilities assistance and employment/training programs.
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.
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.
Benefits	Programs to assist families in accessing health care benefits and financial assistance (i.e. ACCESS Nebraska, SSI/SSDI).
Legal and Court Services	Services for legal aid for those seeking answers to legal questions or seeking representation.
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.
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 (47%), followed by Residential Treatment (22%), Evaluation/Assessment/Diagnostic services (18%) and Hospital/Crisis services (9%). Although the referrals to residential treatment services were among the most common referrals made, Helpline operators rarely recommended that families pursue residential treatment as a solution. When families call the Helpline specifically looking for information on residential treatment services, counselors provide the caller with the requested information while also suggesting less intense service options for the family to pursue. 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.

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 to 72 hours of the initial phone call and the 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. The RFP for the program also 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 fifth quarter, Family Navigators continued to make the first contact within 24 hours of the Helpline call (89 percent of the referred cases), and in 23 percent of the cases contact was made within four hours. The response rates for Family Navigator have remained stable since the third quarter. Moreover, the program’s prompt response makes a strong impression on families. As one stated, “I did not expect anyone to get a hold of me for weeks, just like all the other times. They called within 4 hours! [T]hat was everything to me.”

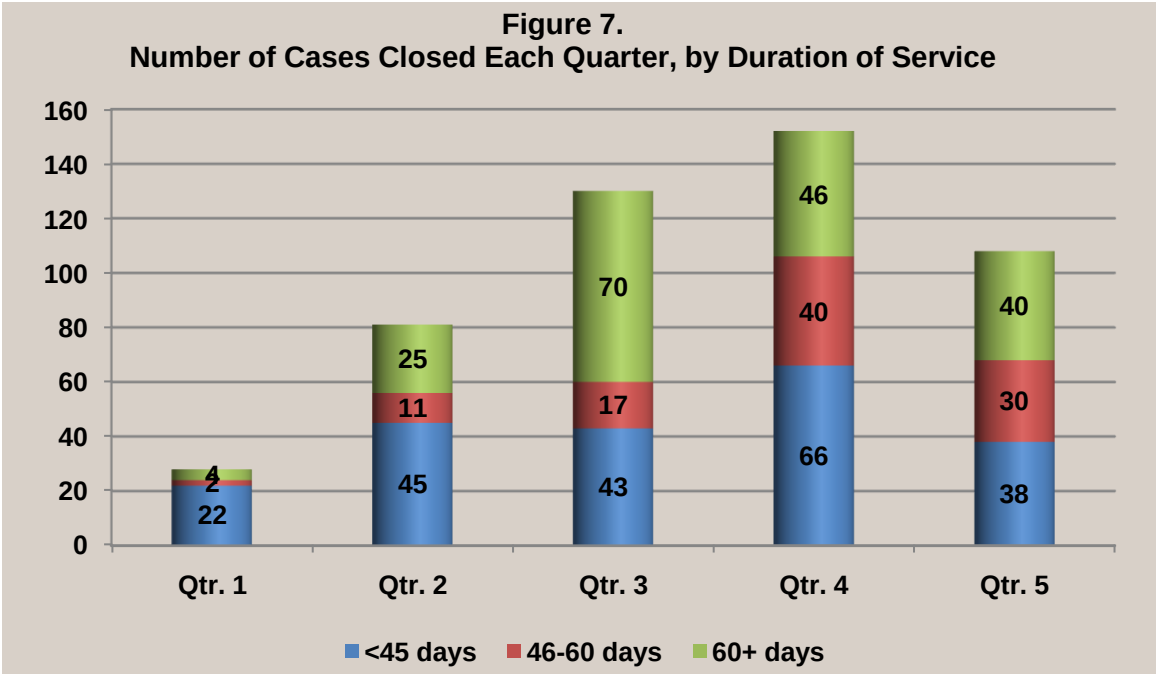
The timeliness of the first face-to-face meeting with the family showed moderate improvement in the current quarter. Family Navigators were able to meet with their assigned families within 72 hours in 40 percent of the cases, up from 38 percent in the fourth quarter, 36 percent in the third quarter and 32 percent in the second quarter. Although HZA’s review of Helpline calls continues to show that counselors do prepare callers for what to expect when they referred them to the Family Navigator program, advising callers of the 24 to 72 hour timeframe in which they could expect a call and often asking the caller’s preferences about time, the low percentage of families having a face-to-face meeting within 72 hours needs to be explored in more depth.

In every quarter, more than one-quarter of the families referred had no face-to-face contact at all, that figure reaching 29 percent in the fifth quarter (33 cases). HZA’s case review continues to show that Navigators make multiple attempts 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

weeks to respond to the Navigators' attempts. If one excludes the 33 cases in the fifth quarter in which contact was never made, the percentage of families with whom a first meeting was held within 72 hours climbs to 56 percent, and close to three-quarters had a meeting within five days.

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 108 cases that closed in the fifth quarter, 20 did not receive a face-to-face contact. Of the remaining cases, all but six (93%) closed within the 8 hour limit on total contact hours.[8] Of those that went over, the amount ranged from one quarter hour to four and a half contact hours. Also of note, the average time spent on a case, both in the fifth quarter and for the entire duration of the project, is higher for cases with children between the ages of 14 and 17 than for cases involving any other age group.

The situation differs in relation to the 45 to 60 day duration criterion. Among cases closing since the outset of the project, 43 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 35 percent of the cases closed before 45 days had elapsed and 37 percent closed more than 60 days after initiation of services. Most of these closed within 80 days but two cases remained open for more than 120 days. Figure 7 shows the length of time cases remained open for each quarter.



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

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. Given the delayed start for some of the cases, it is also reasonable to calculate duration 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 86[9] cases, the percentage that closed within 45 days of the first face-to-face contact is still 35 percent. Similarly 26 percent of the cases closed between 45 and 60 days when using the alternate start date and 35 percent remain open for more than 60 days. These are compared to 28 and 37 percent respectively. Again, this is consistent with all cases closed to date.

As previously stated, one important role of the Family Navigator specified in the RFP is to help the family develop a safety plan. The low rate of safety plans has been a challenge for the program since it began. Through the current period, 50 of the 291 total cases reviewed by HZA have contained a safety plan (17%) and the fifth quarter was no different; 13 of the 81 cases reviewed, or 16 percent, contained a safety plan. When a plan was in place, the most frequent reason cited for the safety plan continues to be violence towards self or others, threats of harm, and aggressive behaviors (including yelling, cursing, throwing things).

During the most recent interviews with staff, Family Navigators reported that high-need families usually have safety plans in place (e.g., with a therapist or counselor), although the case review shows that this fact is rarely documented in case records. Another person distinguished between a formal "safety plan" and a "calm down plan." While such terminology appears to be more acceptable to families (one staff reported that when presented in this manner, i.e., as prevention, families are "generally open to the idea") even calm down plans are not widely used as a means of preventing a potential crisis in the future.

The program should continue to emphasize this aspect of the service during staff supervision and focus on developing more plans (including "calm down" plans to prevent crises), documenting in case notes why such plans are not wanted or needed, and 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

[9] 2 rural cases that received a considerable level of service never had a face to face contact.

cases. However, it appears that the hold times generally decreased in the fifth quarter after rising sharply in the fourth. Hold times averaged 16.4 seconds in January, 11.2 seconds in February and 16.4 seconds in March (compared 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), which then fell in the fourth quarter to 4 percent. However, the Access Line was not functional for a full week in October so it was unclear whether the data reflected true improvement. Right Turn and KVC implemented a corrective action plan and the abandonment rate has continued to decline in the fifth quarter. Only two calls out of 87 were reported as lost (2.8%), well within the established standard.

In the fifth quarter, 32 of the 34 cases had enough information in the system to make a determination on whether Right Turn had contacted the family within 24 hours of the initial call to the Access Line. In 26 of those cases, (81%), Right Turn made contact within the required timeframe, and 22 cases (69%) had a face to face contact made within 72 hours. Compared to all cases to date, the rate of contact within 24 hours is somewhat lower (90% for all cases) although the rate of face to face contact within 72 hours is higher (49% for all cases).

In terms of the 90-day timeframe for Right Turn services, since the program began only 28 percent of the cases have closed within 90 days. However, fully 71 percent closed within 95 days, suggesting either that Right Turn staff are thinking more in terms of three months than of 90 days or that there are slight delays once the decision to close the case has been made.

Among the cases that were open at the conclusion of the fifth quarter, only one had been open for longer than 90 days. About one in six respondents to the Family Survey reported that the amount of time they received from Right Turn was insufficient, and several of the families interviewed for the project expressed the same opinion. It is important to recall that seven families who enrolled in Right Turn in the fifth quarter had been previously involved with the program, two of whom represented continuations of service meaning that they re-engaged in a second 90 days of service without re-contacting the Access Line. Right Turn staff often feel the amount of time they have to spend with a family is not enough, especially when there is a two- to three-month wait to get a psychological evaluation. This suggests that, for some families, more time is needed.

FIDELITY SUMMARY

During the fifth quarter, all three programs continue to be conforming generally to the specified models. They provide short term assistance to families in crisis, helping them find the appropriate services to stabilize or improve family functioning, 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. The largest fidelity issue that has emerged relates to the timeliness of the first meeting (not the first contact) with families in both programs. In this area, however, both programs demonstrated modest improvements in the fifth quarter and say that the reason is often the family's inability to meet that quickly.

The question about the duration of the services in both programs persists. While Right Turn has closed 71 percent of its cases within 95 days, about one in five consumers are dissatisfied with the length of the program. Moreover, seven returned and had their cases re-opened during the current period. Family Navigator, on the other hand, closes a much larger percentage of its cases within the allotted 60 days, 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 continue to pay additional attention to creating safety plans and documenting the reasons why a safety plan was not completed. Alternatively, they could rename the plans to make them appear more relevant to families; calm down plans may be one useful choice.

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 the start of the 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.

Based on the calls HZA audited in the fifth 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.

Two other elements of effectiveness are worth discussing. The first has to do with how counselors obtain information about the strengths and stressors. The data from the Helpline continues to show that counselors record information about strengths and stressors[10] in the database for the majority of standard inbound calls. However, when HZA listened to calls during the fifth quarter, it found that counselors collected information on family strengths and stressors directly from the caller only during five of the 68 standard inbound calls (7%). This suggests that counselors are recording their impressions about the strength and stressors that callers choose to disclose, as opposed to screening callers for all potential strengths and stressors.

This is important on two counts. First, callers who are concerned about a particular incident may not be in a state of mind where they easily remember all the important factors affecting their circumstances. Using more direct screening to explore these areas with callers could help counselors to gain a better understanding of the situation. The second reason this distinction is important is that Family Navigators rely on the information provided by the Helpline when preparing to meet with a family for the first time. It could be useful for Family Navigators if the Helpline asked families about these issues more directly so the information could be included in the initial referral records. These observations should not be construed as advocating that counselors sacrifice rapport for the sake of collecting information, but merely to suggest that the Helpline explore this issue further with its staff.

Perhaps the most important measure of effectiveness is the rate of repeat calls. Generally, the proportion of repeat calls is very low and the Helpline is able to resolve a family's issues with the first call. During the first year of the project, only four percent of

[10]Strengths and stressors include such things as the child's history of depression, abuse, suicide, school behavior, and negative peers as well as some parental characteristics. Each item is deemed to be a strength, a stressor or neither.

all families who called the Helpline made one or more repeat calls. This trend continued in the fifth quarter with only 16 families (2%) placing more than one call to the Helpline, some of which were for information and referral.[11] As indicated in previous reports, a few families use the Helpline counselors themselves as a source of ongoing support which may account for some repeat calls.

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 81 cases reviewed this quarter, only one did not contain a family plan. This was because the family decided to explore other options and closed its case after the first face-to-face visit with the Navigator.

Family plans usually contain more than one objective. While almost half of the cases reviewed (45%) contained specific objectives that were unique to the family, half of the cases with family plans included an objective of accessing the appropriate services. Thirty percent of the cases indicated that they wanted to locate activities for the child including after school activities, summer camps and weekend activities, and 24 percent wanted to obtain a mental health assessment or evaluation. Improving family communication (19%), locating support groups (19%) and creating a safe home environment (18%) were also commonly listed objectives.

There was some variation by age group. In family plans created for children between the ages of ten and 13, over three quarters (79%) wanted access to appropriate services and 43 percent had the objective of locating activities. This differs among plans for children ages 14 to 17, where 40 percent listed the objective of accessing the appropriate services and 27 percent wanted to improve family communication. Improving communication was by far the most common objective among this age group. Just under one quarter of the children in this age group had an objective of instituting a safe environment. Among the children 18 and older, most objectives were highly specific to the child and family situation and could not be categorized.

As part of the case plan process, families are asked to identify the strengths and stressors affecting them. Two strengths continue to be seen in almost half of the cases reviewed: that the family members are supportive of each other (49%) and that the child has positive qualities (56%) such as being good with people, caring about others, having interests or showing talent in things such as art or music. Over one-third of the families (36%) also listed their willingness to seek out and receive help as a strength, and just under one-quarter of the families (24%) identified that they had strong family attachments and bonds.

In terms of stressors, the child's aggressive behavior continued to be frequently listed by families in the fifth quarter (41%). Other stressors commonly reported by families include the family dynamics and stressful relationships within the family (38%); the

[11] Some families may have called in a prior quarter.

child's refusal to follow the rules (29%); the child's attitude (26%); and the child's school and academic issues (26%). The family stressors have remained fairly consistent across quarters.

Each case plan also contains strategies for the family to achieve the goal of navigating to needed services and/or supports. By far, the most common strategies identified were related to obtaining mental health services (78%) and getting involved with support groups and mentoring programs (48%). Sixty-eight percent of strategies were specific to the family's unique needs and could not be categorized. The next most frequently cited strategies – each at 13 percent – were to access the Professional Partners Program and to help with basic needs such as housing or financial assistance. This differs somewhat from the previous quarter, with a higher proportion of strategies related to mental health and fewer relating to the Professional Partner Program.

It is noteworthy that many of the family plans reviewed by HZA in the fifth quarter continued to contain very specific objectives, strengths, stressors and goals that were unique to the family. Moreover, about half of the plans (51%) had updates or adjustments made to the original plan, all of which appeared to be appropriate in terms of helping the family to meet its objectives. This indicates that the Family Navigators continue to work 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.

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 (82%),
2) help for the family's well-being due to the child's behavior or condition (65%),
3) help getting the child counseling, group therapy or day treatment (50%), and
4) help with the child's education (23%).

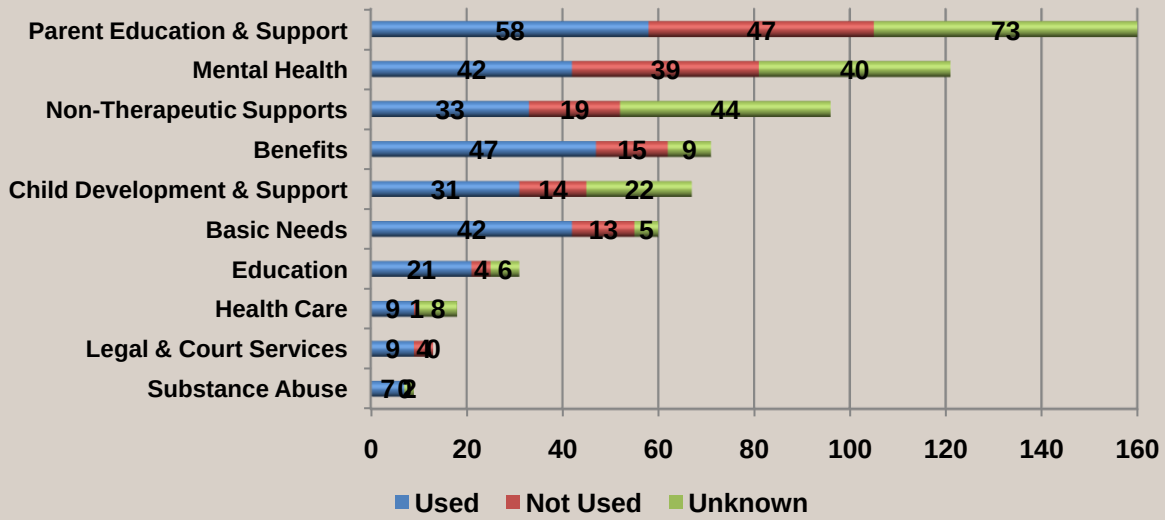
Overall, 81 percent of the responding families reported in the Family Survey that they got what they wanted, attesting to the overall effectiveness of Family Navigator. Conversely, 19 percent reported that they did not obtain the services they were seeking. A handful of respondents cited services being denied (by Medicaid or private insurance), waiting lists and burdensome paperwork as barriers. Two families reported that the Family Navigator did not return calls. In interviews during the fifth quarter, however, parents expressed great satisfaction with the services and resources to which they were connected through their Family Navigator. Families also indicated that the Family Navigators' knowledge of resources and available local services was very valuable and led to recommendations for a wide array of services.

Indeed, in helping families to access appropriate services, Family Navigators made 745 referrals during the fifth quarter, a marked increase from the previous quarter. Of these, 689 were unique referrals and 56 were duplicative, that is, the same family was referred to the same service but presumably with different providers. Figure 8 shows the types of services to which Family Navigators most frequently referred families who opened a

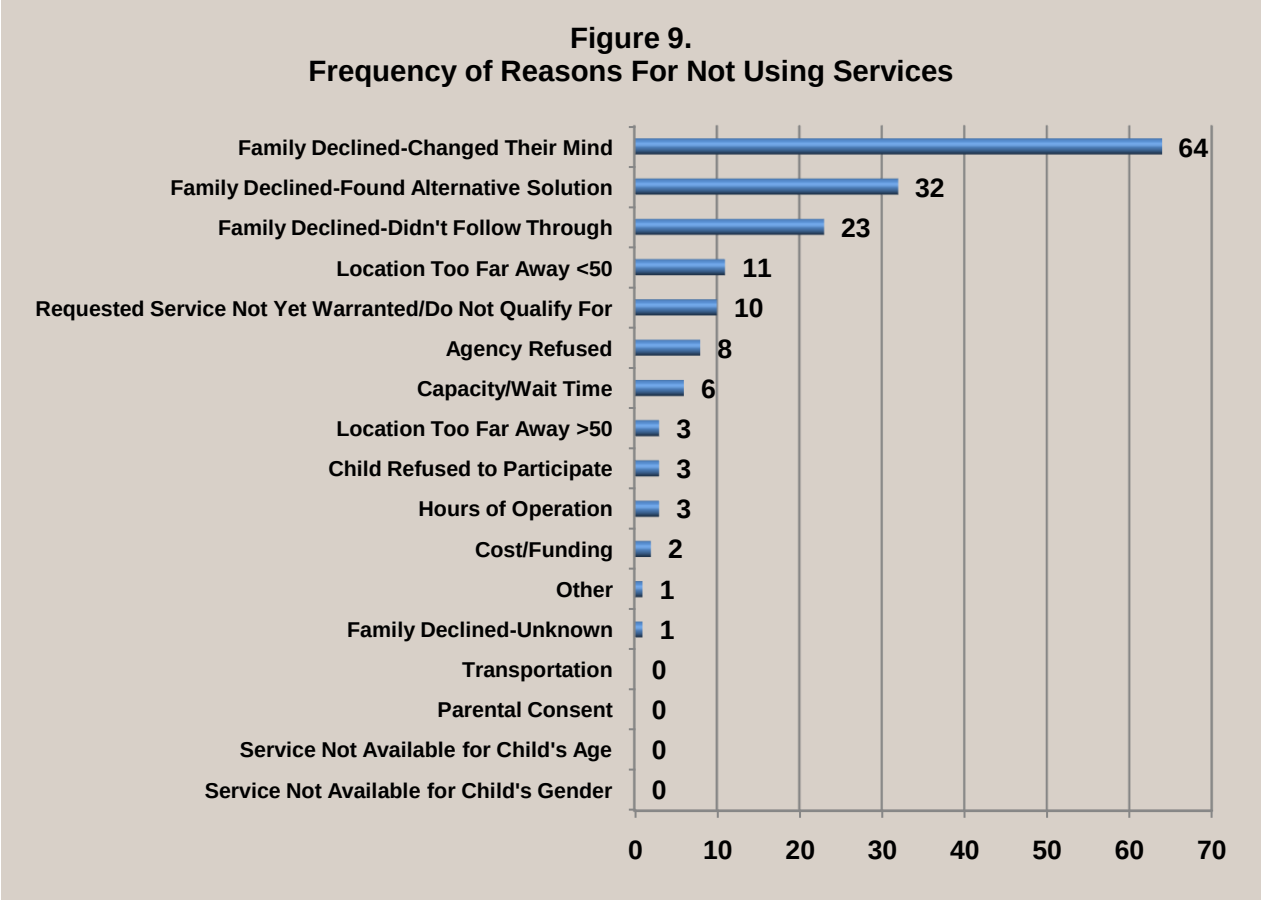
case during the fifth quarter, as well as whether the family used the referral; it does not include duplicate referrals. Families most frequently received referrals to parent education and supports (178 referrals) and mental health services (121 referrals). The percentage of families known to use mental health services, however, was relatively low with 42 case records (34.7%) indicating that the family utilized the referral; one-third were listed as "unknown." However, this does represent an increase since the previous quarter, where the known rate for mental health services was 22 percent.

Family Navigators also reported that 58 of the families referred for parent education and support used that service (32.8%). Of the 60 families referred to services to help meet basic needs, 42 (or 70%) used the service. Although few families received referrals for substance abuse (9) and legal services (14), those also had some of the highest utilization rates in the fifth quarter, at 78 percent and 64 percent, respectively. 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, as noted, the utilization rates were higher.

Figure 8.
Referrals Made and Whether Used by Family



According to information Family Navigators recorded in the database, the primary reason families did not use services in the fifth quarter is that they changed their minds (64), did not follow through (23) or found alternative solutions (32). In addition, the location of the service being too far away became a larger barrier in this quarter than previously reported. Figure 9 illustrates this point. HZA's review of family plans showed barriers to accessing services listed in one quarter of the plans. Of these, transportation showed up in 20 percent and cost appeared in 10 percent of the plans.



In interviews, Family Navigator staff identified waiting lists most often as a barrier for families trying to access services. Other barriers mentioned by nearly all staff interviewed included the proximity of services to the family. Staff indicated that some needed services are simply not available in the area and families are forced to travel long distances in order to access services. Families also mentioned this, with one stating, “I’ve had to go to Lincoln when she has a manic episode…they can’t handle her episodes here.”

There was some variation in the reasons for not using services by service type. Families who did not utilize mental health referrals often found alternative solutions, whereas “family changed their mind” applied more often to referrals for basic needs and benefits (49% and 39%, respectively) and parent education and support referrals (50%). Parent education and supports was the predominant service for which distance was listed as a barrier (6 out of the 10 cases).

Not using a service is not necessarily a negative outcome. Many families have reported that they were initially seeking out of home placements, but they found through their involvement with the program that their needs could be met through other means. That meant that although their Navigators provided referral information for residential services, the families 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 during the fourth quarter and in interviews during the fifth, 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.

The overall service utilization rate in the fifth quarter was generally the same for those with private insurance and those with Medicaid, 47 percent and 46 percent respectively. However, the reasons families did not use services differed somewhat between the two groups. Fifty-seven percent of families with private insurance did not use a service because they "changed their mind," compared to 47 percent among those with Medicaid. In addition, for 10 percent of those with private insurance (6 families), the reason provided was "requested service not yet warranted/do not qualify." This reason was not provided for a single family that had Medicaid. Conversely, at 16 percent, "agency refused," was a reason more often provided for those with Medicaid (compared to 2% among those with private insurance).

Similarly, on the Family Survey, 27 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 10 percent among those with Medicaid. In addition, 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. The difference in perceived experiences between these two groups (i.e., those covered by private insurance versus Medicaid) has been consistent throughout the project.

As occurred during the previous quarter, HZA received a file from Magellan containing information on children's mental health services which are publicly funded other than through Medicaid. The file tracks these services for 295 families who have received Family Navigator services. HZA used this file to analyze the child's previous history of services and its impact on: 1) the likelihood of obtaining services through Family Navigator, 2) the duration of Family Navigator services and 3) the types of services received through Family Navigator.

Twenty-six of the 295 (9%) of Family Navigator clients had previously received children's mental health services recorded in Magellan's database. Seven of the 26 also received Magellan-recorded services after being enrolled in Family Navigator, but nearly the same proportion of those without a previous history also received services during or after Family Navigator.

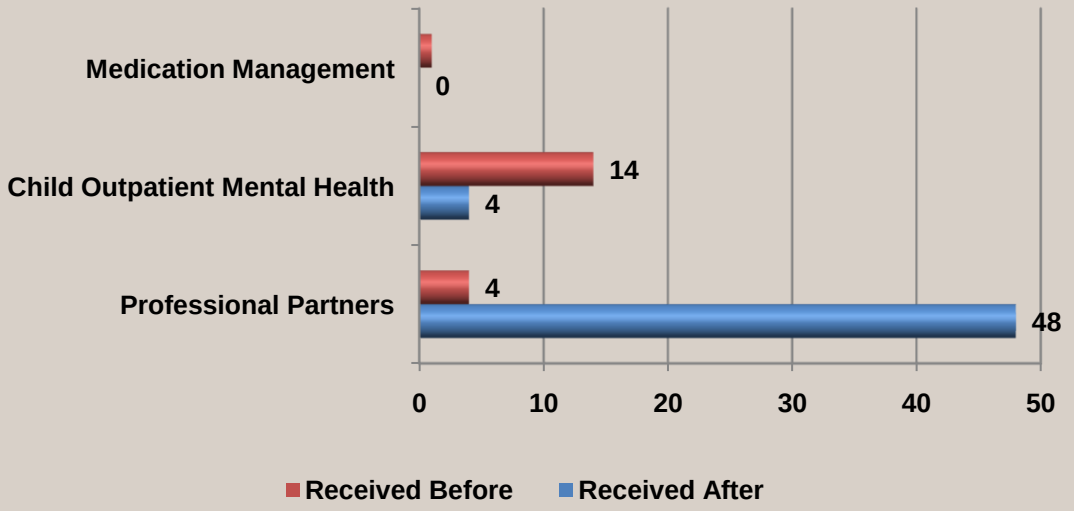
In examining the duration of cases, only those which have closed to Family Navigator are taken into account, so that the full length of the cases can be determined. This includes 75 cases, 55 of whom had never received a children's mental health service prior to the Family Navigator program. There does not appear to be an easy correlation between prior receipt of those services and the duration of Family Navigator services,

but there is a more subtle connection. While a large majority of the families with no previous service history were in Family Navigator between one and three months, among those who had received services previously there was a much broader distribution of lengths of service. Almost exactly one-third received Family Navigator for less than one month, one-third for a period between one and three months and one-third for more than three months.

Nearly all the families from Family Navigator who received non-Medicaid Magellan services received Professional Partners, a service also designed to assist families in finding and obtaining services. Only four of the 295 families had received Professional Partners prior to Family Navigator, while 48 received it after enrolling. The only other service reported in the Magellan file which was received after Family Navigator enrollment was outpatient mental health services. Figure 10 shows the frequencies for the services received.

As was the case in the previous quarter, it appears that among families 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.

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 reported 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.

Another important theme emerged during the qualitative interviews conducted in the fifth quarter. As previously described, a stressor for families of older children is that they are legally responsible for their children's actions. However, families do not feel they have any resources to support this responsibility. For example, some reported that police do not get involved in runaway reports for youth who are 18 unless the youth gets caught committing a crime for which the parent is then responsible. Family Navigators reported that families have encountered a lot of inconsistency when seeking help from police officers, judges or Child Protective Services in these situations.[12] It comes as no surprise, therefore, that both families and Family Navigators reported the least success in effectively helping older children.

One sees a difference in service utilization that correlates to the age of the child, possibly a related finding. Just over half of families where the target child was under the age of 16 were reported to utilize the service referrals, compared to only one-third of families where the child was 16 or older. The reasons show some differences as well, with families of older children more likely to change their mind (51%, compared to 42%) or find an alternate solution (17%, compared to 6%).

RIGHT TURN

As with Family Navigator, Right Turn's Permanency Support Specialists work with families to identify their strengths and needs, develop plans jointly with the families to match those strengths and needs and help the families obtain the services called for in those plans to the extent possible. 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.

Of the 25 cases that were reviewed this quarter, all had identified strengths and needs listed in the Right Turn database. By far, the most commonly identified strengths included the family's support for one another (56%) and that the family has strong attachments and bonds (48%). In this context, strong attachments and bonds include familial characteristics such as spending time together, a long history together as parent and child and that the parent advocates for the child. Not surprisingly, another frequently seen family strength was the family's willingness and openness to receiving help and their awareness of the needs of their family (40%). This would be expected because Right Turn works solely with families who voluntarily refer themselves to the program. In 32 percent of the cases reviewed, the family's network of informal supports was listed as a strength and just over one-quarter of the cases (28%) listed the family's good communication.

[12] Staff report that some parents call Child Protective Services seeking help when their older children run away.

As part of the casework process families are asked to verbalize their “vision” for their family. Because these are qualitative responses, they were placed in categories so that they could be analyzed and counted easily. The ability to manage the child’s behavioral issues including violent outbursts and self-harming behaviors, for example, was the most common vision for families (40%). The next most common, seen in 32 percent of the cases, was to improve the family’s relationships, followed by keeping the family intact and maintaining stability in the home (each 28%). Twenty percent of the cases listed increasing the safety of the home or decreasing the fighting while 16 percent hoped to improve the attitude and self-esteem of the child.

The most common family goal was to obtain a mental health diagnosis, assessment or treatment which was seen among 40 percent of the cases reviewed. Obtaining a mentor or social supports (for the child, parents or other family members) was the next most common goal seen among 36 percent of the cases, followed by improving the child’s academics (28%), and engaging the child in extracurricular activities (16%).

There was some variation in the goals by age group. For cases with children ages 14 to 17, 71 percent listed obtaining a mental health diagnosis, assessment or treatment, compared to 31 percent of the cases with children ages ten to 13. Obtaining a mentor or social supports (for the child, parents or other family members) was seen in 43 percent of the cases with children ages ten to 13 and in 29 percent of the case with children ages 14 to 17. Both cases involving youth over the age of 18 had a goal of improving the youth’s academic standing. Also noteworthy was that almost three-fourths of the cases with children between the ages of 14 and 17 had goals that were unique to the family situations, that is they were so specific that they could not be easily categorized, compared to one-third of cases that involved children between ten and 13 years old.

Numerous strategies were identified for each case to assist the family in achieving the identified goals. Having the parent or child participate in a mentoring program or support group was an identified strategy in 28 percent of the cases reviewed as was providing referrals to the family for various services. This was followed by attending individual, group or family counseling (20%); obtaining a mental health assessment, working with the school (i.e., monitoring the child’s progress, creating and IEP, etc.), and exploring financial and community resources to meet basic needs were all seen in 16 percent of the cases reviewed.

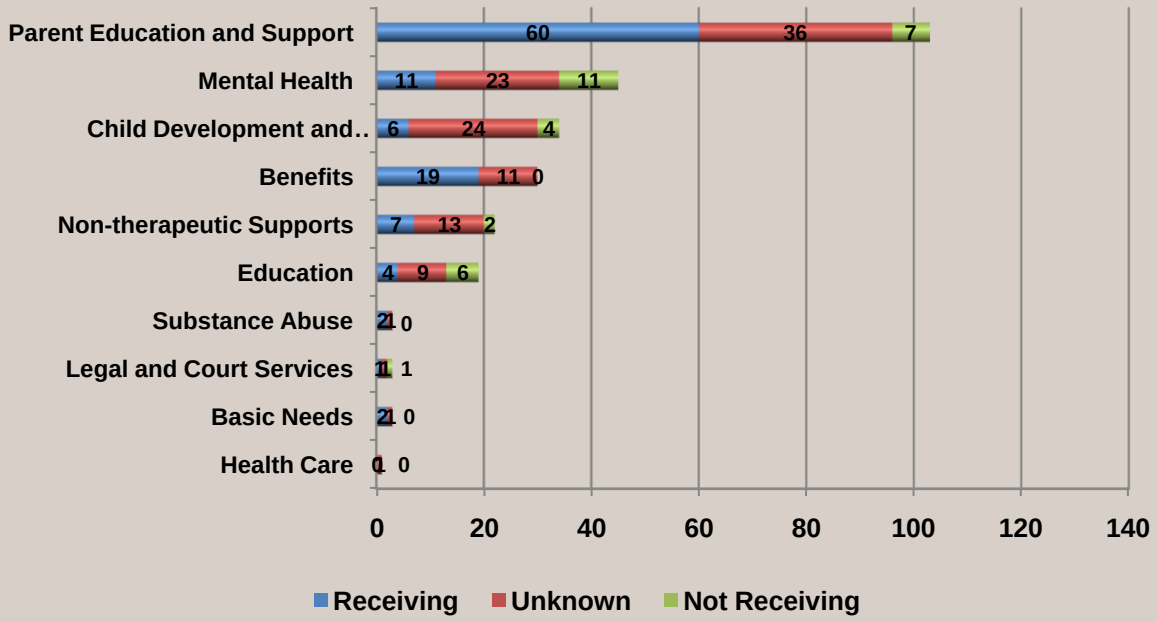
To help families achieve their goals, Right Turn staff made 200 service referrals related to the 25 cases reviewed during the fifth quarter. Most of those referrals were for parent education and support (41%) followed by benefits (18%), child development and support (14%) and mental health (13%). Of all the referrals made, 45 percent have a status of “referred” and 44 percent are listed as “receiving;” only 11 percent are listed as “not receiving.”

Overall, Right Turn staff made 263 referrals to families during the fifth quarter. As demonstrated by Figure 11, the most commonly referred service was parent education and peer support (103). The anticipated emphasis on this service was a key motivator

in the development of the partnership between Right Turn and the Nebraska Foster and Adoptive Parent Association (NFAPA). This was followed by mental health services (45), child development and support services (34), benefits (30), non-therapeutic supports (22) and education (19).[13]

Families were least likely to use education service referrals (32%), followed by mental health (24%) and child development and supports (12%). The reasons why families did not use a given referral were reported in the database only 31 times in the fifth quarter. The most frequently cited reason that a service was not being used was that the family refused (24), most of which were related to mental health services. This was followed by the waitlists (3), distance greater than 50 miles (2), and a service specialty that was not available (2). The reasons for not using services have been generally consistent since September, the first month in which they were collected.

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



While the number of surveys received from families who have completed Right Turn services is relatively small, a total of 47 through the end of the fifth quarter, there are some clear patterns. Of interest is that the overall proportion of families seeking help with educational issues increased in the fifth quarter to 31 percent, compared to 24 percent in the previous period. The kinds of help the families were seeking most frequently included:

1) help with the child's behavior or mental health needs (73%);

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

2) services aimed at family well-being due to the child's behavior or condition (53%);
3) babysitting, child care or respite (31%);
4) child counseling, group therapy or day treatment (31%);
5) education, special education or tutoring (31%)
6) help with adoption issues such as attachment, grieving, family contact (27%);
7) camps, leisure or recreational activities (22%); and
8) child residential care or psychiatric hospitalization (18%).

While most people generally reported getting what they wanted, 31 percent indicated that there were still services they wanted but could not get. In interviews, one parent reported difficulty getting help with her child's school, and some parents who had been taking their children to see counselors or therapists for a while were unable to access additional supports. These themes were consistent with the reports from focus groups conducted in the previous quarter. Staff reported difficulty locating in-home services such as intensive family preservation services, as well as services for children who have autism disorders. One staff observed that these children tend to fall somewhere between needing services for mental health and for developmental disabilities.

Overwhelmingly, families appear satisfied with Right Turn as reported on the Family Survey and demonstrated in Table 4 below. However, only 73 percent of families felt that they got as much help as they needed from the service providers to which they were referred by Right Turn, meaning over one-fourth did not.

Table 4.
Right Turn Consumer Satisfaction

The Right Turn Specialist was sensitive to our cultural and religious beliefs.	100%
The Right Turn Specialist spoke to us in a way we understood.	100%
The Right Turn Specialist treated us with respect.	98%
Right Turn services were timely.	96%
The Right Turn Specialist understood our issues.	96%
The Right Turn Specialist us to use and build upon our family strengths.	93%
The number of contacts made during that period was about right.	91%
The Right Turn Specialist knew what was available.	91%
The Right Turn Specialist knew how to access services.	89%
We got as much help as we needed from the Right Turn Specialist.	84%
The Right Turn Specialist shared helpful experiences with the adoption or guardianship.	83%
The length of time he or she was available to our family was about right.	83%
We got as much help as we needed from the service providers.	73%

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. For the measures contained in Table 4, there were negligible differences between those who rely upon private insurance and those who use Medicaid. However, many more respondents who identified their primary insurance as Medicaid were negative than were privately insured families when rating the more concrete results of Right Turn. These differences are illustrated in Table 5, which compares the responses of Right Turn consumers with private insurance to those with Medicaid. Some of the areas with the largest discrepancies were that people with private insurance were more likely to report that they had a better idea of where to get help (87% compared to 56%) and a better understanding of adoption issues (70% compared to 40%). Those with private insurance were also more likely to report that they felt the family could remain intact (77% compared to 53%) and that they had a better understanding of their child's needs (79% compared to 60%). Also noteworthy is that Medicaid clients continued to be less likely to think that they got as much help as they needed from the service providers, 53 percent compared to 79 percent among those with private insurance; this difference widened with new responses collected during the fifth quarter.

Table 5.
Self Reported Results of Right Turn
by Insurance Type

	Private Insurance Client Agrees	Medicaid Client Agrees
We got as much help as we needed from the Right Turn Specialist.	88%	81%
We got as much help as we needed from the service providers.	79%	62%
The Right Turn Specialist shared helpful experiences with the adoption or guardianship.	82%	94%
I feel our family can remain intact without placing my child somewhere else.	77%	53%
I have a better idea of where to get help.	87%	56%
I have better parenting skills.	74%	67%
I have a better understanding of my child's needs.	80%	60%
I have a better understanding of my child's diagnosis.	65%	53%
I have a better understanding of adoption issues.	70%	40%
I have more informal support.	92%	73%

EFFECTIVENESS SUMMARY

The fifth 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 viewed as

highly effective for most of the people being served. However, about one in five families have expressed dissatisfaction in not being able to obtain the services they wanted which may be due to a variety of reasons. Case records, family surveys and family interviews suggest that the primary barriers to services are eligibility and availability, including the distance one must travel to access a service.

For Family Navigator, the *absence* of the “other” option as a reason for not using a service is noteworthy in the fifth quarter. Previously, this category was selected frequently which posed some concern as it does not lend itself to determining why families are not using service referrals. The program has clearly made an effort to improve in this area and it appears that Family Navigators are now using the available codes to record the reasons why families do not use services.

In the fifth quarter, the evaluation continued to observe differences in the perceived experiences of those families whose services are covered by private insurance compared to those whose services are covered by Medicaid. However, these differences do not manifest themselves consistently across the two programs. For Family Navigator, families with private insurance expressed higher levels of difficulty accessing services. On the other hand, Right Turn data suggests that families with Medicaid are more likely to report difficulty accessing wanted services. It may be that the backgrounds and presenting needs of the families served by the two programs vary enough to drive these differences. For example, Family Navigator serves some families who have relatively little experience with the service system; going from no services to having services may make for a satisfied family. Right Turn families have been involved in the system for a while and may be having problems with Medicaid approving new services which they feel their child needs.. An alternative explanation could 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. Nonetheless, the observations have been consistent throughout the project and should continue to be monitored and explored.

There were some similarities between Right Turn and Family Navigator. First, participants in both programs expressed high levels of satisfaction with the services. Second, the case plans for both programs exhibited relative consistency among the needs, goals and strategies. In many cases, the plans reflect the unique circumstances of the family, indicating that both programs employ a family-driven approach. Finally, on the Family Survey, families from both programs were most negative about the statement that “we got as much help as we needed from the service providers.” For Right Turn, 27 percent of the responses registered disagreement with that statement, somewhat more than Family Navigator at 20 percent. This is worth mentioning because the longer-term impacts of both programs may only be as effective as the services to which they can refer families. Of particular interest are the observed differences for older children.

Outcomes: Benefits to the Clients

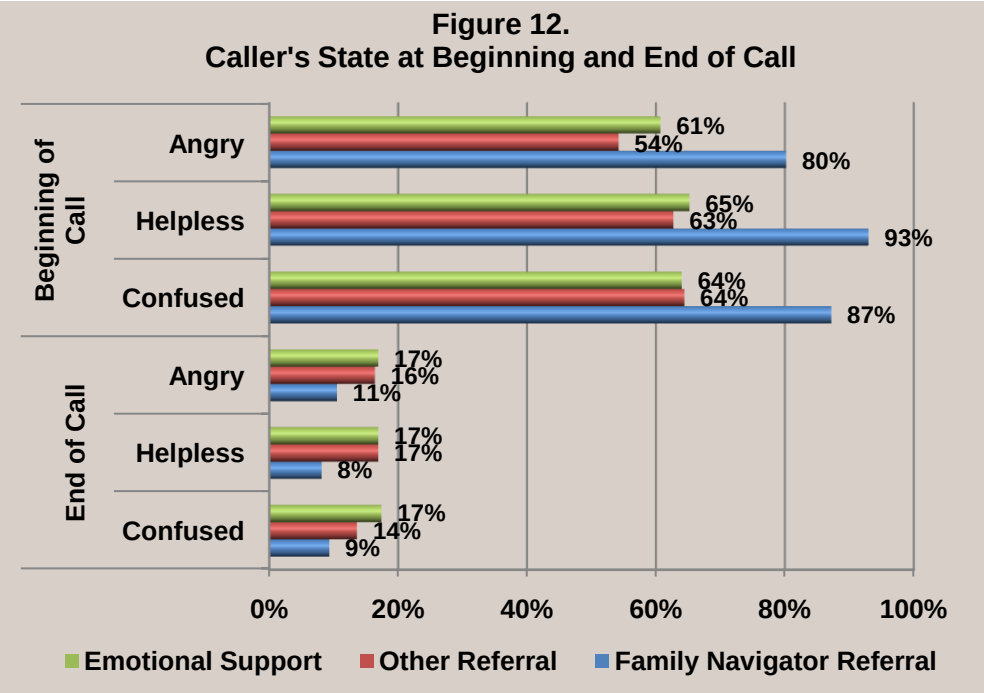
NEBRASKA FAMILY HELPLINE

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 68 standard inbound calls, HZA found that most callers for whom a judgment could be made appeared satisfied at the conclusion.

Overall, counselors reported that callers are in an improved state of mind at the end of the calls as evidenced by Figure 12. The information in previous reports suggested dividing Helpline callers into three groups based on the practical outcomes of the calls. The groups are:

- those whose primary benefit is emotional support (they are not looking for service referrals, even to Family Navigator);
- those who are referred to services other than Family Navigator; and
- those families referred to Family Navigator.

Figure 12 also demonstrates that despite the different needs presented by families and the referrals and interventions offered, the Helpline achieves similar positive outcomes for each of these groups at least in the short term. For example, counselors recorded that families who were referred to Family Navigator were more likely to be angry (80%), helpless (93%) and confused (87%) at the beginning of the calls than were the other two groups. However, by the conclusion of the calls, counselors rated all three groups more or less the same.



A handful of follow up calls (12) was also reviewed in the fifth quarter, and the majority of callers indicated that they had been treated professionally and with respect during their initial call to the Helpline. That level of satisfaction did not extend, however, to the outcomes after the call. In half the cases, callers reported that at least some of the services they had received so far were appropriate, while a quarter indicated that they had not yet accessed services and the remainder felt that the services had not been appropriate so far. About one-third also reported having experienced a negative event since the family's initial call to the Helpline, while two callers reported that their family's situation had improved. During focus groups HZA conducted during the fourth quarter, some families had also raised the concern about the appropriateness of the service referrals for which they were ultimately not eligible and some informal community supports (such as mentoring) which appeared to be out-of-date. However, families consistently reported 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

About half of the family plans that were reviewed by HZA in the fifth quarter contained updated information (51%) and reported outcomes from the family plan (49%), many more than in previous quarters. The most commonly seen updates were that the Family Navigator had provided the family with information (29%), the family had accessed services (27%) or they had identified additional service needs (24%). Another 22 percent of the families indicated that they were on a waiting list for services. Similarly, the most common outcomes (which are recorded subsequent to updates) were that the family had accessed needed services (46%) or had scheduled an appointment for a needed service (26%). Outcomes stating that the family had been placed on a waiting list for the needed service and that the Navigator had located resources for the family were the next most common outcomes listed (18% each).

Family Survey responses take the examination of outcomes a step further, reporting both the family's satisfaction with the Family Navigator program and the services the families received and the impact those services had on the families. During the fifth 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.

Of the remaining statements, the statement that received the lowest levels of agreement relates to satisfaction with service providers; 80 percent of the respondents believed that they received as much help as they needed from the service providers. However, this represents an increase since the previous quarter.

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 gave positive responses to any statement but one. The results are shown in Table 6.

Table 6
Families Who Agree/Strongly Agree

Statement	% in Agreement	Total Responses
I feel more supported by other families.	69%	48
Our home situation is more stable.	75%	51
Our family is better able to navigate the behavioral health system.	81%	53
I feel that I am better able to make informed decisions.	83%	54
I feel more confident in my abilities to help my child.	86%	56
I have a better idea of how to get help.	86%	58

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 interviews in the fifth quarter continue to support these conclusions. For example, one family member stated, “Before, I just didn’t know there was anything out there.” Another stated, “We now have a counselor that I don’t have to fight her to go. She’s feeling like there are some positives.”

RIGHT TURN

For Right Turn the two satisfaction statements that continue through the fifth quarter receiving complete agreement in the Family Surveys were 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:

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

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, 83 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.

Families 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. The lowest score related to having a better understanding of the child's diagnosis.[14]

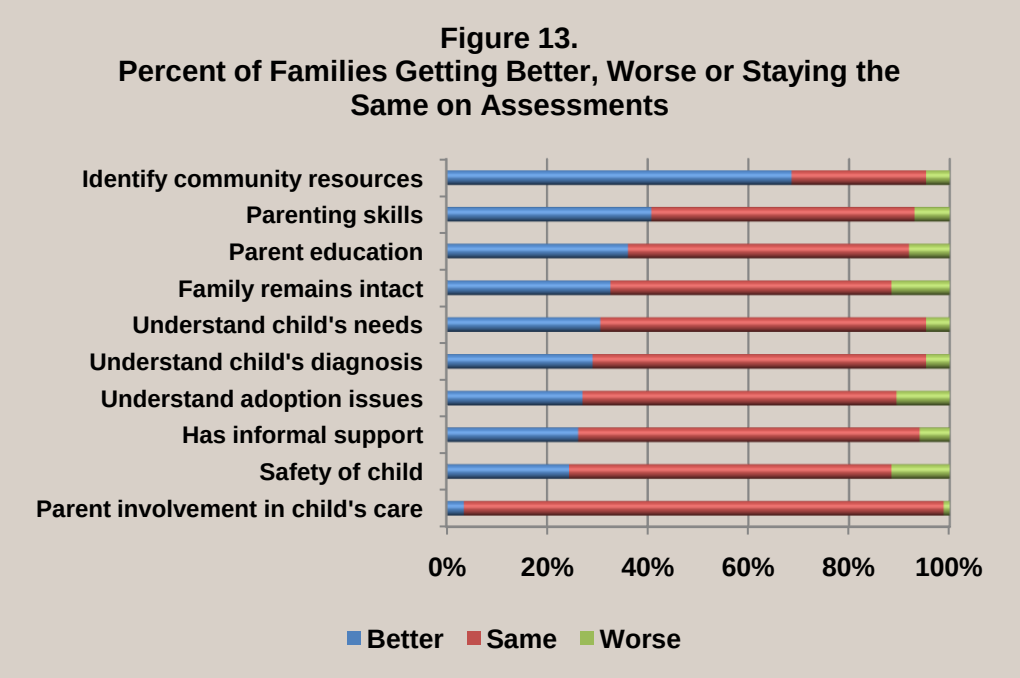
Table 7
Families Who Agree/Strongly Agree

Statement	% in Agreement	Total Responses
I feel more confident in my abilities to help my child.	93%	41
I feel my child or family is safer.	84%	38
I feel our family can remain intact without placing my child somewhere else.	80%	35
I have a better idea of where to get help.	78%	41
I have better parenting skills.	83%	35
I have a better understanding of my child's needs.	86%	36
I have a better understanding of my child's diagnosis.	76%	33
I have a better understanding of adoption issues.	79%	28
I have more informal support.	88%	41

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-fifth of respondents do not believe that they have a better understanding of adoption issues 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 86 families who had completed pre- and post- assessments which could be matched to one another through the end of the quarter.

[14] There are 14 respondents who indicated this was not applicable.



The questions in which more families showed greatest improvement related to identifying community resources (69%), parenting skills (41%) and parent education (36%). Interestingly, almost all parents (95%) 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 the safety of the child and the family remaining intact (each 12%), as well as understanding adoption issues (11%). Even in these areas, however, the number of families improving was more than double the number becoming worse.

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.

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). These results continue to suggest that there are some families who may need more than the usual level of assistance. Staff from both programs assert that they have not been able to locate many "mid-range" services to offer, such as in-home supports, and both programs are exploring ways in which they can help expand what is currently available to families including using the expertise of their own staff or those of their agency in more intensive ways.

Next Steps

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

After a more than a year, it is clear that both Right Turn and Family Navigator are generally compliant with the original program model. For all the fidelity measures there are obvious exceptions, although the programs appear to be doing all they can to comply with the model requirements. In extenuating cases-–where a family does not respond to staff overtures or an emergency arises-– both programs apply appropriate protocols and judgment.

For Family Navigator the review of case records found almost all contained a family plan which is a great improvement. Indeed, the program has been making efforts to improve data collection and reporting by its staff. However, the vast majority of families continue to lack a safety plan. Although many families do not think they need a safety plan, the program should continue to emphasize 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. In addition, more staff training on how to present the idea to families as a preventive safeguard could help.

HZA will 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 topic remains paramount to fully understanding the scope and effectiveness of these services for families as well as whether the programs are preventing future liability. HZA also plans to explore in depth the handful of Right Turn cases where the child was returned to the state to determine the role, if any, that insurance type and service access may have had.