



**Continuous Quality Improvement (CQI)
and
Performance Outcomes Report**

For the Year 2008

Prepared by
Paula Solomon, Ph.D.



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I. Introduction

TLC Child and Family Services (TLC) is a private, nonprofit, nonsectarian organization dedicated to providing permanence, shelter, education, guidance, emotional healing and support to abused, neglected, and emotionally disturbed children and teens. A variety of expertly structured environments are provided so children can realize a richer life experience and discover hidden potential, developing character and a self-identity that is positive and productive in the community. In our Outpatient and Residential Programs we use the Connections model of treatment where we evaluate and work to improve our client's Connections to Self, Connection to Others and Connection to the Community.

A primary objective of the TLC Child and Family Services Treatment Program is to examine the quality of services and the effectiveness of treatment across time, with the goal of improving service delivery from one year to the next. In order to monitor treatment effectiveness, appropriate measures and targeted outcomes have been selected and are described in detail in this document.

The process of data collection for continuous quality improvement is to gather demographic and discharge data from foster care, transitional housing, residential clients, Transitional Housing participants, and personnel records. The data is analyzed by the Executive Director and the Clinical Director and presented to the Board of Directors for their approval and comments when the annual analysis is complete. The report is reviewed in an agency Forum meeting so that all can benefit from the analysis and make improvements or modifications in programming based upon those results. The reports are available to staff, placement workers, family members and clients.

TLC's target populations are abused, neglected and emotionally disturbed youth and teens. We offer a variety of services including therapeutic foster care, emergency shelter care, adoption, residentially based treatment, outpatient services, a therapeutic high school and transitional services for youth emancipating from the foster care system. Our outpatient services program creates its own continuous

quality improvement report. Our clients primarily come from the greater Bay Area, but we serve youth from all over the state of California.

The contents of this report are based on information collected on clients who were served by the program between January 1, 2008 and December 31, 2008. This was the sixth year of formal data collection so we have some previous data to use for comparisons. We have begun collecting data for Foster Care and Residential placements in a new database (Fostrack and Restrack) and have some new categories of data for those sections as a result.

Several measures, including restraints, have been calculated for a number of previous years, so comparison data for those items is available. In general, the data reflect a well-run agency, which is providing competent services, by well trained staff in residentially-based treatment, therapeutic foster care, outpatient and transitional housing programs.

II. All Agency Safety Data

Incident reports, including restraints or other hands on actions, and medication errors are collected for the whole agency. We provide initial training in crisis de-escalation, medication management and safety, as well as on-going training yearly and when necessary on a more frequent basis for specific individuals. We consider client and staff safety to be primary in our work.

Incident Reports

TLC reports all significant incidents to Community Care Licensing as is required of all licensed treatment programs. We are known for and teach over-reporting rather than underreporting, so the mere number of reports may not be significant. The kinds of reports however, may tell us a lot about our agency and its' functioning.

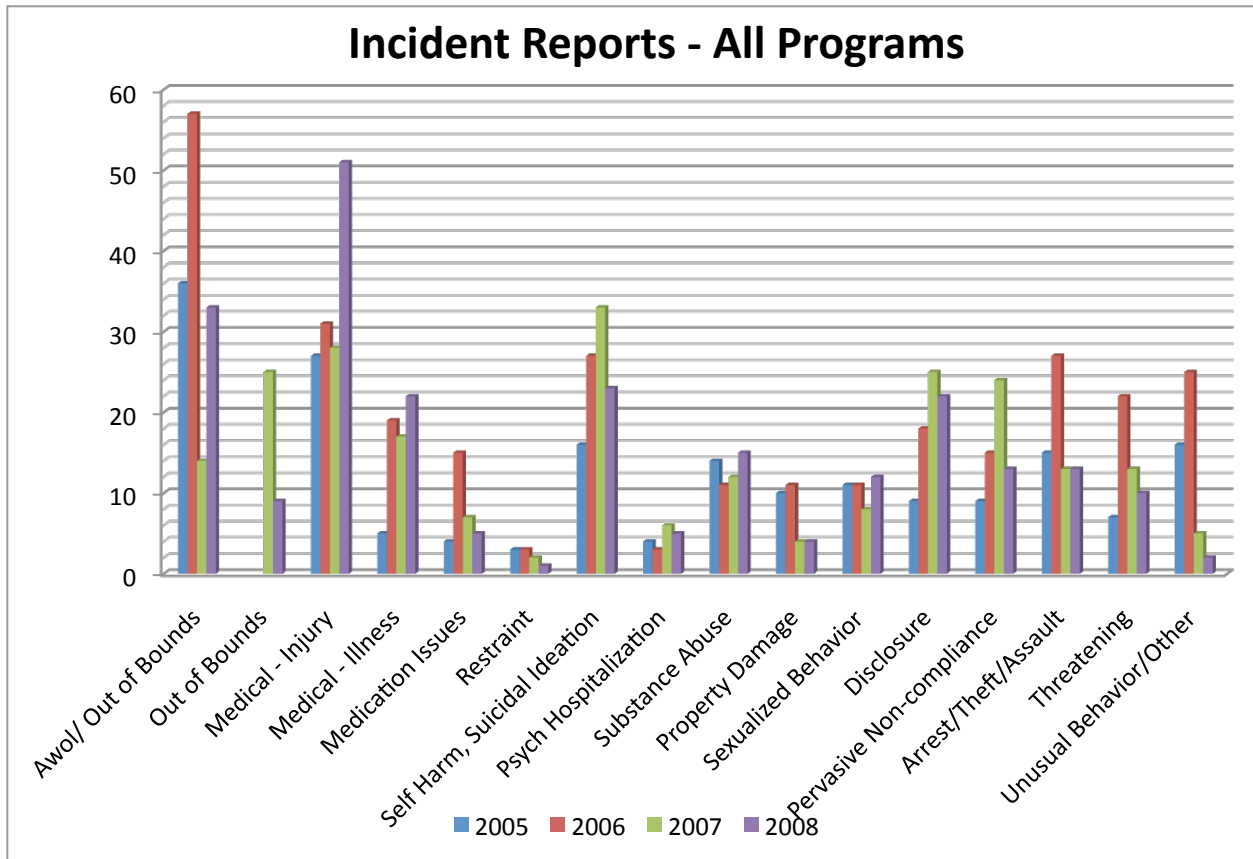
We separated "AWOL" from "Out of Bounds" incidents in 2007, and as suspected we had many more incidents of failure to follow boundary rules than actual runaways. In 2008 the number of runaways increased over 2007 raising new questions about the number of AWOL's that result in discharges or program disruption. While we do list AWOL's in our discharge destinations, we do not measure how many of our runaways lead to discharge, versus the clients who return from runaways and re-engage in the program. This information would be helpful in analyzing the meaning of an increase in runaway behavior.

The other type of incident that increased in 2008 was injuries. While the numbers went up, there was no noticeable increase in incidents due to neglect by TLC or foster care staff. There may just have been an increase in reporting of all types of injuries- regardless of where or how they occurred. The reporting of medical illness was also up in 2008, perhaps part of the same trend toward documenting all incidents regardless of cause or type.

Self harm incidents were down a little in 2008 but remain high as expected, given the current RBS population, which is where most of these incidents took place. There were no incidents of serious self-harm requiring hospitalization or more than routine medical care such antiseptic wash and a bandage.

Disclosures remain high; this category was originally used only for client disclosures of previous neglect or abuse. It is now being used for client self disclosures of substance abuse, self harm or misconduct. We may need to separate out the two types of disclosures, or use self harm, substance abuse or other as the classifying category for the second type of disclosure.

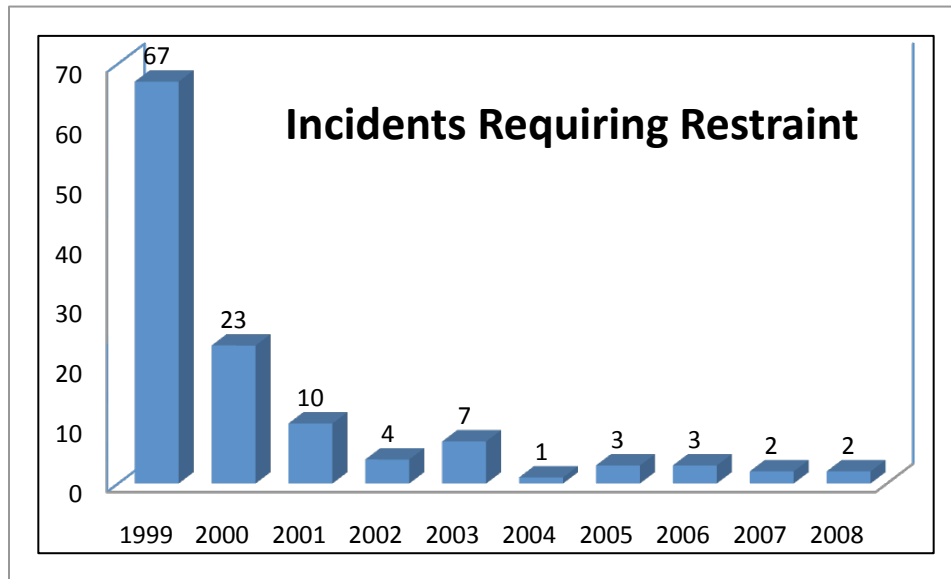
Violent and aggressive behavior, arrests, and property damage continue to be reduced as the TLC programs concentrate on clients referred by Social Services and Mental Health rather than Juvenile Justice clients.



Restraints

There were two incidences of restraints in 2008. One was a full prone restraint and the second was a standing restraint. The Associate Director and the Program Manager reviewed both of these incidents shortly after they took place. Both incidents were handled within our training protocols. All hands on incidents are de-briefed with the program staff as a learning tool.

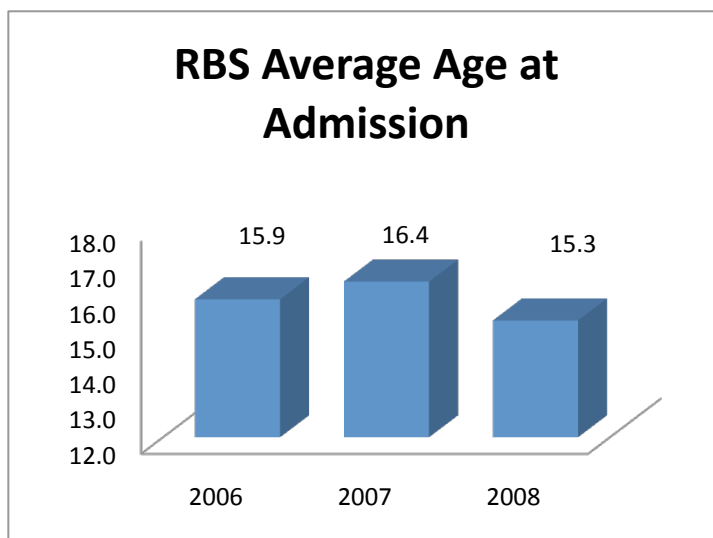
We take great pride in our TLC-It training program, which has reduced the number of restraints greatly over a sustained period of time. We continue to monitor any hands on incidents in the agency and take our “hand-off” policy seriously. It required a cultural shift as well as a training shift to accomplish this goal of becoming hands off and we continue to honor this as a TLC core value.



III. Residential Treatment

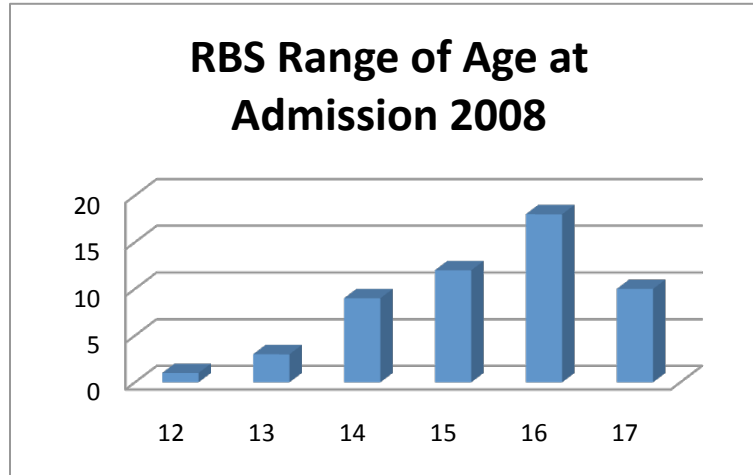
We operated three level 12 residential treatment homes, Phoenix, Coast and Orchard, serving 26 RBS clients at any one time in 2008. Orchard's eight bed co-ed program is designed for older teens, often those who have been in the "system" for years and are in need of independent living skills experiences before they move to less restrictive environments or emancipation. Phoenix is a ten bed all male program and Coast is an eight bed all female program.

The average age at admission has been very stable for the three years ranging from 15.3 to 16.4.



Since the implementation of the Restrack database we are now also able to create a chart showing the number of clients admitted each year by age along with the average age. As the chart shows, while our average age is 15½ to 16, we have very few 12 and 13 year old admissions. We at TLC have tended toward the older teens (ages 16-17) in part because our non-public school is a high school (grades 9-12) and most 12 and 13 year olds are still in middle school. Having both 12 and 17 year olds in the residence can provide excellent opportunities for mentoring and

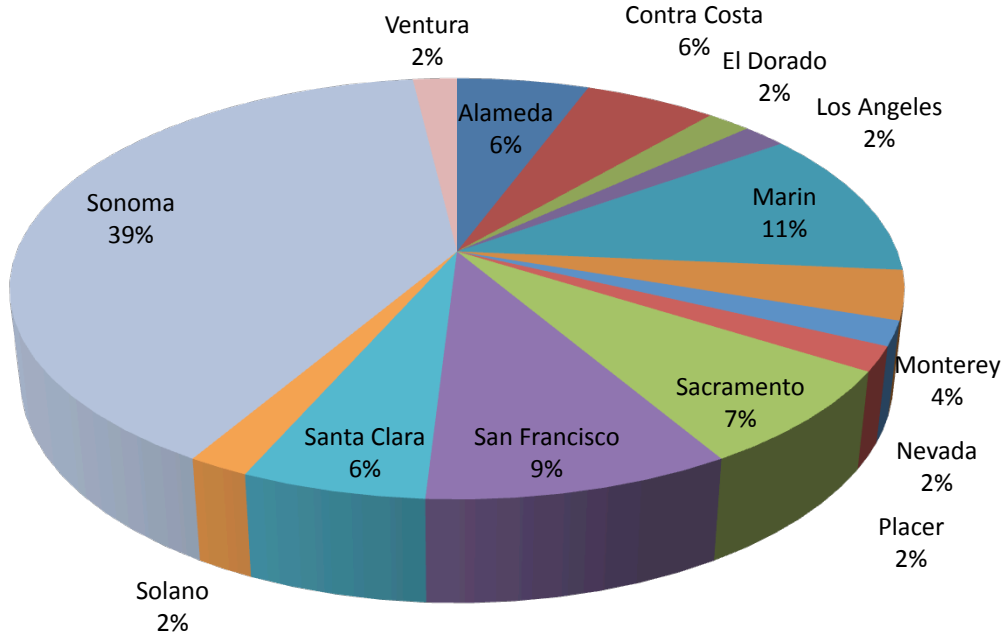
leadership while at the same time can also be a problematic populations mix.



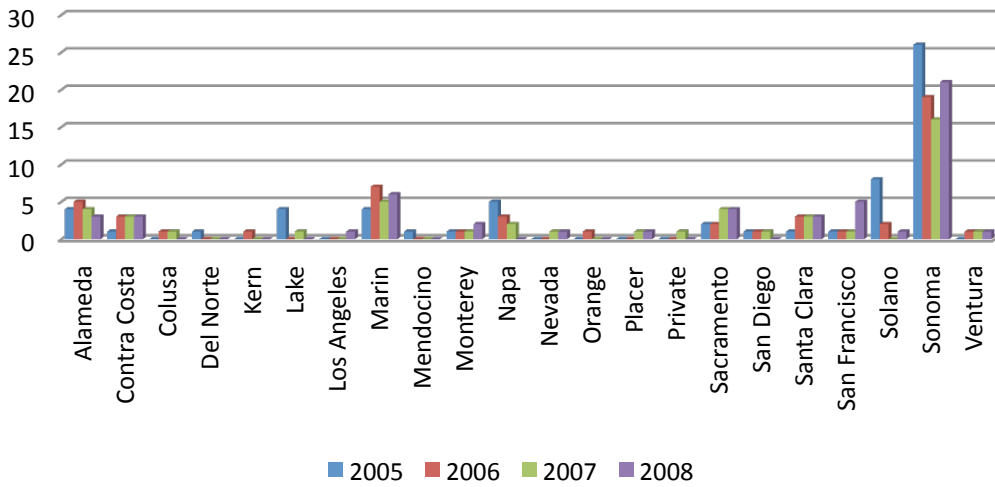
Counties placing clients in our RBS programs remain generally the same, with fewer placements from Sonoma County and a slight increase in placements from other counties. This can be attributed to the general trend of a move away from social service placements and the addition of and our increased specialization in mental health placements. Notably, the total number of counties placing clients with us increased.

While TLC accepts clients based upon our ability to treat them not based on their county of origin, it is interesting to note the residence of those counties. For those placed farther from home, transportation to and from home visits and availability for family therapy becomes more complex and family work may take place by telephone.

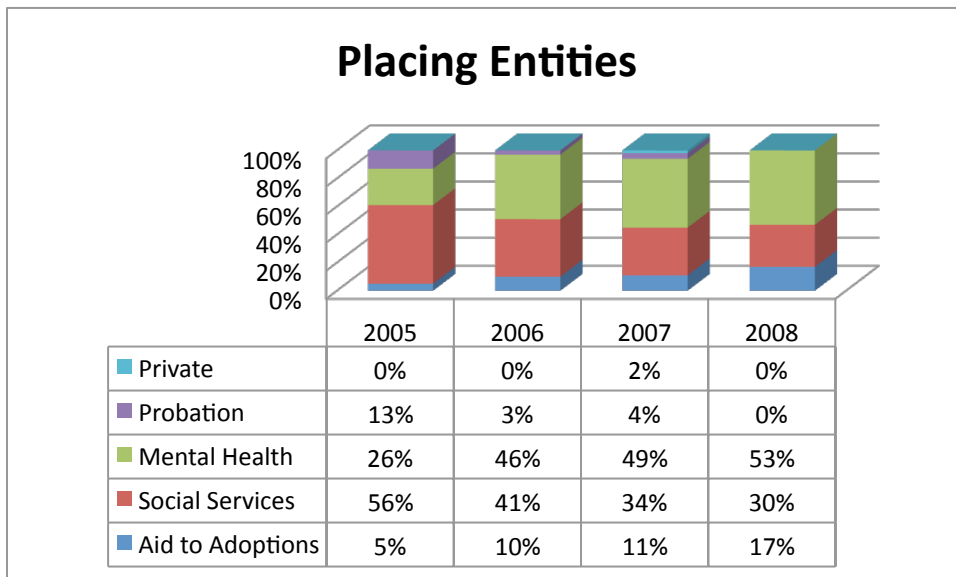
RBS Placing Counties 2008



RBS Placing Counties - Trends



The placing agency is the source of funding for each residentially based client. Our social service placement percentage has decreased from 59% in 2003 to 30% in 2007. Teens with primary mental health needs now represent our largest pool of referrals. While no one dynamic explains this change in total, the emphasis by Human Service Departments on using less restrictive settings such as treatment foster care, family reunification and support of extended family in taking on dependent children has reduced the overall amount of referrals for RBS programs. Concurrently TLC has been “raising the bar” on the quality and extent of its therapeutic programming in its RBS programs, thus attracting more mental health referrals. As a result of programmatic changes and the increase in clients who might be victimized by probation clients, the percent of probation clients has also continued to decrease, though we have not closed our doors to clients referred from the Juvenile Justice system who could safely benefit from our programs.



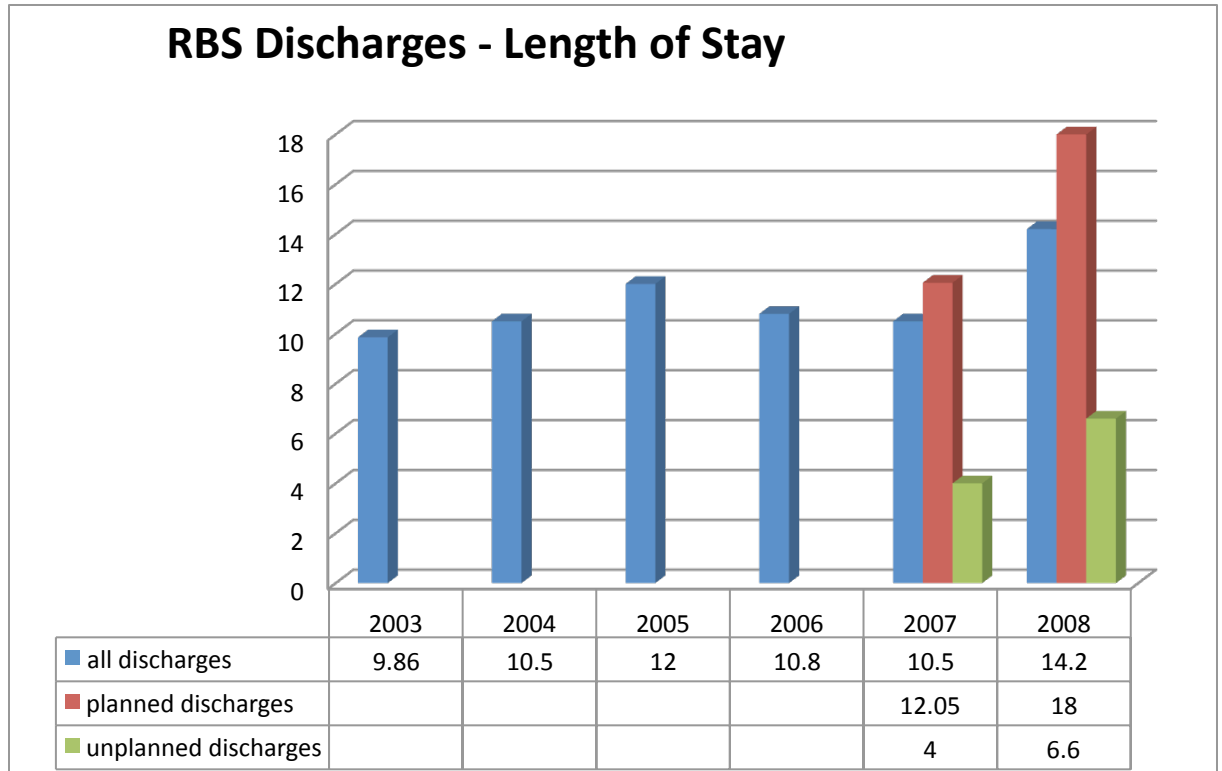
Length of stay

The average length of stay went up slightly in 2008. Speculation is that we had a number of long term clients who graduated or emancipated in 2008 and that this is more of a fluke than a trend, but time will tell. Certainly placing agencies are not asking for longer stays nor are we running our program with longer term treatment in mind. We continue to work with the theory that clients should be placed in the least restrictive environment that is likely to be successful, and that long term residential care should be reserved only for those who have no other viable options.

For some of our clients, long term level twelve RBS IS the least restrictive environment. For those clients, it is important to understand that the rate of change is slower and the rate of internalization of change is even slower. For a very few clients (one or two per year) longer term care occurs at TLC even though they could potentially “step down” to a lower level of care. In these instances, the very specific environmental needs of the client combined with the diminishing or limited resources available make stepping down to a lower level of care not possible. A teenager with medical needs or with a history of violence or psychotic episodes who does not have family to return to may stay in residential care because no foster home is likely to be found. At other times the funding sources are limited in such a fashion that lower level services are not actually available. For example, a mental health placed client could not step down to a less expensive and less restrictive placement such as the Transitional Housing Program simply because mental health has not approved this type of step down. This client must emancipate or reunify with family members which is even less structure than the transitional housing program and may take longer to achieve. Thus, this type of client will often stay in our level 12 residence until they graduate rather than make a semi step into adulthood with transitional housing.

We separated the length of stay for planned discharges from the unplanned discharges in 2007 and 2008 and saw the expected difference with planned discharges generally showing longer lengths of stay than the unplanned

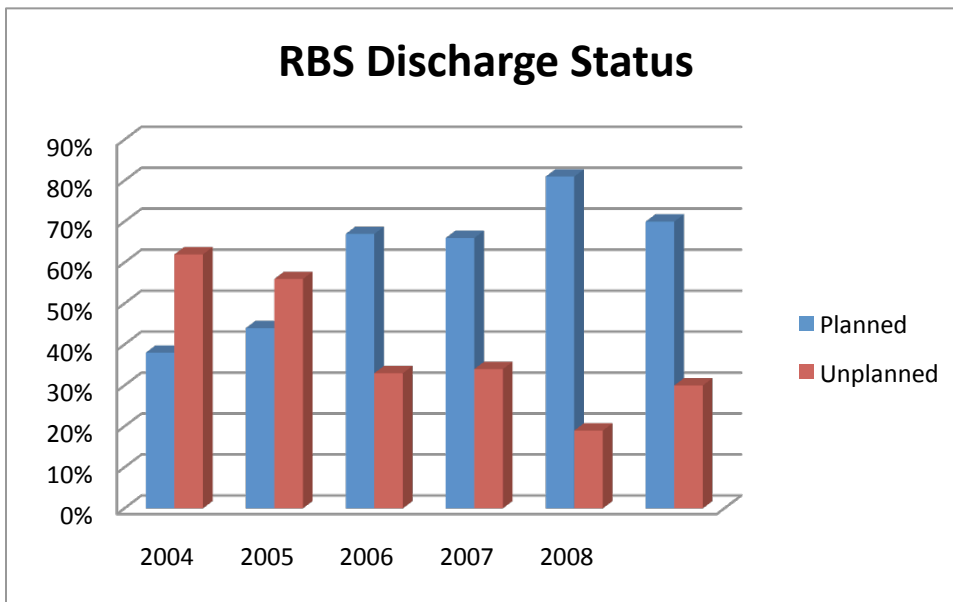
discharges. In 2008, our unplanned discharges were longer than in 2007 which is most likely attributable to the effort made by TLC case managers to work with placing agencies to safely transition all clients, even those who are inappropriate for our level 12 setting.



We also continue to monitor the percentage of planned versus unplanned discharges for Residentially Based Services. As has been the trend, our planned discharges far outnumber our unplanned discharges—though in 2008, the unplanned discharges were up a bit. The experience of our clinicians was that they were able to plan all discharges except for those who ran from the program and those who were too unsafe in the community even with our level of structure and supervision. In spite of the implementation of many procedures to work with a more challenging clientele, residential placements in 2008 seemed to have a small pool of clients who were either brand new to residential treatment (mental health placements coming from familial home settings) or level 14 step down clients attempting to make the transition to a lower level of care. Some clients

coming from home were overwhelmed by the residential structure; a few required a higher level of care but had to first fail a level 12 setting. For a number of the level fourteen step down clients (who had severe backgrounds of abuse and disturbing histories of behaviors), our level 12 setting and structure could not provide the necessary containment. Some of these clients make an apparent initial adjustment but fail when the program expectations move from intake to “in treatment” status.

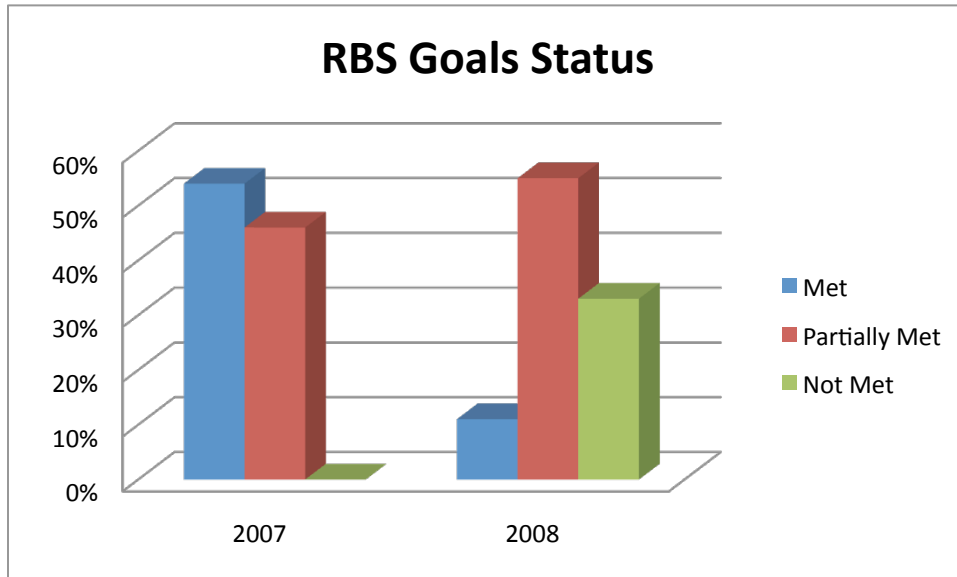
While many of these clients (new to treatment and long term step down from higher level of care) are well served in our program those who require unplanned discharges seem to fall into these categories.



Treatment Goal Status

For the first time we have been tracking treatment goals, categorizing discharged clients as having met their goals, partially met their goals or did not meet their goals during their treatment at TLC. We have been tracking this for several years for our Out Patient Services outcome measure studies but this is the first time we have statistics for all residential clients. The data for 2007 is for a partial year

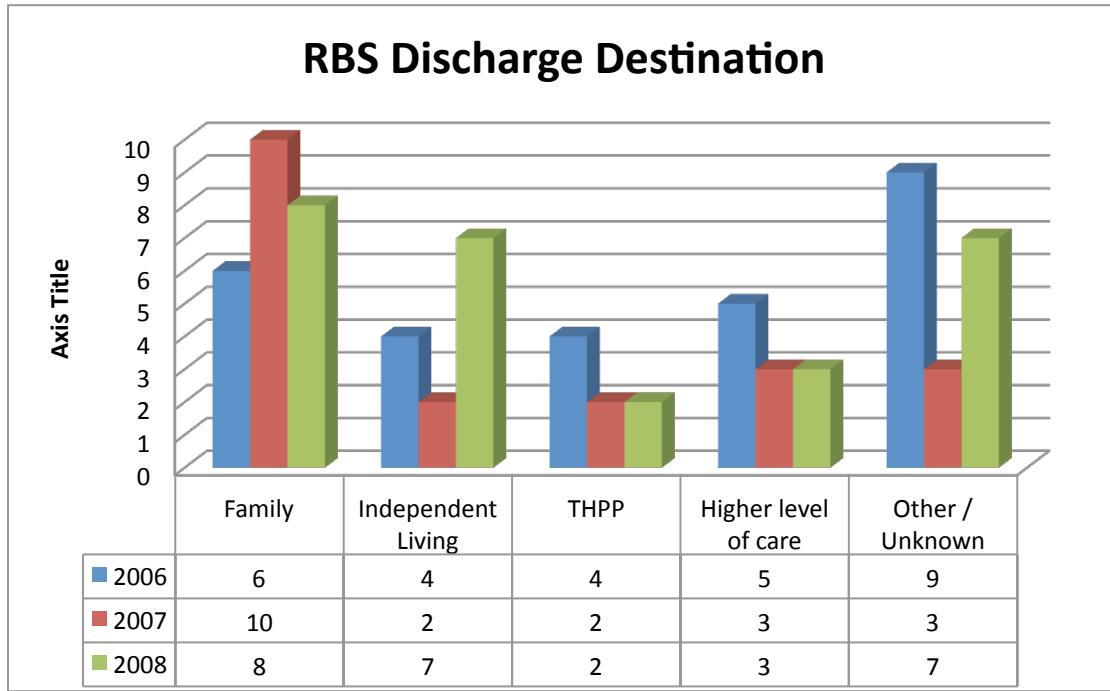
while the data for 2008 is for the full year. It appears that in 2008 most clients partially met their goals with a few meeting their goals. We hope that our data will look more like the partial year 2007, but we also encourage clinical staff to accurately rate their client's progress and the data shows the large number of clients who did not stay long enough to meet their goals or for whom the goals were unrealistic.



Discharge Destinations

For 2008 we have combined categories and simplified our discharge destinations. The positive discharge destinations included family, independent living, and transitional housing.

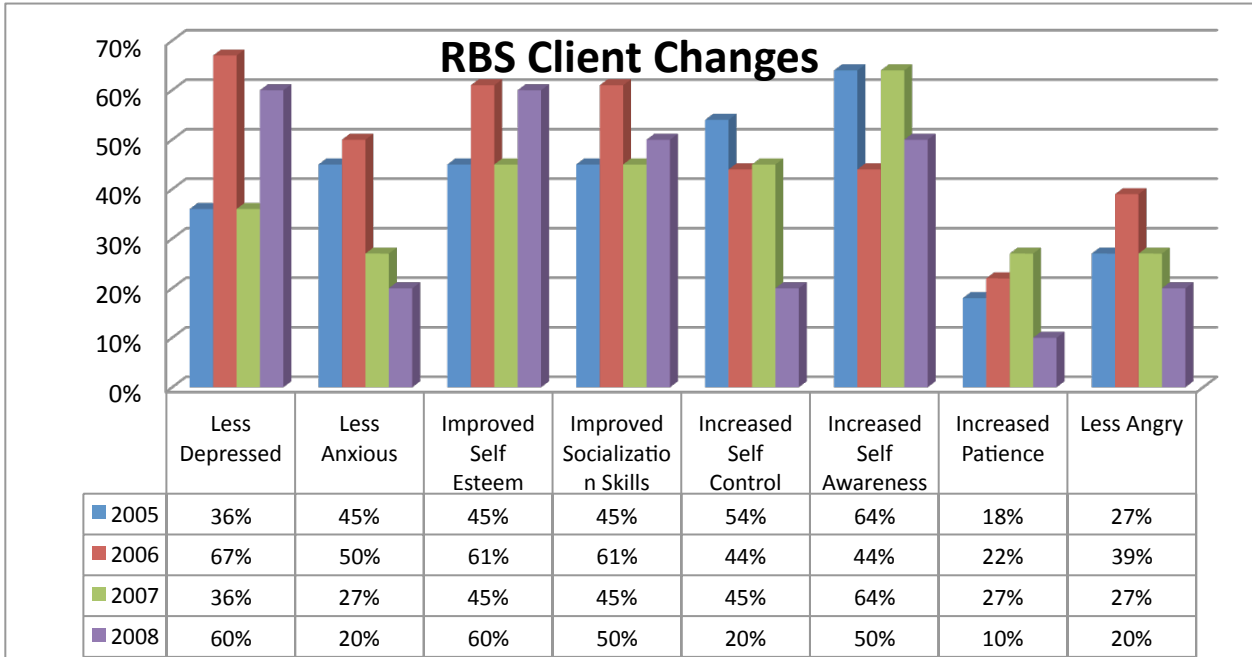
We had a large number of clients whose discharge destination was marked as unknown. As this was our initial year of the use of Res Track we will postulate that it is an artifact of the new database system and its limitations. We expect in the next year or two to lower this number thus creating more accurate data though it seems that we always have a percentage of clients who leave to go to a temporary arrangement and their final destination is not known at the time of discharge.



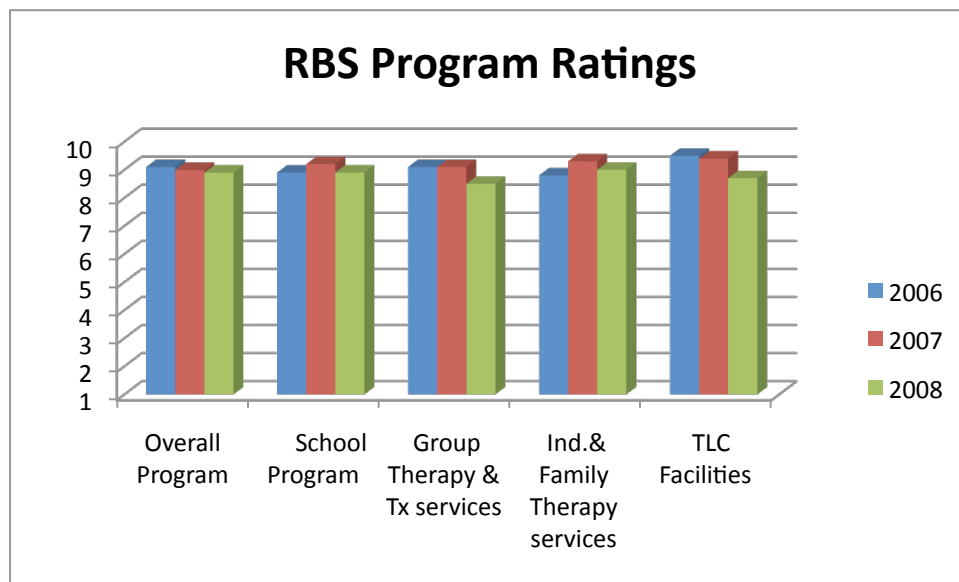
Residential Surveys

Outcome surveys are mailed to all placement workers (and families in the case of clients placed privately or through aid to adoptions funds) at the time of client discharge. For the 27 discharged clients in 2008, 10 outcome surveys were received. A 37% return rate is about average for us, but with only 27 discharges and 10 returned surveys, the information can be easily skewed by one or two outliers. For this reason not much interpretation of the statistics will be offered. With the understanding that there is a large measurement error with small numbers, the data appears to be much the same as in previous years.

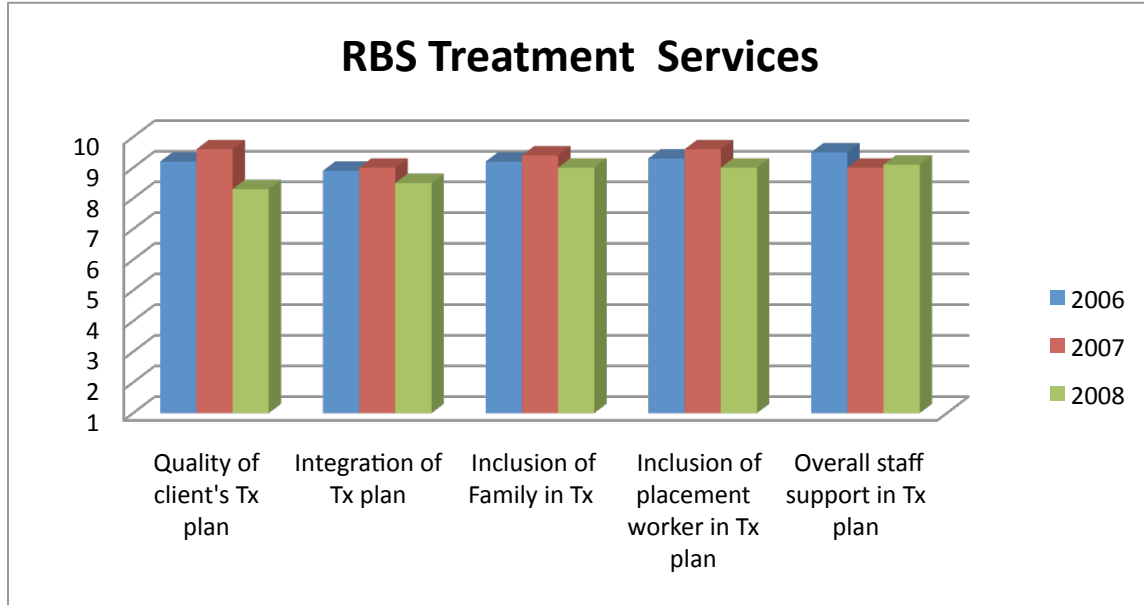
It may be time for TLC to update our surveys not only to reflect our most recent treatment philosophy and understanding about treatment, but also to give them a fresh look and encourage a higher percentage of returns. We may also wish to revisit having clients fill out a survey at or not long after discharge. This was tried in the past, but due to few survey returns was discontinued.



The second survey chart for residentially based services looks at the quality of a variety of the services, using a one to 10 point scale. Our placement workers indicated that TLC’s staff and facility provided top quality services in 2008 as has been true for all the years we have been conducting surveys.



The third survey looks at the quality of the treatment plan for each client. Ratings in this area have also been very high. We are pleased that others think highly of us and we understand that we must work to maintain this standard of care.



Comments

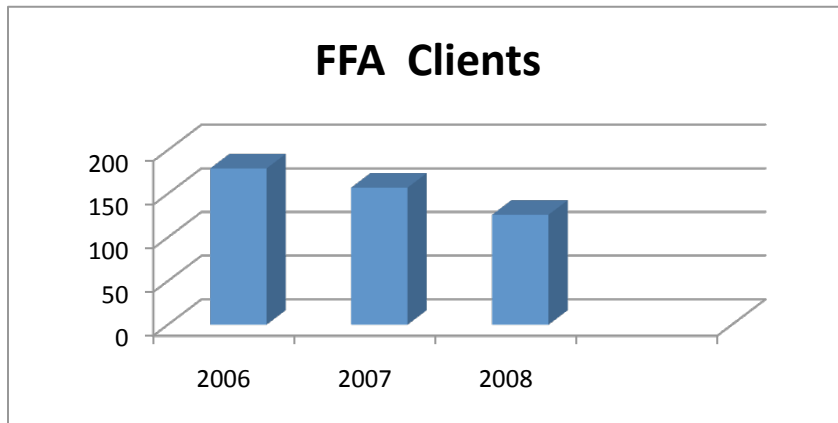
While we would expect positive feedback from those most pleased with our services, we would also expect that this is one place where we would hear negative feedback. In 2008, we did not receive any negative comments. While we will enjoy the moment, we will not rest on our laurels as there are always challenges to providing good services to every client and family.

| |
|--|
| Thanks for all the support and very effective treatment given to client; enjoyed working with you. |
| Right place for client; sorry she made poor choices & didn't give program a chance. |
| Thanks very much for energy, time & high quality of care for this client. |
| TLC did great job w/ this student. Thanks for all your hard work. |
| Most of the above doesn't apply because of the short time enrolled. |

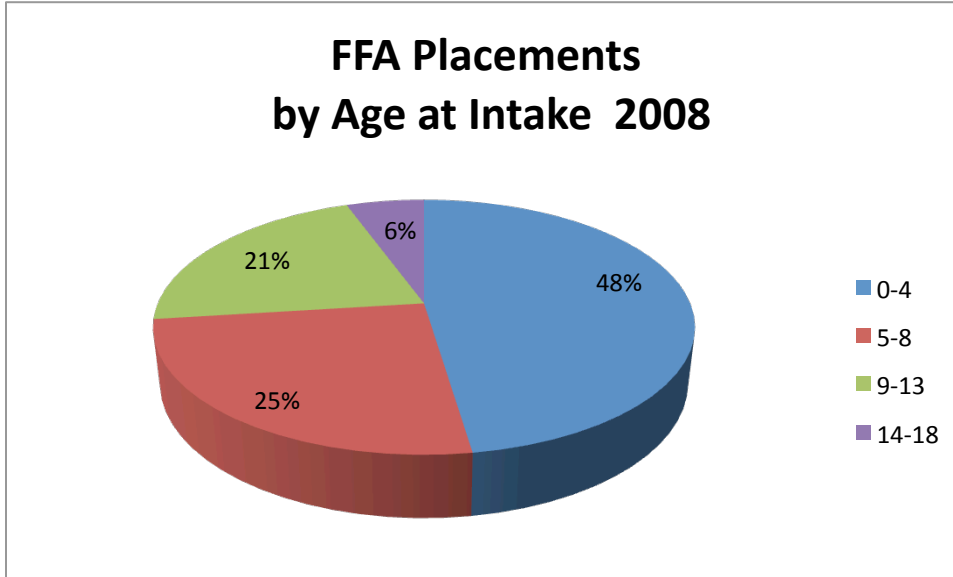
III. Foster Care and Adoptions

Foster Care Demographics

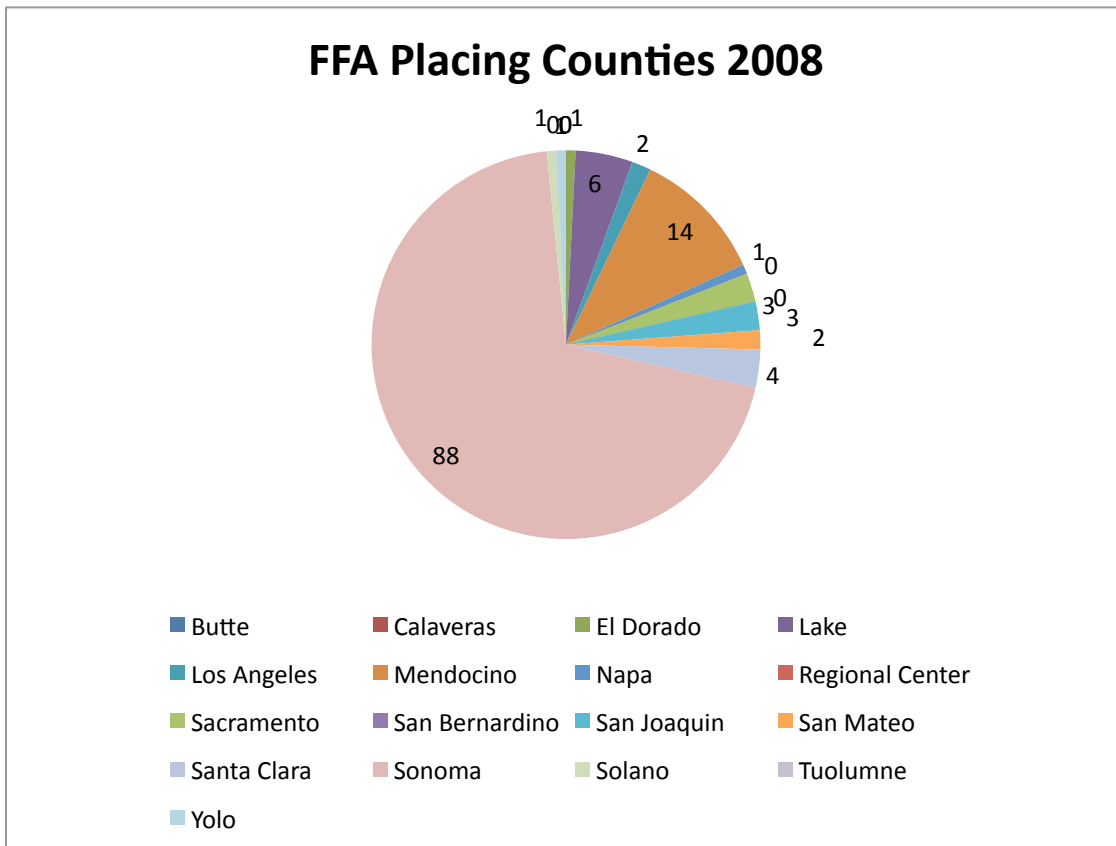
There were 126 clients served in foster care and adoptions in 2008. The numbers have been down for a few years as counties try to permanently place as many children as possible and reduce the numbers in temporary care environments. If children cannot reunify with their birth parents, placing with relatives or non-related extended family members has become much more widespread. TLC's FFA and Adoptions programs remain well received by placing agencies; the drop in placements is an artifact of changing policies and practices.



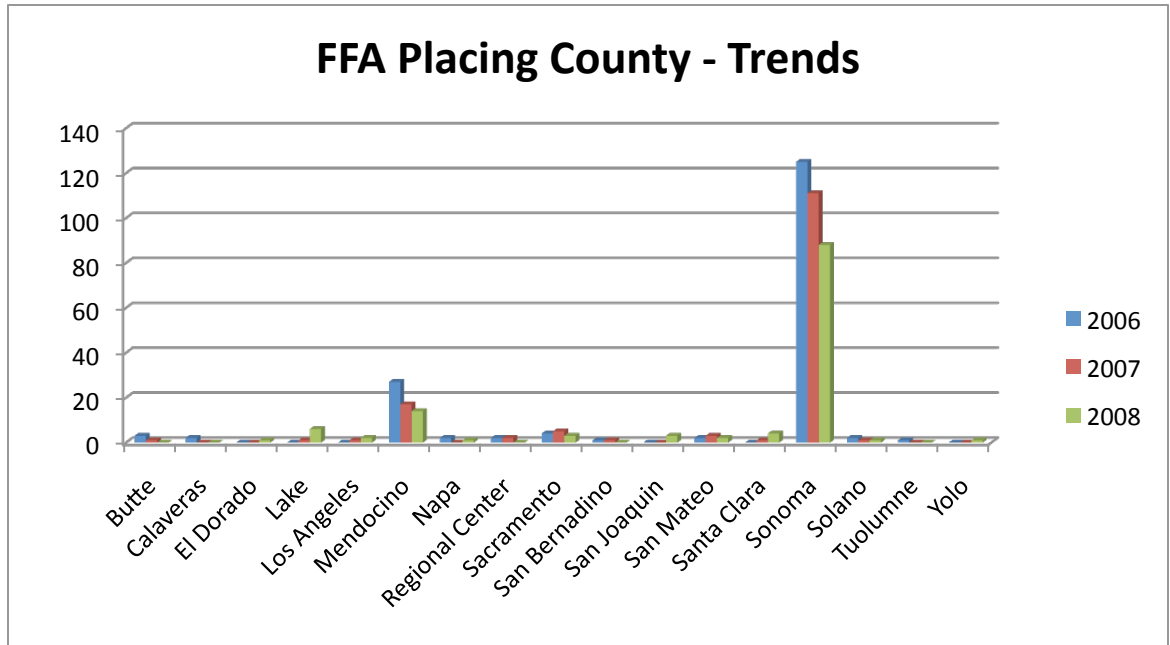
For the first time rather than an average age at admission, we have calculated admission ages in groups. Almost half of our placements were children ages zero through four years old, with another 25% between the age of five and eight. Over time we feel this age breakdown will give us a clearer picture of our clients.



Placements came from 18 different entities, mostly human service departments, as is expected. The largest users of our services were Sonoma and Mendocino counties where TLC has offices. This, too, is as predicted.

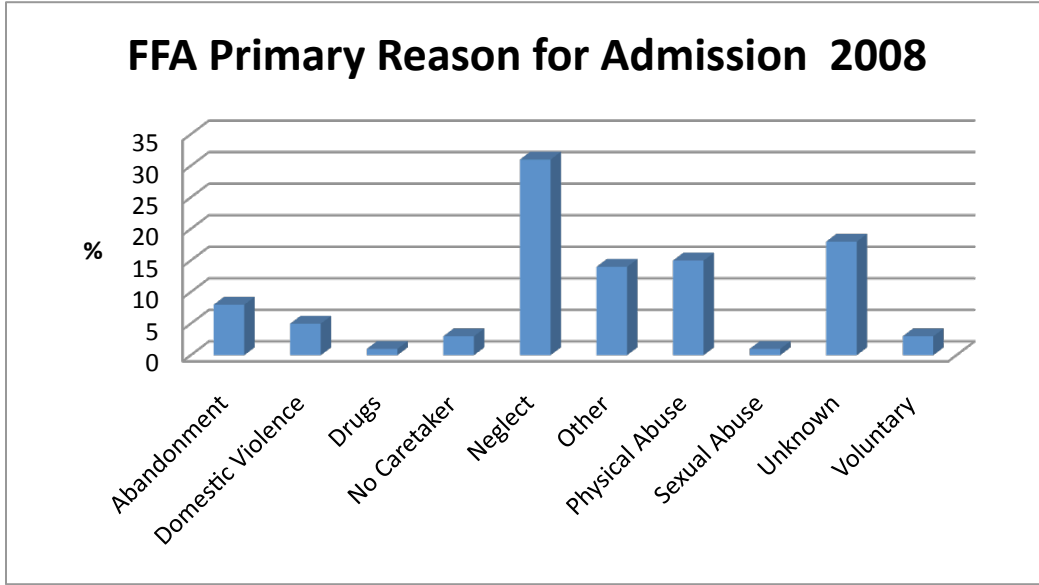


Looking at the counties and placement trends over a three-year period, we see very little change in referral sources or patterns. Most of our placements come from the counties where we have active programs, and then from the counties geographically closest to our offices.

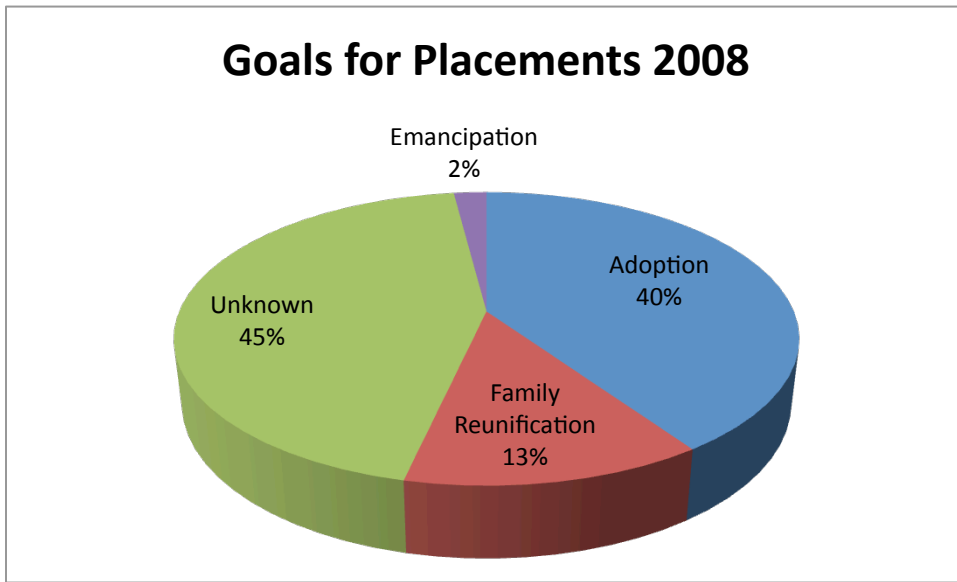


Reason for Placement and Placement Goals

New to 2008 is a chart listing the Primary Reason for Admission. Unfortunately, the database only allows for one reason to be listed which is regrettable because often the reasons are multiple (no caretaker, substance abuse and physical abuse). For example, although “Neglect” is listed as the primary cause of admission, the neglect is often the result of drug addiction. Because the system was new this year we also have Unknown as the reason for Admission in 18% of the cases. We expect this statistic to become more complete and thus more useful over the next few years.

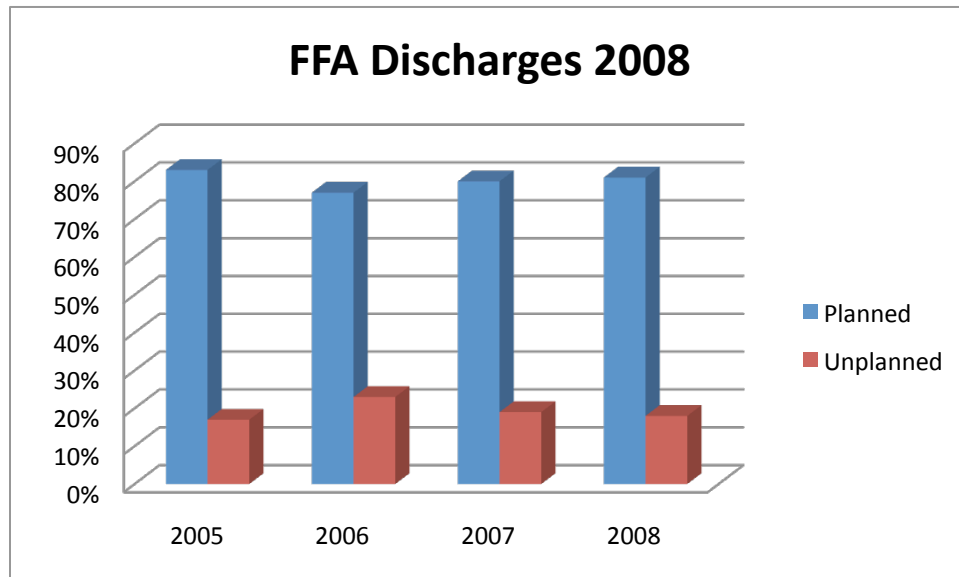


Another new area we are able to track is the Goal for the Placement. Because this is another new piece of data it too has a large percentage of unknown responses. We will continue to refine our intake and discharge forms to more accurately accrue this information.



Discharges from Foster Care

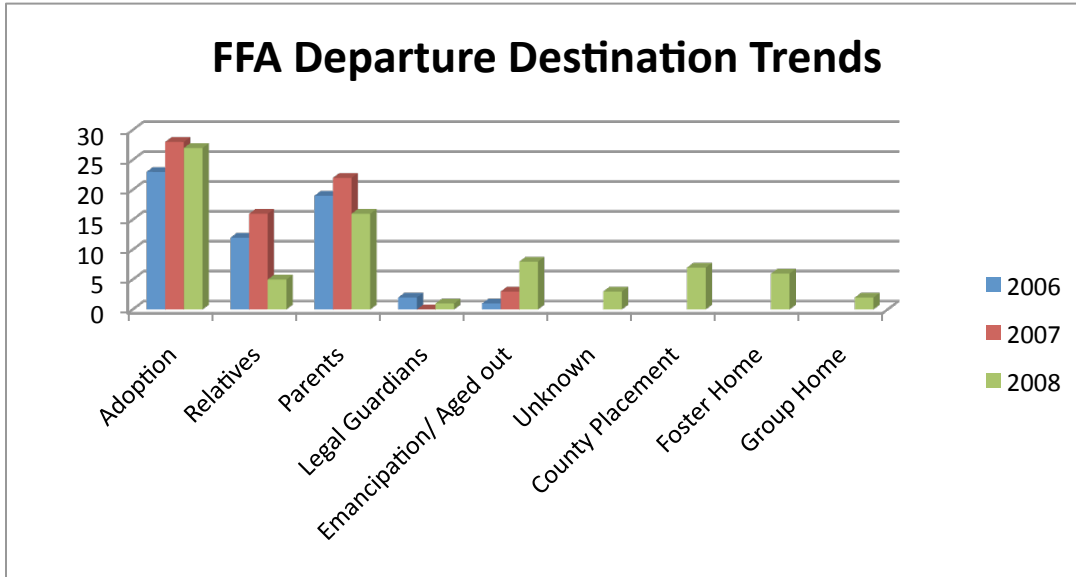
We are averaging an 80% rate of planned discharges from foster care and adoptions at TLC. While we hope for all discharges to be planned, in foster care and adoptions, the court will at times make a decision releasing a child home or to a guardian immediately and without planning. At other times a foster home will not be able to take the time to plan a discharge as the child in question is too disruptive in the foster home and the other children in the home must be protected.



As has been the trend, the largest number of TLC discharges is to adoptive homes, a permanent placement. An adoption discharge destination means that TLC discharged the child after Adoptive Placement paperwork was signed, and Adoption Assistance Program funds are in place. The child has not yet been adopted, but is on the road to finalization. They've been living in the fost-adopt home for a minimum of six months. The average length of stay for those departing to adoptions from TLC is 13.5 months.

A large number of TLC foster care clients also return home or to extended family (kin care). This, too, is in keeping with the goal of permanency planning. Smaller numbers are moved to guardian's homes or go off to independent living. Among

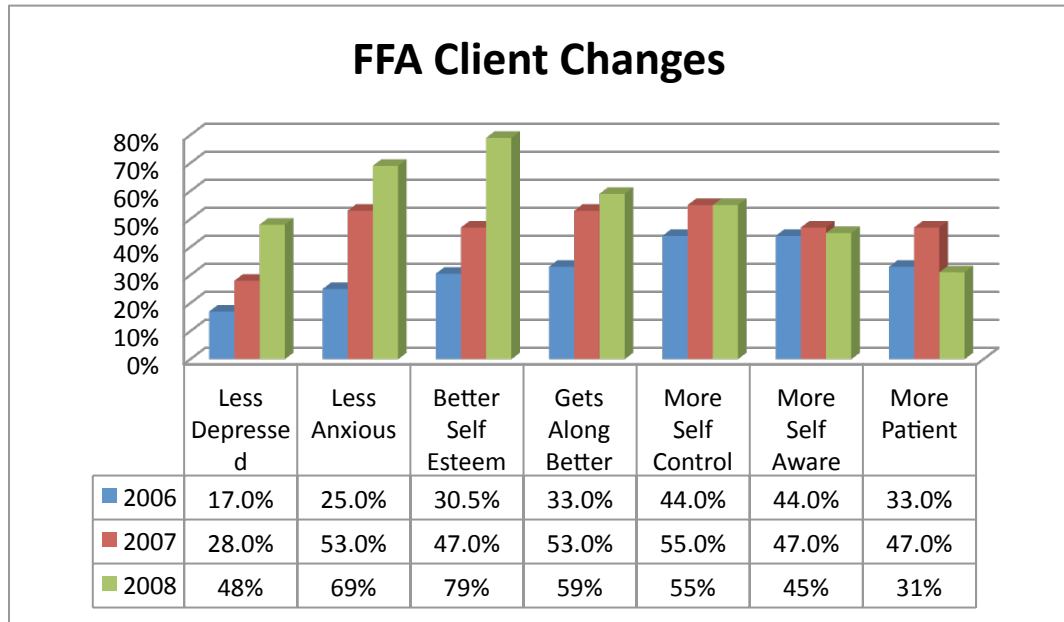
the unplanned discharges, many are sent to a children’s shelter (VOMCH) to await their next placement.



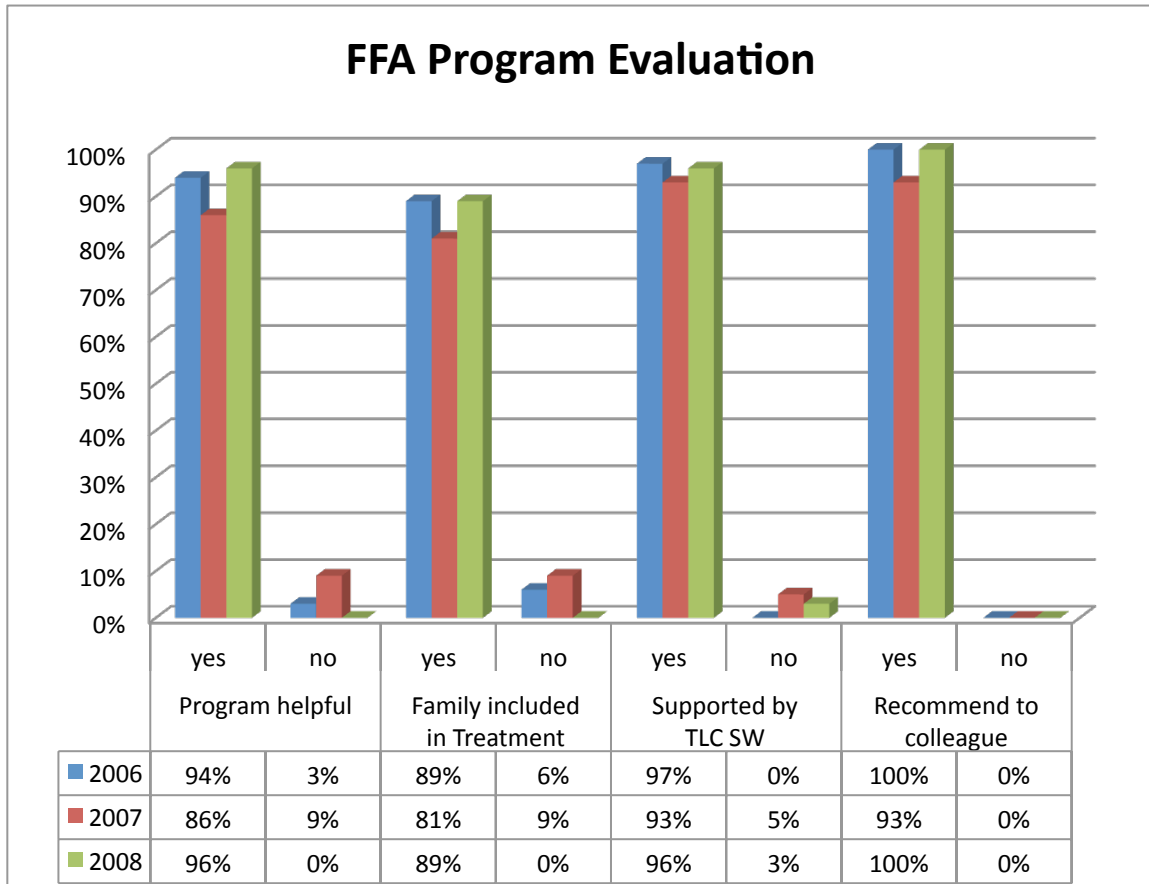
FFA SURVEYS

Surveys are sent to the placement workers for all clients leaving foster care. Twenty-nine surveys were returned for the 75 discharges, which is a return rate of 39%. This is down slightly from our return rate of 44% for 2007. The number returned is still within the expected range for mailed surveys. We would predict that those most and least satisfied with us respond to the surveys, along with new placement workers, though we hope they all respond. We ask the workers to rate changes our clients made while in foster care.

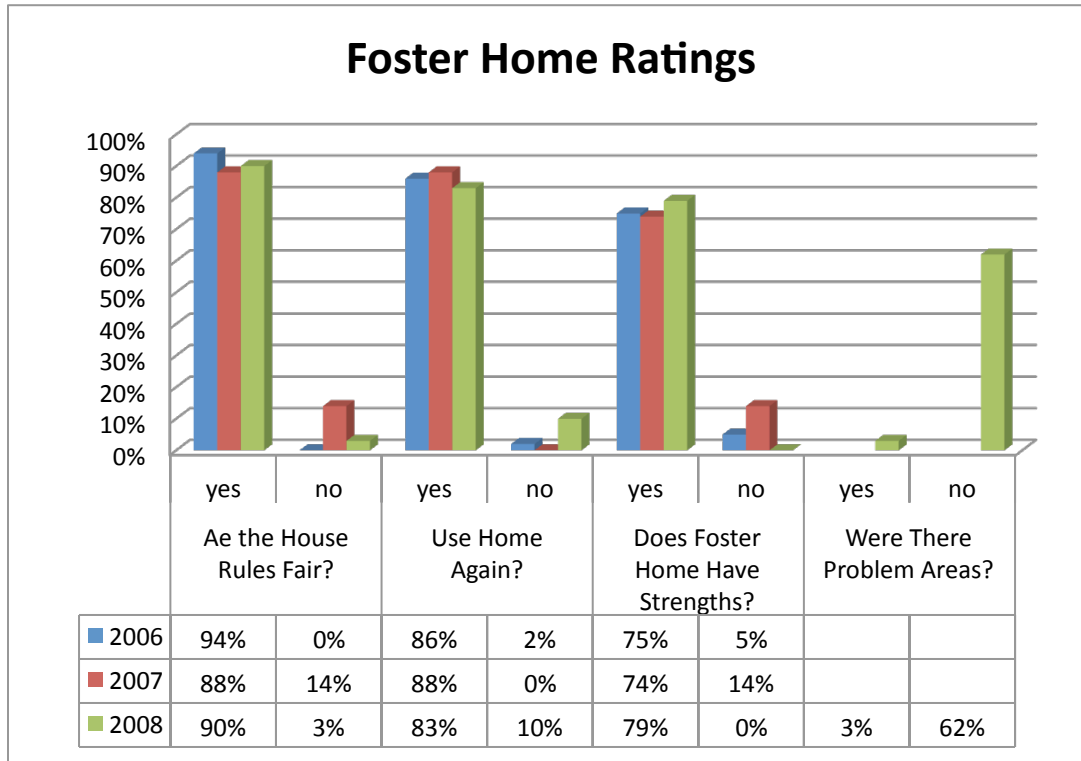
This year reduced anxiety and improved self-esteem showed most frequently in those who reported changes. For an unknown reason increased self esteem and reduced depression have been rising in percentage for the past three years. This is certainly a welcome sign but its origins are somewhat unclear. As is true for RBS, patience does not rank high; it may not be possible for foster care children to become more patient, only to know that they are not patient and to control it better.



The second section of the survey asks placement workers to rate their level of satisfaction with the agency's practices and policies. The chart shows a consistently high level of satisfaction with the agency with few concerns, and all those reporting state that they WOULD recommend TLC to a colleague.



The third scale rates the specific foster homes. The ratings were very positive, with just a few families rated as being questionable or problematic. As families are all unique, some of this is to be expected, especially in families who are new to foster care or those who have personal issues develop while the children are in foster care. Only one rater (3%) noted a problem with the foster home which is remarkable given the number of children placed and the multitude of issues that come up in families who are not under scrutiny or caring for traumatized children.



Comments made by placement workers about our foster homes and TLC's

Foster Care staff:

Marginal Feedback

Some concern re: miscommunication on part of foster mother
 Not sure
 Didn't feel supported but refreshing to see back up of foster family

Positive Feedback - Agency

TLC staff always helpful and easy to work with
 L.H. very supportive, worked closely with foster parent and client
 Good communication and collaborative efforts
 S. T. always helpful!
 Very supportive and nurturing
 Easy to work w/, loving to client and protective while supportive
 Thanks for all your help, Leslie.
 Pleasure to work with; prompt and pleasant
 Great job
 Great; cooperative, always wanted child's best interest; pleasure working with foster parent
 Very flexible, cooperative, good, positive discipline & explaining to client
 Very good at supporting FC, family & team members; very prompt

Positive Feedback – Foster Home

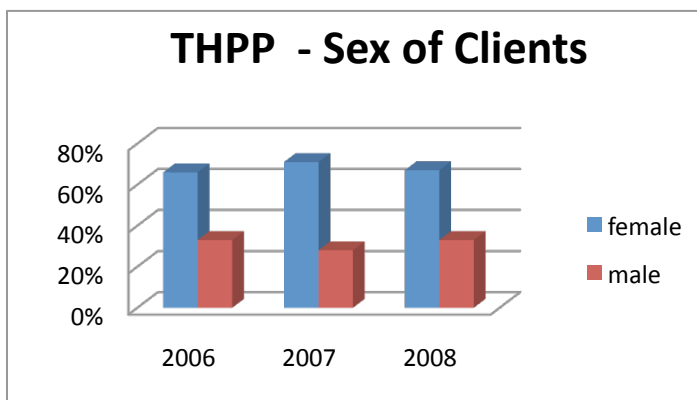
Foster home has a lot of strengths, very supportive and caring w/ placement
Good understanding of client; FP capable of change, willing to do therapy weekly
FP provided structure, support, esp. Academics; initiated Spec Ed. services
Foster parent was a saint!
Great FH and cooperative
Incredible FP; wonderful w/children & understands reunification process
Extremely patient, championed his special care services
Great on nurturing, followed all agency recommendations, very respectful
Excellent FH; provided structure, live encouragement to client
Open & caring to birth & extended family; good transition to adoptive family
Excellent FH that provides caring, stable environment for children
Great, loving home
Incredible FP; wonderful w/children.& understands reunification process
Very loving, sensitive; FF more intensive help, training on child behaviors & ADHD
Absolute 10! Loving, provided client w/ all he needs and more to thrive
Very comfortable, responsive, communicative, good structure; supportive

V. THPP

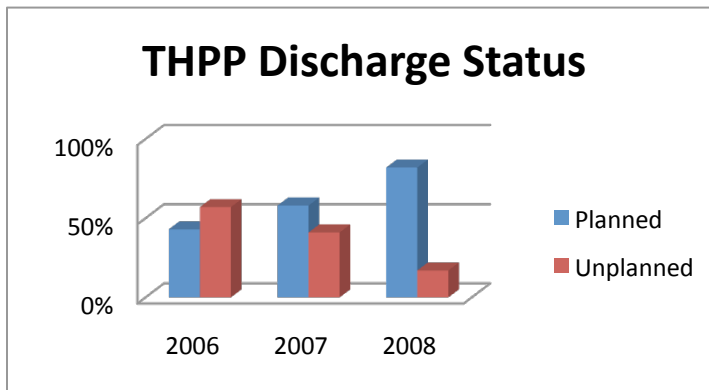
THPP, the Transitional Housing Program, started late in 2005 and ran for its first full year in 2006. In 2007 the THP-Plus program was added. It serves young adults 18 and older, who have graduated from high school. This is a population that has not previously been provided with housing services, as dependency is generally dismissed at that point. California is just beginning to see the longer term needs of former foster care clients, and is serving those needs, in part, with transitional housing.

The average age of clients at admission to THPP was 17.75. There were 19 admissions and 17 discharges from THPP in 2008. THP-Plus had 12 admissions and five discharges in 2008. For the rest of this section the data on THP and THP plus have been combined.

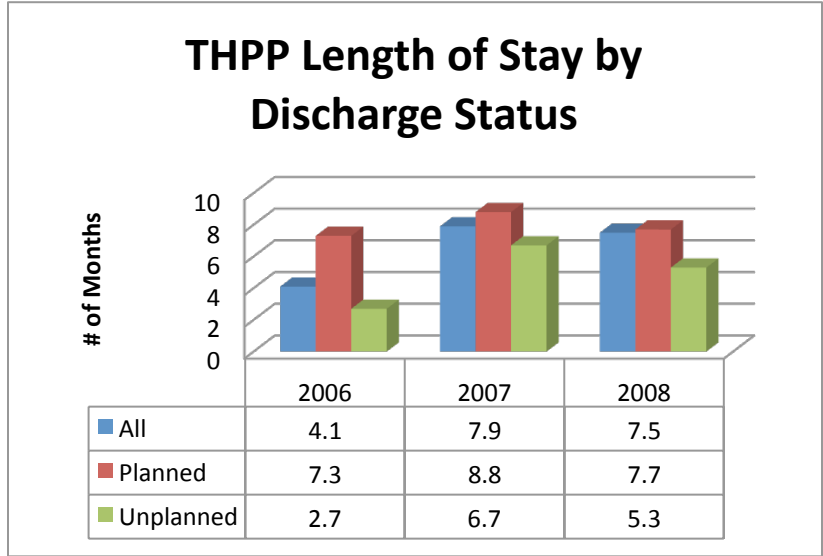
As has been consistently true, THP served far more female clients (67%) than male (33%). The staff reports that this figure matches the percentages of referrals, which are more heavily female. It may be that late adolescent females know they are more vulnerable to assault and thus more willing to seek help with housing, even if there is an expectation of the youth to follow some basic rules and guidelines or that the males are more comfortable in their foster homes and do not look for an intermediate step into adulthood such as THP.



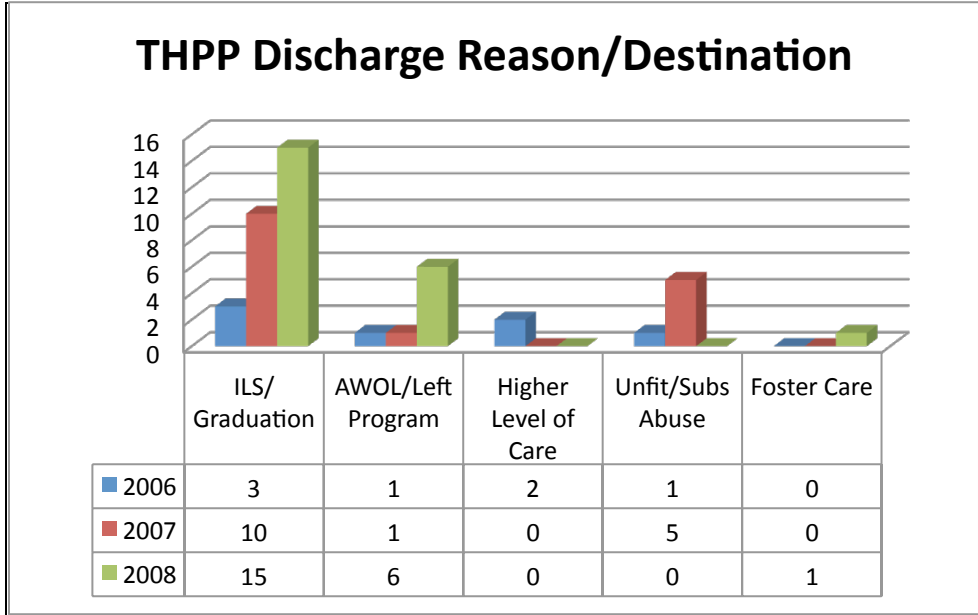
Per our expectations, THPP's rate of planned discharges improved in 2008 from 2006. With a history of successful placements, the program began to learn how to avoid unplanned discharges. The 82% planned discharge rate seen in 2008 is seen as a good percentage and our goal will be to maintain or improve that standard of care.



The length of stay is not necessarily indicative of program success in THPP, but does warrant observation as a program demographic. Interestingly the overall average length of stay seems to have stabilized at seven months, while the difference between the planned and unplanned discharges has closed. It was noted that some of the brief stays were planned as short stays from the time of admission. One participant needed THPP for three months before emancipating, and one was in the program for only four months before graduating from High School.

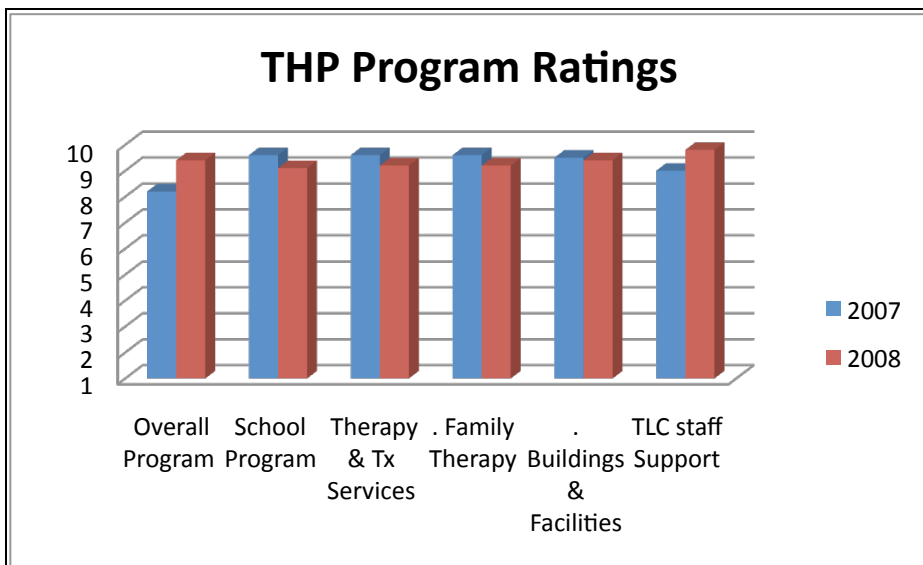


The THPP program participants discharge destinations included graduation, independent living, unfit for the program, and AWOL. While most clients graduated into independent living (which is the goal) a significant group chose to leave before they were due to move on. The THPP clients are all dependents of the court, many of whom have been through many, many homes and programs before entering THPP, and at age 16 or 17 may understandably feel they can do fine on their own without another set of substitute parents setting rules for them. The sizable group who left the program in 2007 due to substance abuse was not evident in the 2008 data.

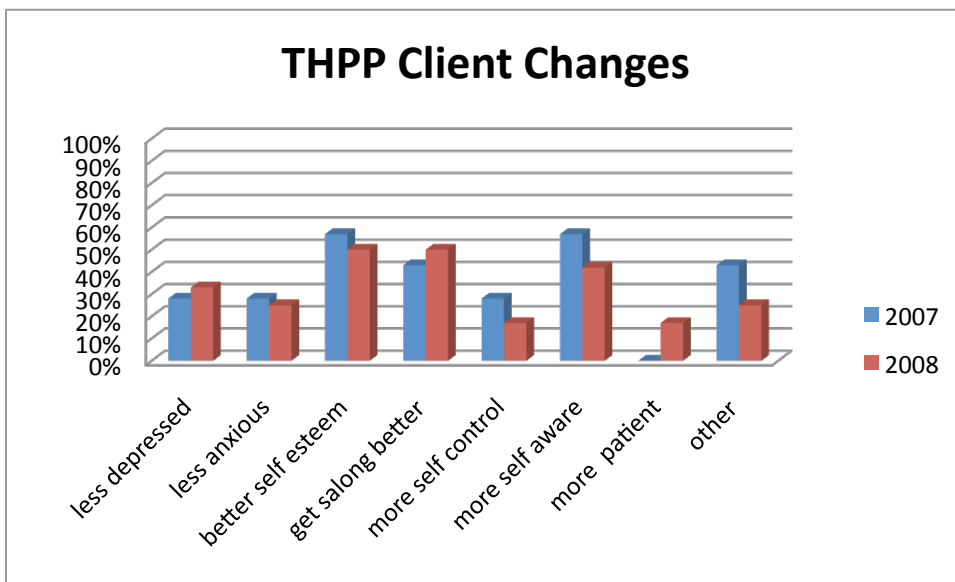


The THPP program sends out program evaluation forms for the placing workers for THPP clients, much like we do for the other programs. We expect to develop and implement client evaluation forms for the THPP program as we realize that the feedback from this group of program participants would be invaluable. Informal feedback is already collected, but a formal system should be coming soon.

The program ratings from the placing workers are very high. On a 1 to 10 scale all the factors that were rated achieved a score of nine or more. One can't help but be pleased with such ratings.



We also measure perceived client changes during their time in the program, using the same format used for foster care and residential treatment clients. This format may change in the future so that it more closely measures the kinds of changes we are looking to make in older teens getting ready for independent living. Looking at the changes we currently measure - self esteem, gets along better with others, and improved self awareness rank the highest. As with our other programs, increased patience does not appear to be visible very often, this is possibly an unrealistic goal.



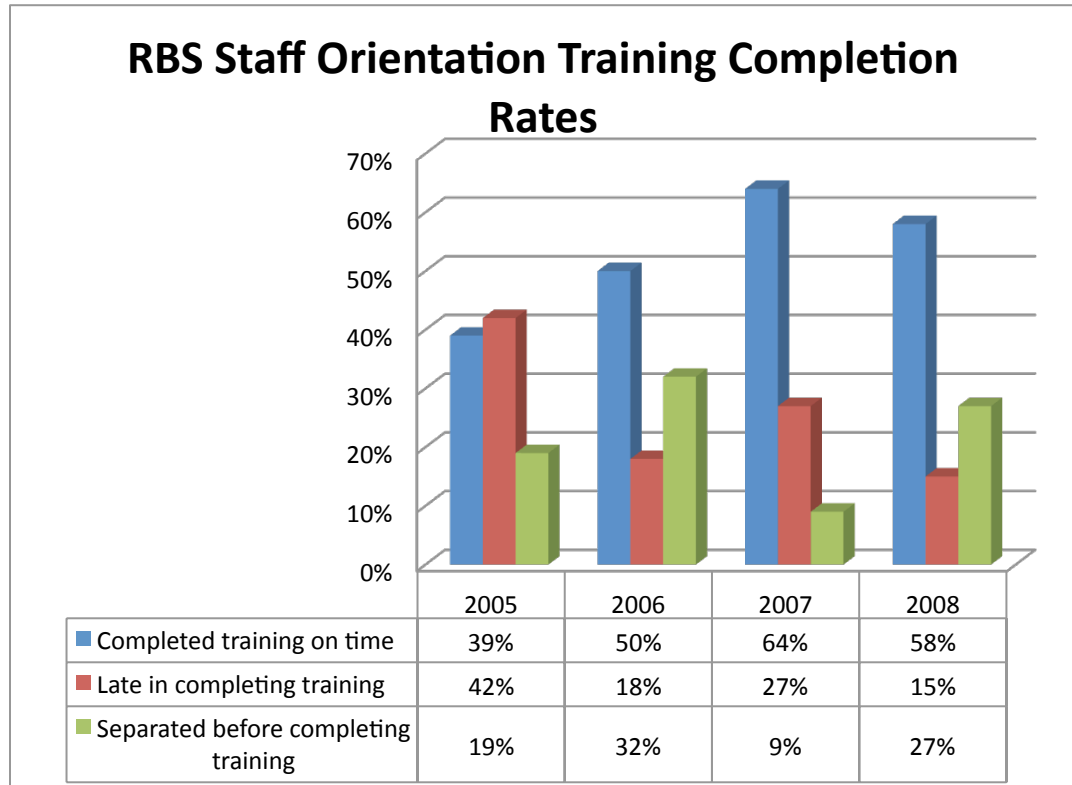
VI. Personnel

As is our policy, 100% of staff had fingerprint clearance before beginning work at TLC and 100% of our staff received at least 20 hours of in-service training in 2008.

Residentially Based Services (RBS)

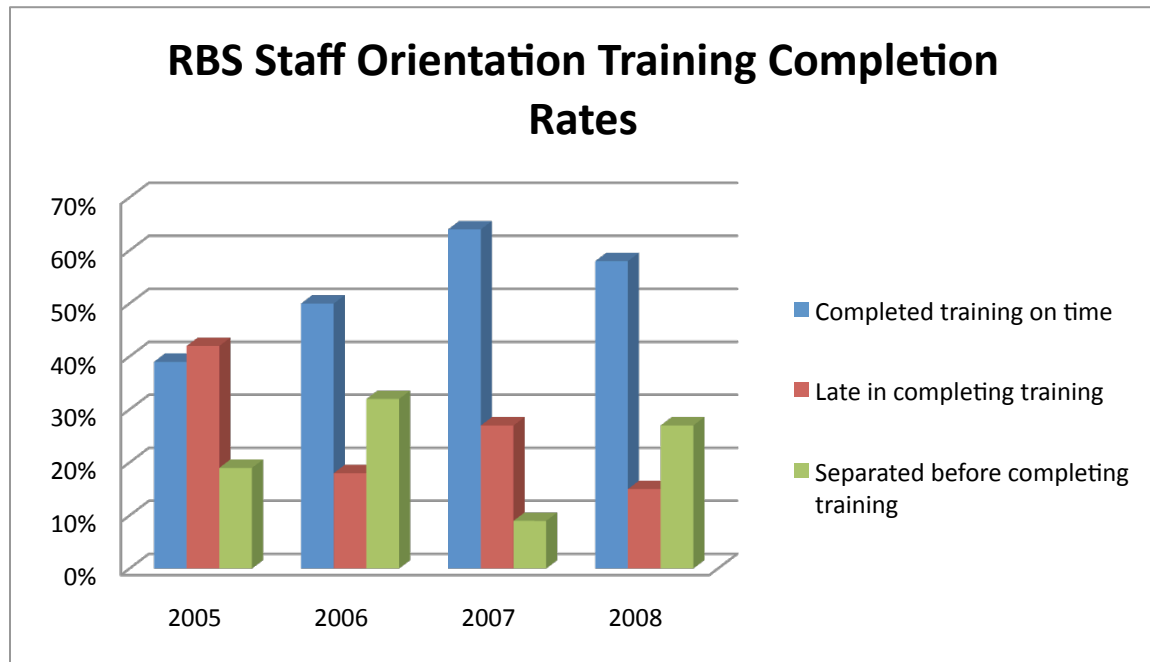
This year 20 Counselors were hired, 25 counselors were separated and one RBS facility manager left the agency. As always, our biggest turnover is in the counselor position, which is not surprising as this is the lowest paying position and typically attracts employees with moderate education and limited job experience. TLC also has more counselors than any other position within the agency. We find that many of those leaving are pursuing higher levels of education or other career paths.

Our rate for Completion of Orientation trainings on time decreased somewhat this year due to an increase in the number of staff leaving the agency before completing their required trainings. While staff retention is desirable, if staff quickly discover, or we determine that the position is not a good match then it is best that they move on as soon as possible.



TLC Child & Family Services Intervention Techniques (TLC-IT)

TLC-IT is our crisis de-escalation and restraint prevention training program. All counselors are required to complete this training. Many other staff, including foster parents, participate in the training to learn the de-escalation techniques, but they are not required to attend. The on-time completion rate for TLC-IT is similar to the completion rate for the orientation training. It also decreased slightly this year due to staff separations occurring prior to completing the training.



For the first time since we began measuring outcomes, we are now including data on staff from departments other than RBS. Historically we have concentrated on RBS staff because of the high rate of turn-over and the formal training requirements that were useful to analyze. This year we have decided to start evaluating our turnover and training needs in all areas.

Outpatient Services Clinicians (OPS)

There was one new hire in this department but unfortunately the position was not able to be retained in the 2009 budget, reflecting tough economic times. The clinician did not finish all of the trainings but also did not pass the six month mark for completion. One intern completed her internship and departed after a long and prosperous stay at TLC.

Foster Family and Adoption Staff

There were three new hires in this department; two social workers and a Regional Foster Care Manager (Sebastopol). 2 staff were separated in 2008, both a Social Worker and a Regional Director. The regional director left to pursue a different

career opportunity. There are no mandated training deadlines for foster care and adoptions staff, thus training is individualized to meet the staff's needs.

2008 Outcome Measures for Transitional Housing Placement Program (THPP)

THP and THP+ hired 5 new staff in 2008, four of whom were transitions advocates, and a Housing Specialist. No staff left this program in 2008. There are no formal training requirements for this program at this time.

VII.. Summary and Plan

This sixth year of data collection provided more information, because we had more comparison data on several measures and as we began the use of Fostrack and Res track for collecting data in some areas. Our residential services are smaller than in 2003 when we started collecting data but the foster care and adoptions programs have grown, and THPP and Outpatient services have been added. (The OPS program creates its own outcome measure report each fiscal year.)

Once again, the analysis generally showed excellence in programming with quality services and impressive facilities. The agency is doing an outstanding job of maintaining standards of good practice and being a leader in our field. We are also keenly aware that these areas we are measuring can always benefit from increased attention and focus. We still struggle with getting the data entered into spreadsheets in such a way that is makes the analysis straightforward. We also need to continue to look at the type of data we collect and see if it remains the most pertinent data and if it assesses what we believe we do as an agency.

Plan

Changes to implement in 2009

Re-do the surveys, create a new one just for THPP clients

Create a client survey for residential clients

Make sure all the pertinent Restrack and Fostrack categories are on our forms and listed the same way the programs store them to improve the completeness of the data.

Make sure that the goals met status, GAF, and CAFAS ratings currently being collected get into a database so they can be used as a part of measuring outcomes.

Continue collecting data, gaining the perspective of a number of years of data to determine flukes from meaningful changes in data over the years. Continue to refine the kind of data collected to reflect the services offered.

Respectfully submitted to Jim Galsterer, Executive Director, and to the Board of Directors of TLC Child and Family Services by:

Paula Solomon, Ph.D
Clinical Director