

KidsTLC, Inc.
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www.kidstlc.org



2012 Annual Service Report

Service Profile for January 1 – December 31, 2012

REV. March 21, 2013

Virginia Nielsen, Director of Quality Assurance & Compliance

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Contents

Introduction.....	5
I. Services Offered by KidsTLC, Inc.	6
<i>Service Definitions</i>	6
<i>Days of Service</i>	6
<i>Counties Served</i>	6
<i>Table 1: Days of Service Provided per County – Top 4 Counties Served</i>	6
<i>Number of Clients Served</i>	7
<i>Table 2: Number of Clients Served per Program</i>	7
<i>Figure 1: Comparative Increase/Decrease in Number Served</i>	8
<i>Enrollment of Service Recipients/Clients</i>	8
<i>Table 3: Enrollments in 2012</i>	8
<i>Duration of Service</i>	9
<i>Table 4: Days of Service Provided per Program in 2012</i>	9
<i>Table 5: Days of Care: Comparative totals by program 2011 & 2012</i>	9
II. Individual Program Reports, Performance Outcomes, & Demographics	11
Phoenix Psychiatric Residential Treatment Facility (PRTF).....	11
A. <i>Diagnostic Information</i>	11
B. <i>Clinical Profile Indicators</i>	12
Mood & Affect:.....	12
<i>Fig. 2.01: Clinical Assessment of Mood</i>	12
Cognitive Functioning:	12
<i>Fig. 2.02: Clinical Assessment of Cognitive Impairment</i>	13
Danger to Self or Others:	13
<i>Fig. 2.03: Clinical Assessment of Danger to Self or Others</i>	13
Degree of Support from Family or Friends:.....	14
<i>Fig. 2.04: Clinical Assessment of Support Levels</i>	14
C. <i>Medical Profile Indicators</i>	14
Childhood Obesity:	14
Medication Management:	14
D. <i>Treatment Progression as an Outcome</i>	15
E. <i>Services Offered</i>	15

<i>Fig. 2.05: Provision of Medical Service (off site)</i>	16
Nursing Groups:.....	16
<i>Fig. 2.06: Nursing Groups Offered</i>	16
Service Timeframes	16
<i>Fig. 2.07: Therapeutic Service Timeframe</i>	17
Therapy Groups:	17
<i>Fig. 2.08: Reasons for Missing Group</i>	17
Case Coordination:.....	17
<i>Fig. 2.09: Case Coordinator Activities</i>	18
<i>F. Client Outcomes</i>	18
Substance Abuse Treatment Outcomes:	18
Phoenix Treatment Outcomes:.....	18
Medical Outcomes:	19
<i>G. Client Demographic Profile</i>	20
Outpatient Behavioral Health	27
<i>A. Program Services</i>	27
<i>Fig. 3.01: Trends of # Served each month (includes clients served in previous months</i>	27
<i>B. Program Development</i>	27
Referral Sources:.....	27
<i>Fig. 3.02: Client Referral Sources</i>	28
Previous Services Accessed & Type Requested:	28
<i>Fig. 3.03: Services Accessed by Clients Prior to KidsTLC Outpatient</i>	28
<i>Fig. 3.04: Types of Therapy Requested for Youth & Families</i>	29
Intake-to-Service Ratio:	29
<i>C. Client Outcomes</i>	29
<i>D. Client Demographic Profile</i>	30
Street Outreach Services (SOS) & Crisis Services	32
<i>A. Program Services</i>	32
<i>B. Outreach Successes</i>	32
<i>C. Program Outcomes</i>	34
<i>Fig. 4.01: Gains Made Against Output Goals</i>	34
<i>D. Client Demographic Profile</i>	35

Resource Family Services	37
<i>A. Program Services</i>	37
<i>B. Client Outcomes</i>	37
<i>Fig. 5.01: Gains Made Against Output Goals</i>	37
<i>C. Client Demographic Profile</i>	38
Family Case Management.....	41
<i>A. Program Services</i>	41
<i>Fig. 6.01 & 6.02: Categories of Services Rendered</i>	41
<i>B. Client Outcomes</i>	41
<i>C. Client Demographic Profile</i>	42
Chaplaincy Services.....	43
<i>A. Program Services</i>	43
<i>B. Program Activities</i>	43
<i>Fig. 7.01 Distribution of Chaplain Activities by Event</i>	43
Appendix A – Service Recipient Demographic Profile	44
<i>Definition of Service Recipient</i>	44
<i>Table 6: Types of Services Accessed by Service Recipients</i>	44

Introduction

This report contains the following for the reporting period of January 1, 2012 to December 31, 2012:

- I. Services offered by KidsTLC, Inc. (“the Agency”)
- II. Individual Program Reports, Performance Outcomes, & Demographics
- III. Appendix: Service recipient demographic profile summary (all clients served)

This report serves as notification to employees, service recipients, Board of Directors, and stakeholders of the agency’s service-based activities and populations served during 2012. This information is used to inform trends in service provision within the agency, and may be used to assist in program forecasting. KidsTLC, Inc. continues to build programs to offer significant, sustainable services within the community. Such achievements include increased residential enrollment in the highly successful Phoenix program; intentional marketing and media involvement; and the development of two new lines of business to address the growing needs of the community for outpatient and developmental services. We believe these efforts will support our continued efforts to be an inclusive and accessible mental health resource in our immediate community and the greater Kansas City area. Growth of all agency programs and services is ultimately prioritized in response to KidsTLC’s mission: To provide opportunities that transform the lives of kids and families in crisis.

I. Services Offered by KidsTLC, Inc.

Service Definitions

Between January and December 2012, KidsTLC provided services through the following programs to children and families in Johnson County, Kansas City, and surrounding areas:

- Crisis Services hotline and Street Outreach Services
- Family Case Management
- Psychiatric Residential Treatment Facility (PRTF, specifically the Phoenix program)
- Resource Family Services
- Outpatient Behavioral Health Services

Scope of services offered is defined by program charters, manuals, and protocols which determine target population; service delivery protocols; documentation and collaboration of care; and how care is planned, provided, and measured throughout service. *This report does not include data on Resource Families (foster parents) or the support service provided to them.* Additional service descriptions may be found in the Appendix at the end of this report.

Days of Service

During 2012, KidsTLC's programs provided over **43,800 days of service** to clients. Days of service are defined as the number of days a client is enrolled in one or more of the agency's service programs. This does not include intake and follow up services; nor does it include additional time spent on support services to family members or others involved in a client's treatment, where the focus of treatment is the individual. The following sections also include information on days of service provided by county and program.

Counties Served

KidsTLC serves a number of youth from counties around the state of Kansas, and targets services toward homeless youth on both the Kansas and Missouri side of the state line. For comprehensive information on counties served, see the Appendix.

Table 1: Days of Service Provided per County – Top 4 Counties Served

County	Days of Service Received	% of Total Service Provided by KidsTLC
Johnson County, Kansas	14,415	40%
Jackson County, Missouri	4,529	12%
Shawnee County, Kansas	3,758	10%
Wyandotte County, Kansas	3,611	10%

The largest population of clients served continues to originate from Johnson County (40%), even though there has been a 15% decrease since 2011. Of note, client representation from Wyandotte and Shawnee counties have increased over 20% combined, representing 20% of the agency’s population in 2012. Representation among other reporting counties is stable between the two years.

Number of Clients Served

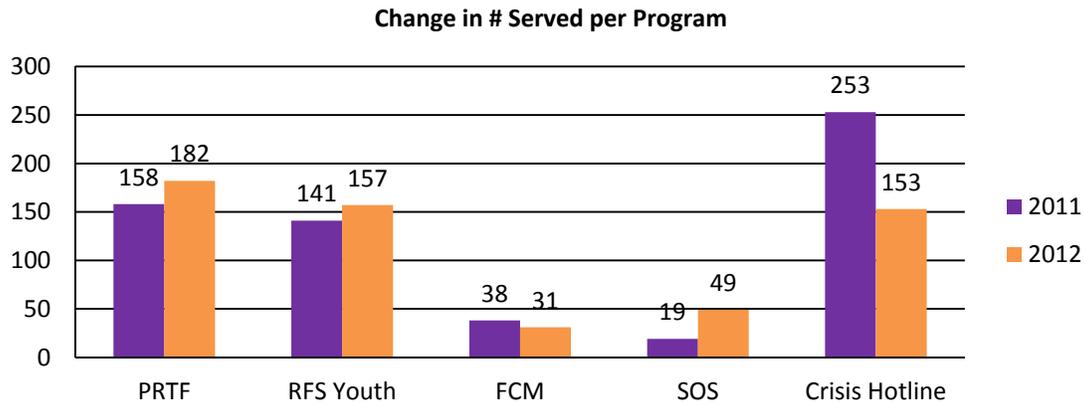
Through all programs combined, KidsTLC provided service to 555 *unduplicated* clients during 2012. In actuality, the number served may be higher, since many homeless and at-risk youth receive personal care, food, and clothing items through SOS but do not enter into case management services, and therefore are not counted. These contact services are typically characterized by the numbers of items distributed by SOS during outreach activities. Additionally, families and other system members involved in client treatment may participate in services, but are not counted as individual clients. Clients received services in the following programs, although the total number in the table represents duplicated clients, since clients may access more than one service.

Table 2: Number of Clients Served per Program

Program	# of Clients Accessing Services	% of Total	% Change from 2011
PRTF/Phoenix	182	33%	+15%
RFS Youth	157	28%	+11%
FCM	31	6%	-18%
SOS	49	9%	+116%
Crisis Hotline	153	28%	-40%
Outpatient Svcs.	15	3%	+100%

In a comparison with 2011, the overall trend is an increase in service to youth in KidsTLC programs. Three programs saw an increase in service recipients from the same period last year; two programs saw a decrease. One of these programs, Crisis Hotline, was reduced in scope during 2011 following program closures of KidsTLC’s transitional living and emergency shelter programs. Currently the Crisis Hotline serves as an arm of SOS. The upswing in SOS service recipients reflects an increased number of homeless youth who have entered into case management services for more focused intervention. Pilot services in Outpatient Behavioral Health show a steady rise in clients served since its inception in fall of 2012.

Figure 1: Comparative Increase/Decrease in Number Served



Enrollment of Service Recipients/Clients

While the total number of service recipients reports any client served from January to December 2012 regardless of start date, special attention is paid to the number of clients *beginning* services during this time frame, or *enrollment*. Below is a table of the number of clients beginning services in each program. Please note that these do not represent only new clients; the figures may also include clients who have accessed KidsTLC services prior to this enrollment during another year, but who did not carry over from 2011.

Table 3: Enrollments in 2012

Program	# of Clients Starting Services	% of Total Clients Served in Program
PRTF/Phoenix (Residential Treatment)	137	75%
RFS Youth (Foster Children Placed)	119	76%
FCM (Domestic Violence Case Mgt)	19	61%
SOS (Case Management)	41	84%
Crisis Hotline (Crisis Response)	141	92%
Outpatient Behavioral Health	15	100%

A higher enrolled percentage of total clients served indicates a higher degree of contact with new clients, or clients who have not carried over from the previous year without a break in service. The increase in residential enrollment began in fall 2011 and continued exponentially through 2012. In addition to 137 discreet enrollments, five youth were admitted more than one time in 2012, and 11 youth were admitted in 2012 after a stay during a previous year. 126 youth were admitted to Phoenix who have never been in residence at KidsTLC’s PRTF. SOS started case management with 41 clients in 2012, representing a nearly 115% increase in clients served since the beginning of the year. Crisis Hotline has provided service to 141 callers starting service since January 1 – double the number served in the first half of 2012 alone.

Duration of Service

The scope of service provided by KidsTLC is also defined by the duration time during which a client receives services while accessing agency programs. While the quality of service is not defined by the amount of time a client is enrolled in a program, the agency notes trends in treatment/service duration as a means of identifying patterns; developing program access to suit clients' needs; and building awareness of factors impacting service access and completion.

Table 4: Days of Service Provided per Program in 2012

Program	Total Days of Service Provided	Avg. Days of Service Provided per Client
PRTF/Phoenix	19,563	109
RFS Youth	12,121	28
FCM	3,901	216
SOS	5,820	119
Crisis Hotline	2,028	13
Outpatient Svcs.	450	56

Diverse factors affect the duration of services a client may receive, including: youth/family need for services, extent of funding coverage, youth/family willingness to participate in service delivery, rate of treatment/service progress, and other factors. For example, the duration of care for Crisis Hotline service recipients are commensurate with the type of service offered: short term crisis intervention focused on resource connection. Any focused or longer term service accessed by these clients is provided only after their enrollment in SOS case management, which has a longer average duration per client. The 2012 average days of service for Phoenix youth increased since the release of the mid-year report, coinciding with an increase in pre-adolescent admissions, typically accompanied by longer lengths of stay for this sample.

Table 5: Days of Care: Comparative totals by program 2011 & 2012

Program	Total Days of Service Provided 2011	Total Days of Service Provided 2012	% Change
PRTF/Phoenix	14,656	19,563	+33%
RFS Youth	12,146	12,121	0%
FCM	3,515	3,901	+11%
SOS	2,341	5,820	+148%
Crisis Hotline	3,625	2,028	-44%
Outpatient Svcs.	N/A	450	450%
All Programs	36,283	43,883	+21%

The total days of service provided to clients through KidsTLC programs during 2012 is 43,883, an increase of 21% over 2011. Most significantly, SOS has seen a 148% increase in days of service provided, likely due to an increase in service provided by longer term case

management. Crisis Hotline continues to field calls for temporary shelter, and although KidsTLC does not provide this service, referrals and resources are made available to callers. A decrease in days of care may indicate youth are entering into case management to receive focused services, or that they are maintaining contact with Crisis Services for shorter durations. Phoenix's increase in days of care is a feature of increased census *and* increased lengths of stay, particularly for children age 11 and younger, during 2012. Family Case Management and Resource Family Services maintain service compared to last year. PRTF increased days of care by 1/3 over 2011. This is congruent with both increased enrollment and lengths of stay during 2012.

II. Individual Program Reports, Performance Outcomes, & Demographics

Phoenix Psychiatric Residential Treatment Facility (PRTF)

A. Diagnostic Information

The most common diagnoses for children served in PRTF are categorized as follows. These diagnoses are collected from psychiatric evaluations and are qualitative in nature:

- Mood Disorders, Bipolar Disorder, Anxiety Disorders, Depressive Disorders
- Psychotic Disorder
- Pervasive Developmental Disorders, Autistic Spectrum Disorders, & Asperger's Syndrome
- Spectrum of Substance Dependence or Abuse
- Eating Disorders
- Post-traumatic Stress Disorder
- Impulse Control Disorder and Intermittent Explosive Disorder
- Conduct Disorder and Oppositional Defiant Disorder
- Reactive Attachment Disorder
- Attention-Deficit/Hyperactivity Disorder
- Victim of Child Neglect or Abuse
- Parent-Child Relational Problem
- Borderline or Low Intellectual Functioning
- Personality Disorders or features
- Mental Retardation
- Problems with primary support group, social environment, educational problems, occupational problems, housing problems, economic problems, problems with access to health care services, Problems related to interaction with the legal system/crime, and other psychological and environmental problems

The GAF, or Global Assessment of Functioning codes a subjective, generalized assessment of functioning as a numeric value, compared over time. For the sample, the average admission GAF was 36, defined as “some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood” (DSM-IV-TR, 2000). The range was 28 to 58 with a skew toward the lower end. At discharge, 98% of the sample set had an increase or no change in their GAF score. The mean improvement was less than a 10% increase, but almost all experienced stabilization in scores. This information may indicate that while clients may slightly improve or stabilize during their stay, they continue to release into the community with significant needs for improved mental and social health services. Because the GAF is a singular, subjective measure, it is considered only one indicator of program success. While it may indicate a positive trend in stabilization due to

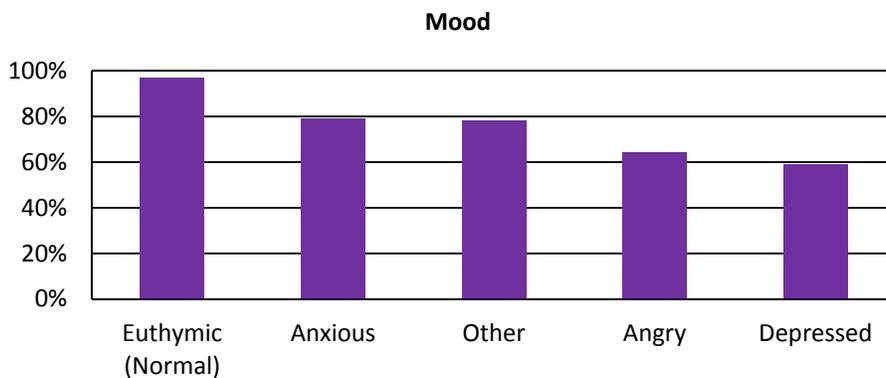
program participation, it also highlights the continued needs of discharging children for aftercare and community based services. KidsTLC continues to care for clients through transition services and helps make connections to our Outpatient services to improve the viability of permanency at discharge. More than ever, KidsTLC is committed to advocating in the social system, and making available community-based services, such as Outpatient Services, to help these youth maintain in the community after discharge. See *Outpatient Behavioral Health* for more information.

B. Clinical Profile Indicators

During 2012, clients received continual assessment of key psychological, interpersonal, and treatment progress indicators in conjunction with therapy. 21 licensed mental health practitioners logged over 10,900 assessments of Phoenix youth in the course of therapy. At some point in treatment, the following mental health indicators were most commonly displayed by youth.

Mood & Affect: There are significant percentages of youth who presented with blunted and/or intense affect, and anxious, angry, or depressed mood during therapeutic contacts. This supports the typical diagnostic profile of youth treated in Phoenix, diagnoses which are often associated with trauma; extreme emotional dysregulation; disrupted attachment disorders; and pervasive developmental disorders impacting emotional and social expression of internal experience. The goal of the Phoenix treatment model is to increase regulated or appropriate mood through attachment response and behaviors. Almost all youth displayed appropriate or congruent affect and mood within normal range at some point during treatment, suggesting the treatment environment provides all children with opportunities for cultivating regulated mood even in the midst of crises.

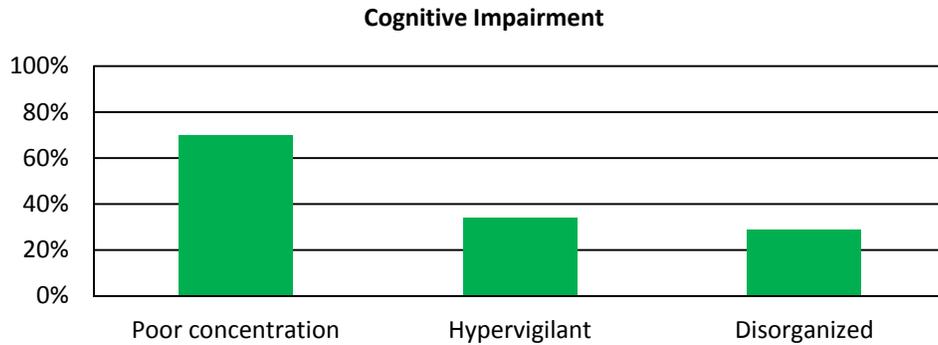
Fig. 2.01: Clinical Assessment of Mood



Cognitive Functioning: Often persons who have experienced trauma or another pervasively dysregulating experience will find disruptions in thinking abilities. Disruptions may be organic from birth, or may be the result of abuse or trauma, or a medical condition. Assessment of

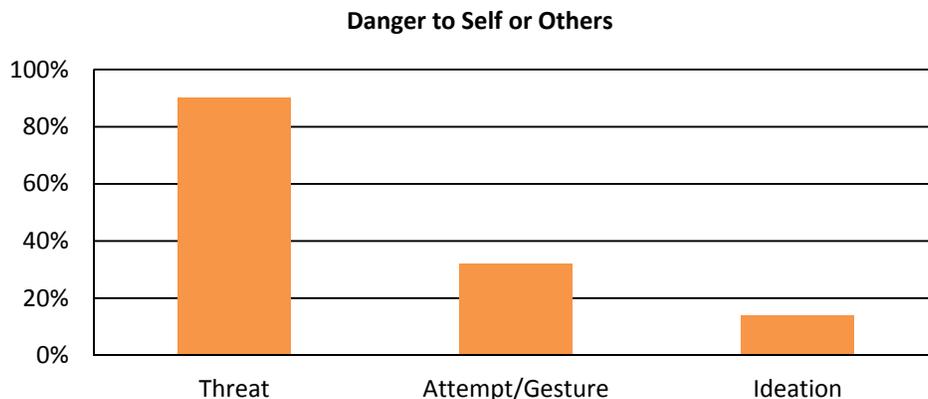
cognitive impairment is also relative to the individual, depending on their optimal abilities and levels of functioning. Of note, clinical notes indicate that approximately 75% of youth presented with poor concentration, and 25% presented cognitively disorganized. Nearly 40% of youth presented with hypervigilance, a hallmark symptom of trauma. Active impairment to cognition during treatment is often both the focus of treatment and the impediment to the client’s progress which must be addressed by the therapeutic process.

Fig. 2.02: Clinical Assessment of Cognitive Impairment



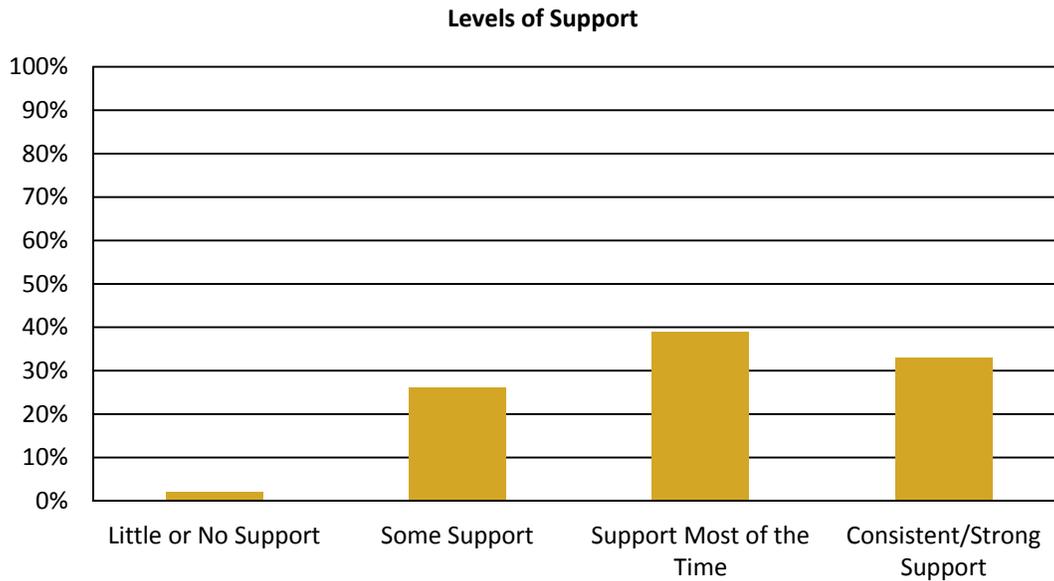
Danger to Self or Others: An indicator of harm to self or others (Attempt, Gesture, Threat, or Ideation) was recorded over 340 times during therapy to 182 youth. Overall, 74% of all youth assessed presented with an indicator to harm self or others at some point during the course of treatment. This feature is also consistent with the symptomology of clients referred for treatment in the PRTF. Reporting on this item represents a sample of observed danger; often clients express ideation, threats, or gestures outside of the therapy room and are helped to remain safe by staff on the units. A key measure of readiness for discharge is a youth’s ability to be safe from harm to self or others.

Fig. 2.03: Clinical Assessment of Danger to Self or Others



Degree of Support from Family or Friends: Youth receiving substance abuse treatment are assessed periodically for adequacy of social supports in their treatment, a known factor of effectiveness in this therapy. Most children were evaluated to have Support Most of the Time or Consistent/Strong Support.

Fig. 2.04: Clinical Assessment of Support Levels



C. Medical Profile Indicators

Childhood Obesity: In the PRTF, 36% of youth served were considered to be overweight or obese, and 18% were considered underweight. Of all youth with follow ups, 43% showed movement into or maintained within a normal BMI range during their stay. Nearly a quarter of residents participated in a nursing group aimed at nutritional education. All residents receive individualized diet plans where nutrition and wellness indicates specialized attention in their treatment plan.

Medication Management: During 2012, 193 authorizations were made for medication changes (or medications were adjusted without the need for authorization) for 132 youth. The nursing department charted changes in medication from admission to discharge for 104 clients discharged in the year. While the overall number of children on medications from admission to discharge did not change significantly, the study did reveal that prescribed medications following treatment were more suited to the children’s needs at discharge than they had been at admission. In particular, results show that children with prescribed *general* mood stabilizers decreased; while the more *specific* SSRIs, atypicals, and stimulants increased. The number of children prescribed other, non-psychotropic medications for medical conditions increased by 44%, supporting the programs’ commitment to providing comprehensive, tailored medical and mental health care as needed by each child.

D. Treatment Progression as an Outcome

Direct Face to Face contact is most commonly associated with positive net change for the treatment progress outcome. Therapeutic efforts (therapy sessions, groups, treatment meetings, etc.) toward net change against this outcome are most effective between treatment days 1 and 15, then between days 31 and 45. Efforts toward this outcome are most effective in the first, second, and third occurrences. The greatest net movement toward this outcome for all clients was documented in the months of May 2012, followed by October, August, and November. It takes an average of 18 efforts and 28 days for a client to achieve a goal. Progress increases steadily from the first effort through the 38th effort, followed by a slight decrease through the 60th effort and a significant increase after the 61th effort.

E. Services Offered

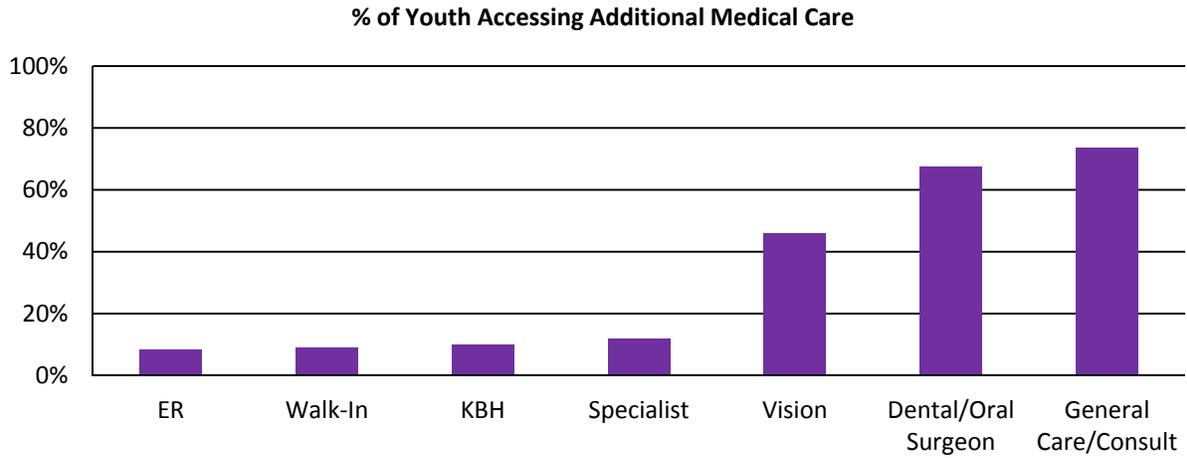
Residential services require 24 x 7 care for clients. Efforts from all PRTF staff make comprehensive care possible. Such efforts include: direct-client services, case coordination, documentation, food preparation and service, building maintenance, etc. Following is a sample of 2012 *clinical, medical, and case coordinator* efforts made to support clients' treatment:

- Total number of efforts/services made on behalf of Phoenix clients: 21,131
- Total number of treatment reviews documented: 1,238
- Total time spent on all documented efforts/services: 13,408.5 hours
- Total on-site nursing appointments offered: 3,063
- Total time provided by nurses for clients' medical needs: 1039.5 hours
- Total number of client contacts with Psychiatrist/APRN: 884

In addition to on-site medical treatment by nursing staff and regular psychiatric and medication management appointments, residents in need of additional medical services are taken to providers in the community. During 2012, 74% of youth served had a visit to an off-site medical professional (physician, optometrist, dentist, etc.).

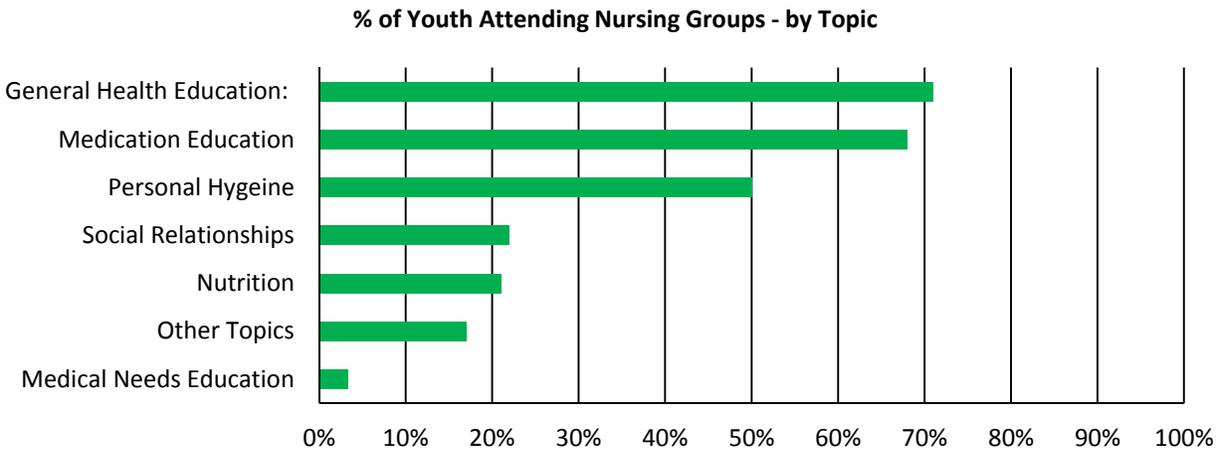
Nurses, Residential Care Specialists, and Case Coordinators spent a total of 458.75 hours transporting and accompanying youth to off-site medical care. This also accounts for staff escorting multiple children within the same time frames.

Fig. 2.05: Provision of Medical Service (off site)



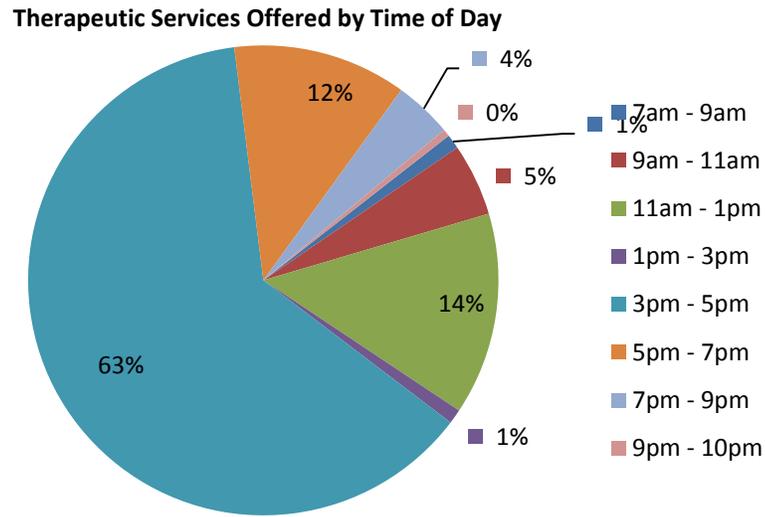
Nursing Groups: In 2012, PRTF nurses provided 429 hours of nursing groups with 121 residents. The average duration of each group was 43 minutes.

Fig. 2.06: Nursing Groups Offered



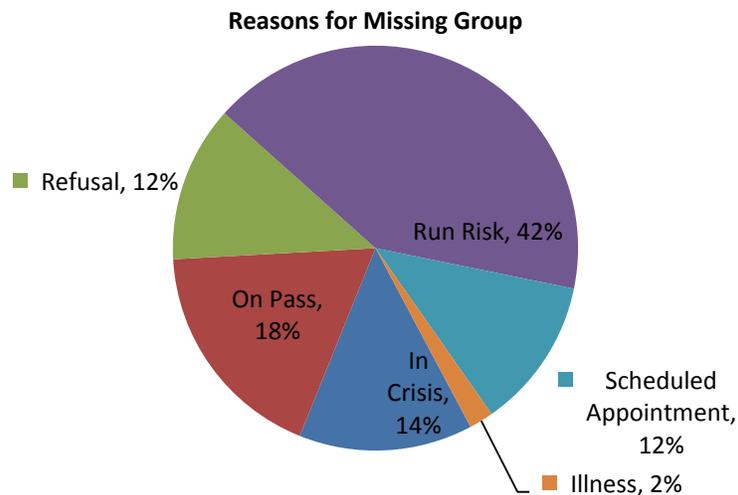
Service Timeframes: Therapeutic services such as assessment and therapy occur during day and evening hours. During 2012, therapy occurred most often between 3:00 and 5:00 in the afternoon.

Fig. 2.07: Therapeutic Service Timeframe



Therapy Groups: The average number of missed sessions per youth *decreased* from 6 to 2 (reduced 67%) from January to December 2012. This may indicate improvements in program efficiency, individualized program offerings, or the stability of youth to engage in group settings. Reasons for missing group are congruent with the presenting symptomology of the Phoenix population and are distributed as follows for all instances of missed group:

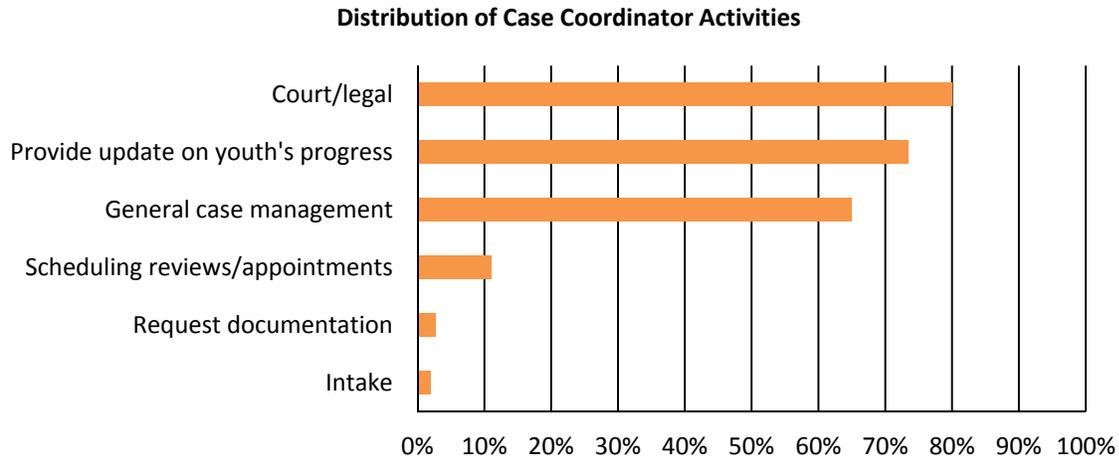
Fig. 2.08: Reasons for Missing Group



Case Coordination: During 2012, Case Coordinators documented 257 contacts with residents' families; medical or school supports; and external case coordinators. Activity logs may account for multiple activity types, and thus overlap in distribution. Case Coordinators provide vital

functions in coordinating care, supports, and transition arrangements for PRTF youth and families.

Fig. 2.09: Case Coordinator Activities



F. Client Outcomes

- 100% of clients demonstrated progress toward overall goals and objectives during treatment.
- 76% of clients increased from their initial progress level during their treatment from January to December 2012.
- 91% of clients demonstrated movement toward goals during a single session at some point in treatment.

Substance Abuse Treatment Outcomes:

- Youth accessing substance abuse treatment are subject to urinalysis on return from pass. 96% of youth in this sample returned from pass with no positive UA during their treatment in 2012.
- 100% of youth attending Second Step groups exhibited an increase in knowledge gained from the curriculum via pre and post evaluations.
- 83% of youth in the Seeking Safety program demonstrated a decrease in problem severity from admission to discharge, as evidenced by Ohio Scales scores.
- 80% of this sample also maintained or increased their level of hopefulness from admission to discharge, as evidenced by Ohio Scales Scores.

Phoenix Treatment Outcomes: (Ohio Scales outcomes are based on inactive clients in order to measure progress from admission to discharge.)*

- 98% of all youth leaving Phoenix discharged to a less restrictive environment following their discharge plan.

- 79% of the youth sample reported an increase in functioning from admission to discharge.
- 81% of the youth sample reported a decrease in problem severity from admission to discharge.
- 76% of the youth sample reported an increase in hopefulness from admission to discharge.
- 82% of the youth sample reported satisfaction with services received during the year.
- 93% of the parent sample reported satisfaction with services received during the year.

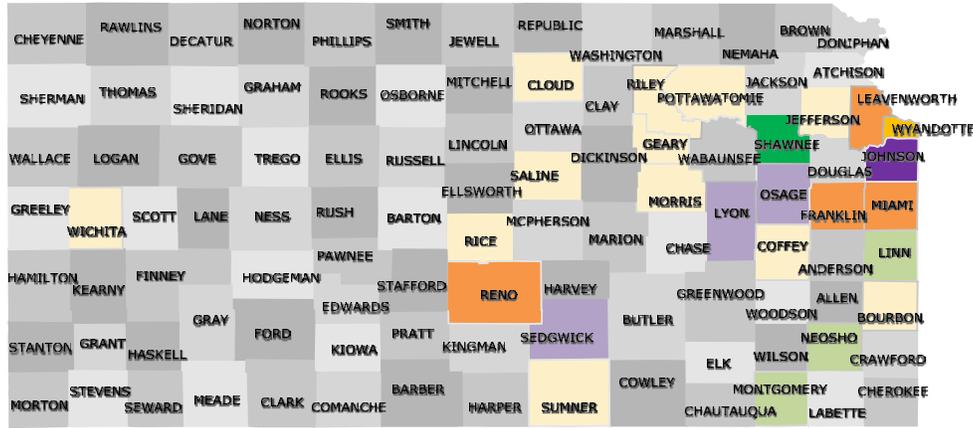
Medical Outcomes:

- 90% of the youth sample maintained or increased their level of engagement from their initial nursing group to the end of the year. The number of youth who demonstrated active engagement in nursing groups at least once during their stay in 2012 increased 242% from 2011.
- 99% of Phoenix residents received a comprehensive Initial Nursing Assessment within 72 hours of admission.
- KidsTLC's psychiatrist and/or APRN(s) met with residents for 436 hours during 884 appointments to conduct psychiatric treatment. Reasons for treatment included: Medication Review Visit (92%); Initial Evaluation Visit (47%), and Other Treatment (54%).

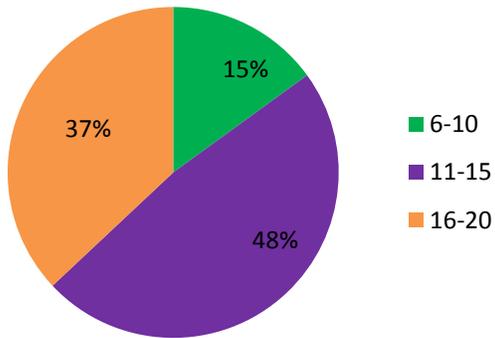
** Ohio Scales outcomes are based on a sample 30-45% of clients served who were administered the scales at intake and discharge.*

G. Client Demographic Profile

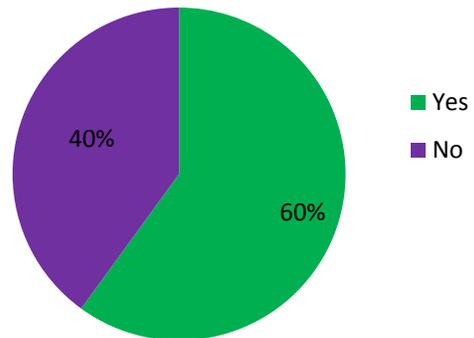
Youth Served in PRTF by County 2012



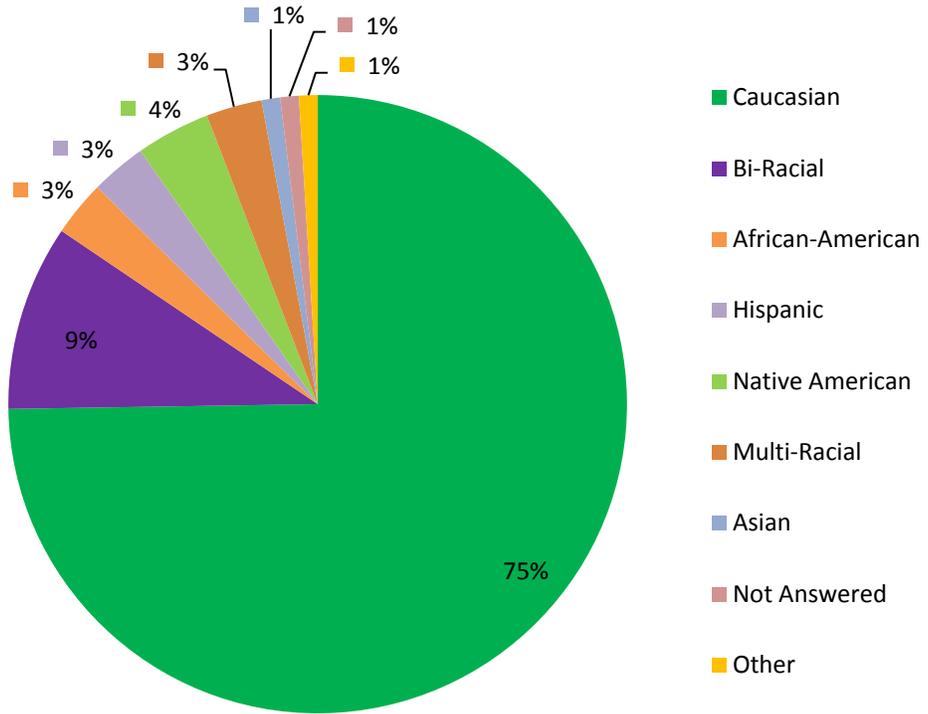
Ages of Youth Served



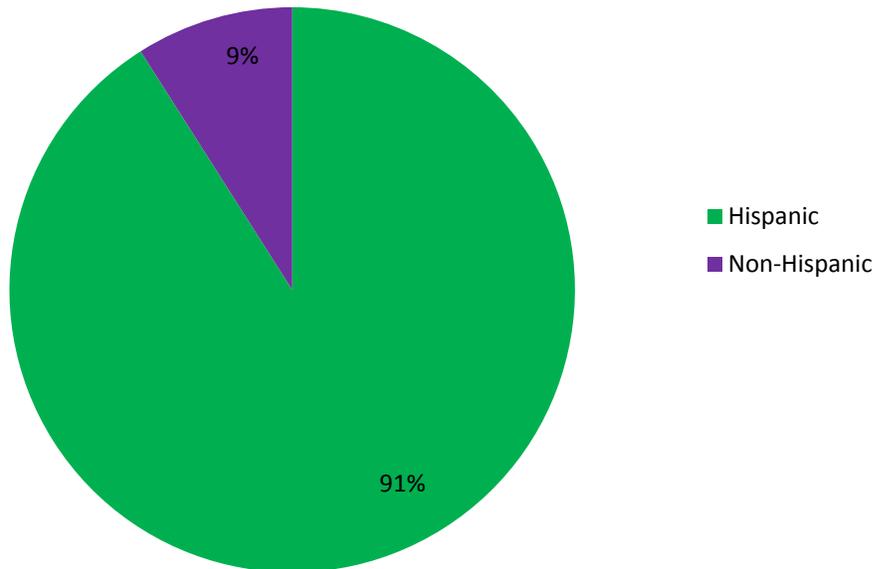
IEP Status of youth Served (at intake)



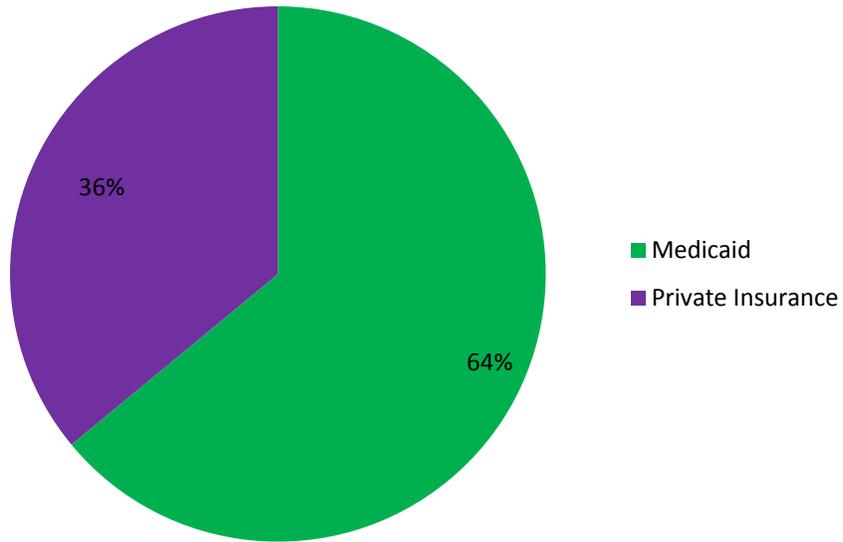
Self-Identified Race of Youth Served



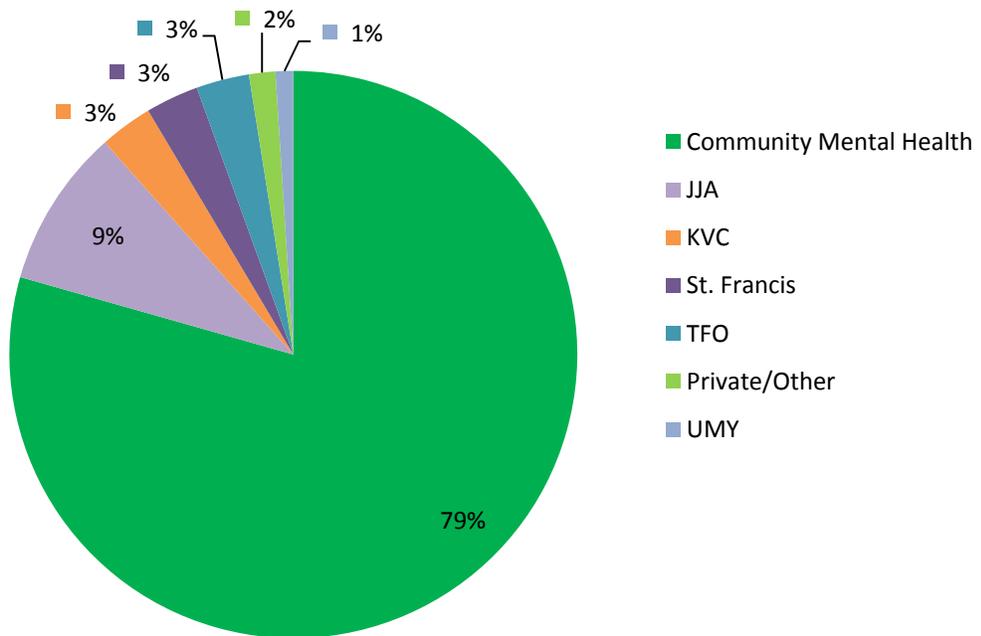
Ethnicity of Youth Served



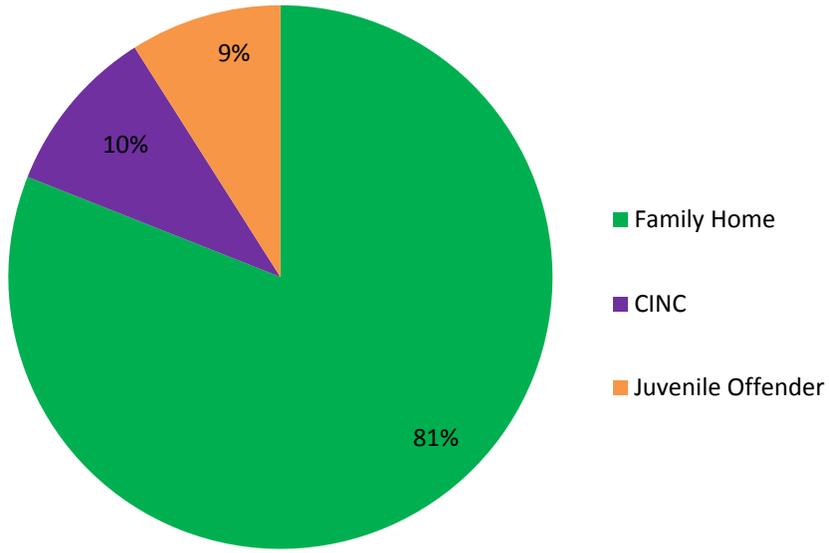
**Insurance Status of Youth Served
(at intake)**



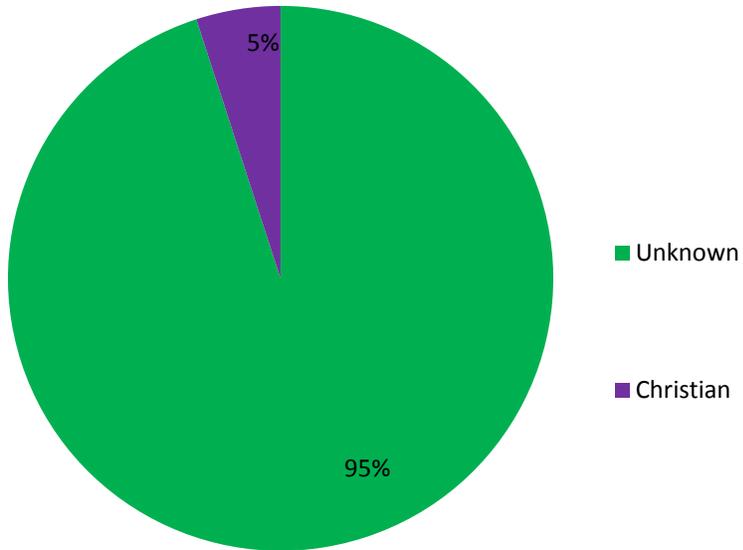
Referring Agency of Youth Served



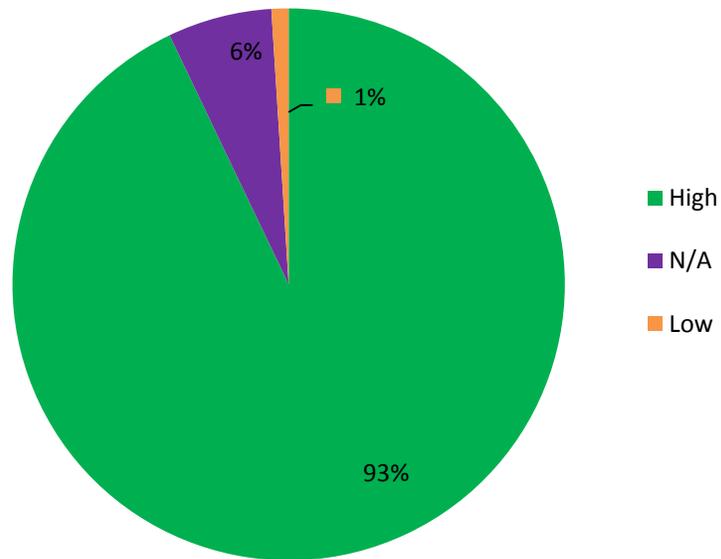
Custody Status of Youth Served



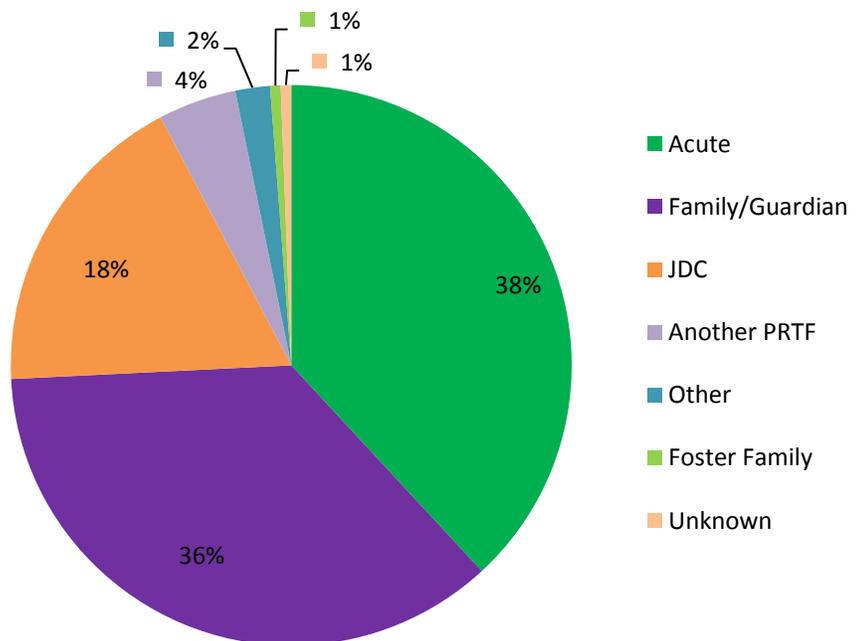
Religious Preference of Youth Served



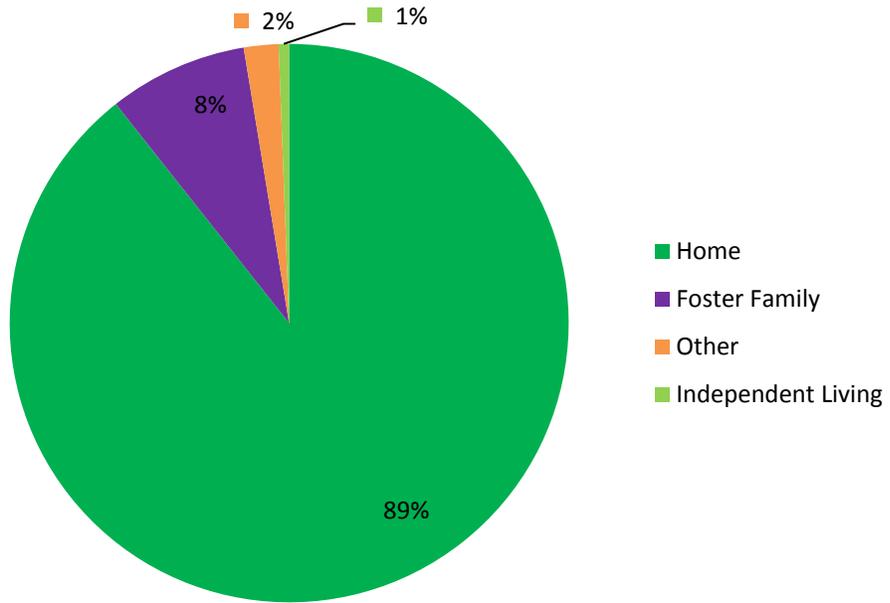
**Assessed level of parental involvement
(at intake)**



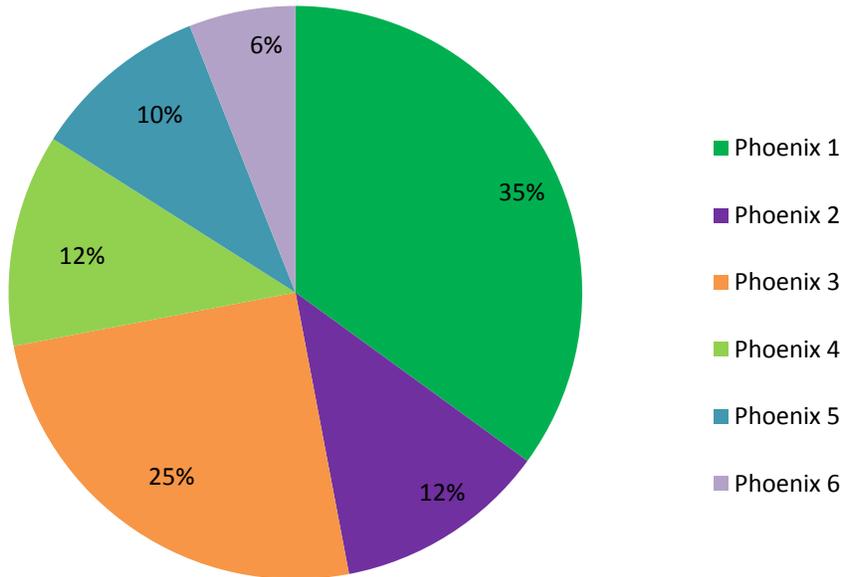
Where youth resided when referred to Phoenix



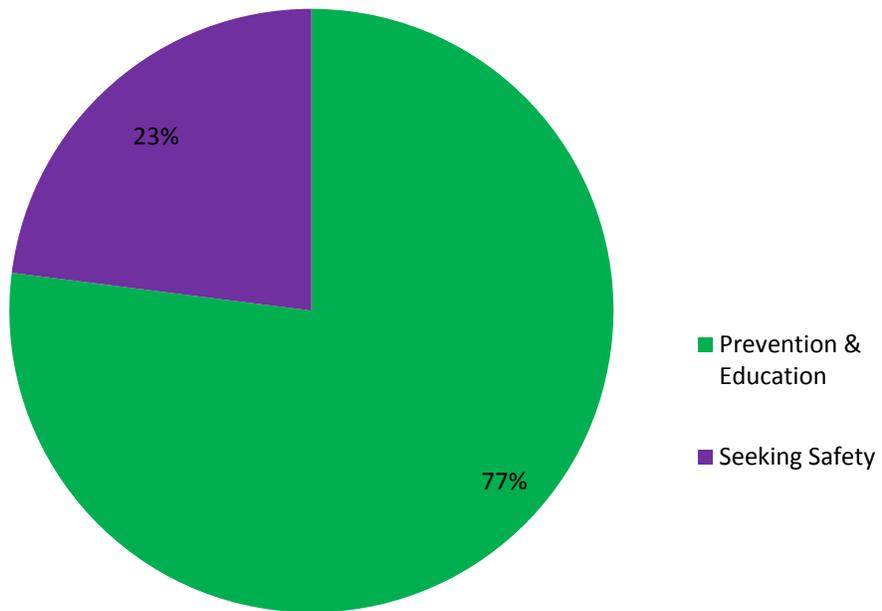
Long Term Placement Goal



Admission Unit



Youth in Substance Abuse Treatment (137 youth)

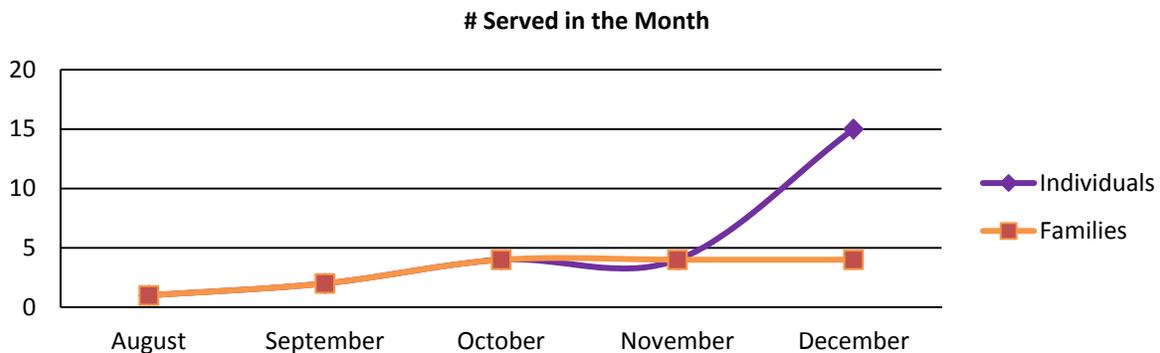


Outpatient Behavioral Health

A. Program Services

Outpatient Behavioral Health began providing outpatient services to clients in the fall of 2012. During the 4th quarter, the program provided over 100 contacts (services, assessment, planning, etc.) to 15 clients. Outpatient is unique in that it provides discreet service to both youth and members of their families as the focus of treatment through a comprehensive service array. This spectrum of service offers individual and family therapy and counseling, along with assessment and evaluation services and medical/medication management.

Fig. 3.01: Trends of # Served each month (includes clients served in previous months)

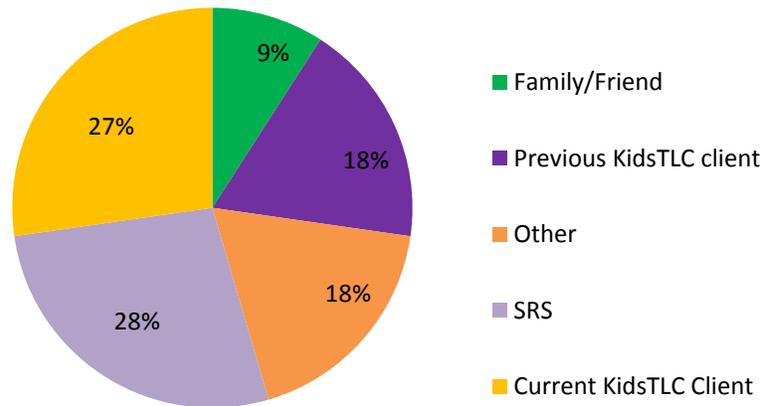


B. Program Development

Much of 2012 was spent in program planning and implementation for Outpatient Behavioral Health. Since the launch of the program, program directors have paid special attention to indicators of program growth and opportunities for development.

Referral Sources: 45% of all referrals came from current or previous KidsTLC clients. SRS provided over a quarter of all referrals. 54% of clients have accessed KidsTLC services before enrolling with Outpatient Behavioral Health. A large majority (86%) of this sample was previously enrolled in Phoenix PRTF.

Fig. 3.02: Client Referral Sources



Previous Services Accessed & Type Requested: Many youth and families accessing outpatient services have had previous contact with mental health services, either at KidsTLC or at other service agencies in the community. Fig. 3.03 provides a breakdown of specific services received by clients before they enter KidsTLC’s Outpatient program. This data provides a helpful descriptor of a range of client previous exposure to the therapeutic process upon admission to this program. Fig. 3.04 provides a breakdown of services requested from KidsTLC at intake. Individual and family therapy/counseling appear to be the services most in demand for this sample.

Fig. 3.03: Services Accessed by Clients Prior to KidsTLC Outpatient

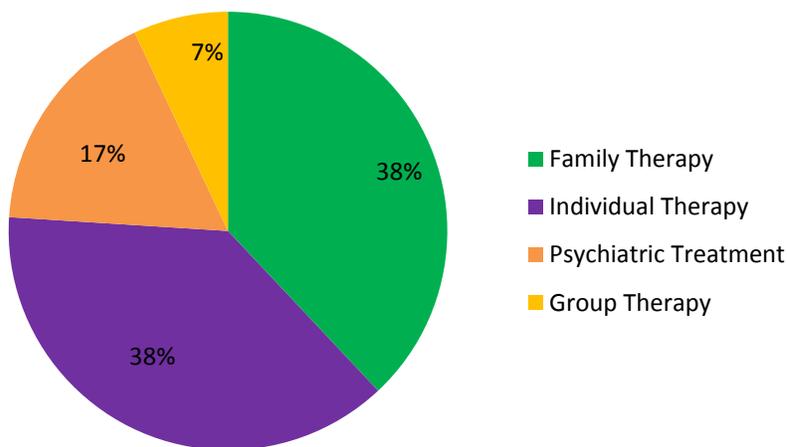
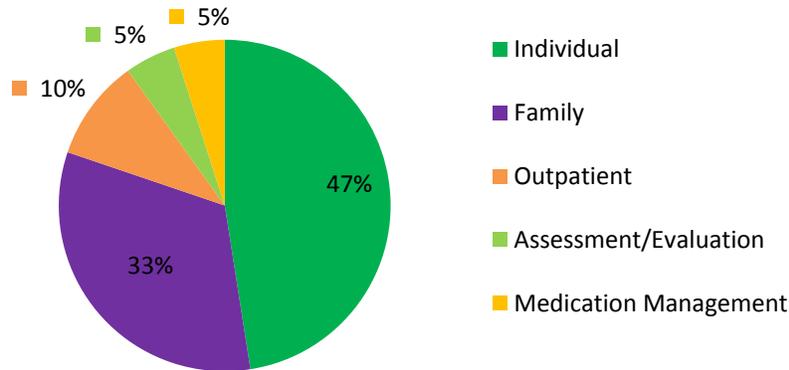


Fig. 3.04: Types of Therapy Requested for Youth & Families

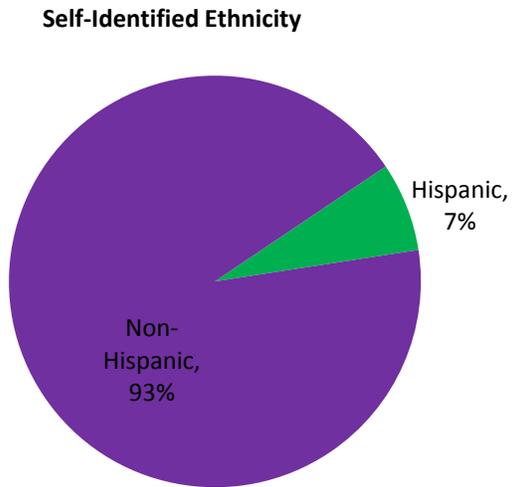
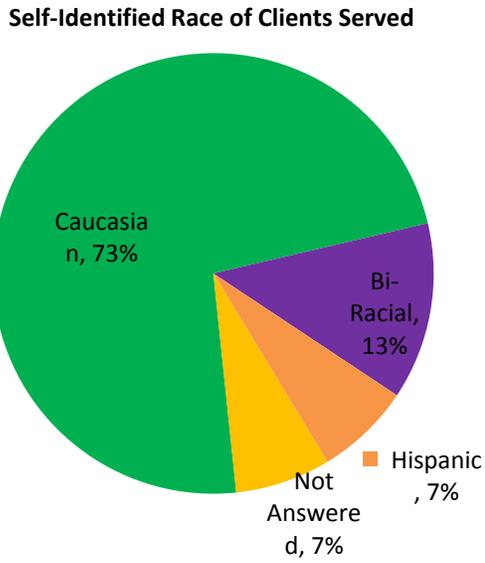
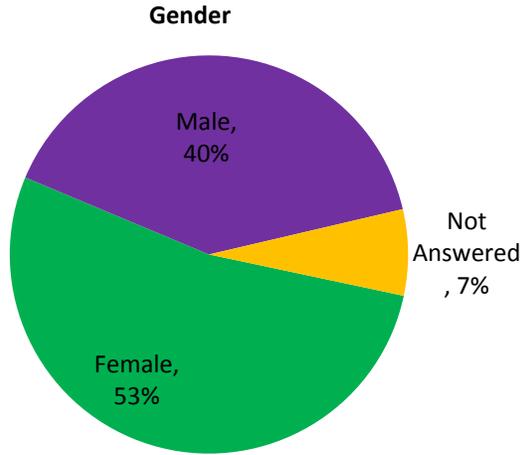
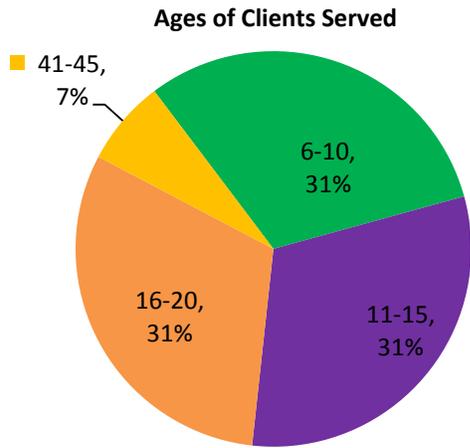


Intake-to-Service Ratio: Clients accessing services at KidsTLC’s Outpatient Behavioral Health program receive service an average of 3.9 days after intake. For former PRTF clients, the ratio is comparable at 4.6 days between intake and first day of service.

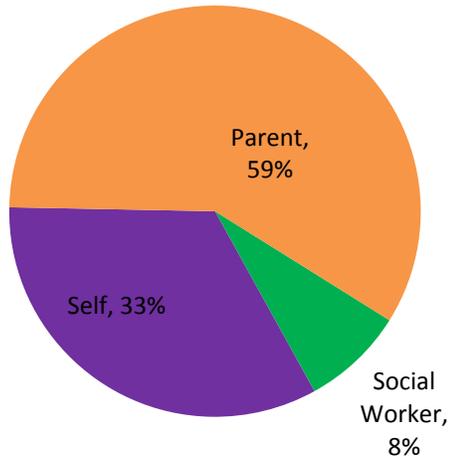
C. Client Outcomes

- 100% of youth from Johnson or Wyandotte Counties who choose to receive services at KidsTLC’s Outpatient Behavioral Health program had therapeutic services initiated within 7 days of discharge from KidsTLC’s PRTF.
- 50% of youth administered comparative Ohio Scales self-reported a decrease in problem severity from admission to most recent assessment.
- 75% of youth administered comparative Ohio Scales self-reported an increase in functioning admission to most recent assessment.
- 71% of youth administered Ohio Scales reported satisfaction with Outpatient Services at most recent assessment.
- 100% of parents administered Ohio Scales reported satisfaction with Outpatient Services at most recent assessment.

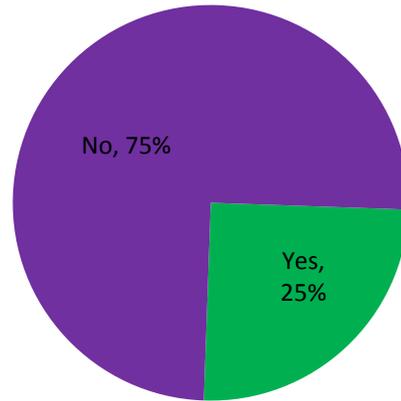
D. Client Demographic Profile



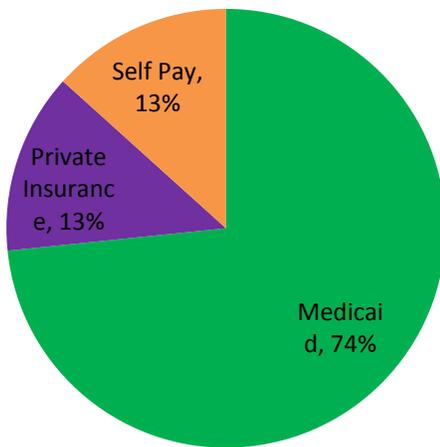
Who makes initial contact for clients?



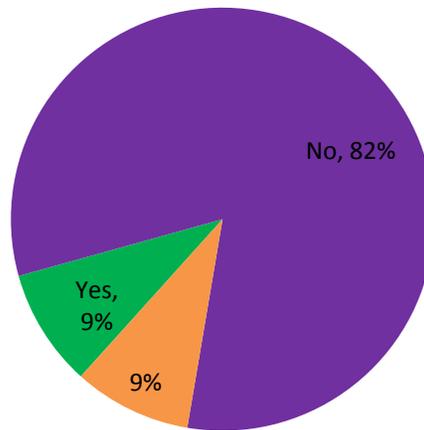
Clients in Foster Care



Client Insurance Status



Clients classified SED



Street Outreach Services (SOS) & Crisis Services

A. Program Services

For the purpose of this report, data reflects services provided by both SOS and Crisis Services, unless otherwise noted. 181 youth accessed crisis and street outreach services during 2012. Of these 49 received specific case management services. 84% of case management clients began service in 2012. The total served through case management increased 115% from the number served in 2011. This correlates with program initiatives to increase client access to case management services as evidenced by increased enrollment in SOS.

257 crisis calls were answered in 2012. 55% of callers were assisted using a specific four step crisis model. The model is a method of helping stabilize youth in crisis through rapport-building and providing guidance toward positive solutions. 30 youth were assisted in locating and accessing shelters or permanent housing.

In 2012, three outreach staff spent 178 hours fielding 749 requests for crisis response. Most of the activities conducted by staff include providing follow up, case management, community presentation, and community-based outreach services. Outreach in the community occurs in locations where homeless and at-risk youth are known to gather, such as shopping centers, skate parks, city libraries, and drop in or temporary shelters at other agencies. Staff represented outreach services at 28 presentations, health fairs, etc. attended by youth and adults in the community.

SOS staff gave presentations at schools, churches, community service agencies, and the Johnson County Juvenile Detention center. Presentations contained information about the National Safe Place program, the dangers of running away, and information about human trafficking and sexual exploitation. SOS also distributes SOS cards to youth at presentations and during outreach. Each card contains the SOS hotline number, a domestic violence hotline number, and other hotline numbers youth can call if they are in danger or need to talk with someone. Individual youth are also educated on issues related to abuse, exploitation, and violence during case management and clients meetings, when appropriate. Additionally, SOS is a member of the Wyandotte County Advisory Council, a domestic violence committee sponsored by the Metropolitan Organization to Counter Sexual Assault (MOCSA). *

B. Outreach Successes

KidsTLC's SOS program held its annual Homeless Night event in April. This year, there were churches represented from both Wyandotte and Johnson County. At each site youth slept outside in cardboard boxes, listened to a presentation provided by KidsTLC's SOS Team and a former homeless youth, and had the opportunity to ask questions and share experiences. Program staff talked to youth about the realities of youth homelessness in their community and some of the reasons why youth become homeless. Other topics were also discussed such as the dangers of running away and alternatives to running, and the services that SOS provides to those in need. Information about the Safe Place project was also shared and participants were given cards, t-

shirts, and water bottles that contained the SOS hotline number. At one location, youth watched an hour long special that documented the lives of four homeless youth. Fox News came to one of the locations and interviewed several youth and a Pastor from a church that participated in the event.

During the summer, SOS had a booth at two music concerts held at the Cricket Wireless Amphitheater (Sandstone). At those concerts, SOS made over 1,000 face to face contacts with youth and distributed more than 2,000 written materials. Concert organizers value the mission and contributions of SOS so much so that the program was invited to attend any concerts held at Sandstone in the future.

Staff participated in back to school fairs in Kansas City, Kansas and Olathe, Kansas. The Olathe fair was specifically for students that had been identified by the school district as homeless. Students received school supplies, health and dental check-ups, haircuts, and information on services like KidsTLC's Street Outreach program. In Kansas City, the event was open to the entire community and over 1,000 people came to receive school supplies and community resource information. SOS also made a presentation to a group of SRO's (School Resource Officers) and gang task force members from Johnson County.

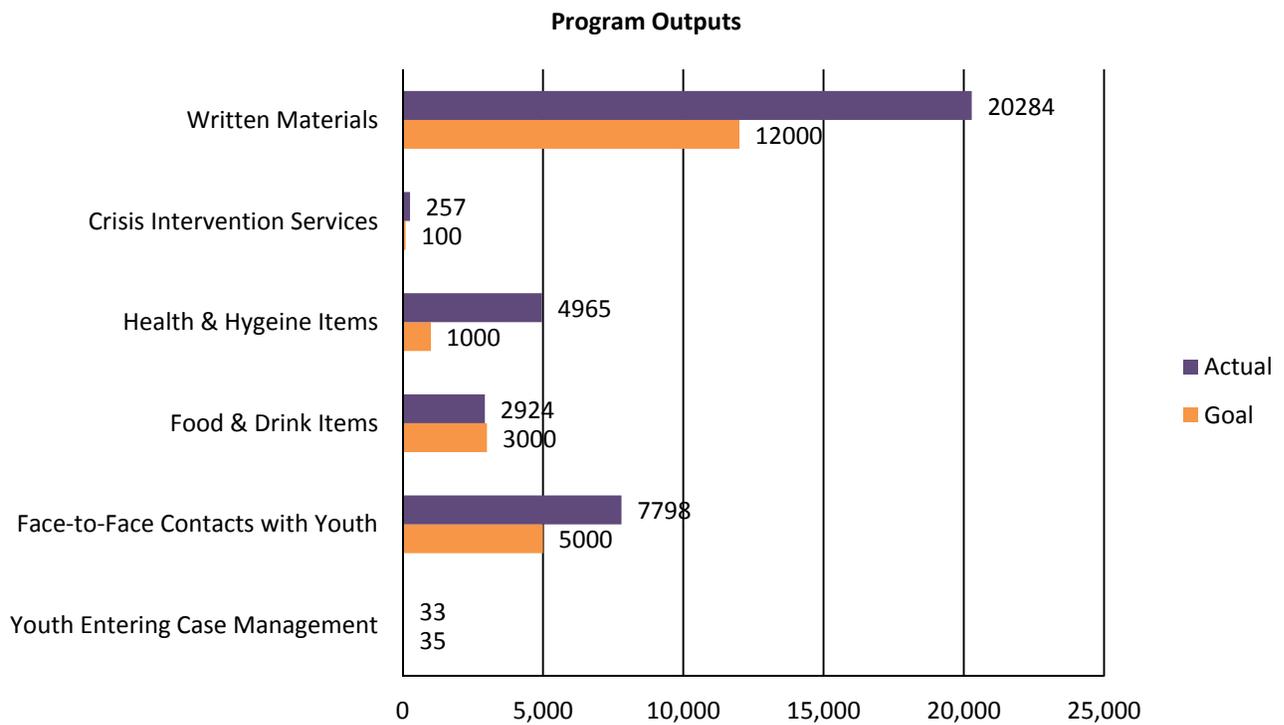
On September 11th, SOS participated in a prostitution sting led by the Kansas City Police Department. Women arrested on this night for engaging in prostitution were given the option to go to jail or enter a program designed to get them off the streets. Those that opted to participate in the program were taken to a designated location where they were assessed and given a hot meal and shower. The women visited with different agencies who offered them services related to mental health, substance abuse, domestic violence, employment, legal advocacy, and housing. Eleven women were arrested on the night, and seven entered the program; one of the women was 20 years old. If these women ultimately choose to stay off the streets and continue to work with social service agencies over the next two months, their charges will be dropped. SOS staff were there to provide resource information (written materials) about the program and were also given the opportunity to observe the activities. It was informative and helpful for program staff to be included in this high level activity and gain more exposure and knowledge in helping victims of human trafficking. It was also very helpful from a networking perspective as the program supervisor met an Overland Park Police Officer that works on the FBI's "Innocence Lost" project for minors in sex trafficking.

In addition, SOS continues to develop and strengthen its relationship with Artists Helping the Homeless, a local nonprofit that serves homeless youth and adults throughout the Kansas City Metro area. This organization operates a program called Kato House that provides young men in their late teens and early twenties with shelter and an opportunity to get on their feet. SOS has partnered with Artists Helping the Homeless to provide case management services to youth residing at Kato House. SOS has supported multiple youth in obtaining identification documentation, bus passes to get to-and-from work or school, and permanent housing.

C. Program Outcomes

SOS seeks to demonstrate substantial assistance to runaway and homeless youth (RHY) by quantifying outputs associated with outreach activities. The program provides basic living needs for youth in need in the community and in case management. Fig. 4.01 is a summary of outputs associated with goals set by the program. SOS met or exceeded output based goals set for 2012, as demonstrated below:

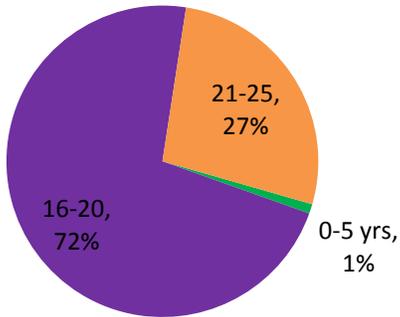
Fig. 4.01: Gains Made Against Output Goals



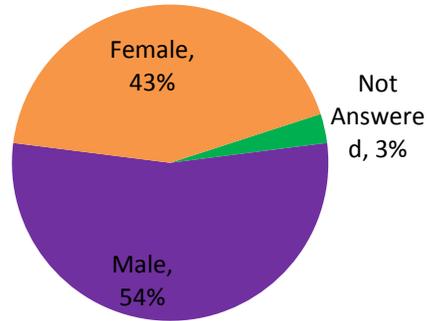
Additionally, over 400 bus passes and over 600 clothing items and coats were distributed to youth throughout the year.

D. Client Demographic Profile

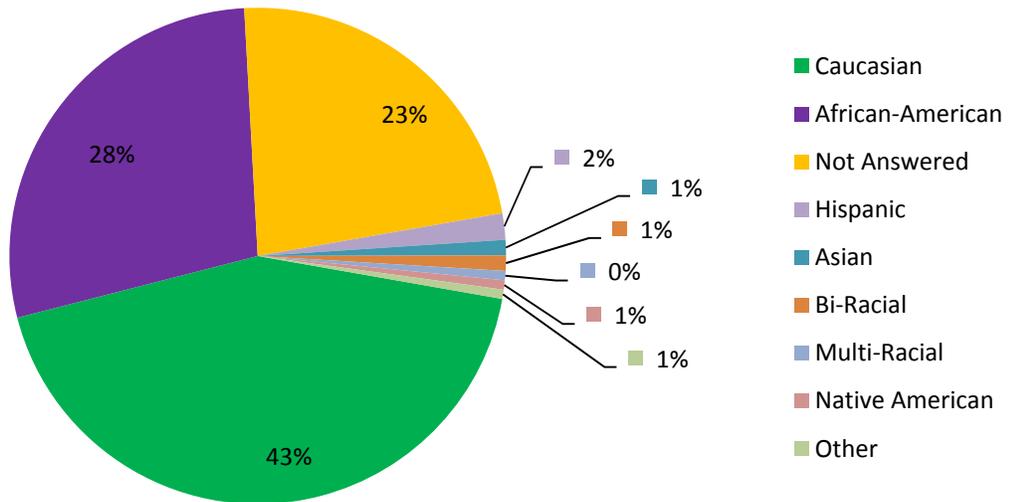
Age of Clients Served

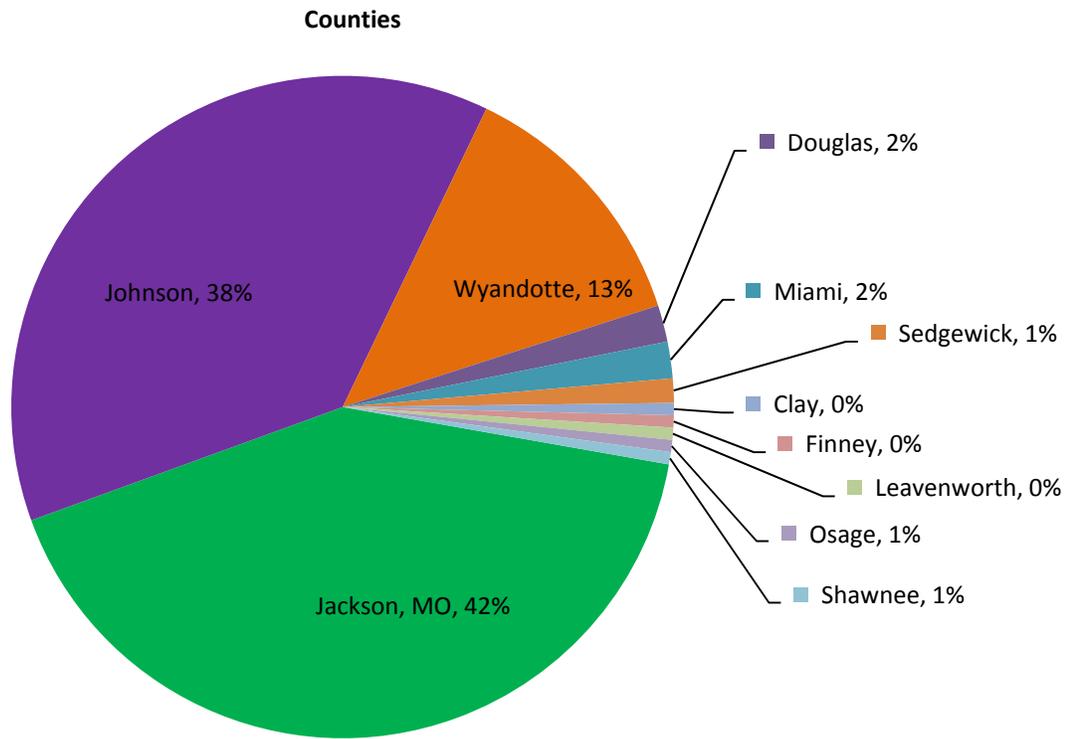


Gender



Race





*Outreach description provided by Street Outreach Services Program Progress Report for Federal Grant. Authored by Jason Stary and Hayley Waynick, October 2012.

Resource Family Services

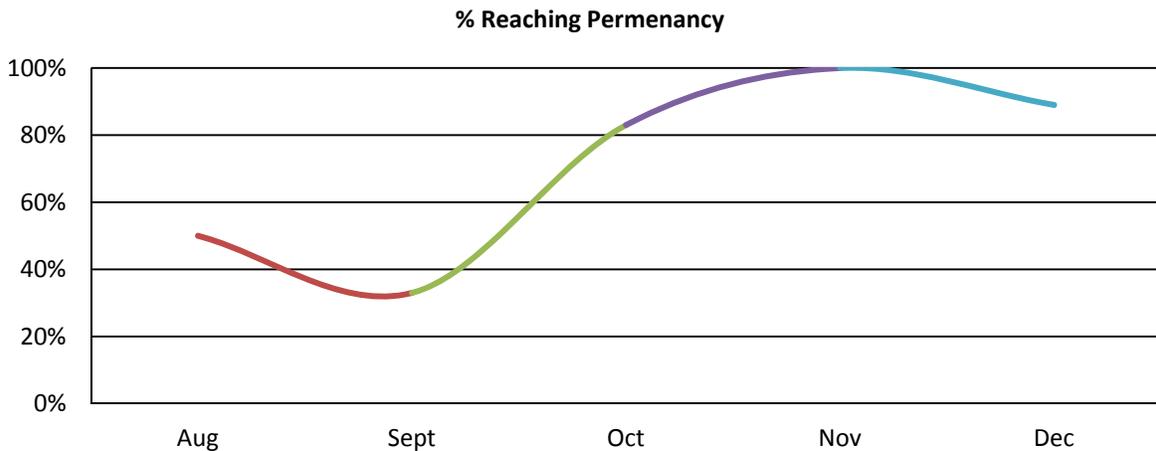
A. Program Services

During 2012, 157 youth were placed in KidsTLC's resource family homes. As a sub-contractor for the state contractor, KidsTLC serves foster children by training and recruiting resource (foster) families with whom the state may place children in need of care. KidsTLC provided at least 5 foster care licensure trainings to over 25 families throughout 2012.

B. Client Outcomes

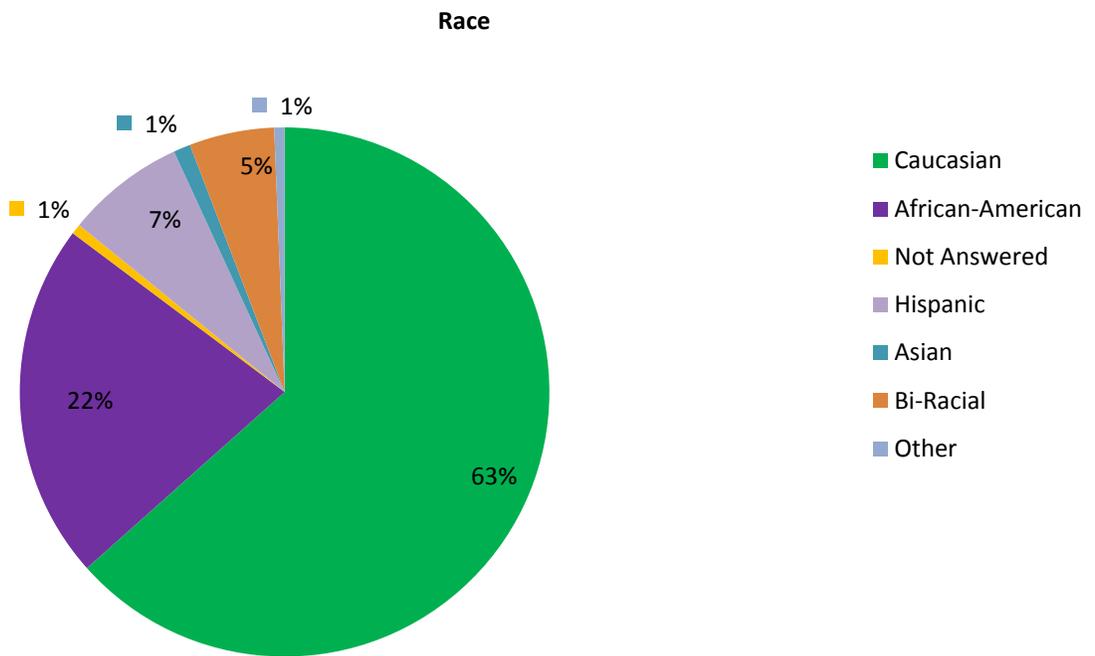
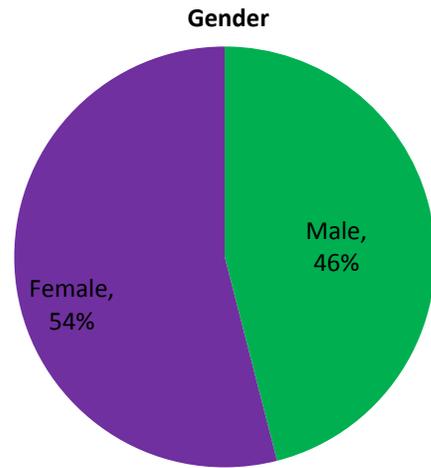
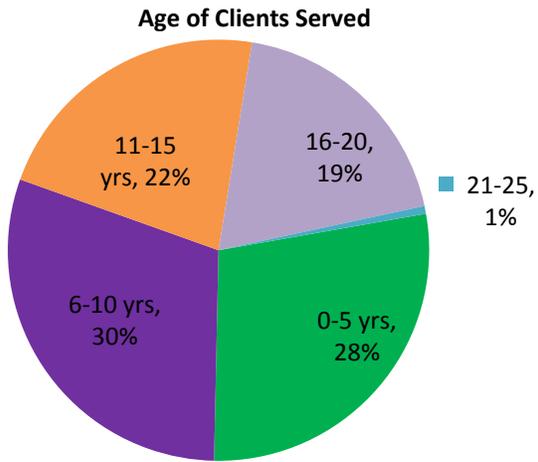
RFS improved children's' placement permanency at discharge by 78% from August through December for children in a KidsTLC home for more than 30 days.

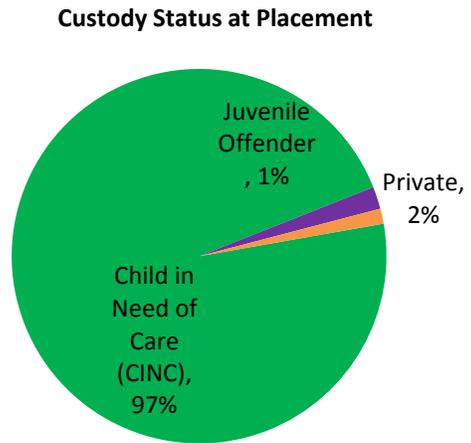
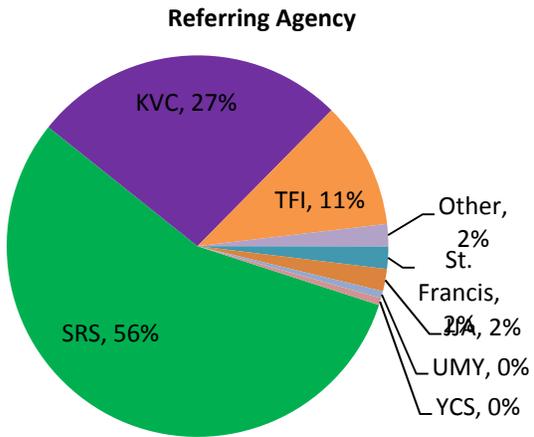
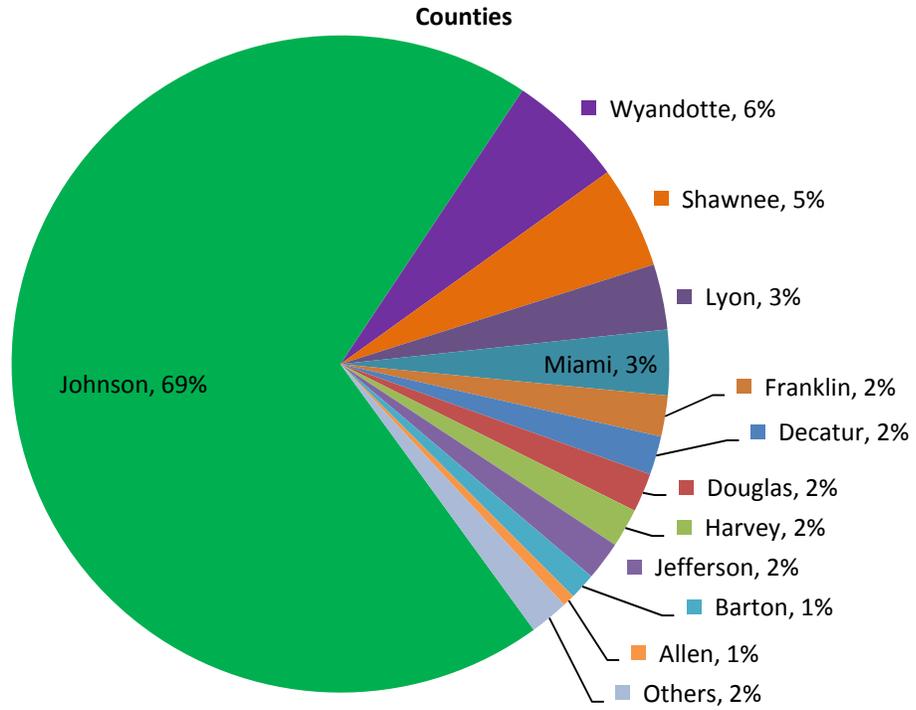
Fig. 5.01: Gains Made Against Output Goals



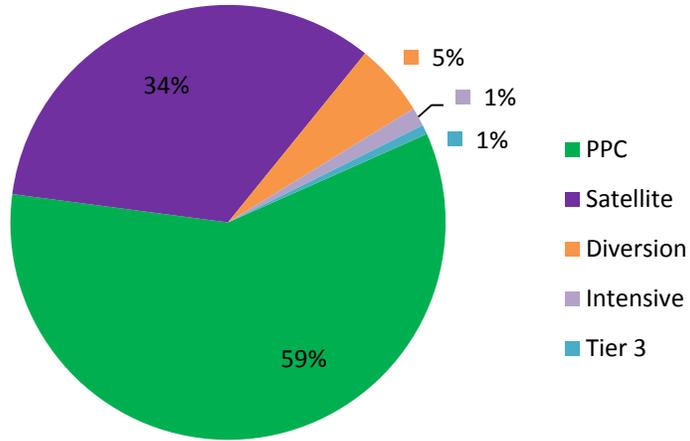
Sample size varied across months; i.e. August had only 2 youth discharged.

C. Client Demographic Profile

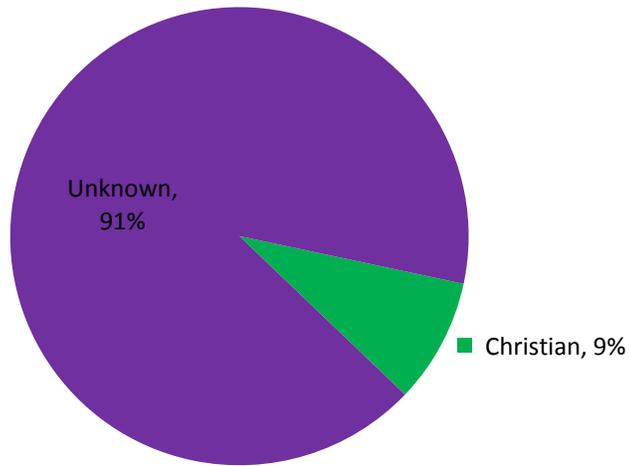




Level of Foster Care Provided



Religious Preferences

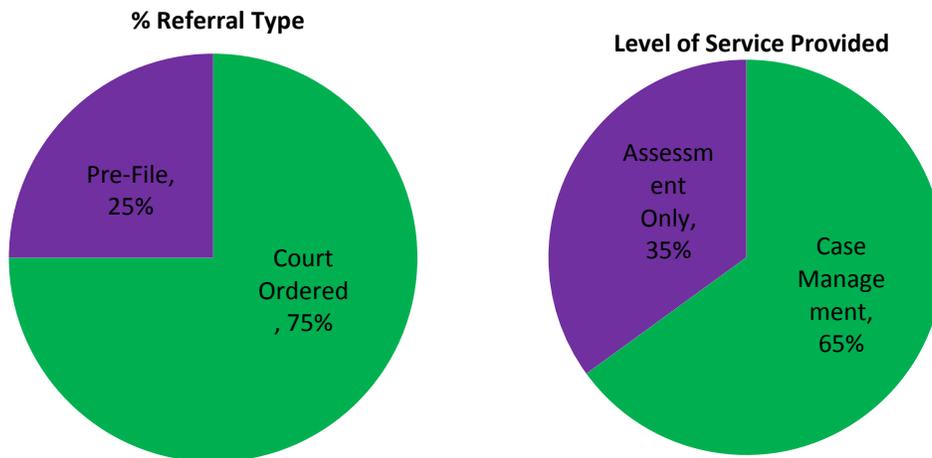


Family Case Management

A. Program Services

During 2012, 31 individuals were served by KidsTLC's Family Case Management (FCM) program. 100% of clients served were domestic violence survivors. 16 of these have since completed case management with the program. 65% of clients entered case management, while 35% were provided assessments. 75% of cases were court ordered; 25% were pre-file (services sought before the court orders it). Two case managers spent approximately 1,500 hours attending meetings, court events, and making communications on behalf of FCM clients throughout the year.

Fig. 6.01 & 6.02: Categories of Services Rendered

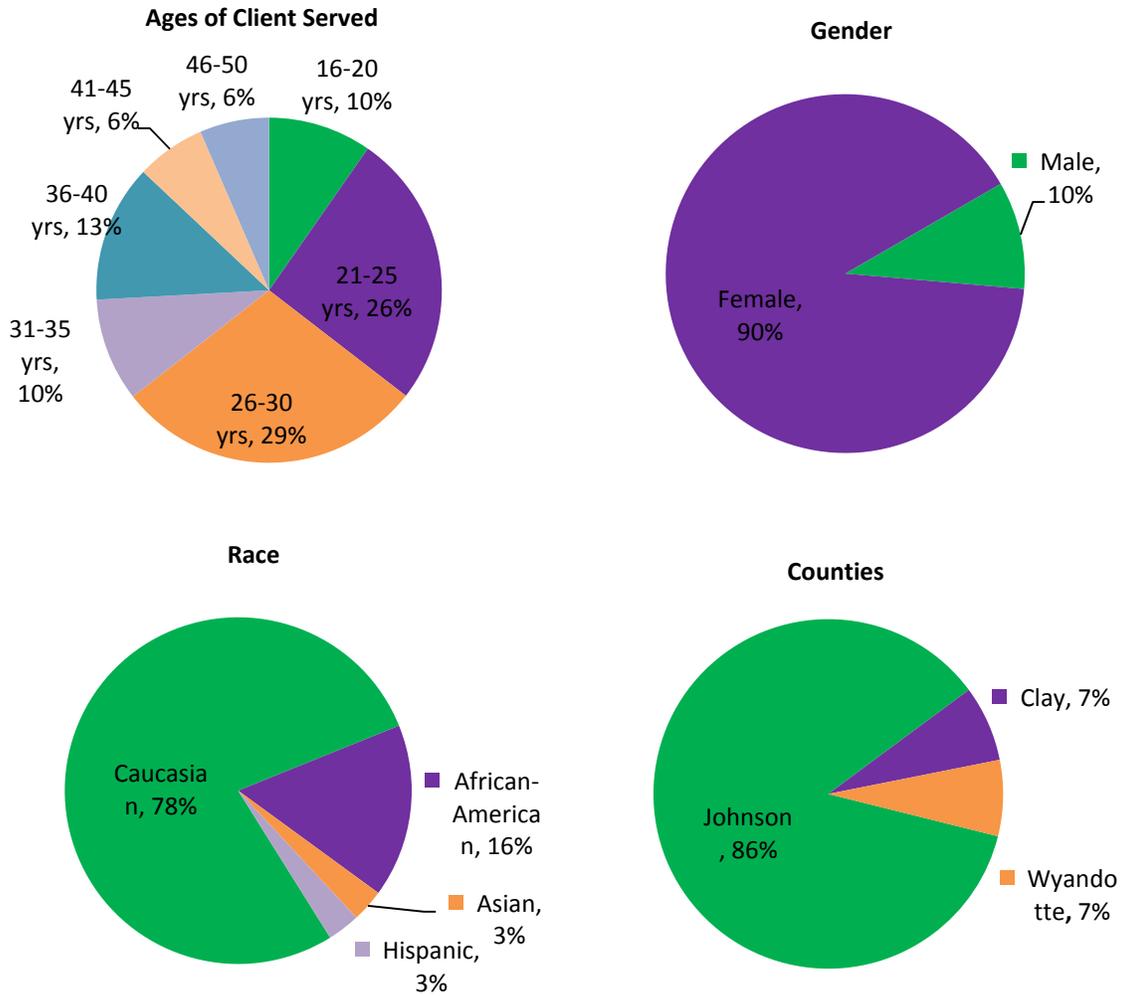


B. Client Outcomes

- 75% of clients showed significant level of engagement with staff during communications and meetings toward achieving case management goals.
- 86% of those with court events were in attendance.
- 86% of clients with comparative Life Domain Rating Scales self-reported maintenance or increase in functioning while accessing services.
- 90% of clients assessed with the Life Domain Rating Scales self-reported they have a safety plan and were able to use it if needed.
- 100% of families accessing FCM services remained free of reported events of domestic violence 12 months after discharge from the program (data: Aug – Dec. 2012).

- 92% of families accessing FCM services remained free of reported events of domestic violence 24 months after discharging from the program (data: Aug – Dec 2012).
- 100% of children maintained safely in their homes for 12 months after their parent(s) successfully completed the program (data: Aug – Dec 2012).

C. Client Demographic Profile



Chaplaincy Services

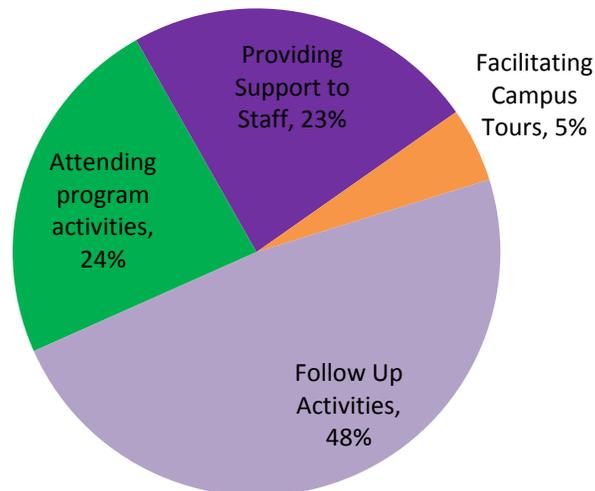
A. Program Services

KidsTLC provides chaplain support for staff and clients at the agency. Chaplaincy services are considered auxiliary services and are not numbered by enrollment. Services are characterized by internal and external community liaison initiatives and spiritual support services for clients and employees of all faiths. The purpose is to offer, when requested, services which enhance both client treatment and staff wellness with regard to individual's expressed spiritual needs. The Chaplain's Office worked with the Office of Quality Assurance and Compliance to build quantitative measures of service to the agency and surrounding community. The data in this section reflects activities conducted in the third quarter of 2012.

B. Program Activities

Chapel services saw an average of 35 youth and adults (including staff) in attendance each week. The Chaplain's office spent 75 hours in direct contact with staff and clients through the following activities in the fourth quarter of 2012:

Fig. 7.01 Distribution of Chaplain Activities by Event



66% of support to staff was provided to employees who work directly with service-recipients in any program. 33% was provided to non-direct service staff or administrative personnel.

Appendix A – Service Recipient Demographic Profile

Definition of Service Recipient

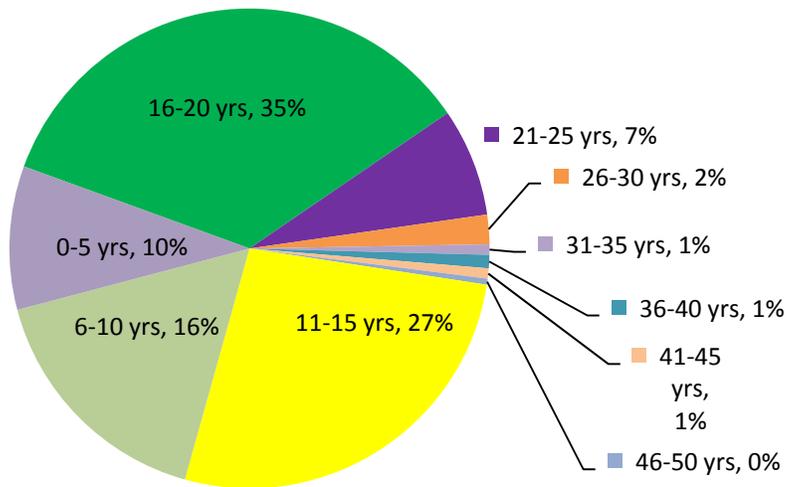
Service recipients are individuals who access a range of services provided through KidsTLC’s programs. Services are typically targeted toward children, youth, and families. A majority of service recipients, who may also be termed *clients* or *consumers*, are children and youth between the ages of birth and 21. A breakdown of the typical target age range for service recipients is included in *Age*, below. Additionally, the types of service clients seek at intake are included.

Table 6: Types of Services Accessed by Service Recipients

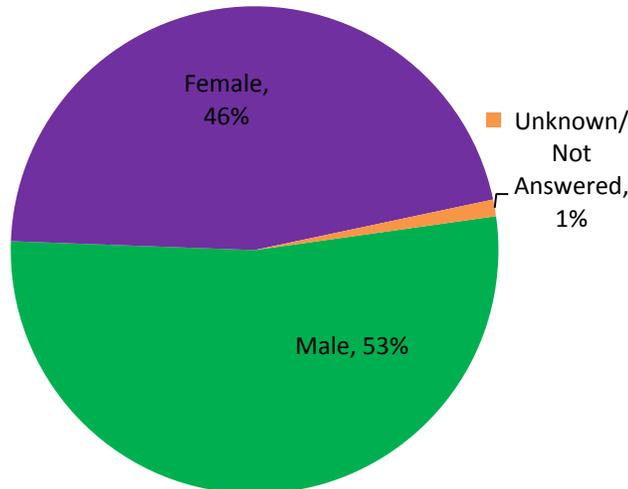
Program	Types of Services Offered/Sought by Service Recipients
PRTF/Phoenix	Clients access intensive, systems-based residential treatment services for severe mental, emotional, and developmental disorders. Services include comprehensive milieu treatment; individual, family, and group therapy; and specialty therapies including play therapy, animal therapy, and art therapy.
RFS Youth	Foster children are placed in the homes of RFS Families in collaboration with other local agencies that hold state contracts for managing the provision of foster services to Kansas children and youth. These clients receive foster care services through RFS Youth, while their cases are managed through their respective contractor agency.
FCM	Consumers of these services are adults referred for pre-file or court ordered case management related to elimination of domestic violence incidents in the home.
SOS	Children and youth who are homeless or who are at risk of becoming homeless access services aimed at achieving personal safety and finding safe housing. Additional services include assistance with documentation, transportation to critical appointments, and focused case management.
Crisis Hotline	Callers in crisis are assisted through connection with local resources, basic crisis intervention, and access to survival items such as food, water, clothing, health and hygiene, and relevant literature. Clients are provided opportunities to enter SOS case management if desired. Consumers may also be members of the community who receive information on behalf of another organization or on behalf of a child/youth who is at risk.
Outpatient Behavioral Health	Children, youth, and families in need of mental health, psychiatric, and medication management services are provided by licensed mental health care and medical professionals on an outpatient basis. Services include assessment and evaluation; individual, family, and group therapies; psychiatric treatment; and medication management.

This section provides an aggregate analysis of demographic profiles for clients served **for all programs** at KidsTLC (except families providing foster care). Additional program demographics are available in the program reports section. This information is critical as KidsTLC continues efforts to expand access to underserved populations, and to better incorporate interventions which will best benefit the diverse range of clients served. Statistical information about how generalizable the sample data is to the entire client population is contained in each demographic section, and should be considered when drawing conclusions about the demographic profile of service recipients at KidsTLC. A response rate sample of 75% will be considered a valid statement concerning the program population. **For interpretive validity, percentages may be noted as percentage of entire population (%N) or as percentage of the reporting sample (%n).**

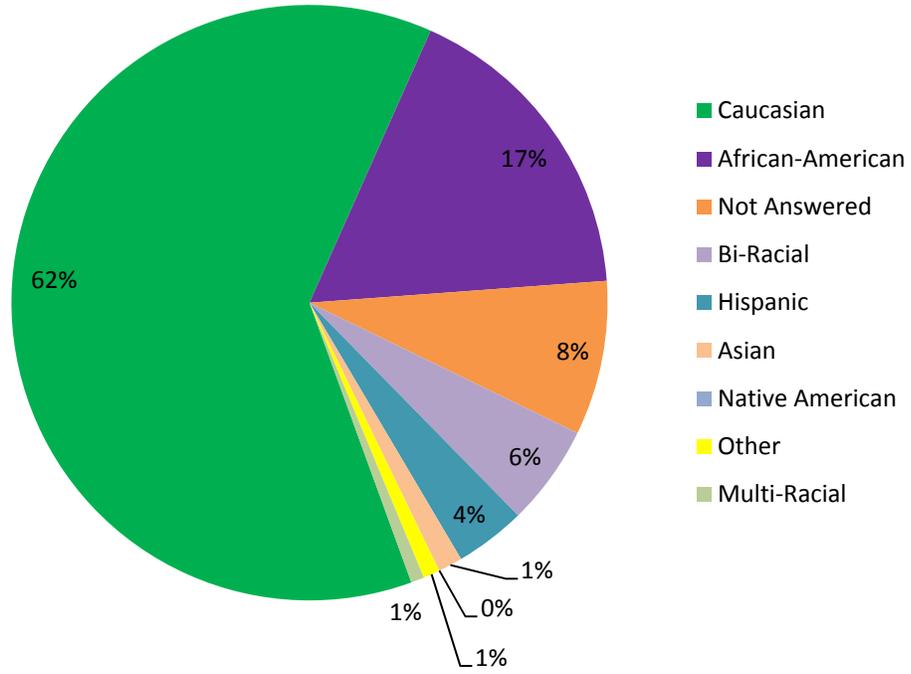
Ages of Client Served



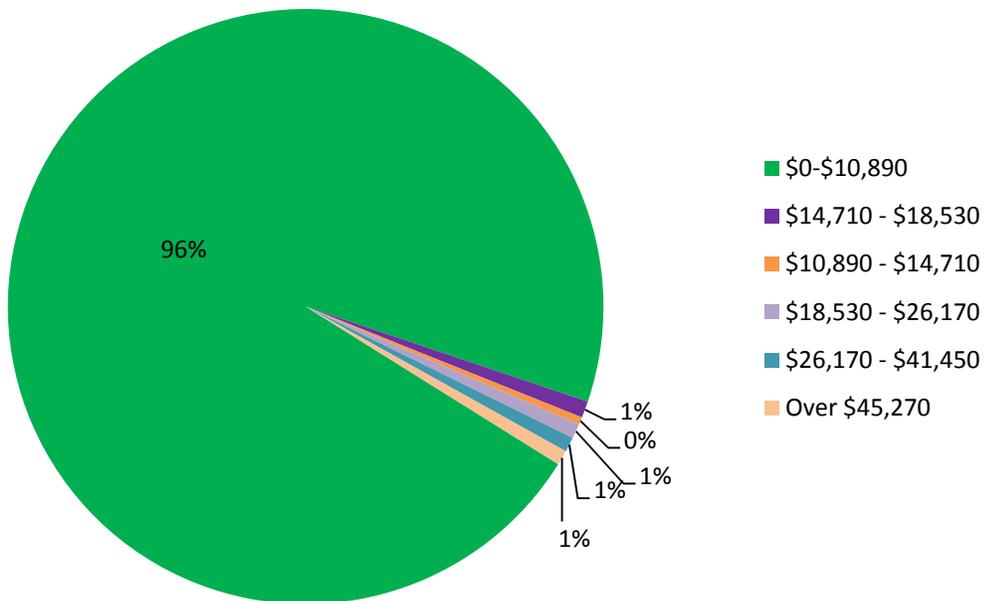
Gender



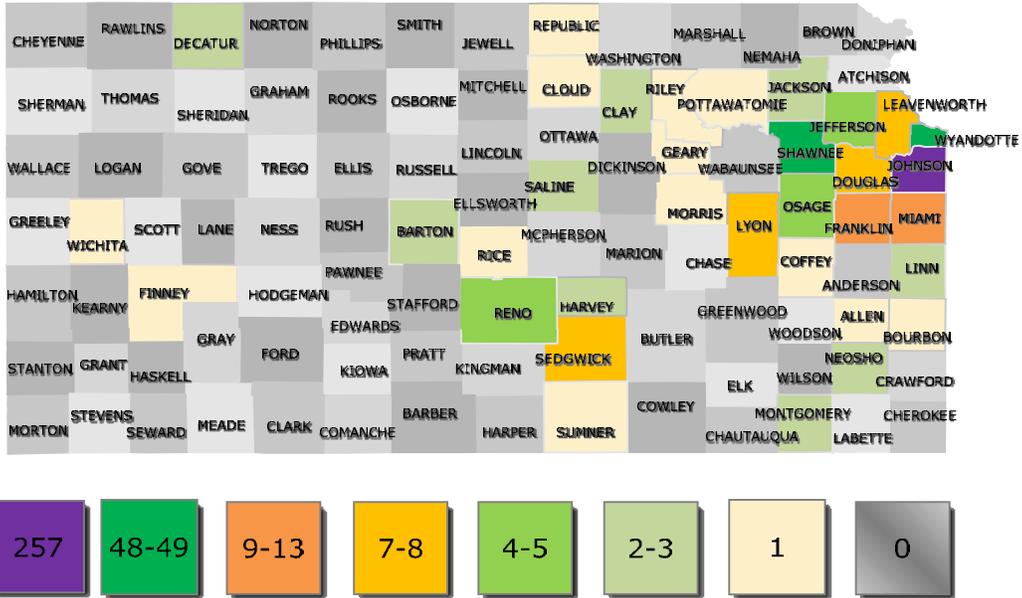
Race



Client Income Reported (40%N)



Youth Served through KidsTLC by County 2012



An additional 68 youth from Jackson County, MO and 1 youth from Cass County, MO were served through KidsTLC’s programs.

For questions on this report, please contact:

KidsTLC, Inc. Office of Quality Assurance & Compliance

480 S. Rogers Rd, Olathe, KS 66062

(913) 324-3831