TABLE OF CONTENTS

Introduction...........................................................................................................................................3
Clinical Measures of Student Change................................................................................................3
Results for Beck Youth Inventory (BYI-II)..........................................................................................4
Adverse Childhood Experience (ACE)..............................................................................................4
Academic Measures of Student Change ............................................................................................5
Parent Satisfaction Survey..................................................................................................................7
Student Opinion Survey....................................................................................................................8
Improvements Suggested by Students ..............................................................................................8
Outcomes of Former Students ...........................................................................................................9
Agency Opinion Survey.....................................................................................................................11
Conclusion..........................................................................................................................................13

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Introduction

The current Outcomes Report addresses the outcomes for students enrolled at Timber Ridge School during the 2015-2017 years. Several standardized tests are used to measure student’s progress over time and students, parents, and agencies complete satisfaction surveys to provide input about various aspects of the program. Follow up calls are made to discharged students to gather additional information.

Clinical Measures of Student Change

Timber Ridge School students have the following mental health diagnoses: Disruptive Mood Dysregulation Disorder; Conduct Disorder, Disruptive Behavior Disorders; Substance Abuse; or trauma related disorders (PTSD). The Millon Adolescent Clinical Inventory (MACI) and Beck Youth Inventory (BYI) are the clinical instruments used to assess student changes. The MACI and BYI scores are gathered shortly after a student’s admission to Timber Ridge School (3-4 weeks) and again during the month prior to their planned discharge. The MACI data from the students was evaluated by calculating the means of each subscale for testing time 1 and testing time 2 and then Paired Samples t-tests were used to assess the average change from Admission to Discharge for each of the MACI subscales. The significance level was set at .05.

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<tr>
<th>Significant Increase</th>
<th>No Significant Change</th>
<th>Significant Decrease</th>
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<td>Desirability</td>
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<td>Disclosure</td>
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<td>Identity Diffusion</td>
<td>Debasement</td>
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<td>Dramatizing</td>
<td>Body Disapproval</td>
<td>Introversion</td>
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<td>Sexual Discomfort</td>
<td>Doleful</td>
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<td>Peer Insecurity</td>
<td>Unruly</td>
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<td>Anxious Feeling</td>
<td>Social Insensitivity</td>
<td>Forceful</td>
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<td></td>
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<td>Demeaning</td>
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<td>Self-Devaluation</td>
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<td>Suicidal Tendencies</td>
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Results for Beck Youth Inventory (BYI-II)

The BYI-II is a self-report inventory of symptoms and problem areas with five subscales; Self Concept (BSCI), Anxiety (BAI), Depression (BDI), Anger (BANI), and Disruptive Behavior (BDBI). For example, the Depression Scale allows for early identification of symptoms of depression. It includes items related to a child's or adolescents negative thoughts about self, life and the future, feelings of sadness and guilt, and sleep disturbance. Paired samples t-test were used to assess the average change from Admissions to Discharge for the inventories (scales). The significance level was set at .05. There was, on average, a statistically significant decrease from Admissions to Discharge on the depression and anger scales. There was, on average, a statistically significant decrease from Admissions to Discharge on the self-concept scale. On average, there was not statistically significant change (increase or decrease) from Admissions to Discharge for the anxiety and disruptive behavior scales.

Adverse Childhood Experience (ACE)

The ACE assesses for traumatic experiences that one has had to face in their lives. The higher the ACE score the more trauma a child has experienced, with a ten being the highest score one can get on this scale. Over the last two years, at the time of admission, eighty students completed the 10-question Adverse Childhood Experiences Questionnaire. Their answers are indicated in the graph below, yet we found that it was difficult for our students to disclose this information at admission. This graph is an indicator of the experiences that have shaped our students. The Clinical Counselors believe that their scores may be higher than reported due to their hesitancy to (self) report.
Academic Measures of Student Change

Demographically the Timber Ridge School population reflects the following Special Education primary classifications and percentages: The special education classifications of students are determined by the students’ local education agencies prior to student’s admission. The Special Education Classifications served include: Emotional Disability (ED); Learning Disability (LD); Other Health Impaired (OHI); Behavior Disordered (BD).
Timber Ridge School offers credit recovery and credit-earning potential for students to earn a regular high school diploma. Students who are interested in the Individual Student Alternative Education Plan (ISAEP)/GED or TASC process are supported through on-line offerings as well as access to classroom learning to build the necessary skills.

Timber Ridge School assessed academic skills utilizing three measures:

- Wide Range Achievement Test (WRAT) standardized achievement testing
- Standards of Learning (SOL) pass rates
- Graduation rates

Students are assessed using the WRAT at enrollment and discharge. Test scores are analyzed monthly and the data is used to differentiate instruction both individually for the student during their time attending and from a curriculum point of view.

In general, the SOL tests are designed to assess students’ existing knowledge in specific content areas, as determined by the Virginia Department of Education diploma standards for students. Through a special arrangement with the Virginia Department of Education, Timber Ridge School is able to offer online SOL testing for students in coordination with their Local Education Agency. This arrangement has allowed Timber Ridge School to offer efficient delivery of approximately 200 SOL tests since 2014. All testing is done in an individual or small group session of no more than 3 students. If the student is eligible for an expedited retake individualized instruction and study materials are provided to the student to give them every opportunity to successfully pass the SOL assessment.

The following graduation rates for Timber Ridge School are based upon high school students who should have, or could have, graduated and did. The percentage also includes students who successfully prepared for, and passed, the GED/TASC exam while at Timber Ridge School.

Timber Ridge School Graduation Rates:

- 2014-15 92%, 12/13 students
- 2015-16 100%, 6/6 students
- 2016-17 100%, 6/6 students
Parent Satisfaction Survey

Timber Ridge School surveyed the opinions of parents of current and former students. Responses were received from 26 parents representing a response rate of 31%. Overall, the parents were satisfied with most aspects of Timber Ridge School: academics, counseling services, treatment plans, and health services. Suggested improvements were primarily in regards to improving communication, addressing staff consistency and staff training. The following statements are reported from the parents about changes they have noticed in their son.

- He doesn’t hang out with the same group of people as before attending Timber Ridge School.
- Much easier to wake up. Doesn’t argue with me and is able to calm down rather quickly.
- He was great for a month and a half after leaving.
- My son has now graduated from Timber Ridge School but his changes are major. No longer has rage problems, he listens and is reportable now, and also very goal oriented as well.
- The way he communicates.
- His attitude and how he talks to female authority figures. He has learned how to control his anger a little better than before.
- He wasn’t there long enough for a change.
- Able to calm down when he gets angry.
- Better anger management, better communication, commitment to stop using drugs, seeing value in his future.
- While in the program he made great effort to do all his required work and accomplish graduating.
- He has matured a lot since he was at Timber Ridge. They made him see things at a different perspective.
Student Opinion Survey

Thirty Timber Ridge School students completed a survey in the summer of 2017. Most of the students had been at Timber Ridge School for at least three months. The survey asked students to rate safety, staff relationships, the quality of educational services, the quality of clinical counseling services, nursing services, and bullying.

All of the students responded that they “meet with a Counselor and that their Counselor helps them.” Twenty eight students responded that “they trust their Counselor” and “their Counselor understands them and cares about them.” All of the students agreed that teachers use Smart Boards and other technology. Eighty percent of the students surveyed agree that school work is appropriate and eighty percent agree that teachers are patient with them. Eighty three percent of the students agree that nurses talk to them, answer their health questions, and schedule needed medical appointments. All, but one student agreed that there are regular student staff meetings to discuss issues on the unit and twenty eight students agreed that staff discuss treatment issues.

Dissatisfaction was noted in the amount and variety of overall activities at Timber Ridge School. Thirty-three of the students noted that they do not agree that residential staff remain calm when the student is angry. Fifty six percent of students (seventeen) noted that bullying is a problem. Yet, ninety three percent of the students answered that they feel safe at Timber Ridge School.

Improvements Suggested by Students

Students were also asked for their open-ended input about what Timber Ridge School does well. Many of the positive responses were about staff, food, participating in sports and other activities. Many of the response were also about wanting more activities and more sports teams, increased home visits, and more food choices. There were comments that staff are strict, not consistent, and need to “improve.”
Outcomes of Former Students

Timber Ridge School Clinical Counselors contact former students by phone using a questionnaire to rate the student’s adjustment across various domains. The scheduled time intervals for follow up contacts are two months, six months, and one year. Some of the noteworthy results are graphed below and represent a compilation of the three time frames.

Overall, how did TRS affect your life?

- 67.90% Extremely helpful, made positive changes
- 24.70% Helpful, made some positive changes
- 4.90% My life became much worse
- 1.20% My life became slightly worse
- 1.20% Not helpful, but not a waste of time
Overall, how well are you coping with life?

- Excellent: 46%
- Good: 21.80%
- OK: 11.50%
- Somewhat poor: 12.60%
- Very poor: 8%

How do you rate the quality of your relationships with family or people you consider to be family?

- Excellent: 46.30%
- Good: 23.20%
- OK: 13.40%
- Somewhat poor: 9.80%
- Very poor: 7.30%
Agency Opinion Survey

Timber Ridge School surveyed referring agency worker opinions; 40 responses were obtained from the 278 email requests. The agency workers were administrators, juvenile court service personnel, DSS and DHHR workers, and educators.

The majority of responses about the quality of clinical services, academic services, and health services were rated as Outstanding or Good.

The highest ratings were in response to the following two questions:

**Q3 How quickly and efficiently have admissions been handled?**

- **Very prompt and efficient**: 84.62% (33 responses)
- **Average response time**: 15.38% (6 responses)
- **Often does not meet expectations**: 0.00% (0 responses)

**Q8 How quickly does Timber Ridge School respond to your contact?**

- **Prompt, few delays**: 75.00% (30 responses)
- **Within acceptable time periods**: 22.50% (9 responses)
- **Much too slow**: 2.50% (1 response)

Total responses: 40
Other responses indicating high ratings are listed below:

Please rate the quality of residential services at Timber Ridge School

- 46.15% rated it as "Outstanding; Above expectations; Stands above other programs; Services are provided by quality staff".
- 51.28% rated it as "Good; Meets expectations; Similar to other programs".
- 2.56% rated it as "Fair; Needs improvement".
- 0.00% rated it as "Poor".

Please rate the quality of academic services at Timber Ridge School

- 74.36% rated it as "Outstanding; Staff go "above and beyond" providing academic instruction".
- 23.08% rated it as "Good; Comparable to other residential programs".
- 2.56% rated it as "Fair; Needs improvement".
- 0.00% rated it as "Poor".
Conclusion

There is no single variable that indicates success for students; there is no simple approach to determine success. We consider satisfaction surveys and clinical measures of change some measure of accomplishment. Additionally, over the last one and half years, we have implemented a trauma informed approach (ARC) in hopes of improving outcomes for our students. This model has assisted staff and students to learn strategies to mitigate some of our students’ adverse child experiences. Timber Ridge School will utilize the information from this outcomes report to continue our mission to SHAPE the lives of the young men enrolled in our program in a trauma informed manner.