

Academy Programs
2016 Annual Report



Annual Overview and Summary for Academy Programs 2016

2016 reflects another year that Academy Programs continued to fulfill its missions to “provide accountable, effective, family-centered, community-based treatment services which are delivered in the least restrictive and most efficient manner” and to be a leader and innovator in providing valuable services to the children of West Virginia. The Academy consistently served 70 plus children each day and remained ever vigilant of our goals for repairing the deficits life has brought upon the development of the kids in our care. Through the effective and orthodox practice of Re-ED Philosophy, high levels of commitment from our staff, and sage wisdom of our leadership, the Academy continues to set the standard for children services throughout our state.

The Academy continues to maintain its commitment to Re-ED Philosophy as the beacon for reaching children with emotional and behavioral disturbance. Re-ED Philosophy is a combination of psychological and educational strategies for working with troubled and emotionally disturbed children and adolescents. Re-ED Philosophy holds fast to the notion that emotional disturbance is not something that a child or adolescent “has”, or not something in the person. It is not an illness, a disease, a disorder, or the by-product of pathology. Rather, Re-ED focuses on the presence of emotional discord as the result of a deficit in the child’s ecology. In short, they are a product of their environment. In order to change or modify behaviors that have prevented children from being successful in their natural environment, we believe that we must address and correct the shortcomings of that environment and give children the tools necessary to master living in those environments.

The second assumption of Re-ED Philosophy is the prescribed response to emotional disturbance by the treatment community. Traditional psychodynamic models of treatment rely heavily on individual and group therapy as a means of generating the insight necessary to promote behavioral change. However, in Re-ED, preference is given to experiential learning. We derive greater benefit from life as it is lived, as opposed to life as it is talked about during therapy sessions. Insight into the causal relationship of behavior and experiences is regarded as less important in generating behavior change as is experiencing the benefits of that change through successful and effective daily living. Success generates success and children who experience the benefits of living successfully on a daily basis gain the competence and confidence necessary to generate the desired behavior modification.

Positive performance in education and repairing the academic deficits of our student body continue to be a primary concern in our approach to treatment. Education and academic competence is of equal importance in Re-ED as is an active involvement in traditional psychodynamic intervention. Research and experience demonstrates the crucial importance of academic competence in improving the adjustment of children. As Re-ED practitioners, we begin with an attempt to repair academic deficits as a means of creating a gateway to address and improve behavior, performance, and adjustment deficits. Children who perform with competence and confidence in the classroom setting are more apt to perform likewise outside of the classroom.

In addition to maintaining our commitment to the practice of Re-ED and to improving the educational capacity of our student body, the Academy held firm in its traditional programming strategies. In April, our traditional Spring Break programming continued with the entire campus involved in activity throughout the week. The week began with Zombie Day games as groups were engaged in completing puzzles and teamwork challenges to advance beyond the Mad Scientist Lab and work toward surviving the zombie hordes. Cartoon Character Day would include relay races and a visit from the squad of Angry Birds. The week would end with a dance challenge on Rock Star Day and program pride pep rallies to kick off our First Annual Battle of the Buildings. A contest won by our oldest program, Youth Academy. June would host our 8th Annual Derby Race with the Sioux group claiming the checkered flag in victory lane. Students also competed in our Annual Decathlon, and the Fall Battle of the Buildings contest would be won by Yale Academy.

The Academy continued to integrate athletic programming into our daily milieu. Re-Ed holds fast to the notion that physical fitness and psychological fitness are both constructed within the same person. As such, improving psychological fitness, as well as physical fitness, results in enhanced effective functioning. We believe that our athletic programming helps us to meet these needs. The 2016 sports championships were awarded to the Titans and the Seneca for basketball, the Knights and the Cherokee for volleyball, the Titans and Seneca for softball, and the Spartans and Seneca for football.

Our campus summer traditions continued with off-campus adventure. Students traveled to Carnegie for an upbeat education in modern science. Groups would take on camping adventures at Bear Run and enjoy fishing and learning to cook over an open fire. Some groups traveled to our nation's capitol to visit historic landmarks while others enjoyed trips to Laurel Caverns to explore and relax.

Our commitment to community service projects continued throughout the year with dramatic growth in the number of community causes adopted by the students at the Academy. In 2016, groups from the Academy would volunteer support for a wide range of community projects including Bartlett House, the Governor's Adopt-A-Highway program, Marion County Humane Society, The Salvation Army, Union Mission, Arbors Nursing Home, Taylor County Humane Society, Harrison County Humane Society, The Soup Opera, and Ronald McDonald House. Through our work with The Salvation Army during the Christmas season, students from the Academy were recognized for being the third largest fund raising group in Marion County for that charity.

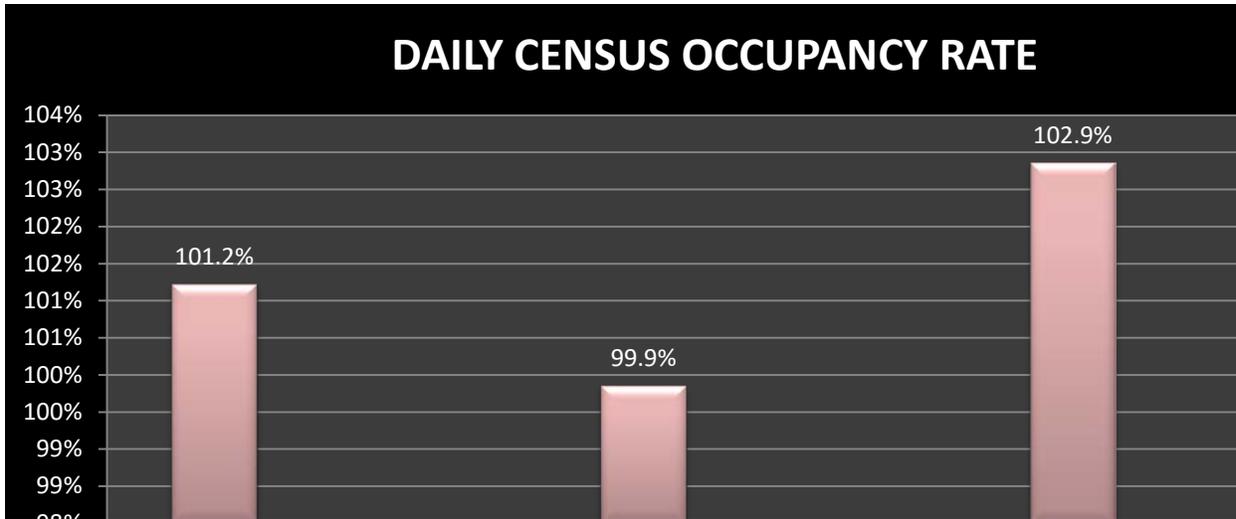
Nicholas Hobbs, the founder of Project Re-ED, referred to Re-ED practitioners as a "colleagueship of discovery" and stated that Re-ED "must be re-invented every day". We are charged with the responsibility of doing so in our efforts to maintain the innovation and uniqueness of Re-ED Philosophy. Through our practice and high levels of success in our work with troubled and troubling children, we have determined that Hobbs was correct in his idea of perpetuating success. "When programs are going well, the schools are so positive, so alive with learning that the students and staff are caught up in a deeply fulfilling adventure every day. And the affirmative expectations are contagious; they often spread to families, to regular schools, and to cooperating social agencies." (Hobbs, 1982, p. 23)

The 2016 Academy Programs Annual Report will go into greater detail by addressing information in the following areas:

- General program effectiveness in relation to stated goals/community needs and general staff effectiveness
- Average Daily Census
- Occupancy Rate
- Total Number of Residents Served
- Permanency of Life Situation
- Graduating Academy Programs
- Average Length of Stay
- Academics
- Child and Adolescent Functional Assessment Scale
- Presenting Diagnosis and Success Rate
- Referrals
- Reportable Incidents/Safety Report-CIRT Review
- Safety Committee Report 2016
- Satisfaction Surveys
- Staff Retention and Turnover
- General Staffing Patterns
- Smart Recovery
- Community Family Intensive Treatment (CFIT)
- Expenditures & Revenue

General Program Effectiveness in Relation to Stated Goals/Community Needs/General Staff Effectiveness

The census rates for all three programs remained high throughout the year. YALE Academy was ordered over capacity on six occasions during the year, while the Yore Academy was ordered over capacity seven times. This impacted our census and put us at 101.2% and 102.9% utilization for the year. The need for substance abuse treatment for teens continues to be great in West Virginia.

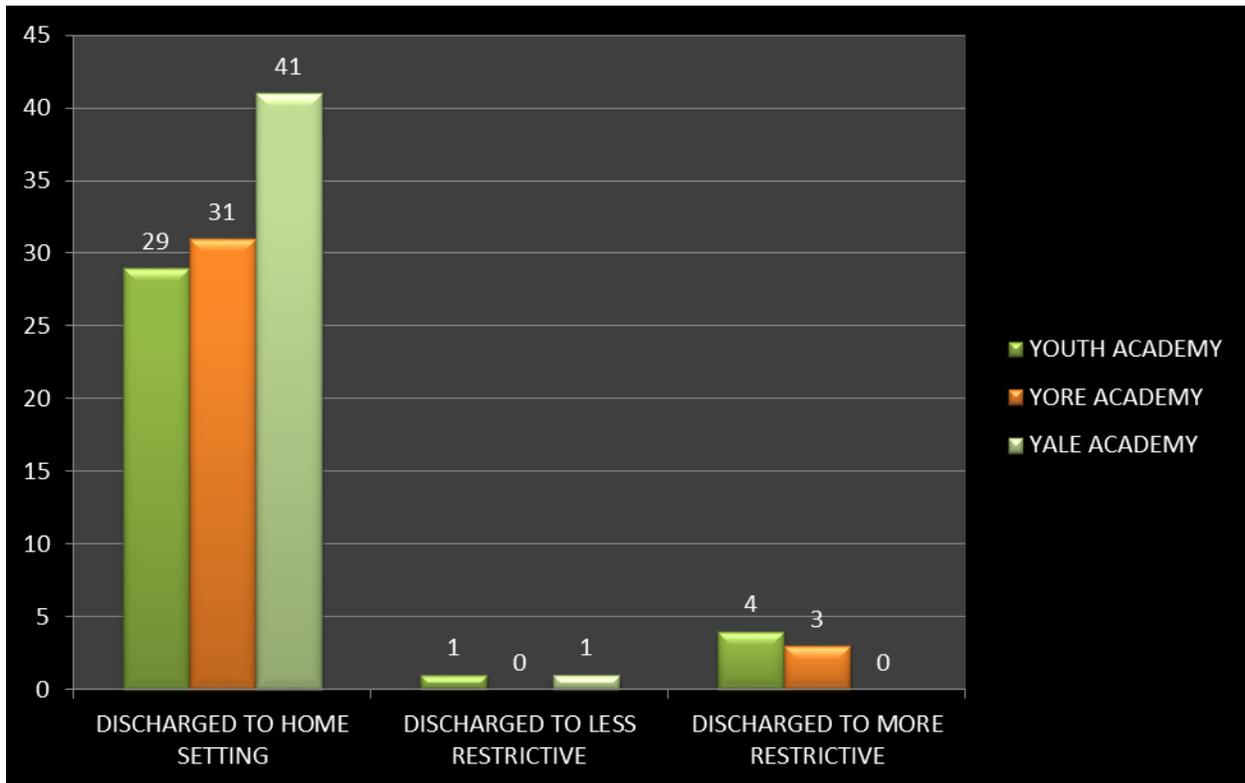


Individual program data:

2016		TOTAL SERVED	POSSIBLE DAYS OF CARE	TOTAL DAYS OF CARE 2016	AVG. DAILY CENSUS OCCUPANCY RATE
YALE ACADEMY	M	38	8760	8868	101.2%
	F	28			
YOUTH ACADEMY	M	30	8030	8019	99.9%
	F	26			
YORE ACADEMY	M	37	8760	9011	102.9%
	F	21			

Permanency of Life

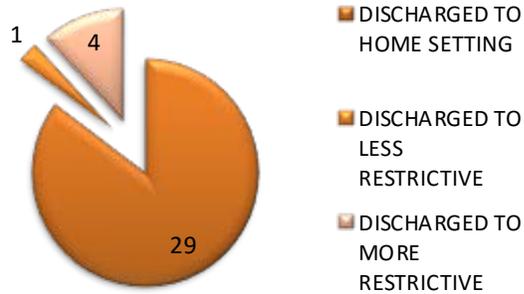
In 2016 Academy Programs was able to serve a total of 180 children, compared to 133 in 2015. Over the course of the year, 110 of those children were discharged. 101 children were reunited with their families, 2 were discharged to a less restrictive placement and 7 needed a higher level of care. 94% of the children discharged successfully. By examining “Permanency of Life Situation” and applying the outcome measures as adopted by the West Virginia Child Care Association, which stipulates 70% of all kids receiving services for 90 days or longer will be discharged to a home setting (home setting is defined as a foster home, birth family, adoptive, kinship care, lesser restrictive, or independence), the Academy’s success is represented as follows in the below graph:



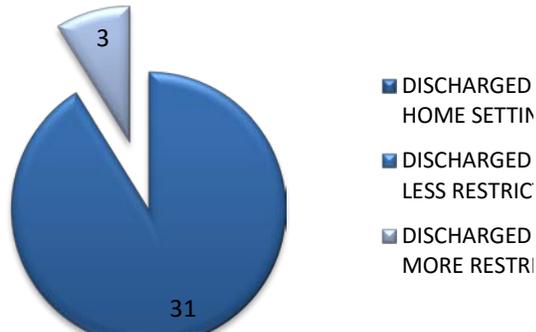
Per program data is represented below:

2016	TOTAL SERVED	TOTAL DISCHARGES 2016	DISCHARGED TO HOME SETTING	DISCHARGED TO LESS RESTRICTIVE	DISCHARGED TO MORE RESTRICTIVE
YOUTH ACADEMY	56	34	29	1	4
YORE ACADEMY	58	34	31	0	3
YALE ACADEMY	66	42	41	1	0
	180	110	101	2	7

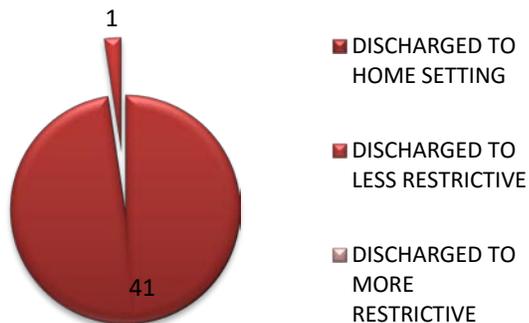
YOUTH ACADEMY 2016 Permanency of Life



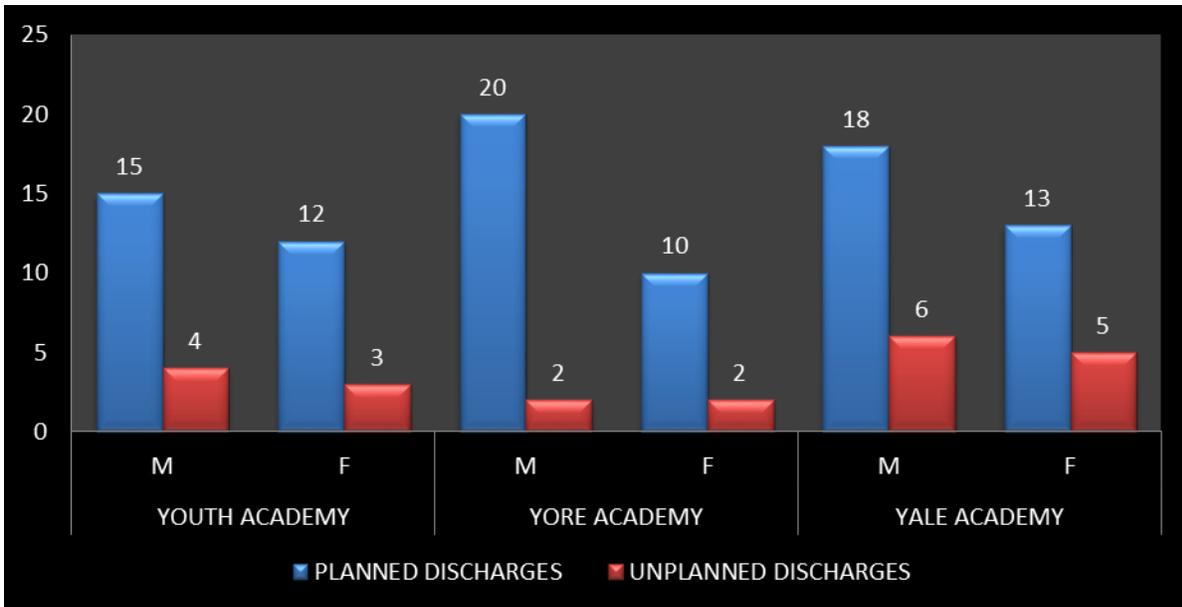
YORE ACADEMY 2016 Permanency of Life



YALE ACADEMY 2016 Permanency of Life



Successful discharges are also achieved through planning. Whenever possible, Academy Programs coordinates discharge planning with members of the student’s Multidisciplinary Treatment team. Recommendations for further treatment services, school placement and other supports necessary to help the student maintain the gains they achieved while with us are provided to the team. At times, students are released at court prior to completion of the program and without benefit of the planning process. Although sometimes they are being released back into their parents’ care, it is without benefit of planned community services. At other times, students elope and remain at large, causing them to be released from the program. The information below is a representation of the planned and unplanned discharges for 2016:



Per program data is represented below:

2016		TOTAL DISCHARGES	PLANNED DISCHARGES	UNPLANNED DISCHARGES	REASONS FOR UNPLANNED DISCHARGES
YOUTH ACADEMY	M	19	15	4	court/detention
	F	15	12	3	runaway/detention
YORE ACADEMY	M	22	20	2	court/detention
	F	12	10	2	runaway
YALE ACADEMY	M	24	18	6	runaway/court
	F	18	13	5	runaway/court
		110	88	22	

Graduating Academy Programs

“All too often, data are collected via complicated systems which are seldom used effectively. This perpetuates the tendency for staff and family members to be reactive to a student’s behavior rather than proactively responsive.” (Nicholas Hobbs, 1982, p.150)

Academy Programs has developed and employs a six phase program known as Graduating Academy Programs, or GAP, delineating the steps a child must take in order to fully and successfully complete the program and utilize the strategies of this program as an integral part of the treatment planning process.

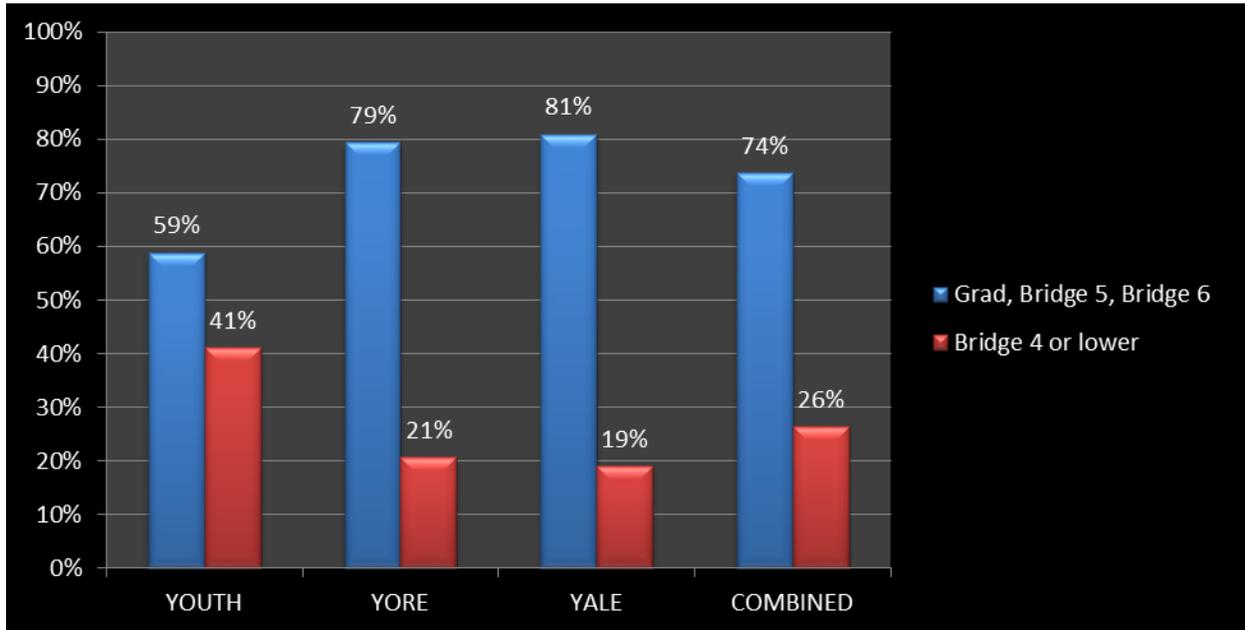
The program has three distinct components necessary for generating successful change in student behavior. First, students have the ability to influence their own destiny based on their involvement in the treatment process and the effort they independently choose to apply to modifying and/or changing the behaviors that have resulted in their removal from their homes, schools and communities. Second, Academy staff approach the implementation of this system in the vested interest of making students successful in obtaining the therapeutic milestones indicated, as opposed to holding them accountable to failure to progress the program in a pre-determined length of time. Finally, the program is comprehensive, combining all aspects of the students ecology including conduct in the residential setting (behavior points), successful completion of goals from their treatment plan, academic performance, substance abuse treatment and family involvement in the treatment process. This approach requires us to treat all sources of discord the student is experiencing, not just repeatedly address student behavior and absence of appropriate conduct.

The GAP program helps to generate investment in the treatment process by allowing students to identify exactly what is required in order to successfully complete the program. It allows professionals involved in the students’ treatment to see real-time data of the student progress in the program and to accurately answer queries related to the length of time required to complete the treatment process. It allows clinical staff to accurately gauge effectiveness of treatment planning as well as track the level of family participation, which is critical in the effective treatment of the student population. Also the GAP program removes subjectivity based on professional judgement from the treatment equation. The effectiveness of interventions is easily visible and quantifiable while the need for additional interventions can be identified quickly.

Through the application of this program, Academy Programs is able to offer a consistent product to our referral sources as well as an effective treatment intervention for our student population. We are able to benchmark a child’s progress through the program and identify areas that a child must address and master in order to complete the program. The focus of the GAP program is completion of treatment milestones within the milieu and is specific to each child’s individual treatment needs. It allows children to gauge where they are in the treatment process and identify future challenges to complete the program. It also allows the parent(s), social worker, juvenile probation officer and judge to readily track a child’s progress through the program and allows us to objectively identify obstacles a child must overcome to successfully complete the program.

In our efforts to generate outcomes that are evidence based in accordance with our company values, we have developed and implemented this program in the treatment milieu.

Through the GAP program, students who achieve Bridge 5 or higher have achieved a measure of consistency in all areas of performance. They are internalizing the skills learned throughout treatment and are developing a success plan designed to help them overcome obstacles that prevented them from being successful prior to placement. Although graduates have the best success rate, students who discharge after attaining Bridge 5 are more likely to sustain positive gains. In 2016, discharges reflecting the GAP system are illustrated through the graph below:



Length of Stay

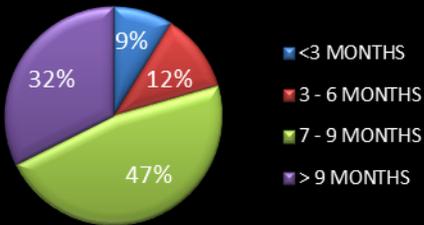
“In planning Re-ED, we resolved to do everything possible to cut down the length of stay, to separate children from their families and schools (even for five days a week) only as long as we are clearly helping, and only up to the point where the system can operate in a reasonably satisfactory manner without our assistance. We feel that limited goals are sensible goals and that one must expand penuriously, and account honestly for, each day that a child is kept away from home, school, and community, from the normal arrangements for living in our society. We assume that there will be substantial individual differences in responsiveness of children and adolescents to the Re-ED program. Some may stay in a school a few days or weeks; others may require a number of months, even a year or so. But we have from the outset been determined to avoid the trap of assuming that some finite amount of time is required to let the therapeutic process occur. Experience has shown that our aspirations are soundly based. The average length of stay of a child in a Re-ED school today is from four to eight months, and the variability remains great, as it should.” (Nicholas Hobbs, 1982, pg. 259)

As illustrated by the graphs below, the length of stay in both the Youth Academy and Yore Academy programs has shown a reduction in the last year, with the Yore females remaining fairly consistent. 2016 is the first full year of operation for YALE Academy.

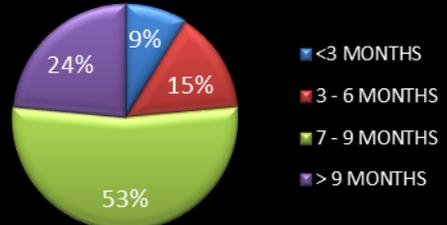
LENGTH OF STAY 2014 - 2016



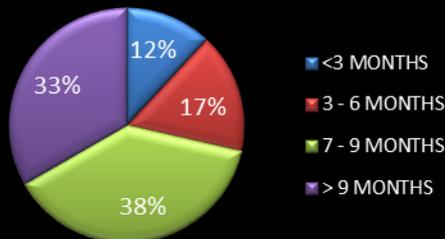
YOUTH ACADEMY LOS MONTHS



YORE ACADEMY LOS MONTHS



YALE ACADEMY LOS MONTHS

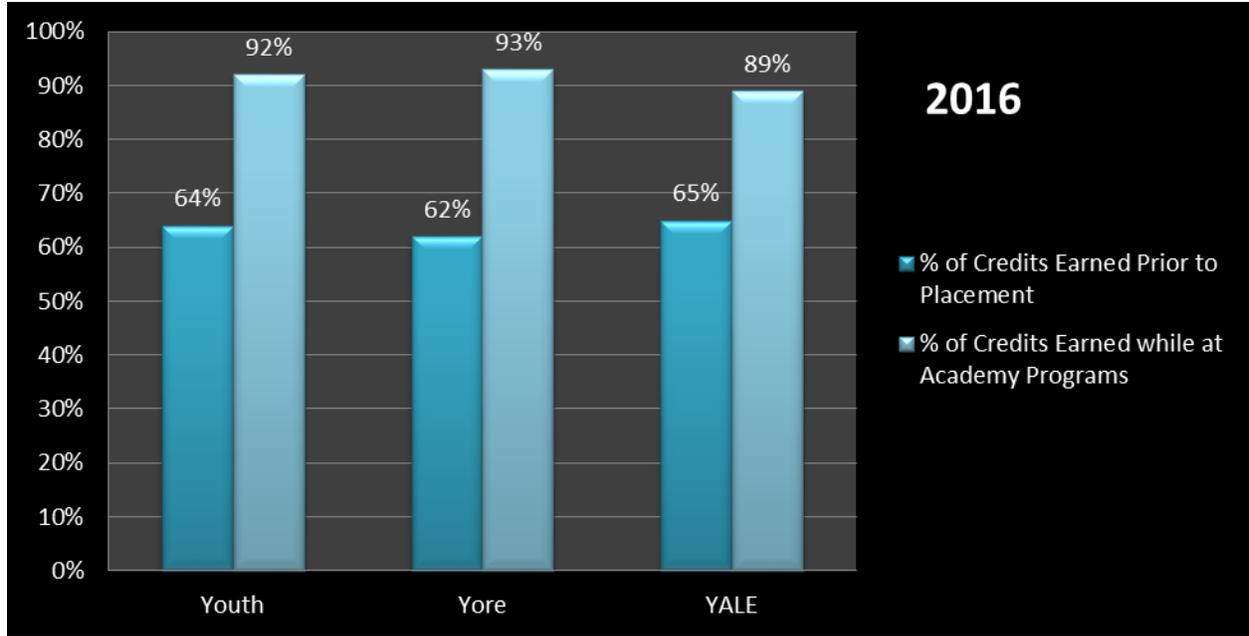


Academics

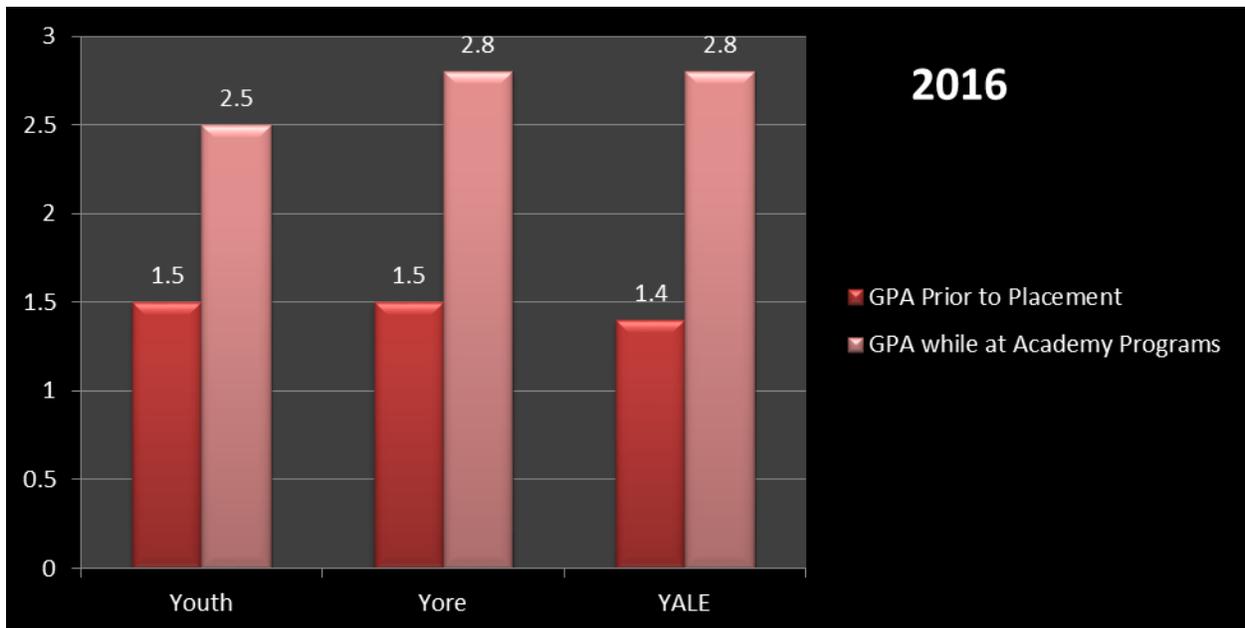
- Our school continues to be the highest academic performing school among all WVDE residential on-grounds schools since we completed our first year in 2008-2009.
- Offer 8 credits during the traditional school year (many public schools only offer 7)
 - Five core subjects of PE, Math, English, Science, and Social Studies
 - Electives include but are not limited to Career Technical Education Automotive Technology (Students are able to earn a National certification as a student ASE Certified Mechanics), Forestry, Communications, Geography, Piano, Art, Music Appreciation, Health, Computer Applications, Psychology, Sociology, Medical Terminology, Parenting, Child Development, Criminal Justice & Test Strategies
- A full summer school in which students can earn up to two credits (the majority of public school systems do not offer a summer school)
- All of our teachers are “Highly Qualified” under the Federal “No Child Left Behind” Act
- Greater than a 1:1 student to computer ratio (you will not find any public school with a ratio close to that)
- All student grades, transcripts, etc. are kept on the statewide public school computer system “WVEIS” (West Virginia Education Information System) which makes the transfer of student data for transition back to public schools immediate and seamless
- Earned “Full Accreditation” by the WVDE’s Office of Education Performance Audits with numerous “Commendations” for excellence
- Federal “Title I” school which enables us to receive federal funding to run academic programs for at risk children.
 - Tutoring [during school as well as hiring teachers to work on Saturdays for tutoring and Academic Remediation, Enrichment, and Acceleration (AREA)]
 - Reading Intervention specialist
 - Transition Specialist with discharge transition services for up to 12 months
- As a result of the CTE program, we are now able to do the “Option Pathways,” which increases opportunities to earn a high school diploma through alternative methods
- Students may be enrolled in distance learning classes:
 - “Credit Recovery” classes for students that have previously failed a class and need to retake that class for a credit
 - “Virtual School” for students that need a particular class that our school either can’t offer or that class won’t fit in our course offering schedule
 - College classes
- Numerous other OIEP schools have toured our school due to directives from the superintendent as we are considered “the model school” for OIEP
- Implement a “Positive Behavior Support Program” called Reaching for the Stars, which recognizes academic excellence (3.25 in all eight classes for the week), appropriate behaviors, and perfect attendance.
- All students enrolled in our school have all academic performances analyzed through IDT reports (monthly) and Reaching for the Stars reports (weekly)
- Individualized instructional plans are developed for each student, regardless of whether they are special education or not. Instructional strategies have been commended by the WV Board of Education’s auditing agency, Office of Education Performance Audits
- Successful educational audits by:
 - Special Education
 - Federal Title I
 - WV Board of Education Administration

2016 Pre-Placement Data vs Placement Data

Credits



Grade Pont Average

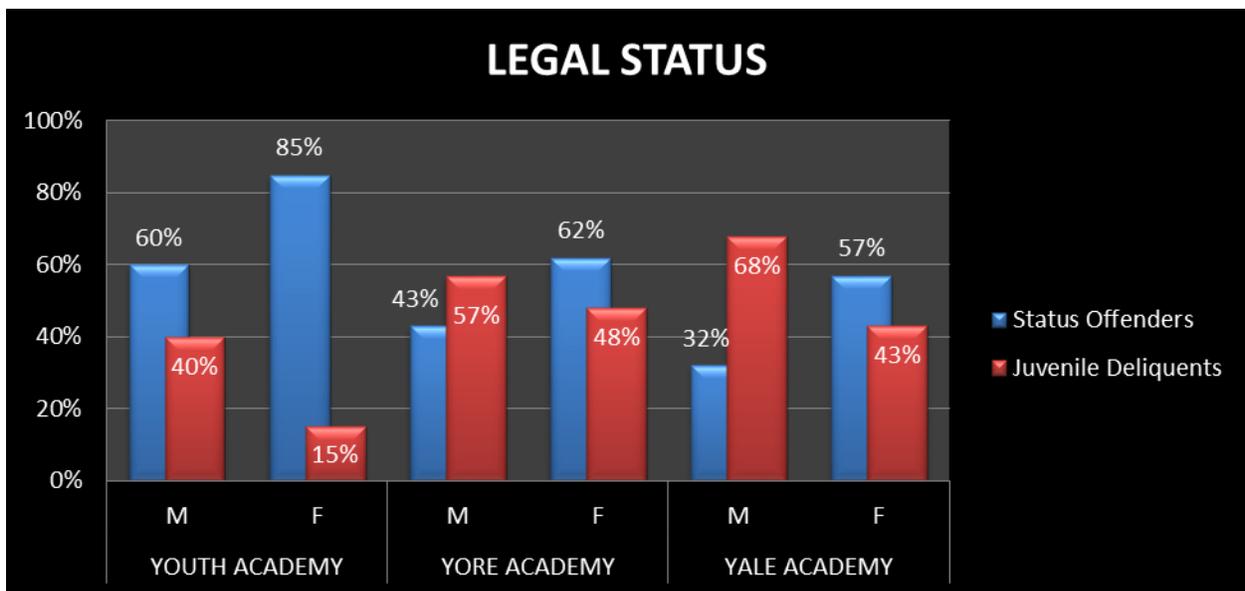


Legal Status

A status offense is a noncriminal act that is considered a law violation only because of a youth's status as a minor. Typical status offenses include truancy, running away from home, violating curfew, underage use of alcohol, general incorrigibility or being beyond parental control. Status-offending behavior is often a sign of underlying personal, familial, community, and systemic issues, similar to the risk factors that underlie general offending. Sometimes these underlying issues contribute to delinquency later in life, putting youths at a higher risk for drug use, victimization, engagement in risky behavior, and overall increased potential for physical and mental health issues, including addiction.

Juvenile delinquents are minors, usually defined as being between the ages of 10 and 18, who have committed some act that violates the law. These acts aren't called "crimes" as they would be for adults. Rather, crimes committed by minors are called "delinquent acts." They often include antisocial or criminal conduct. Delinquent acts may include crimes against persons, crimes against property, drug offenses, and crimes against public order. There are many factors that contribute to juvenile crime, including, but not limited to, poor education, low school attendance, peer pressure, disadvantaged socioeconomic status, and substance abuse. Juvenile delinquents are often confined to cells, without benefit of programming that would bring about change.

Academy Programs serves youth from both categories. We believe it is the most appropriate approach to provide treatment in a high quality residential treatment program versus placing a kid behind bars in jail. The graph below illustrates our population in 2016:



CAFAS

Designed for youth aged 5 to 19, the Child and Adolescent Functional Assessment Scale (CAFAS) is the gold standard tool for assessing a youth's day-to-day functioning and for tracking changes in functioning over time. The CAFAS assesses functioning across 8 critical life subscales assessing the youth, as well as two scales to assess caregiver functioning. The CAFAS yields both a total score and 10 individual subscales scores. The total score represents the total level of dysfunction and can be used to recommend intensity of treatment required. The individual subscale scores can be used to inform the focus of treatment and to monitor change in behavior over time.

Youth Scale:

School - Ability to function satisfactorily in a group educational environment

Home - Willingness to observe reasonable rules and perform age appropriate tasks

Community - Respect for the rights and property of others and conformity to laws

Behavior Towards Others - Appropriateness of youth's daily behavior

Moods - Modulation of the youth's emotional life

Self-Harm - Ability to cope without resorting to self-harmful behavior or verbalizations

Substance Use - Substance use and whether it is inappropriate or disruptive

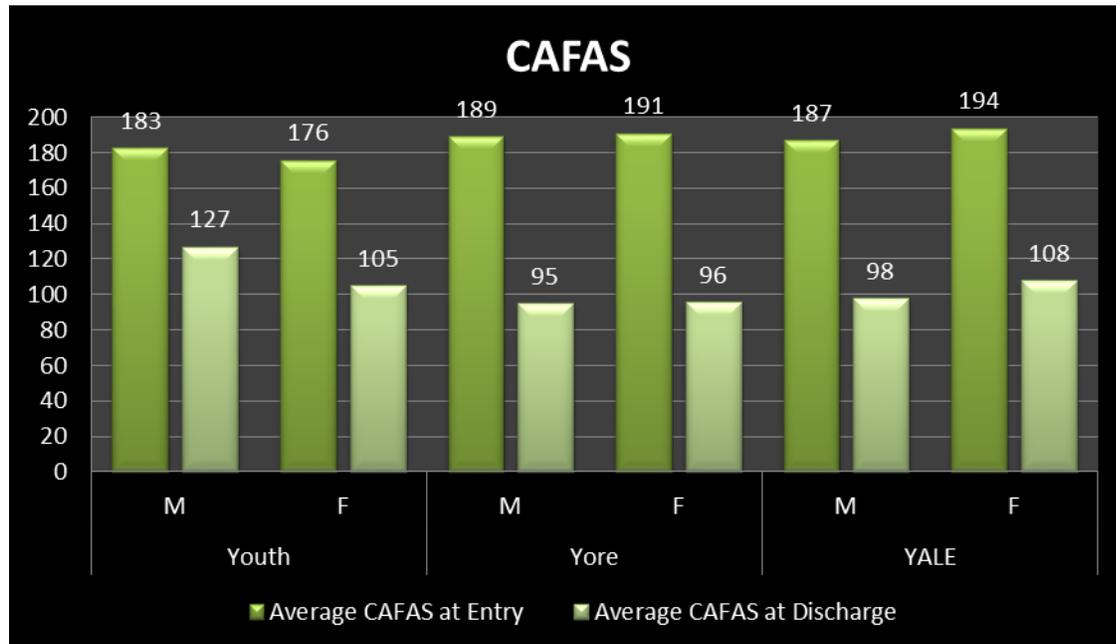
Thinking - Ability of the youth to use rational thought processes

Caregiver Scale:

Material Needs - Extent to which the youth's need for resources such as food, clothing, housing, medical attention and neighborhood safety are provided for

Social Support - The extent to which the youth's psychosocial needs are met by the family

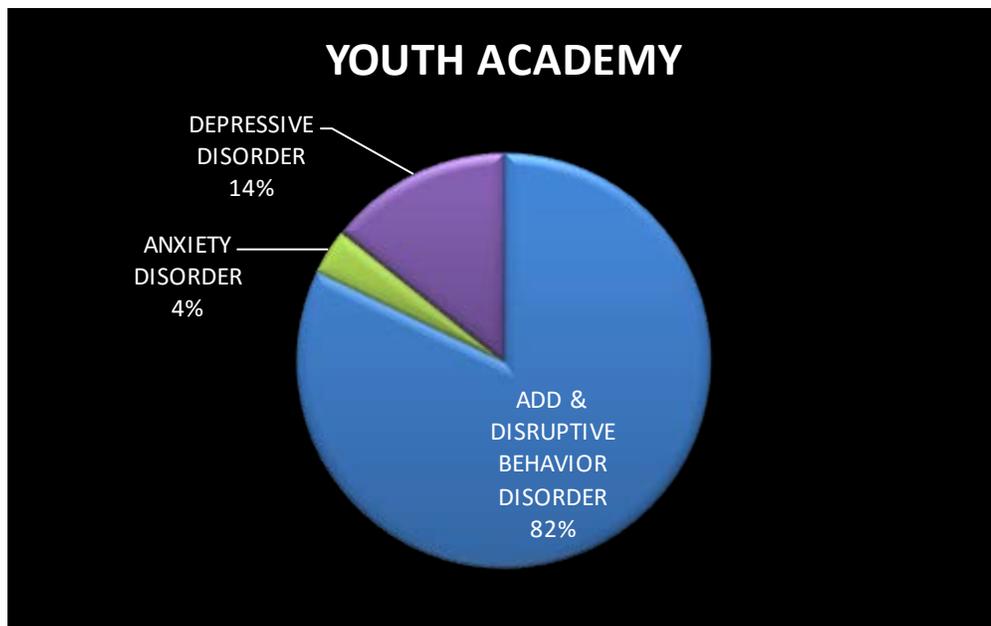
Scores of 140 and higher indicate that the youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available. As indicated in the chart below, students receiving services at Academy Programs consistently demonstrate a positive decrease in CAFAS score from intake to graduation. This trend indicates a consistent improvement in functioning and an increase in the ability to be successful in the student's natural environment upon return to the community.



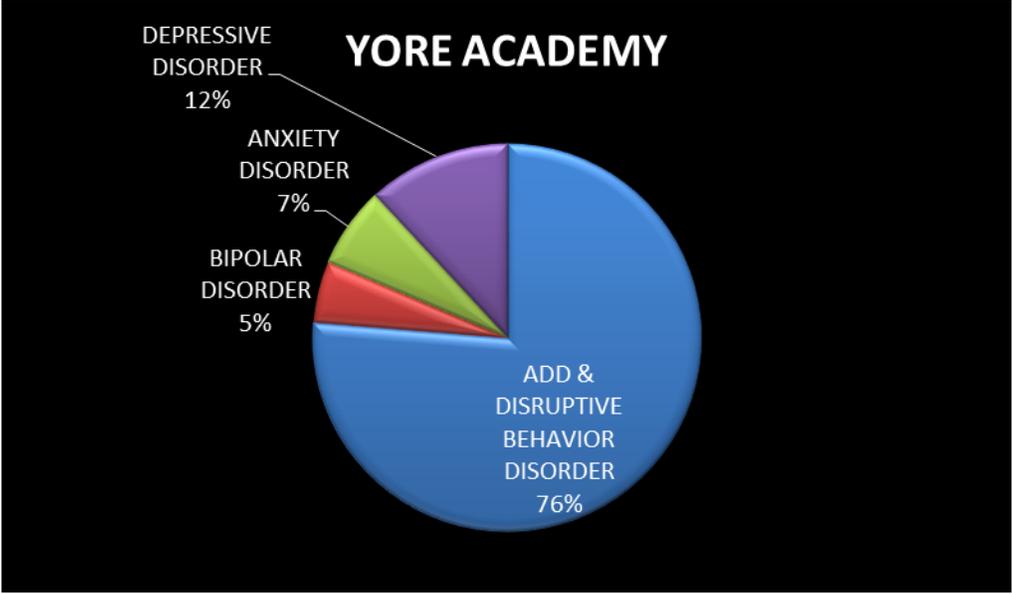
Presenting Diagnosis and Success Rate

The following charts show the various types of behavior disorders and diagnoses that each one of our programs serve. It also shows the success rate we have seen with treatment of these disorders. The most prevalent presenting disorder across all programs is Attention Deficit Disorder and Disruptive Behavior Disorders.

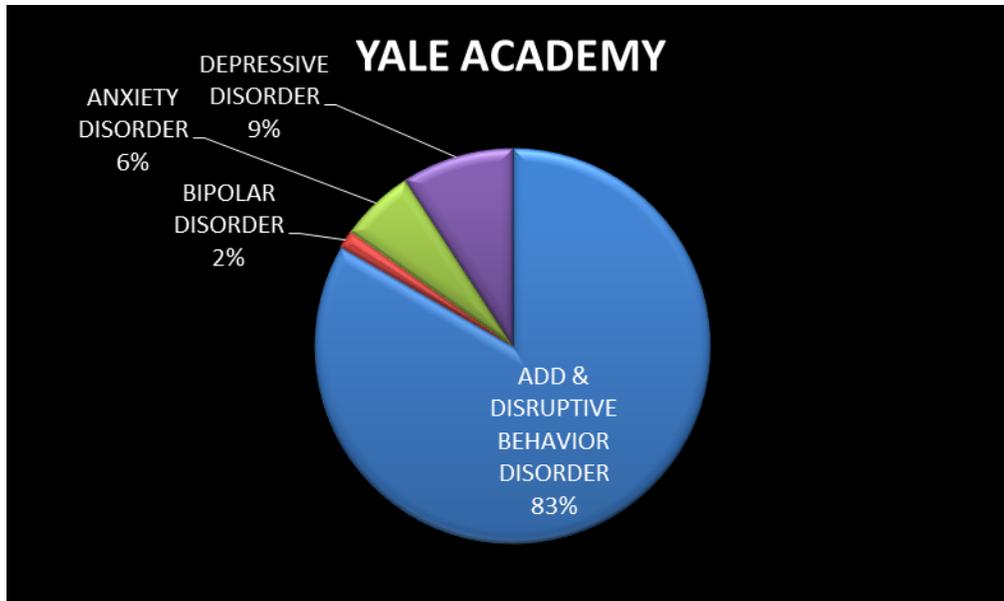
Successful treatment of presenting diagnosis means that there was a decrease in symptoms and the youth were released to a less restrictive environment upon discharge.



		TOTAL SERVED	ADD & DISRUPTIVE BEHAVIOR DISORDER	BIPOLAR DISORDER	ANXIETY DISORDER	DEPRESSIVE DISORDER
YOUTH ACADEMY	M	30	27	0	0	3
	F	26	19	0	2	5
Success Rate	M		89%			100%
	F		95%		100%	100%



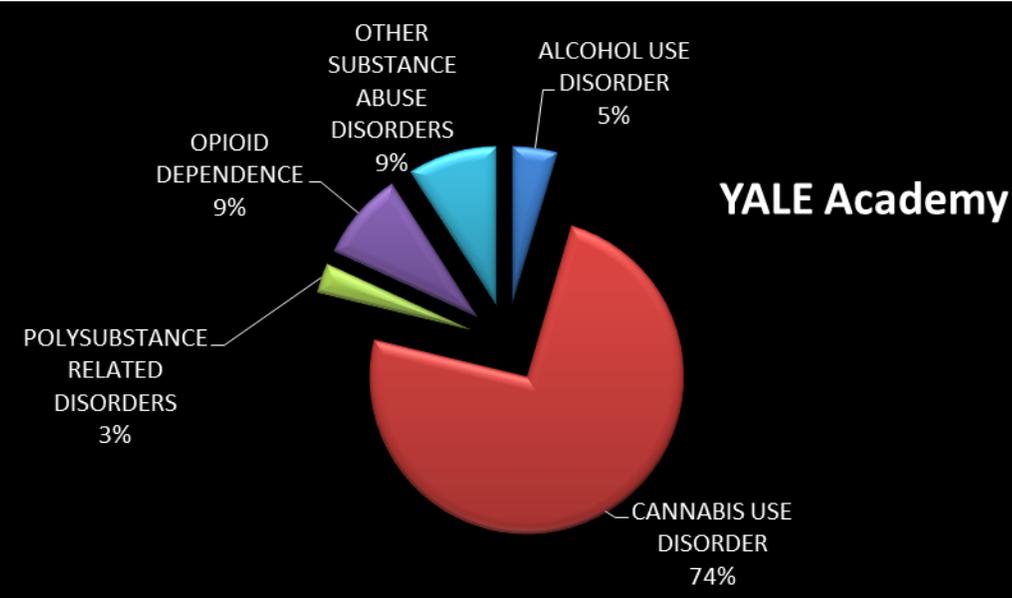
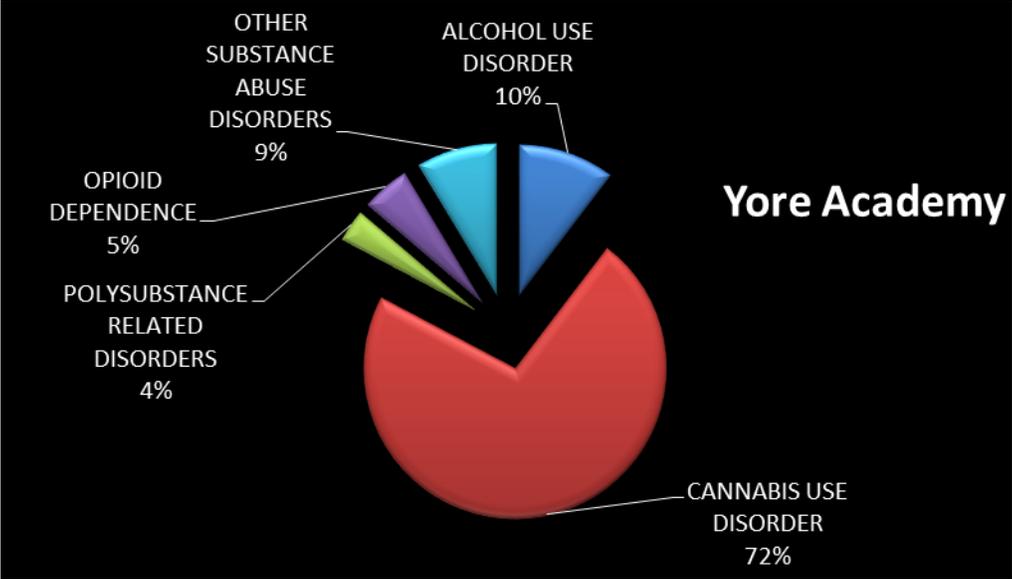
		TOTAL SERVED	ADD & DISRUPTIVE BEHAVIOR DISORDER	BIPOLAR DISORDER	ANXIETY DISORDER	DEPRESSIVE DISORDER
YORE ACADEMY	M	37	29	3	2	3
	F	21	15	0	2	4
Success Rate	M		93%	100%	100%	100%
	F		100%		100%	100%



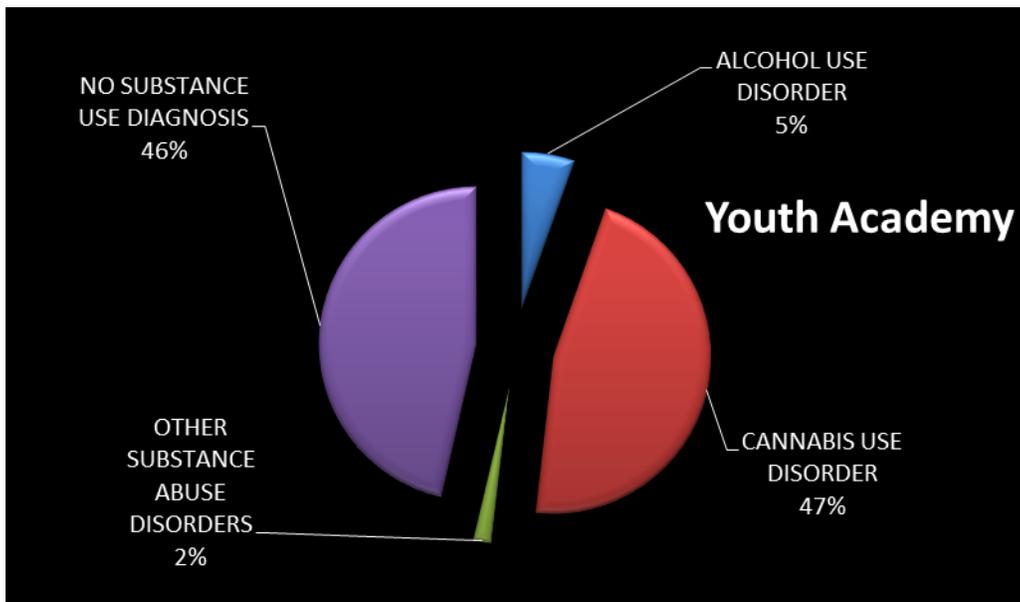
		TOTAL SERVED	ADD & DISRUPTIVE BEHAVIOR DISORDER	BIPOLAR DISORDER	ANXIETY DISORDER	DEPRESSIVE DISORDER
YALE ACADEMY	M	38	32	0	2	4
	F	28	23	1	2	2
Success Rate	M		100%		100%	100%
	F		100%	100%	100%	100%

Substance Abuse Diagnoses

The next charts show the demographics of primary substance abuse diagnoses of the residents of the Yore Academy and YALE Academy. The largest category for both males and females still remains Cannabis Use Disorder. This is, in part, due to students' attitude towards marijuana as being "socially acceptable" and non-addictive. There are fewer stigmas attached to marijuana use, so they freely discuss the extent of their use. Students typically admit to using a variety of other drugs, however they tend to minimize the frequency, intensity and duration of that use, therefore not meeting the criteria for diagnosis. After they begin to feel more comfortable in the program, students open up about their true substance use history.



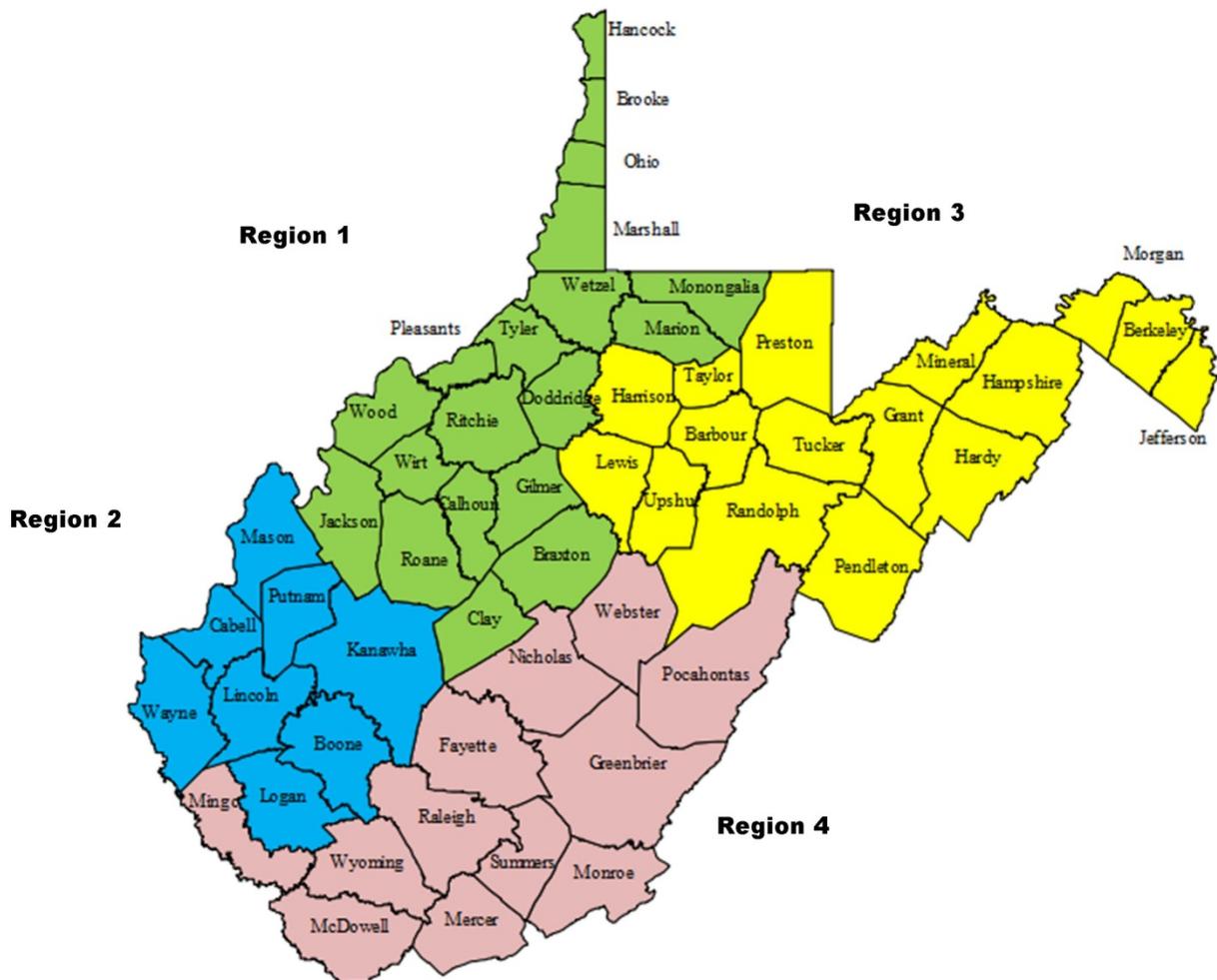
Although the Youth Academy is designed to treat children exhibiting behavioral and/or emotional issues that prevent them from being maintained in their homes, they often have substance abuse diagnoses and/or substance abuse issues at admission, or that are uncovered in the course of treatment. These substance abuse issues are addressed throughout their treatment, in the same way as those dually diagnosed residents of Yore and YALE Academy. As shown below, the prevalent substance abuse disorder in 2016 was Cannabis Use Disorder.



Referrals

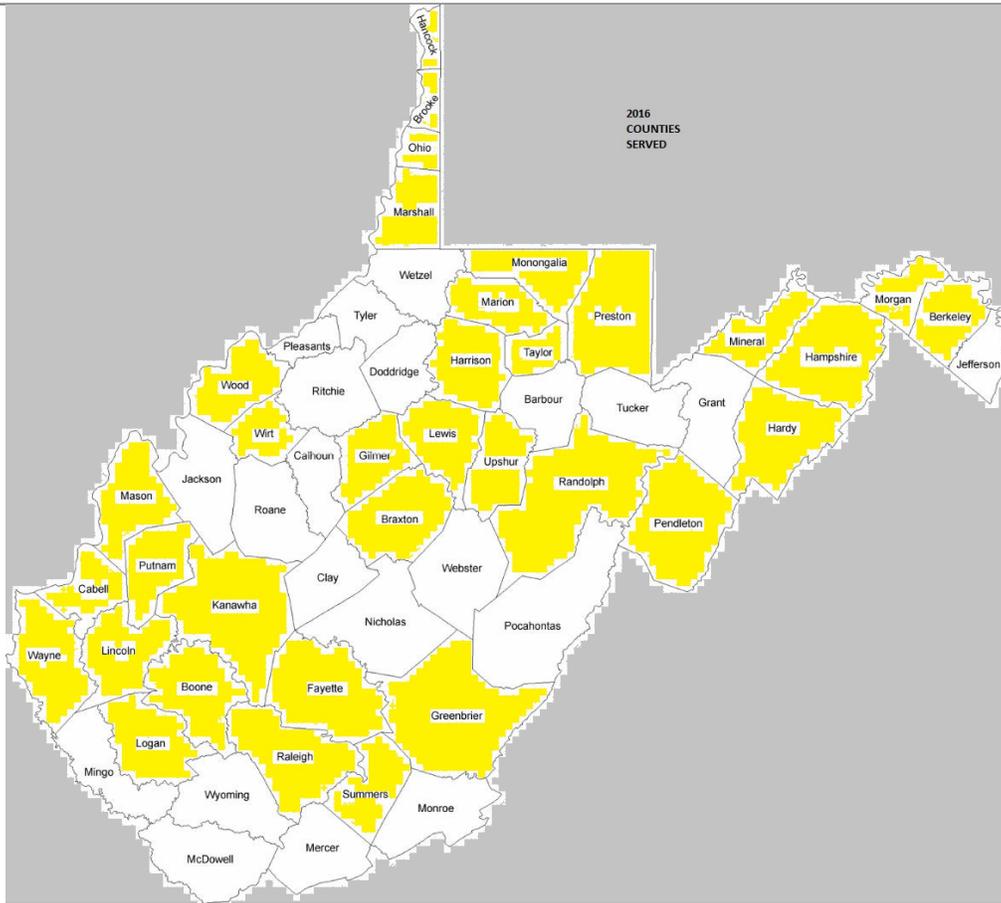
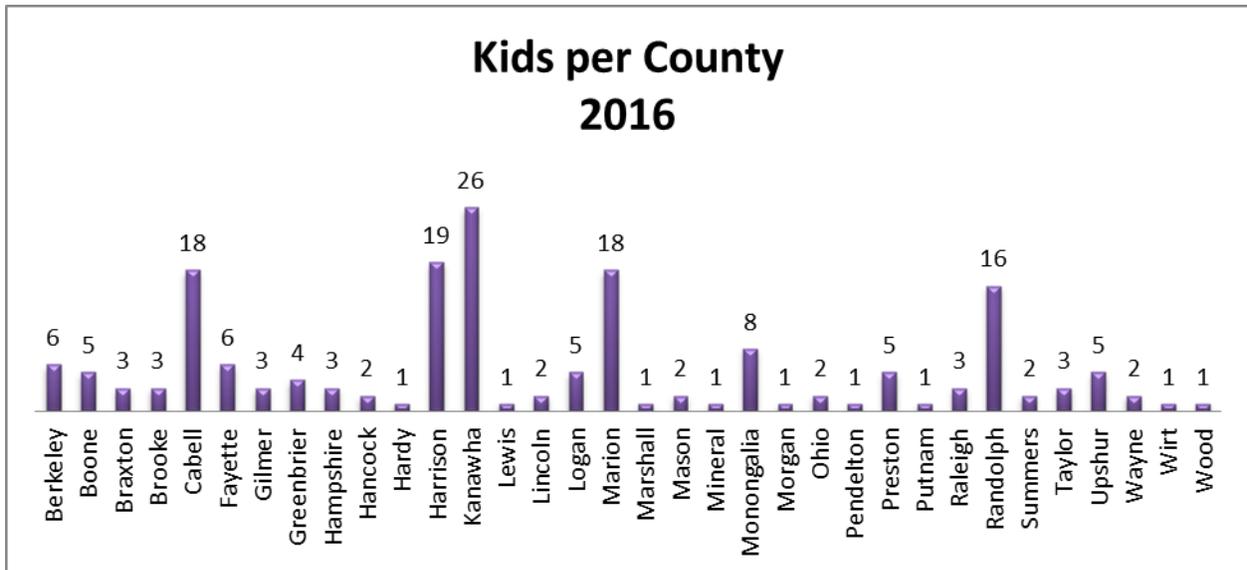
Referrals are received from all over the state. Each program has remained at capacity (or over capacity) for the year. Yore Academy and YALE Academy have been ordered over capacity in order to accommodate the immediate need for substance abuse treatment. The majority of referrals this year, as in 2014 and 2015, were received from Regions II and III.

Youth Academy		Yore & YALE Academy	
Referral Totals by Region		Referral Totals by Region	
Region I	106	Region I	67
Region II	199	Region II	97
Region III	119	Region III	102
Region IV	85	Region IV	29
TOTAL	509	TOTAL	295



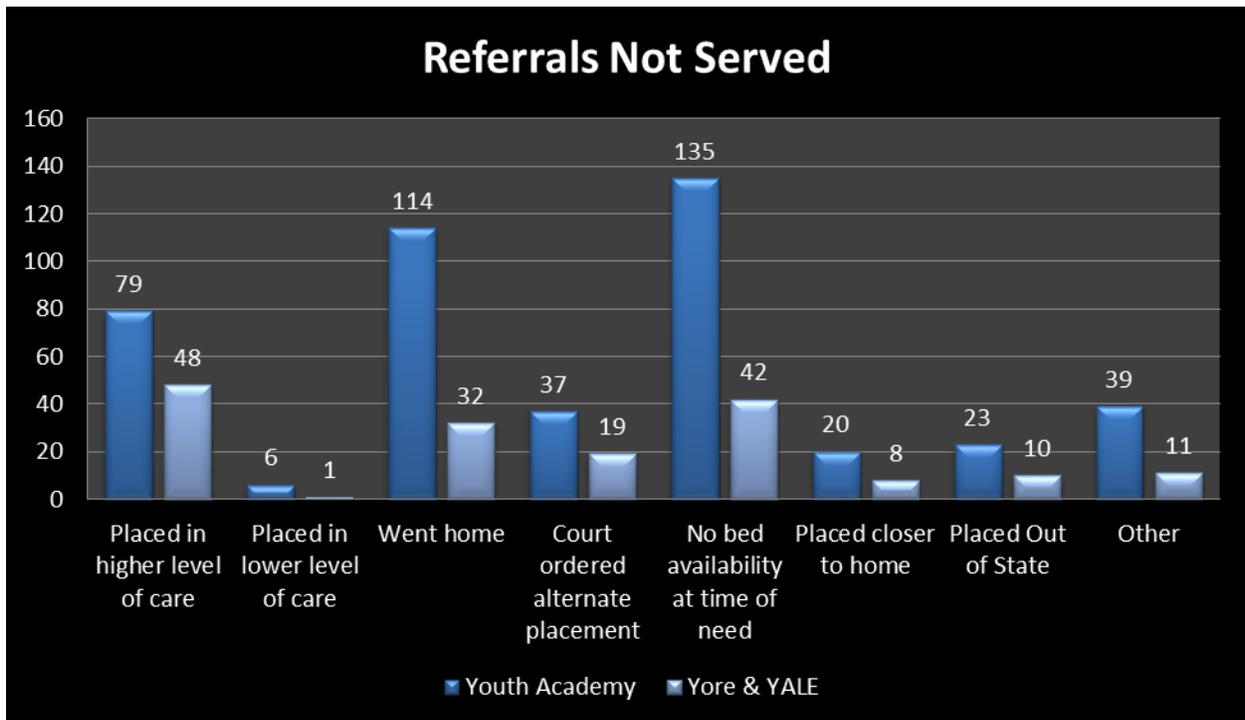
Referrals Served

A total of 180 kids were served across all three programs in 2016. Academy Programs served 34 counties, with the highest number of kids being from Kanawha, Harrison, Cabell and Marion counties. The graphs below illustrate the total numbers per county and the counties served.



Referrals Not Served

	Youth Academy	Yore & YALE
TOTAL	453	170
Male	276	118
Female	177	53
Placed in higher level of care	79	48
Placed in lower level of care	6	1
Went home	114	32
Court ordered alternate placement	37	19
No bed availability at time of need	135	42
Placed closer to home	20	8
Placed Out of State	23	10
Other	39	11



Critical Incident Review Team (CIRT)

The CIRT is charged with reviewing and identifying trends within the critical incident process and to identify programmatic issues needing addressed. It is important to note that a single behavioral occurrence can result in multiple incidents (i.e. two students in an altercation may result in incidents of physical aggression, verbal threats, and a physical intervention). The average number of incidents per day in each program is low.

2016	YOUTH ACADEMY	YORE ACADEMY	YALE ACADEMY
Physical Aggression/Other	358	135	106
Absent w/o Permission	48	32	15
Client Injury	145	130	54
Medication Error (non-psycho)	22	29	51
Medication Error (psychotropic)	20	26	7
Medication Refusal	64	86	54
Medical Emergency	5	8	3
Self-Harm	2	0	0
Suicide Verbal Ideation	3	0	3
Suicide Verbal Threat	2	1	0
Suicide Attempt	0	0	0
Negative Social Behavior	128	67	43
Substance Abuse	13	24	19
Sexual Assault/Misconduct	10	3	6
Contraband	6	1	4
Physical Intervention	155	55	43
Client Injured	0	1	0
YA Staff Injured	0	1	0
Property Damage	0	0	6
Search	1	1	2
Abuse Allegation to : Staff	0	2	0
Abuse Allegation to : Family	0	0	0
Abuse Allegation to : Others	0	1	1
Type of Allegation: Physical	0	2	0
Type of Allegation: Sexual	0	1	1
Allegation Reported to IIU	4	0	0
Other	3	0	6
TOTAL INCIDENTS	989	606	424
AVG. INCIDENTS PER DAY	2.7	1.7	1.2

Safety Committee Year End Report 2016

Monthly Walk Through Report:

The walk through reports for 2016 addressed minor maintenance issues and cottage cleanliness. Plans of action focused on specific groups and areas that needed attention. There is also the continued commitment of addressing areas as needed rather than waiting for a plan of action. Program Directors and Team Leaders inspect cottages daily.

Fire Drill Report:

Monthly review of fire drill records indicate that fire drills occurred in appropriate time frames and were completed successfully.

Emergency Evacuation Report:

The Emergency Evacuation Drill was conducted on February 18, 2016. All students and direct care staff were successfully evacuated from campus. This evacuation was complicated by the need to change the relocation site during the departure. PD Allen communicated with all staff and the campus was effectively evacuated in eight minutes. A final check of all buildings was performed to ensure that everyone was cleared from campus. The headcount of staff and students at the relocation destination was radioed back and the drill was terminated once that final confirmation was received. Total drill time was 14 minutes, 9 seconds. Observations and recommendations for improvement were noted.

Inclement Weather Drill:

The Inclement Weather Drill was conducted on April 20, 2016. Due to a mock “high winds and a tornado warning”, all staff and students implemented the inclement Weather Procedures by moving into their respective cottages and crouching down beside the east wall. Team Leaders utilized the radios for notification to all groups, however the students and the staff in the gym did not respond immediately to the radio call necessitating face to face prompting. The total time of the drill from initiation of the notice to full implementation was about 11 minutes. Observations and recommendations for improvement were noted.

CIRT Report:

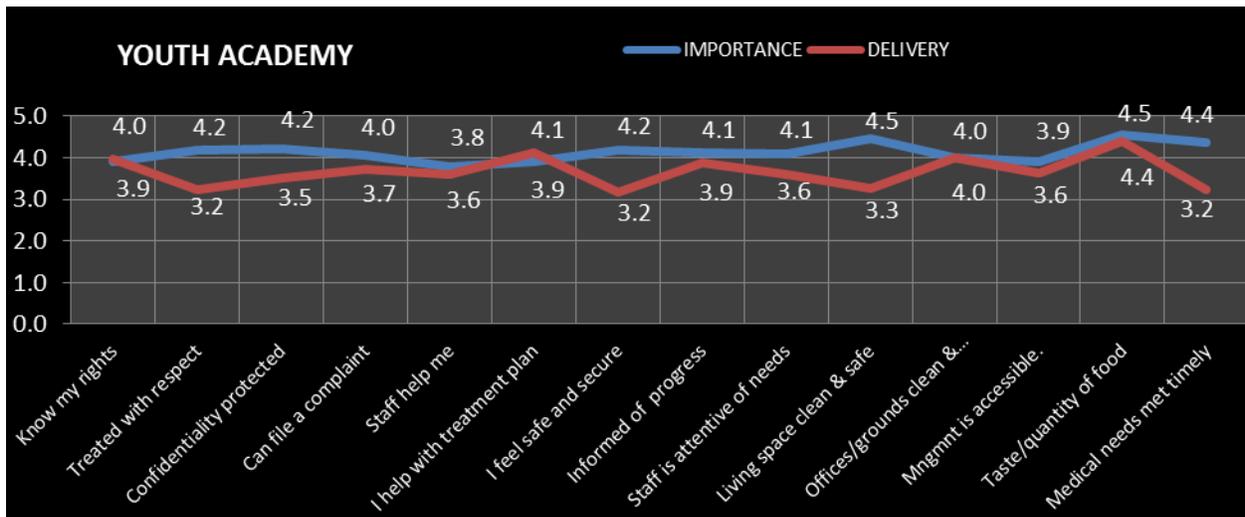
Critical and noncritical incidents are monitored closely. Physical aggression in the Youth Academy was high in the latter part of the year and was group/kid specific. Physical Intervention was used to keep students safe. We also experienced high numbers of sports related injuries. This issue is being addressed by having supervisory staff pay close attention to protocols for prepping for participation in activities. Medication refusals were investigated and found to be behaviorally related. Substance Abuse numbers include incidents of nicotine usage as well as narcotics.

Satisfaction Surveys 2016

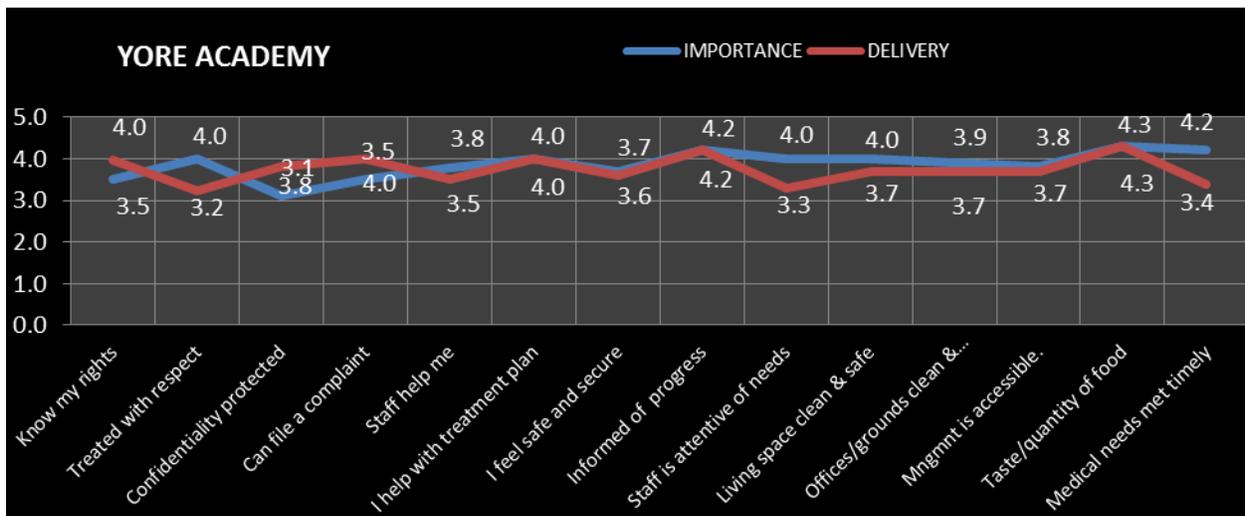
Resident Surveys

Satisfaction surveys were completed by the residents in each program. Each youth was asked to rate the importance of each topic and then rate their satisfaction of the service delivery of each topic. Any gap of more than 1 between importance and delivery is considered an opportunity for improvement.

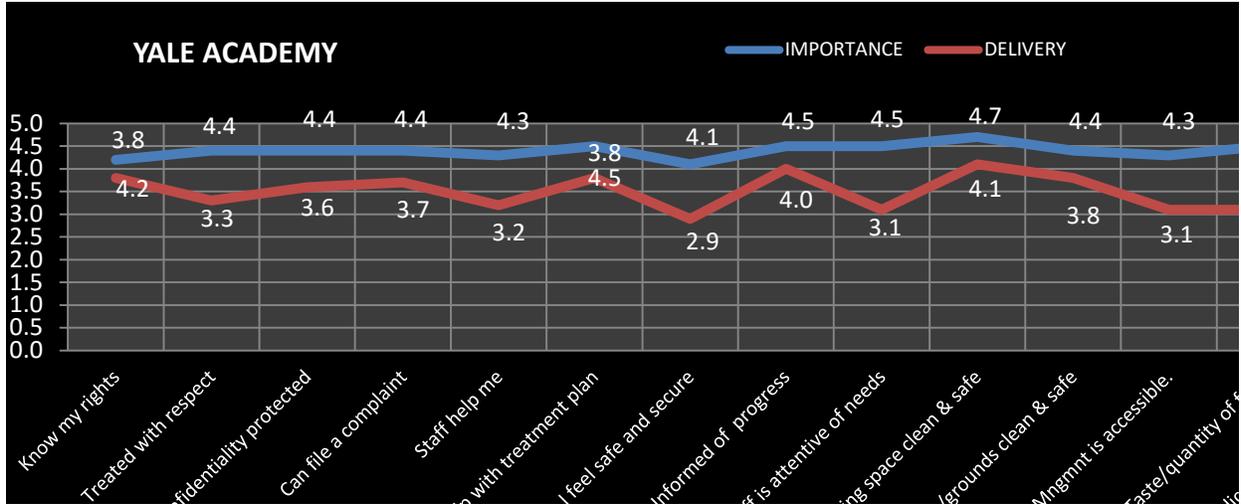
Youth Academy – two opportunities that were addressed were living space cleanliness in the boys’ living space and the procedure for requesting/receiving attention from the nurse or a medical appointment. On a positive note, several youth added complimentary comments about the staff who worked with them



Yore Academy – there were no +1 gaps in the survey. Several positive comments were added regarding staff who worked in Yore Academy, as well as the food service.

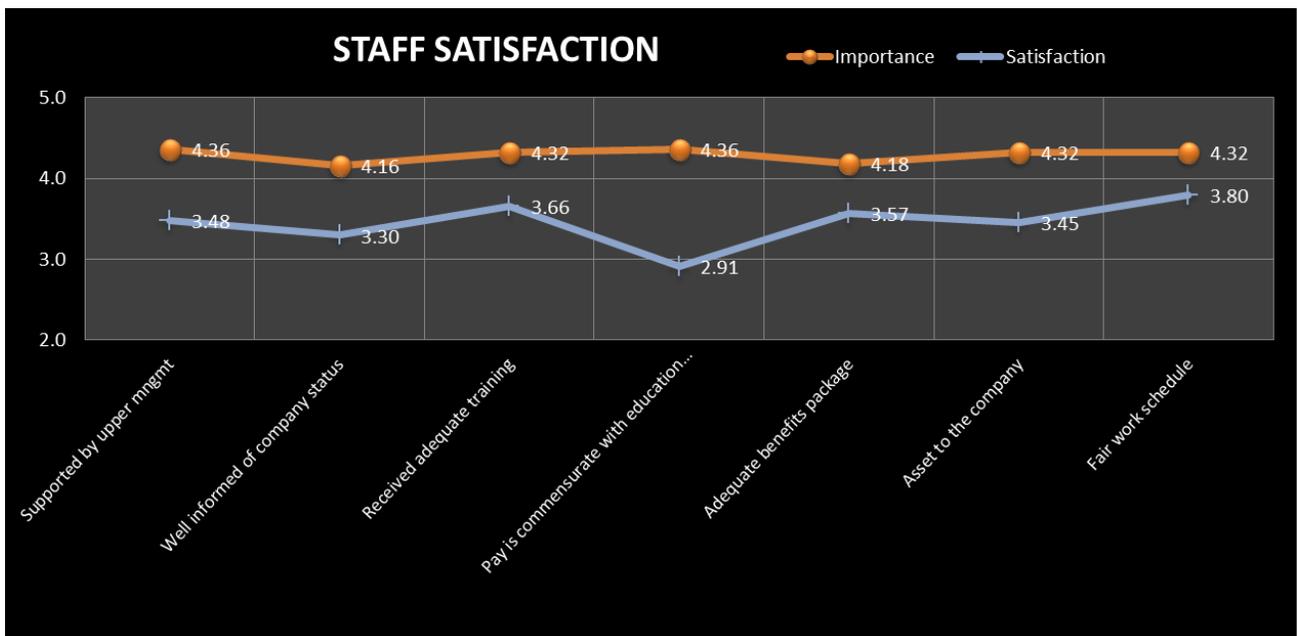


YALE Academy – there were several gaps noted in the survey, however most issues were resolved quickly. When meeting with the groups to find solutions to the problem areas represented by the largest gaps, several residents explained that they were frustrated by events on the day of the survey and were unduly harsh. A follow-up survey will be administered.



Staff Surveys

Surveys were also distributed to all staff to ascertain their satisfaction with employment at Academy Programs. Seven different areas were assessed. Comments from staff cited teamwork as a positive attribute and suggestions for salary increases.



General Staffing Patterns and Staff Turnover

Staffing experience continues to be the most essential piece in program success. All staff complete a two week training period that includes shadowing staff in groups. This allows for support from senior staff/training personnel and time for new hires to experience group life while receiving feedback and having questions answered. All staff is required to complete a 90 day probationary period of employment. During this period an employee goes through a more extensive training and shadowing of senior staff. Training and nurturing the skill level of our staff is critical to retention, which is the key component in the quality treatment we are able to offer the youth in our care. As a company we still encounter the same obstacles with staffing. Academy Programs is not competing with like companies to retain employees, but rather with other industries that provide the same or higher salaries and do not include the level of tension and stress that is commonly associated with this industry.

A total of 34 direct care staff left their positions at Academy Programs in 2016. Wages and positions varied, but the majority of the employees who left were Teacher/Counselors I or II. Total turnover rate for the year was 25%.

Suggestions for improvement from staff are listed below:

- Create more training opportunities for staff development.
- Refrain from multiple/last minute schedule changes.
- Salary increases/incentives
- Recognize those employees who go above and beyond to make them feel valuable.

Smart Recovery

SMART, stands for, Self-Management and Recovery Training. This is a self-empowering addiction recovery group which focuses on assisting participants in learning a variety of tools for recovery. The program is based in scientific research, more specifically, the REBT (Rational Emotive Behavior Therapy) Model, which is a form of psychotherapy SMART differs from Alcoholics Anonymous, Narcotics Anonymous and other 12-step programs. SMART teaches self-empowerment and self-reliance. It provides meetings that are educational, supportive and include open discussions. In addition to substance abuse recovery, it addresses positive choice making for all students. Individuals are taught techniques for self-directed change.

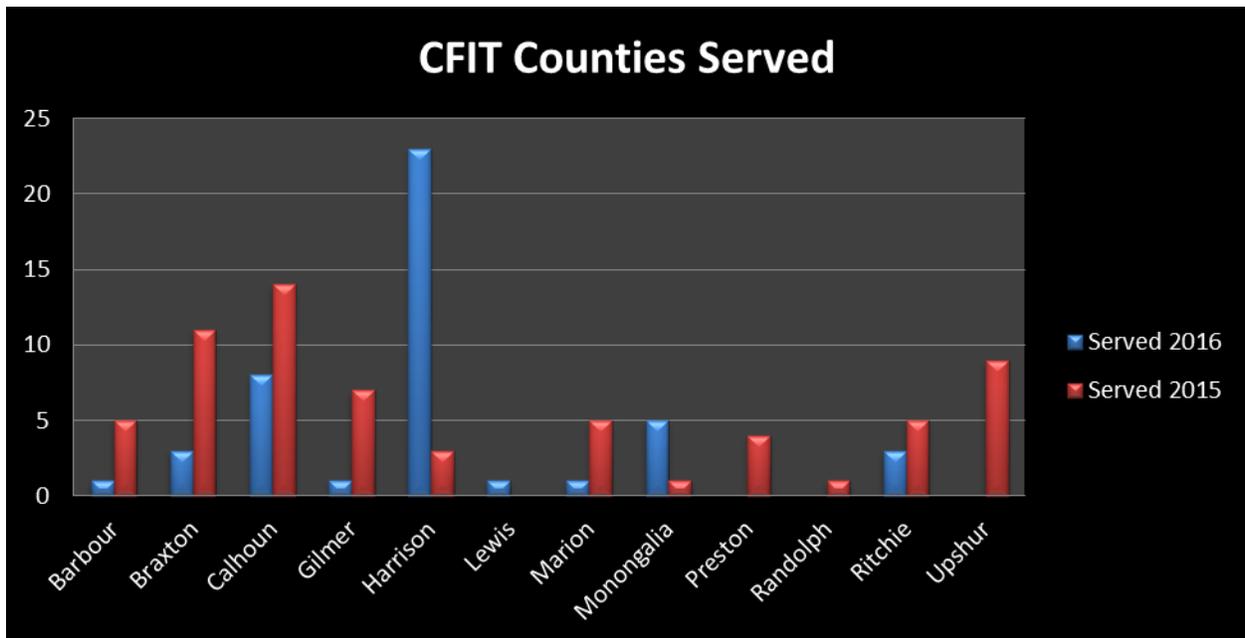
Individuals concentrate on their own desire to make better choices, focusing on recovery in lieu of a moderation approach. At Academy Programs, all youth participate in SMART Recovery from entry to graduation. Smart Recovery is broken up into introductory and advanced groups. The youth's progression through these groups is dependent on self-management. Structuring the groups in this fashion prepares them for the online meeting they transition into after discharge, therefore offering them an even greater chance of success upon completion of the program.

Community and Family Intensive Treatment

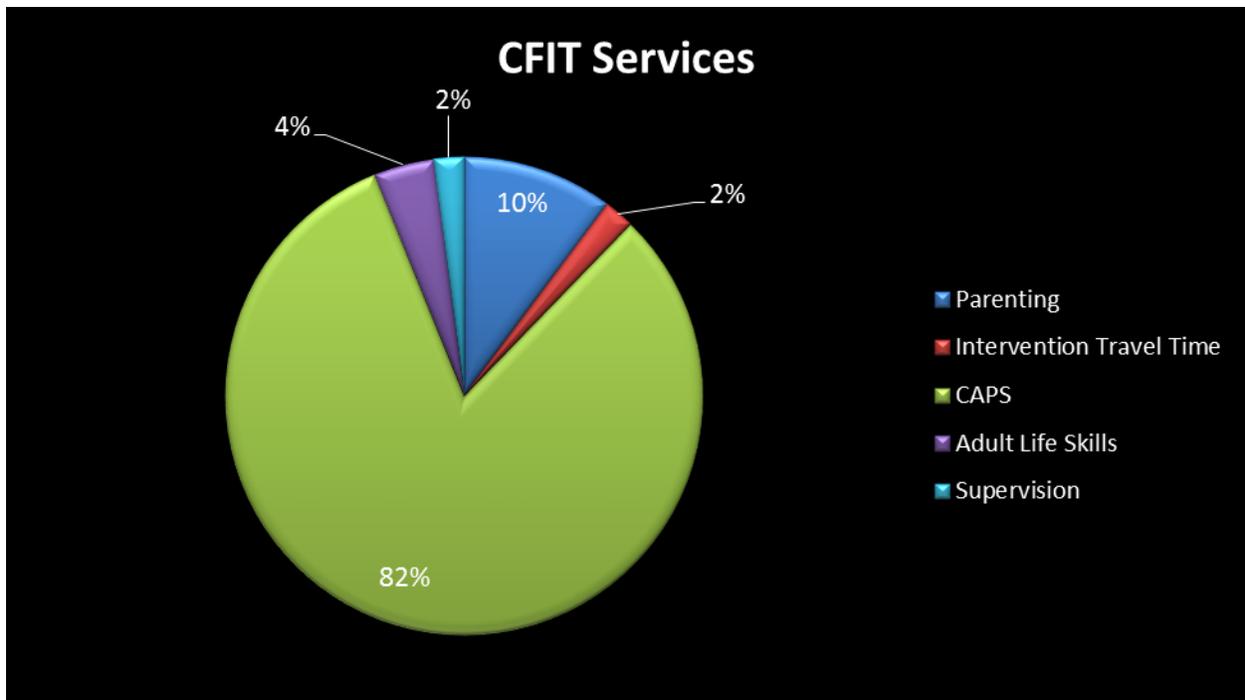
The Youth Academy provides accountable, effective, family-centered, community based services which are delivered in the least restrictive and most efficient manner. These services are provided to the youth and family living at home who are risk of removal to a more restrictive placement as a result of family dysfunction or who need to be maintained in an out of home placement as a result of a crisis to avoid being placed in a more restrictive level of care. CFIT serves an integral function of Youth Academy by establishing a mechanism by which services can be provided to the family in concert with services provided to the child. The Youth Academy believes that troubled and needy youth need to be surrounded with concerned, caring individuals within the local community.

The ultimate objective of the CFIT services program is to maintain youth who are at risk of removal from their biological home or alternative family living arrangement in their home setting. Services may also be provided to transition a youth being placed back into their home from out-of-home placement.

CFIT received referrals and provided services in the counties indicated below over the last two years.



The majority of referrals received were for Comprehensive Planning and Assessment Services (CAPS), while the remainder was divided among Parenting, Supervision, Adult Life Skills, and Intervention Travel Time.



CAPS is a comprehensive assessment of needs and strengths for individual children/youth and their families through face to face interview(s) designed to guide service planning and decision making with the primary objective of permanency, safety and improved quality of life, identify service gaps and promote resource development.

Individual Parenting is face-to-face services to improve parental competence and knowledge of discipline, appropriate supervision, encouragement of child/adolescent care, age appropriate development, realistic expectations and standards of child/adolescent behavior of identified child.

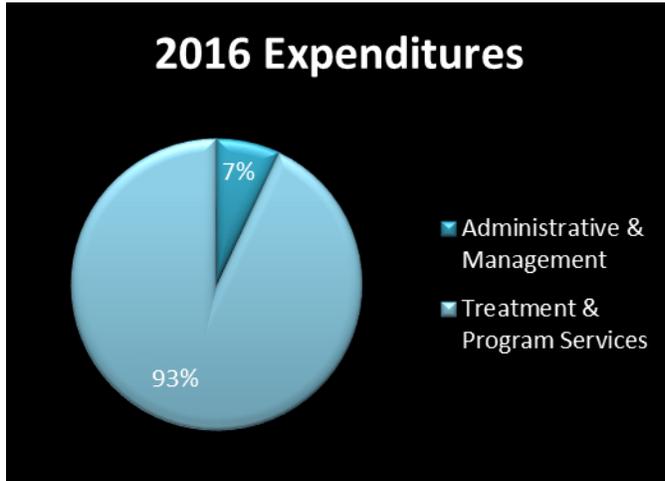
Adult Life Skills is a direct service in which the identified parent is assisted to develop basic home management skills and social/emotional support networks through hands-on implementation and role modeling. This service provides for the acquisition of skills needed to meet adult role expectations and carry out activities of daily living. Adult Life Skills are intended to improve the capacity for solving problems and resolving conflicts.

Supervision is “eyes on” oversight required to provide structure and ensure performance of developmentally appropriate activities necessary to carry out Activities of Daily Living and to ensure safety for the identified client, family and/or community. The identified child or family requiring supervision must be within the defined boundary in which the provider can intervene immediately if needed to ensure safety, permanency and well-being.

Intervention Travel Time is used to reimburse providers when the time spent to travel to the recipient’s home exceeds one hour each way.

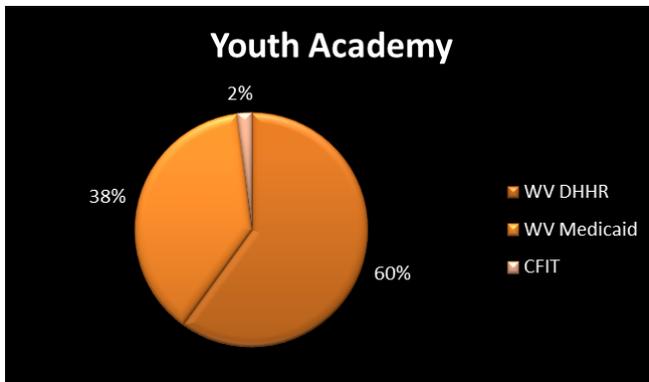
Revenue & Expenditures

2016 Expenditures	% of Expense
Administrative & Management	7%
Treatment & Program Services	93%



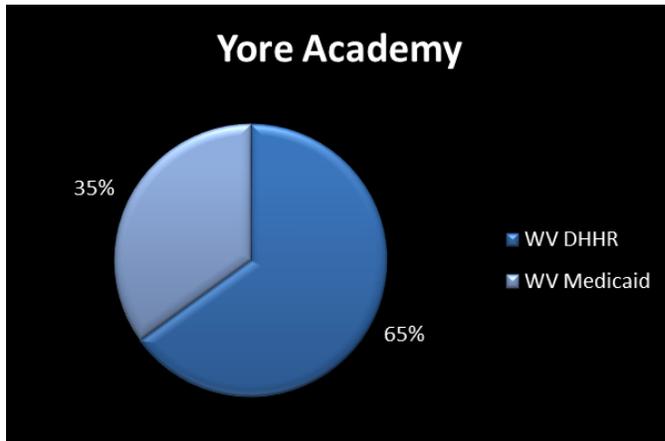
YOUTH ACADEMY

Sources of Revenue	% of Revenue	Dollar Amount
WVDHHR	60%	\$1,219,583.00
WV Medicaid	38%	\$777,083.00
CFIT	2%	\$34,382.00
Total:		\$2,031,048.00



YORE ACADEMY

Sources of Revenue	% of Revenue	Dollar Amount
WVDHHR	65%	\$1,642,258.00
WV Medicaid	35%	\$874,034.00
Total:		\$2,516,292.00



YALE ACADEMY

Sources of Revenue	% of Revenue	Dollar Amount
WVDHHR	66%	\$1,649,169.00
WV Medicaid	34%	\$858,572.00
Total:		\$2,507,741.00

