

**Youth Academy, LLC**  
**2004 Annual Report**

The Youth Academy began 2004 as it concluded 2003: serving its community at nearly 100 percent capacity in its residential program. However, 2004 marked a period of dramatic growth for the Youth Academy as it responded to meet the needs of its community.

The company began by augmenting the way it communicated with the public and its stakeholders by establishing a website ([www.youthacademywv.com](http://www.youthacademywv.com)) and redeveloping a mission statement, vision statement and a series of values and goals. These developments clearly defined what the company's philosophy had been from its origin in 2002.

The company continued its outreach efforts in many ways in 2004. One manifestation of outreach was the Youth Academy's full board membership in the American Re-Education Association (AREA). The Youth Academy's operational philosophy in dealing with troubled children is grounded in the time-tested principles of Re-Ed. Full board membership meant that the Youth Academy would further its mission of being a leader in the field of helping children and families. Three members of the company's management team attended the national AREA conference in August at Baltimore's Inner Harbor.

The company continued its membership in the West Virginia Child Care Association, as Executive Director Steven Fairley became the organization's Vice-President at the conclusion of 2004.

Perhaps the most ambitious undertaking that came to fruition in 2004 was the establishment of a new in-home services program for children and families. Community Family Intensive Therapy (CFIT) served Youth Academy clients after they were discharged from the residential program, providing parenting, supervision and other services. Other children and families not served by the residential program were eligible for CFIT services. Community need for in home services was the motivation for CFIT's existence.

Great change in the childcare industry occurred throughout West Virginia during 2004. Different funding streams and programs were initiated by the state in response to a federal audit of 2002. The Youth Academy was one of the leading companies in the participation and development of the Comprehensive Assessment and Planning Service (CAPS), as well as Social Necessity services. Social Necessity services were created to establish service options for families not necessarily eligible for Medicaid services, while CAPS is a program initiative designed to bring uniformity to the assessment process for certain categories of children. Socially Necessary services and CAPS are hallmark offerings for CFIT.

The company also underwent a service provision review from American Psychological Services (APS). APS is the administrative service organization (ASO) for the West Virginia Department of Health and Human Resources (WVDHHR). The program received a rating of nearly 93 percent.

In November, two members of the Youth Academy management team were certified in SMART Recovery, an addictions treatment program that will be utilized when the proposed Co-Occurring unit opens. The two staff attended certification training held in Phoenix.

Despite the chaos that often accompanies growth, the Youth Academy continued to provide quality service that accommodated the needs of its stakeholders. Children, families and the various state agencies benefited from the services rendered by the Youth Academy.

The company is especially proud of the role Youth Academy residents played in the community. The children living at the Youth Academy lent a helping hand in assisting in the renovation of East-West Stadium. Along with the project at East-West Stadium, Youth Academy residents participated in the Adopt-A-Highway Program in Pleasant Valley.

Also, the children did repairs to the Rails to Trails, painted a church and participated in clean ups of several Marion County parks.

The Youth Academy's annual summer picnic was held at Wave-Tec Park. Attendees included Youth Academy stakeholders such as WVDHHR staff, local community officials, children and families along with others connected to the lives of Youth Academy's clients.

The year concluded with the annual Christmas party for the children and families served by the company. Holiday skits were performed by each group at the dinner to the delight of the attendees.

As the year closed, preparations were made by the company to improve current services while embarking on new initiatives for 2005.

This report will go into greater detail in the following areas:

- General Program Effectiveness in Relation to Stated Goals/Community Needs/General Staff Effectiveness
  - Outcomes
  - Average Length of Stay
  - Average Daily Census
  - Total Number of Residents Served
  - Occupancy Rate
  - GPA
  - Presenting Diagnosis and Success Rate
  - Permanency of Life Situation
  - Referrals
  - Satisfaction Surveys
  - ASO
- Staff Turnover & Plan to Curb Staff Turnover
- General Staffing Patterns
- CFIT
- Expenditures

**GENERAL PROGRAM EFFECTIVENESS IN RELATION TO STATED GOALS/COMMUNITY NEEDS/GENERAL STAFF EFFECTIVENESS**

The Youth Academy’s commitment to serving its community in an effective, thorough manner was furthered in 2004. The company served children from Marion and surrounding counties as frequently in 2004 as it did in 2003. This allowed the Youth Academy to remain steadfast to its desire to include the families of the children served in the residential treatment process.

Also, the average length of stay in the facility dropped by nearly one full month in 2004 from the previous year. Decreasing lengths of stay are indicative of more efficient treatment, which is expedited by the inclusion of the client’s family in the treatment process.

By utilizing the Youth Academy in-home program, CFIT, the company began the aftercare component of the residential program upon admission. This approach appropriately served a female adolescent with substance abuse issues, coupled with depression, from Fairmont. She entered the Youth Academy lacking coping skills and self-esteem. During her four months in the residential program, she received the individual and group treatment necessary to survive and thrive in her community.

Simultaneously, her mother received parenting classes and her biological father re-entered her life. This treatment approach was choreographed with CFIT so as to provide support to the child and her family after discharge from the company’s residential program.

She entered the program a truant who had been failing drug screens and discharged an honor roll student who had been empowered with coping skills designed to prevent relapse. While this child’s experience is her own, her success in the company’s programs was not unlike many of those served by the Youth Academy.

**Outcomes**

The program’s effectiveness is measured in several ways. One particular method is by applying the outcomes, as adopted by the West Virginia Child Care Association, to the residents receiving our services. The following information is a breakdown of specific measures within the treatment milieu in order to present specific trends and successes.

	<b>2003</b>	<b>2004</b>
• Total Number of Youth Served	56	64
• Breakdown of Gender Served		
Female	27	28
Male	29	36
• Total Days of Care Provided	7275	8017
• Average Daily Census	19.93 (m=20)	21.85 (m=22)
• Occupancy Rate	99.65%	99.83%
• Average Age of Resident for Female (years)	15.3	15.17
• Average Age of Resident for Male (years)	15.97	15.85
• Average Length of Stay (Measured in Days)	197.69	175
• Average Length of Stay (Measured in Months)	6.58	5.83
• Average Length of Stay (Measured in Days) Males	216.76	181
• Average Length of Stay (Measured in Months) Males	7.22	6.03
• Average Length of Stay (Measured in Days) Females	182.18	166
• Average Length of Stay (Measured in Months) Females	6.07	5.53

## **GPA**

By examining the average grade point averages, academic success is measured. The Youth Academy tracks outcome data, as adopted by the West Virginia Child Care Association, to maintain at least 70% of residents achieve a 2.0 GPA or higher.

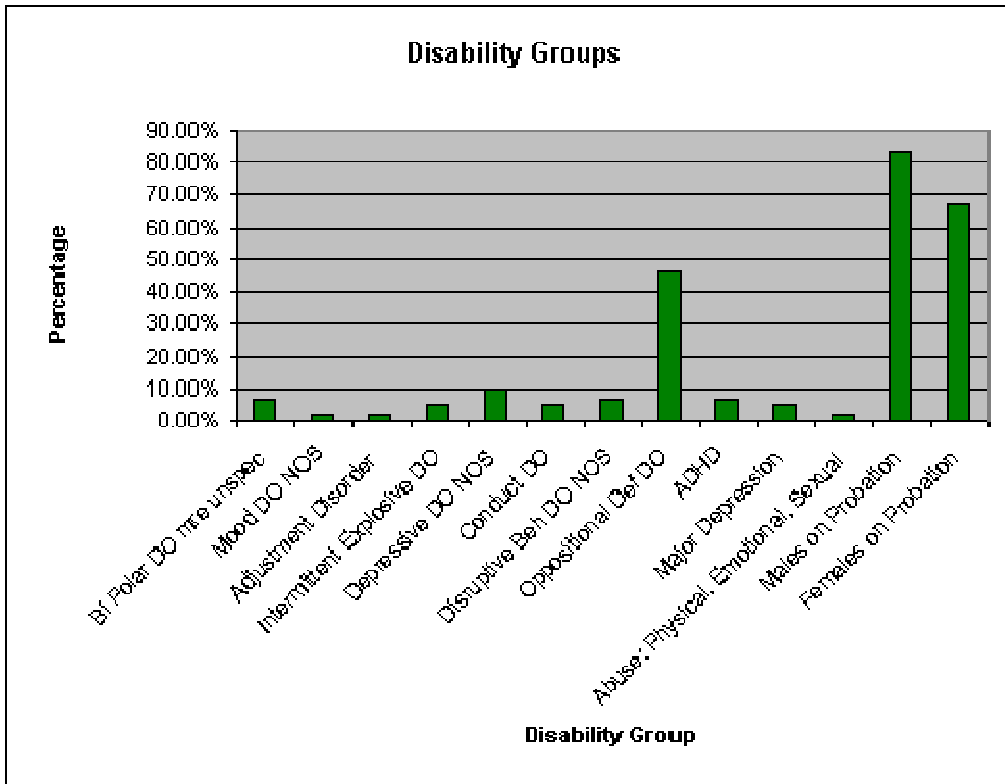
- During 2004, there were 33 residents that met the criteria of receiving 90 days or more of service. This number does not reflect the residents that were participating in GED related functions. Of the 33 residents, 17 were successful in achieving a 2.0 or higher GPA, which translates to a 52% success rate. The outcome measure as adopted by the WVCCA stipulates that a program shall achieve a minimum level of 70%. The Youth Academy has not achieved that measure and recognizes the need for further attention in this area. One key factor for not meeting this outcome may be due to a decrease in the level of tutor participation from Fairmont State University. There were scheduling issues with the potential students over the past year, which negated a high level of participation. The plan for the coming year is to increase the level of participation to the maximum level to ensure a better outcome. Additionally, the residents entering the program entered with much worse GPA's than the previous year's residents, which indicates a more difficult time achieving the level necessary to meet the outcome. However, 90% of the residents receiving services in 2004 at the Academy demonstrated an improvement in his/her own GPA.
- A total average between the two represents a GPA of 1.87, which is indicative of the above-mentioned issues.

**Presenting Diagnosis and Success Rate**

As represented in the below graph, there was a wide spectrum of issues being served. Refer to the graph for further information and detail.

Disability Groups Treated

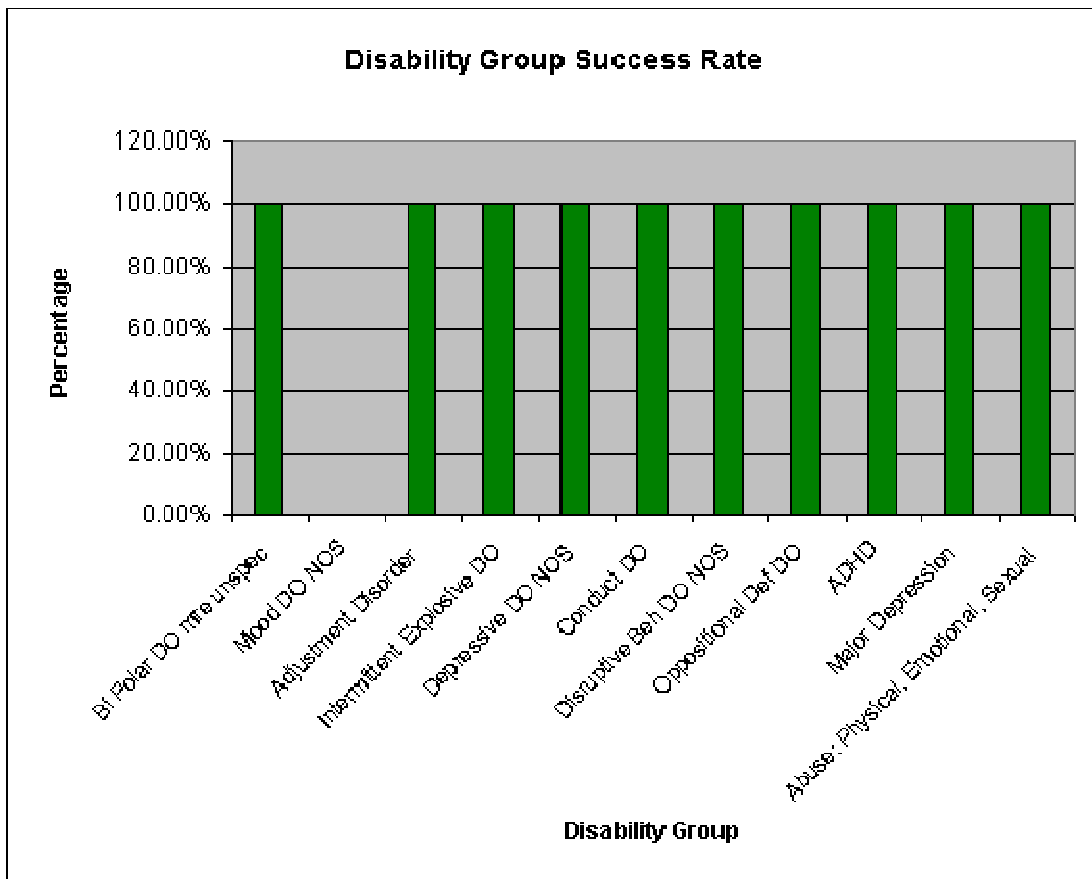
<b>Bi Polar DO mre unspec</b>	<b>7.00%</b>
<b>Mood DO NOS</b>	<b>2.00%</b>
<b>Adjustment Disorder</b>	<b>2.00%</b>
<b>Intermittent Explosive DO</b>	<b>5.00%</b>
<b>Depressive DO NOS</b>	<b>10.00%</b>
<b>Conduct DO</b>	<b>5.00%</b>
<b>Disruptive Beh DO NOS</b>	<b>7.00%</b>
<b>Oppositional Def DO</b>	<b>46.00%</b>
<b>ADHD</b>	<b>7.00%</b>
<b>Major Depression</b>	<b>5.00%</b>
<b>Abuse: Physical, Emotional, Sexual</b>	<b>2.00%</b>
<b>Males on Probation</b>	<b>83.00%</b>
<b>Females on Probation</b>	<b>67.00%</b>



## Disability Group Success Rate

It is important to note that the success rates are determined not only by discharging a resident to a home setting, but also in situations in which the resident arrived and other psychiatric issues may have manifested and the Youth Academy, through a thorough assessment process, realized the resident requires more intensive services that cannot be provided in house. In those situations, since the intensified service delivery was initiated by the Youth Academy and not by an outside factor, it is considered successful due to meeting the resident's needs and ensuring he/she is receiving the care necessary.

<b>Bi Polar DO mre unspec</b>	<b>100.00%</b>
<b>Mood DO NOS</b>	<b>0.00%</b>
<b>Adjustment Disorder</b>	<b>100.00%</b>
<b>Intermittent Explosive DO</b>	<b>100.00%</b>
<b>Depressive DO NOS</b>	<b>100.00%</b>
<b>Conduct DO</b>	<b>100.00%</b>
<b>Disruptive Beh DO NOS</b>	<b>100.00%</b>
<b>Oppositional Def DO</b>	<b>100.00%</b>
<b>ADHD</b>	<b>100.00%</b>
<b>Major Depression</b>	<b>100.00%</b>
<b>Abuse: Physical, Emotional, Sexual</b>	<b>100.00%</b>

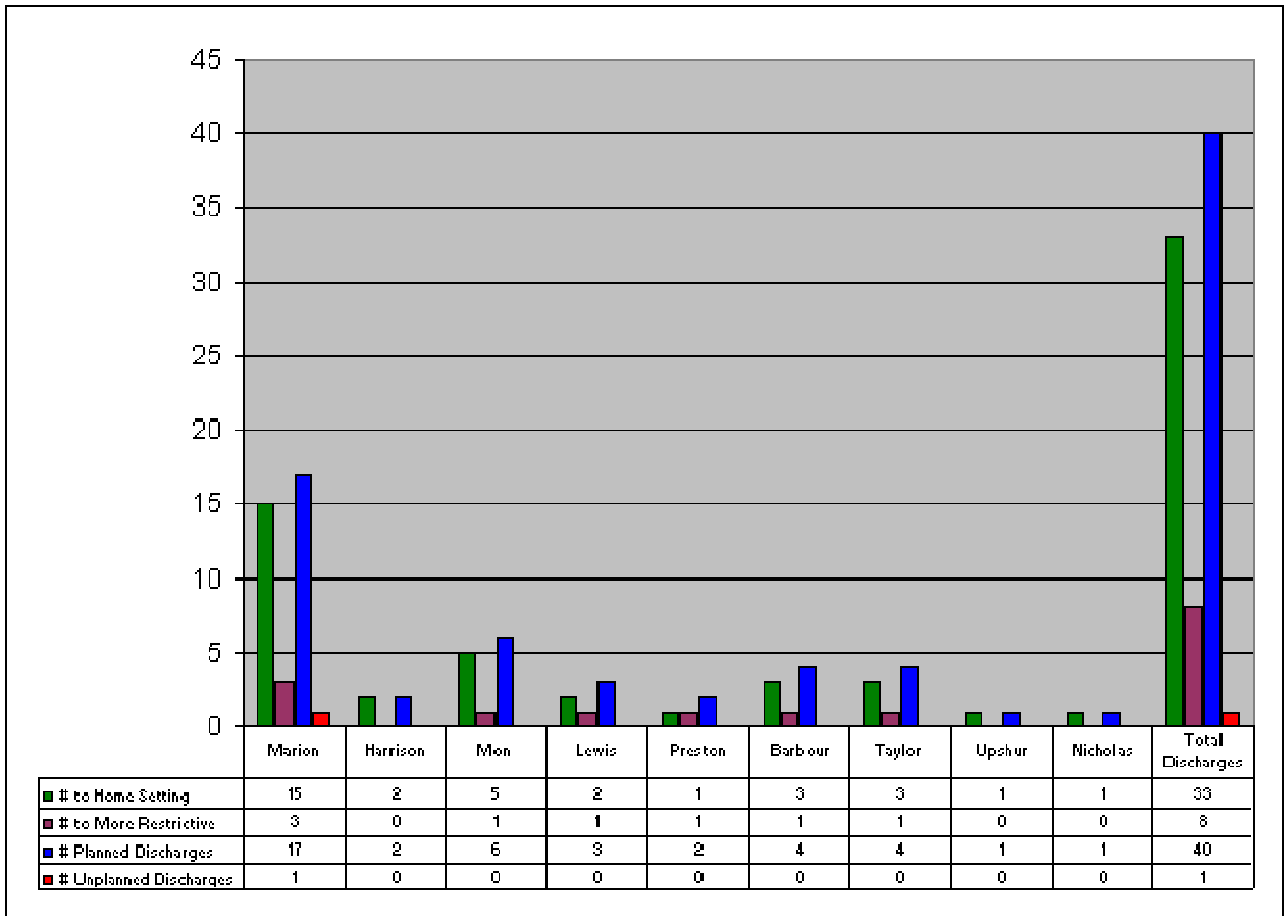


**Permanency of Life**

By examining “Permanency of Life Situation” and applying the outcome measures as adopted by the WVCCA, 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 homes, birth family, adoptive, kinship care, lesser restrictive, or independence), the Youth Academy’s success is represented as follows in the below graph:

- Of the 41 discharges in 2004, 33 were to a home setting representing a success rate of 80%. Moreover, of the 41 discharges, 37 were planned as represented in the following graphs. Although 8 of the planned discharges were to more restrictive settings, it was found to be in the best interest of the resident due to intensified clinically significant symptomology. Therefore, in relation to planned discharges versus unplanned discharges, the Youth Academy represented a 98% success rate.

	# to Home Setting	# to More Restrictive	# Planned Discharges	# Unplanned Discharges
Marion	15	3	17	1
Harrison	2	0	2	0
Mon	5	1	6	0
Lewis	2	1	3	0
Preston	1	1	2	0
Barbour	3	1	4	0
Taylor	3	1	4	0
Upshur	1	0	1	0
Nicholas	1	0	1	0
<b>Total Discharges</b>	<b>33</b>	<b>8</b>	<b>40</b>	<b>1</b>

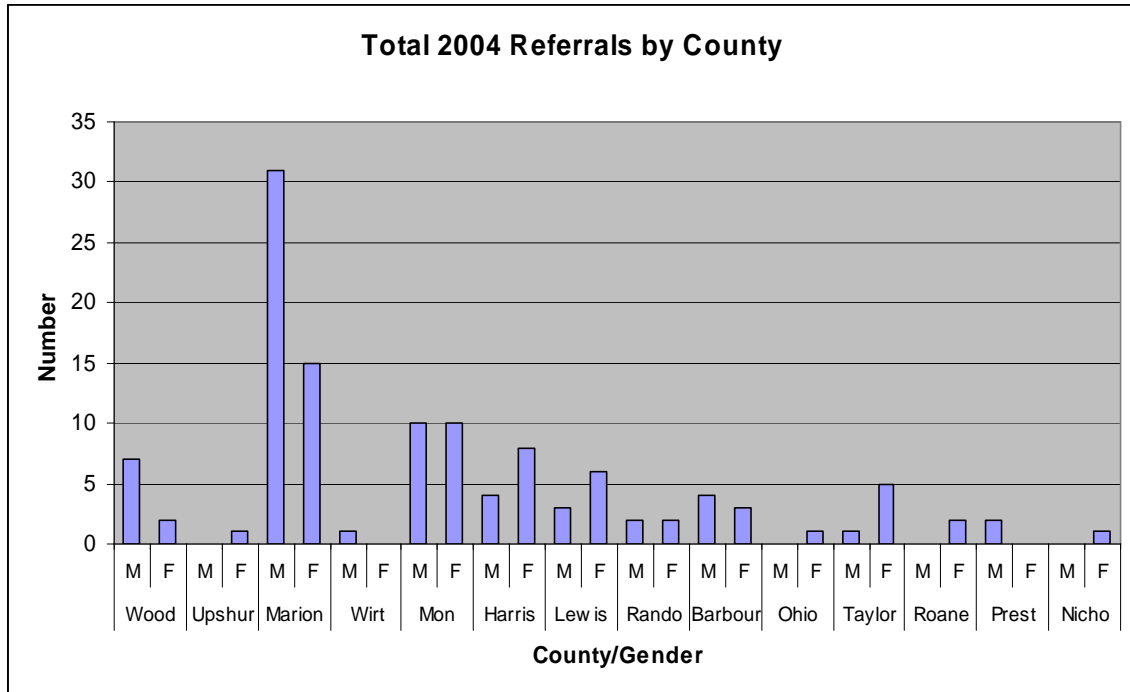
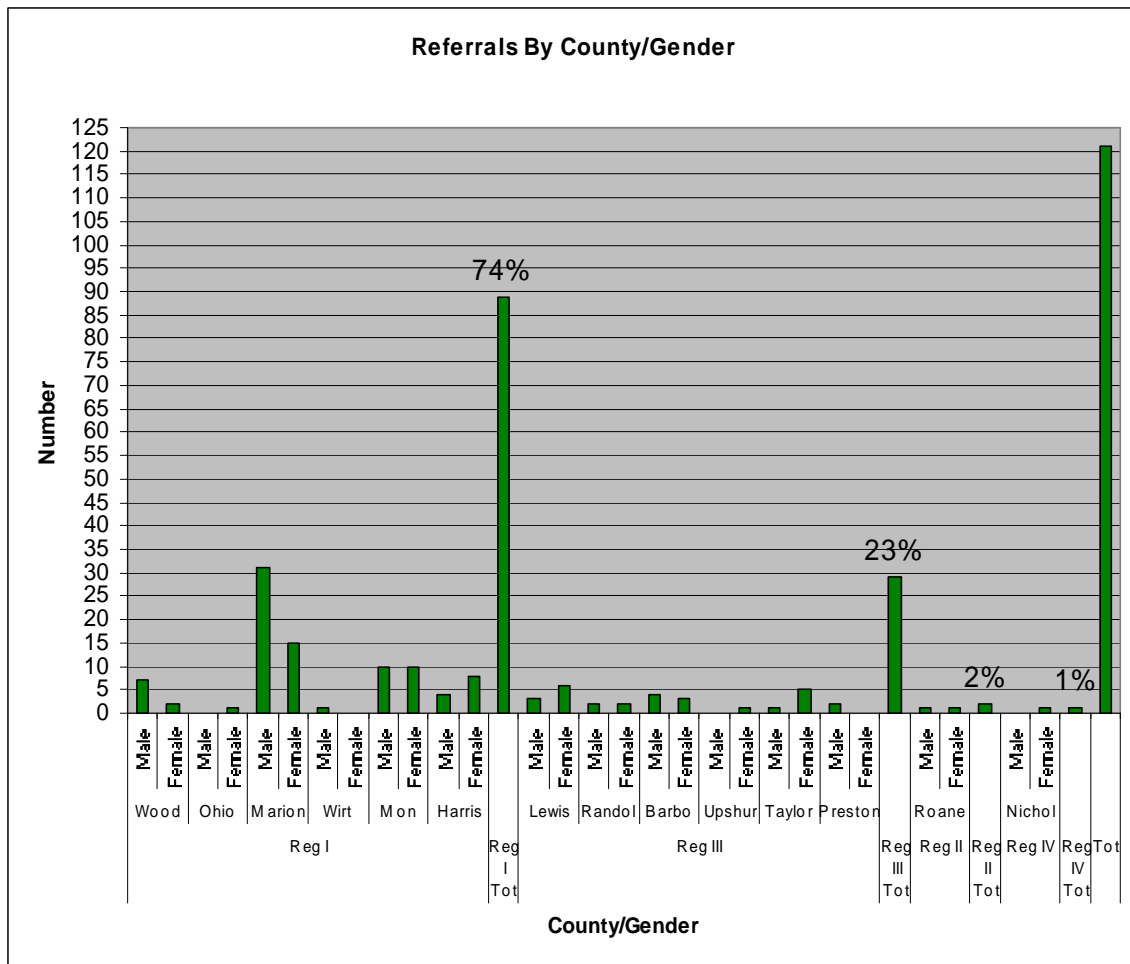




**Referrals**

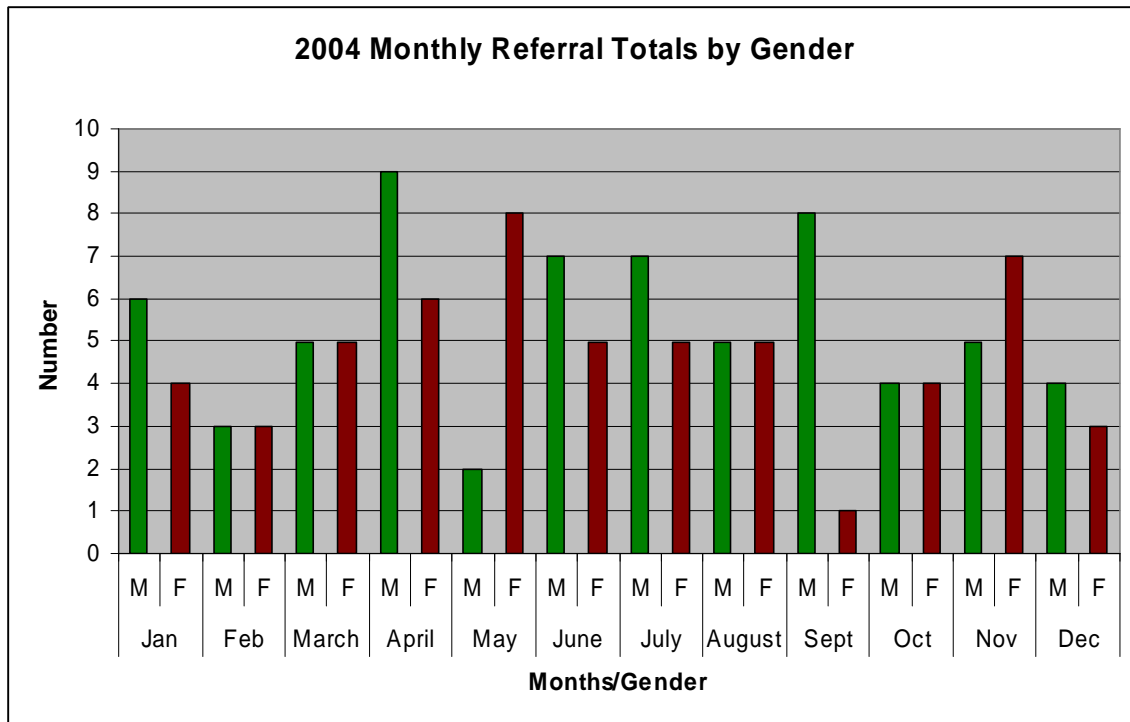
Another measure of effectiveness is the level of referrals received. As represented in the below graphs, there were a total of 121 referrals received in 2004 compared to 90 in 2003. Of the 121 referrals received, 74% were from Region I compared to 73% in 2003, 23% from Region III compared to 24% in 2003, 2% from Region II whereas 0% in 2003, and finally 1% from Region IV as compared to 3% in 2003. Within the 121 referrals, 36 or 29% were rejected, but only 16 or 13% due to intensity or inappropriate referral. These results represent a clear commitment to serving the community and ensuring the youth and families receive the most appropriate, community-based care by representing a service rate of 70% (85 referrals) of appropriate referrals. Refer to the information within the graph for more detailed information.

		<b>Male</b>	<b>7</b>
	<b>Wood</b>	<b>Female</b>	<b>2</b>
		<b>Male</b>	<b>0</b>
	<b>Ohio</b>	<b>Female</b>	<b>1</b>
		<b>Male</b>	<b>31</b>
Reg I	<b>Marion</b>	<b>Female</b>	<b>15</b>
		<b>Male</b>	<b>1</b>
	<b>Wirt</b>	<b>Female</b>	<b>0</b>
		<b>Male</b>	<b>10</b>
	<b>Mon</b>	<b>Female</b>	<b>10</b>
		<b>Male</b>	<b>4</b>
	<b>Harris</b>	<b>Female</b>	<b>8</b>
Reg I Tot			<b>89</b>
		<b>Male</b>	<b>3</b>
	<b>Lewis</b>	<b>Female</b>	<b>6</b>
		<b>Male</b>	<b>2</b>
	<b>Randol</b>	<b>Female</b>	<b>2</b>
		<b>Male</b>	<b>4</b>
Reg III	<b>Barbo</b>	<b>Female</b>	<b>3</b>
		<b>Male</b>	<b>0</b>
	<b>Upshur</b>	<b>Female</b>	<b>1</b>
		<b>Male</b>	<b>1</b>
	<b>Taylor</b>	<b>Female</b>	<b>5</b>
		<b>Male</b>	<b>2</b>
	<b>Preston</b>	<b>Female</b>	<b>0</b>
Reg III Tot			<b>29</b>
Reg II		<b>Male</b>	<b>1</b>
	<b>Roane</b>	<b>Female</b>	<b>1</b>
Reg II Tot			<b>2</b>
Reg IV	<b>Nichol</b>	<b>Male</b>	<b>0</b>
		<b>Female</b>	<b>1</b>
Reg IV Tot			<b>1</b>
Tot			<b>121</b>

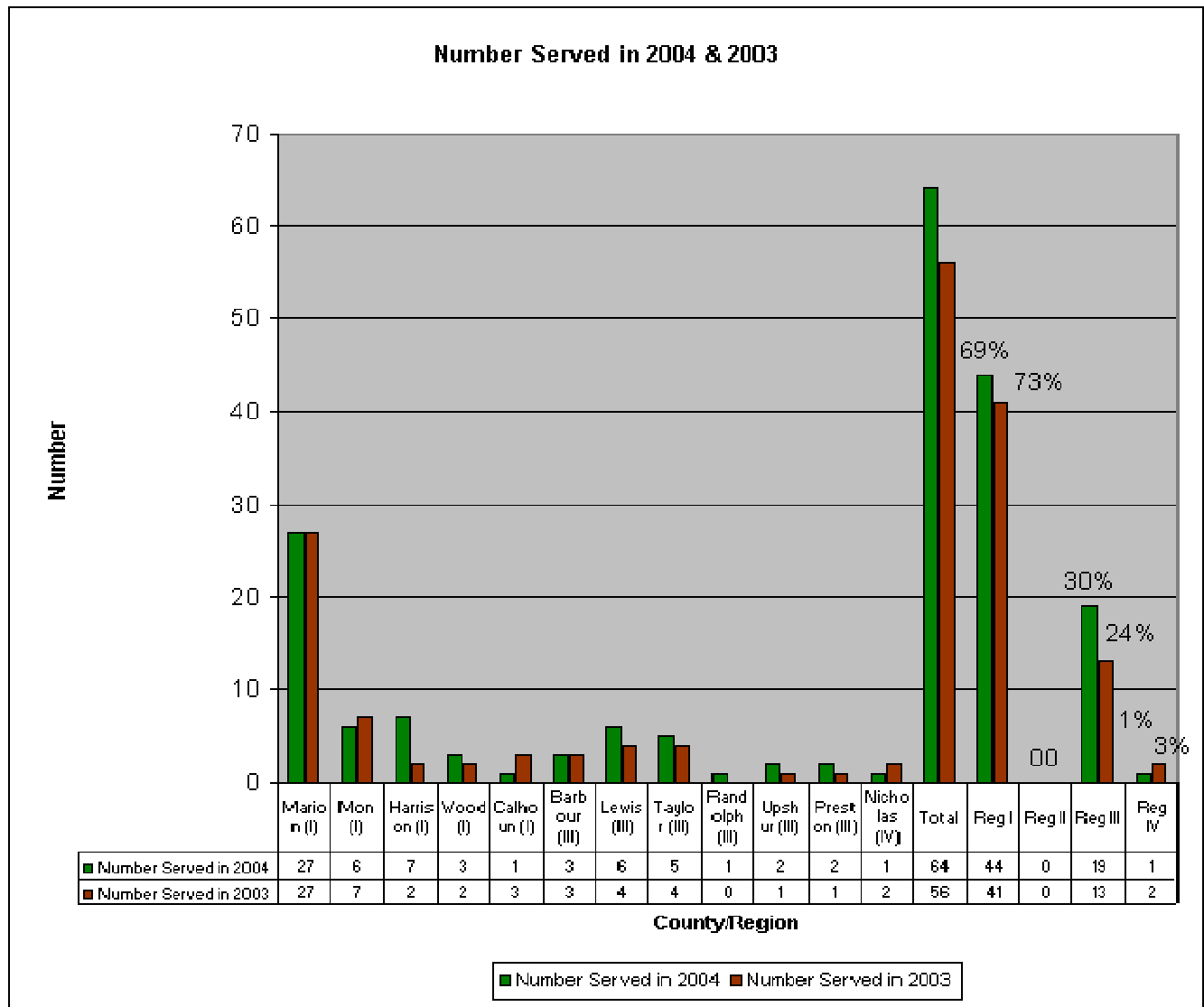


Of the 36 referrals not accepted, 8 female were due to lack of available beds, 12 male for not having available beds, 1 male for significant substance abuse and not appropriate for public school, 4 males too intensive for public school, 4 females still suffering significant psychotic episodes requiring hospital stabilization, 2 females due to requiring GED, but too intense without supervision at the ALC, 2 males due to a significantly low IQ, 1 female pregnancy, 1 male with severe psychiatric needs, and 1 male requiring sexual offending treatment.

<b>January</b>	Male	6
	Female	4
<b>February</b>	Male	3
	Female	3
<b>March</b>	Male	5
	Female	5
<b>April</b>	Male	9
	Female	6
<b>May</b>	Male	2
	Female	8
<b>June</b>	Male	7
	Female	5
<b>July</b>	Male	7
	Female	5
<b>August</b>	Male	5
	Female	5
<b>Sept</b>	Male	8
	Female	1
<b>Oct</b>	Male	4
	Female	4
<b>Nov</b>	Male	5
	Female	7
<b>Dec</b>	Male	4
	Female	3



County	Number Served in 2004	County	Number Served in 2003
Marion (I)	27	Marion (I)	27
Mon (I)	6	Mon (I)	7
Harrison (I)	7	Harrison (I)	2
Wood (I)	3	Wood (I)	2
Calhoun (I)	1	Wetzel (I)	3
Barbour (III)	3	Barbour (III)	3
Lewis (III)	6	Lewis (III)	4
Taylor (III)	5	Taylor (III)	4
Randolph (III)	1	Randolph	0
Upshur (III)	2	Upshur (III)	1
Preston (III)	2	Preston (III)	1
Nicholas (IV)	1	Nicholas (IV)	2
<b>Total</b>	<b>64</b>	<b>Total</b>	<b>56</b>
Reg I	44	Reg I	41
Reg II	0	Reg II	0
Reg III	19	Reg III	13
Reg IV	1	Reg IV	2



**Satisfaction Surveys**

Satisfaction surveys were distributed in 2004. A representation of the results of the satisfaction surveys is provided in below graphs. Conclusively, the Youth Academy is providing services that are felt to be effective by the family and consumers.

Average of Surveys Sent in 2004 (2 sets – one in early 2004 and one in late 2004, with six months apart)

	Statements	Average Level of Importance (Series 1)**	Average Level of Satisfaction (Series 2)**
1	Youth Academy staff conduct themselves in a professional manner	4.45	4.6
2	Youth Academy staff maintain open lines of communication	4.38	4.43
3	Youth Academy is receptive of client's needs	4.5	4.25
4	Services at the Youth Academy has proven to be successful	4	4.1
5	Youth Academy staff are receptive of the community needs	4.68	4.3
6	Youth Academy invites participation in the treatment planning process	4.78	4.32



**\*Series 1 = Level of Importance**

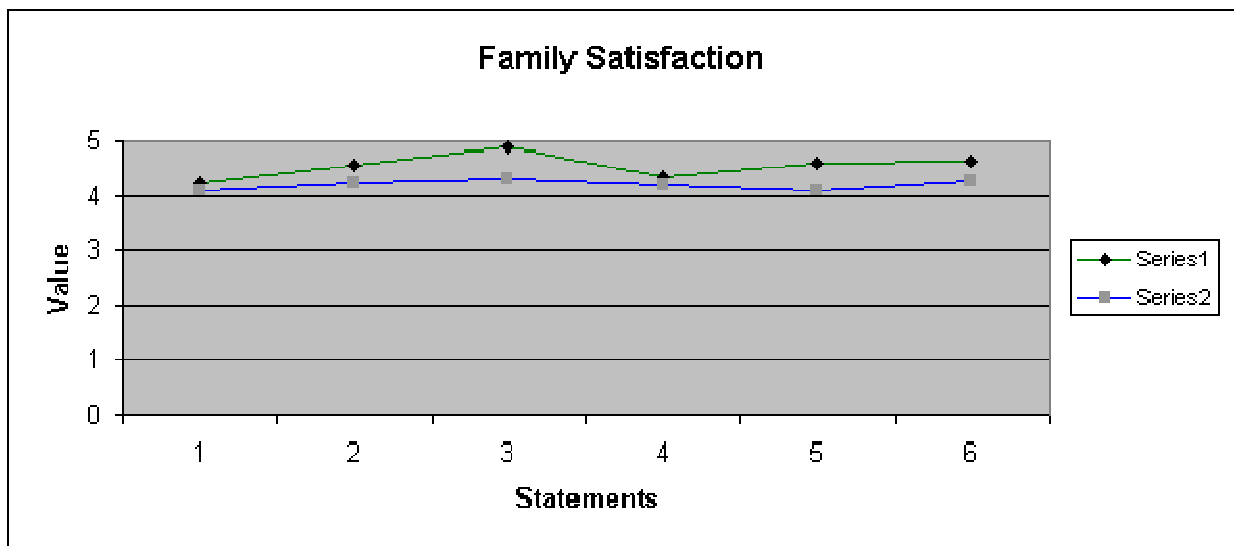
**\*Series 2 = Level of Satisfaction**

\*\* Scale range is 1 - 5

**41 surveys were distributed and 31 returned for a 75.6% rate of return**

Average of Surveys Sent in 2004 (2 sets – one in early 2004 and one in late 2004, with six months apart)

	Statements	Average Level of Importance (Series 1)**	Average Level of Satisfaction (Series 2)**
1	Were adequately informed at intake about the program	4.24	4.09
2	Received adequate communication regarding adverse/critical incidents involving your child	4.56	4.23
3	Were adequately notified of all meetings/events related to your child	4.9	4.3
4	Were well informed of your child's progress	4.36	4.22
5	Felt your child was safe and receiving the care he/she requires	4.61	4.11
6	Were encouraged by Youth Academy staff to maintain frequent contact, both by phone and visit	4.63	4.28



**\*Series 1 = Level of Importance**

**\*Series 2 = Level of Satisfaction**

\*\* Scale range is 1 - 5

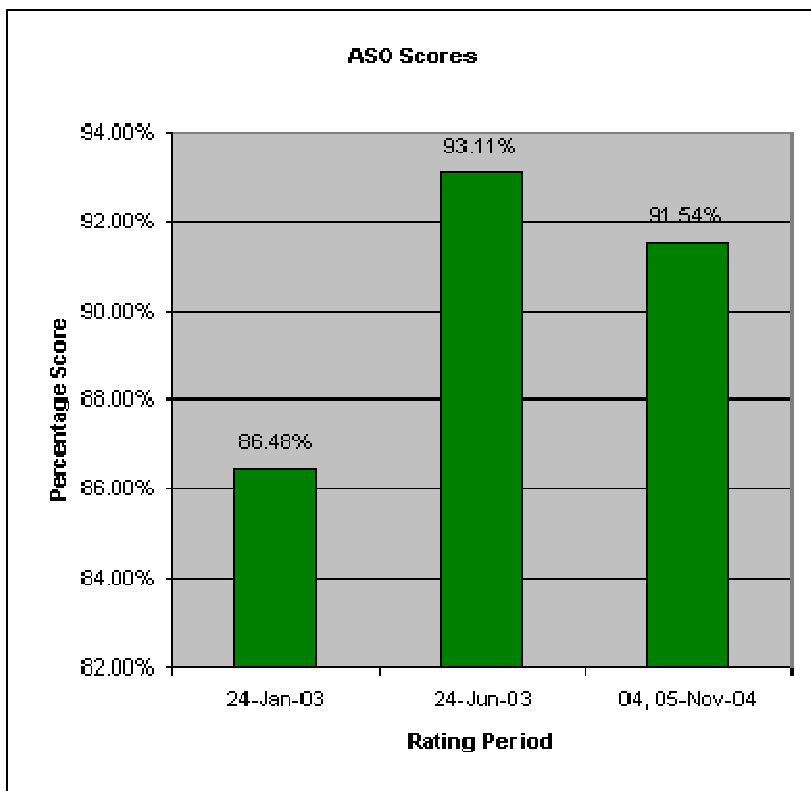
**38 surveys were mailed and 27 returned for a 71% rate of return**

**ASO**

The Administrative Services Organization (ASO) for the State of West Virginia, APS, provided one comprehensive review for 2004. The scores previously attained by the Youth Academy were at a level that warranted only one review in an 18 month period. The previous scores for 2003 dated for January 24, 2003, which represented three months of operation, reflected an overall score of 86.48 out of 100. The second rating in 2003, six month later, yielded an overall score of 93.11.

During the review in 2004, an overall score of 91.54% was achieved. The total score is comprised of two subsets. The first, Organizational Review, yielded a 92.5%. The second, Clinical Review, yielded a 90.9%, which both combined provides the total score. Although this score is 1.57% lower than the score in 2003, it is still indicative of an impressive score due to the furthered scope of the review and the additional aspects explored by the Administrative Services Organization.

<b>ASO Visits</b>	<b>Scores</b>
<b>24-Jan-03</b>	86.48%
<b>24-Jun-03</b>	93.11%
<b>04, 05-Nov-04</b>	91.54%



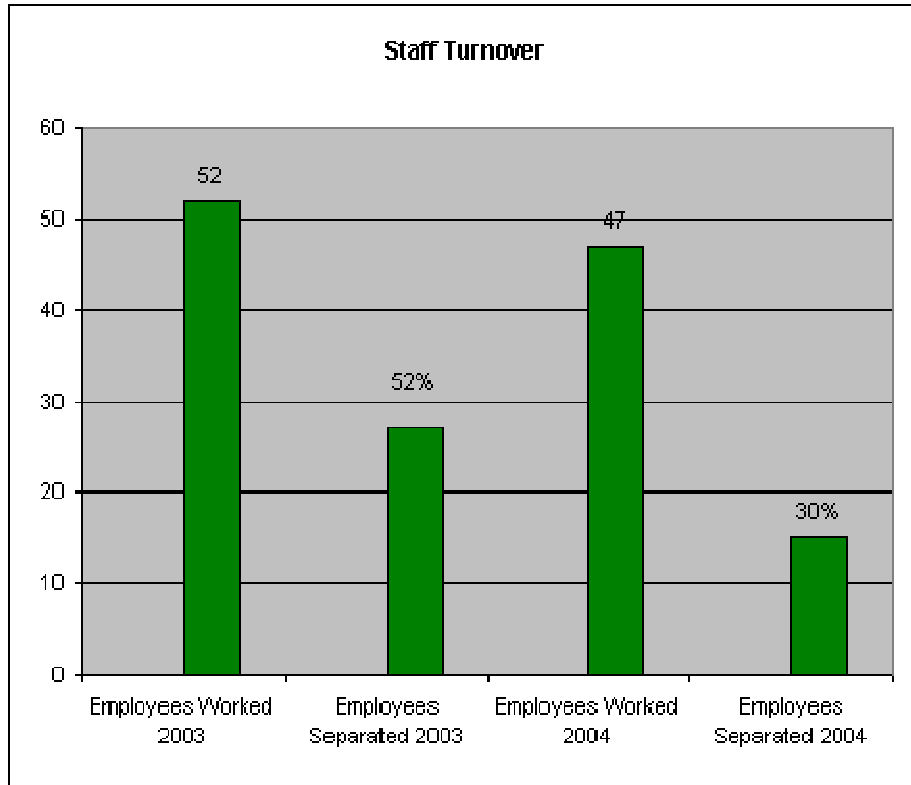
**STAFF TURNOVER RATE**

During 2004, there were 47 people employed by the Youth Academy. Of the 47 employees, 14 separated employment and one was called up for active duty, which represents a total turnover rate of 32%. This number is significantly lower than the previous year's rate of 52%. All 14 employees that separated employment from the Youth Academy were due to his/her resignation. There were no terminations in 2004 initiated by Youth Academy.

One major reason for the reduction in staff turnover is due to the fact majority of the staff that started employment upon opening in 2002 and worked into 2003, was new to the field and had little to no experience. During that time, it was expected that there would be a high turnover rate due to that reason alone. However, during 2004, staff were more experienced and had obtained a better understanding of his/her roles and responsibilities, which attributes to higher retention. This is evidenced by the fact that on

January 01, 2004, of the eight Counselors working directly with the groups, six were still working for the company on December 31, 2004, one of which was promoted to a Supervisor.

Employees Worked 2003	Employees Separated 2003	Employees Worked 2004	Employees Separated 2004
52	27	47	15



**PLAN TO REDUCE STAFF TURNOVER**

As 2004 began, the management team of the Youth Academy committed itself to the development of a landmark staff development initiative. The intention was to marry orientation and training with the staff development process. This plan was borne out of the desire to create an innovative process that evaluated and encouraged staff development during and beyond the probationary period.

The plan calls for a review of each staff’s performance every two weeks during their probationary period. The reviews will be performed by their immediate supervisor, thus providing the supervisor with another mechanism to be a manager. This process uniquely measures staff performance in the area of the company’s philosophical theory attached to working with children and with the regulatory requirements of caring for children in a residential environment. As a result, the company will be able to quantify staff development in an area previously unmeasured.

**GENERAL STAFFING PATTERNS**

The staffing pattern has not changed since opening the doors in October of 2002. The only change that has been made is the change of one of the Night Rover positions to Night Supervisor to provide supervision to the nighttime routine.

**COMMUNITY FAMILY INTENSIVE TREATMENT (CFIT)**

An expansion of services occurred in 2004 with the development of an intensive in-home treatment program, CFIT. CFIT serves an integral function of the Youth Academy by establishing a mechanism by which services can be provided to the family in concert with services provided to the child. These services



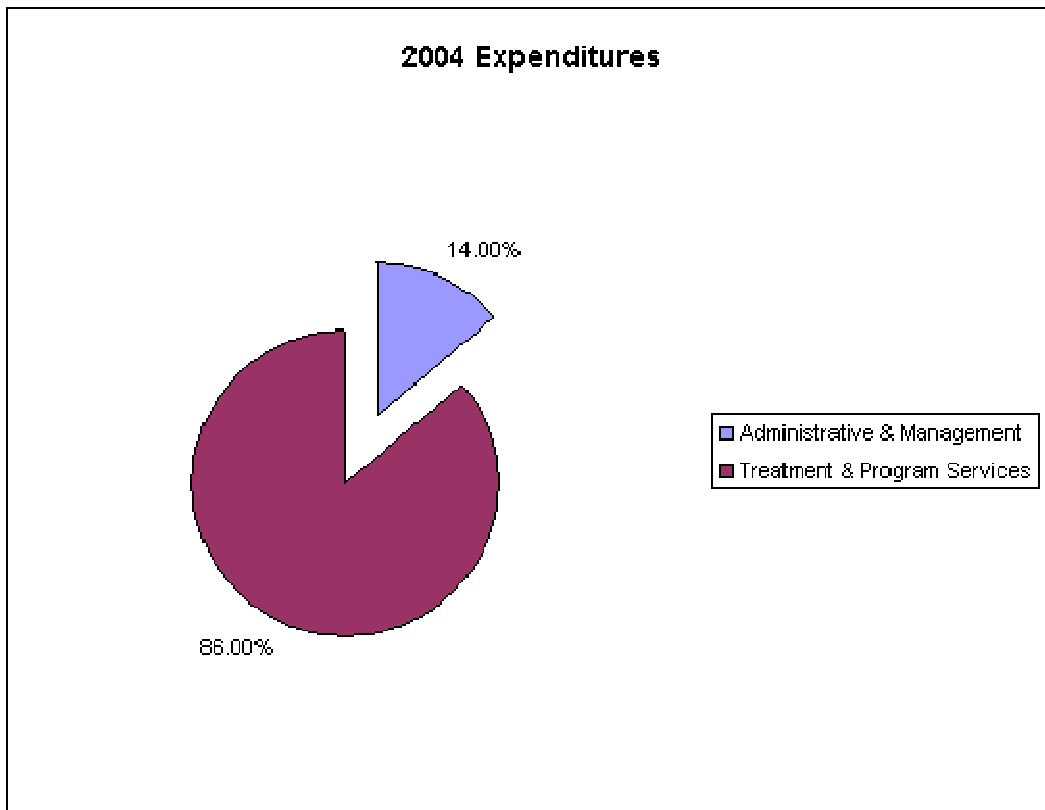
begin on the date of admission to the residential program, which involved the family at a more visceral level and improves the outcome and likelihood for success.

Moreover, this service is also provided to families and children not involved in the residential program, which further provide necessary services to the community. Youth Academy started CFIT in Region I, but also received a Certificate of Need to provide the service in Region III. Funding for CFIT is a blended funding of Medicaid and Social Necessity services.

CFIT started providing services on August 20, 2004, and employs two staff. By the end of 2004, 63 clients had received services.

**EXPENDITURES**

<u>2004 Expenditures</u>	<u>% of Expense</u>
<b>Administrative &amp; Management</b>	14.00%
<b>Treatment &amp; Program Services</b>	86.00%



**Sources of Revenue**                      % of Revenue

<b>WVDHHR</b>	60.00%
<b>WV Medicaid</b>	39.00%
<b>Interest Income</b>	0.0001%
<b>CFIT Soc Nec</b>	1.00%
<b>CFIT Med</b>	0.00%

