

Youth Academy, LLC



2011

Annual Report

Annual Overview and Summary for Youth Academy 2011

Academy Programs began serving at-risk children and families in West Virginia in 2002. Youth Academy serves its community and state by providing residential and in-home services for children with behavioral disorders. Youth Academy is a Level II residential program that has a capacity of 22. Youth Academy also offers Community Family Intensive Treatment (CFIT) an in-home program that serves children at risk of out of home placement and those returning home from placement. All Academy services and programs feature an accountable, family centered, community-based approach.

The guiding philosophy of Academy Programs is Re-Education. The creation of Re-ED in the early 1960's constituted a new paradigm for treating children who demonstrated troubling behaviors very different than that of traditional treatment programs. There are two key elements that separate the application of Re-ED principle from the traditional forms of psychodynamic theory. One, we believe that human beings derive the most benefit out of life as it is lived, not as it is talked about. The experience of the day's events are sufficient to create a sense of health, happiness, and self worth as opposed to the psychodynamic insight created during a session of traditional psychodynamic therapy.

Second, Re-ED challenges the notion that maladaptive behavior is the result of an underlying pathology, an illness, on behalf of the child. Rather, the behavior is a symptom of a malfunction in the child's family, school, community, and relationships with other people.

Re-ED represents a departure from traditional psychodynamic treatment programs and places that emphasis on the importance of learning and successful living. Re-ED is vested in helping children achieve academically and behaviorally. Fortunately for us, academic learning and behavior learning are intertwined in a manner that allows one to compliment the other making achievement in both arenas more obtainable.

Youth Academy's residential component treats 12 males (The Spartan group) and 10 females (The Cherokee group) at a time, whose average age is 15 years old. The year brought culmination of another licensure review from the West Virginia Department of Health and Human Resources' Office of Social Services. Youth Academy's license to serve was again renewed, with special commendation as the bi-annual reviewer disclosed, "This is the cleanest program I have yet to visit." APS also audited the Youth Academy and encouraged staff to continue the climb toward "Best Practice", as treatment work completed "shows continuous clinical improvement." Youth Academy was visited by members of the Council on Accreditation, (COA) in June and granted a reaccreditation in December, noting "an obvious focus on Best Practice". Members noted that practices at Youth Academy "set a standard by which other residential programs and agencies should strive for."

Youth Academy leadership and staff were again participants in statewide trainings and conferences, among which were the West Virginia chapter of the National Association of Social

Workers conference, the National Association of Therapeutic Wilderness Camping conference, and the West Virginia Child Care Association conferences. These activities were enabled to strengthen staff commitment to our programming milieu, as well as to reward and sustain staff demonstrating promise in the field.

Youth Academy deepened its commitment to RE-Education as a philosophy and guiding practice. Both groups of Youth Academy children increased the number and type of experiential, and community service activities for the year. Monthly ceremonies of celebration, specific to the re-education principles and founder Nicholas Hobbs, were undertaken via the *Hobbs Challenge* to reward groups for their various successes.

Youth Academy children also reaped the benefits from the on-campus school while completing the first credits to graduation or progress towards a GED virtually year-round. The school offered an onsite, complete curriculum under the guidance of school administrator Matthew Kittle. The school, in its 3rd year of operation, has been awarded special commendations, receiving the highest ratings of all West Virginia schools under the supervision of Office of Institutional Educational Programs (OIEP), an unparalleled accomplishment.

Youth Academy also celebrated the Teacher/Counselor by co-hosting the company's third annual Teacher Counselor of the Year Ceremony. This award is given to a staff that exemplified "high standards of performance" as described by Nicholas Hobbs in *Troubled and Troubling Child*. Clark Luster, a charter member of the Re-Ed movement, and an associate of Nicholas Hobbs, key noted the celebration. Also, in keeping with a company old tradition, the Youth Academy co-hosted the annual Christmas party in which families and children within the Youth Academy family came together to celebrate the most sacred time of the year. The Cherokee and Spartan groups continued to model creative planning by sponsoring Spirit Week activities, a Talent Show, the first Pinewood Derby, and various Community Service activities. Both groups actively participated in Academy Programs Softball, Football and Basketball Tournaments, and currently house some of the trophies for these activities.

There were other notable occurrences during the year from a physical plant perspective such as the addition of new doors on the Gymnasium, and snow guards on the roof to prevent ice and snow from falling and causing damage or injuries.

Staffing retention remains a focal point this year, as illustrated by a Spartan staff who received the *TC of the Year* award in 2010 and who is now celebrating his three year anniversary at Youth Academy, as well as being promoted to Team Leader. Both Cherokee and Spartan groups currently have Senior Teacher Counselors, promotions that acknowledge the skills and longevity these two staff have with the program. Youth Academy leadership also experienced three Teacher Counselors being promoted to Case Manager, utilizing their enhanced skill levels to now work as the liaison between the youth, the family and the greater community. These are all examples of utilization of staff skills to enhance staff retention and professionalism.

Undoubtedly, the most noteworthy point from 2011 was that Youth Academy served its children and families from a family-centered and community based standpoint while utilizing the teachings of Nicholas Hobbs through RE-Education.

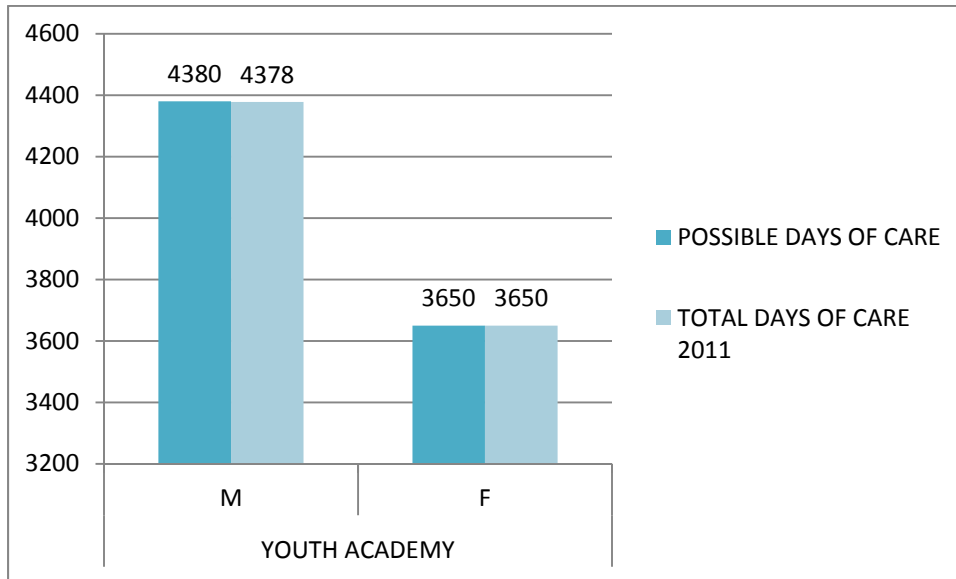
In 2011, Youth Academy made a difference in the lives of children and adults as it had during the previous nine years of its existence. The remainder of the annual report will go into greater detail in the following areas:

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
- Credits Earned While at Academy Programs
- Presenting Diagnosis and Success Rate
- Permanency of Life Situation
- Referrals
- ASO Review
- Level System
- Satisfaction Surveys
- Staff Turnover & Staffing Experience
- General Staffing Pattern
- CFIT
- Expenditures

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

As in past years, Youth Academy obtained a level of excellence regarding occupancy rates for its residential program. The organization’s average daily census was 99.95 percent for males and 100 percent for females for 2011. Because daily census rates/utilization have remained over 99 percent during each year of the company’s existence, Youth Academy remains a lynchpin of West Virginia’s child welfare system. While remaining committed to serving community first, Youth Academy continued in 2011 to provide care for children and families from points further away as well.



2011		TOTAL SERVED	POSSIBLE DAYS OF CARE	TOTAL DAYS OF CARE 2011	AVG. DAILY CENSUS OCCUPANCY RATE
YOUTH ACADEMY	M	29	4380	4378	99.95%
	F	21	3650	3650	100%

The average age of client served residentially increased slightly for the current year. The average age of male clients was 15.86 years while it was 15.62 for females.

Youth Academy served 50 children residentially in 2011. Academic performance of Youth Academy clients improved dramatically for the third year running.

The remainder of this report will detail numerically and qualitatively how Youth Academy continued its efficient service delivery while meeting the needs of at-risk children and families in West Virginia.

Permanency of Life

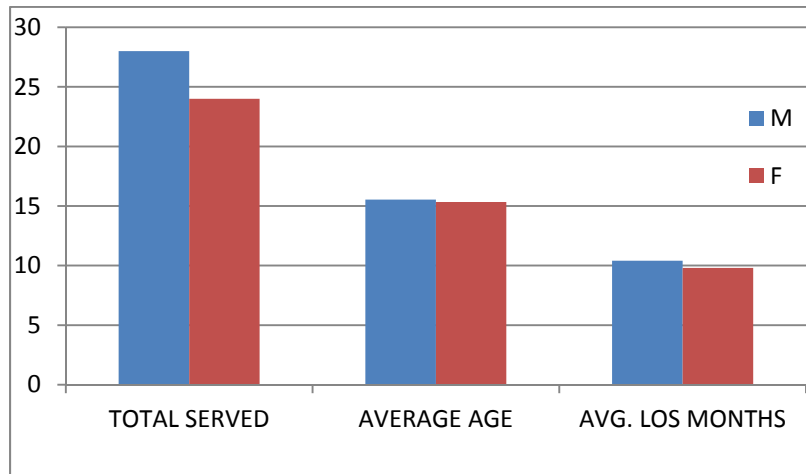
By examining “Permanency of Life Situation” and applying the outcome measures as adopted by the WVCCA, which stipulates 70% of all kids receiving services for 90 days or longer will be discharged to a home setting (home setting is defined as a foster home, birth family, adoptive, kinship care, lesser restrictive, or independence), the Academy’s success is represented as follows in the below graph:

* Of the 28 discharges in 2011, 26 were planned discharges to a home setting. 1 unplanned discharge was due to a court order prior to a Level 6 graduation. Only 1 discharge was to a more restrictive setting, due to an incident of runaway (The youth re-entered the program several months later.) 2011 had only these 2 unplanned discharges. This represents a 93% successful discharge rate, an increase from 2010.

	TOTAL SERVED	AVERAGE AGE	AVG. LOS MONTHS
M	29	15.86	9.24
F	21	15.62	10.09

“ Time is an ally, working on the side of growth in a period of development when life has a tremendous forward thrust”

Nicholas Hobbs

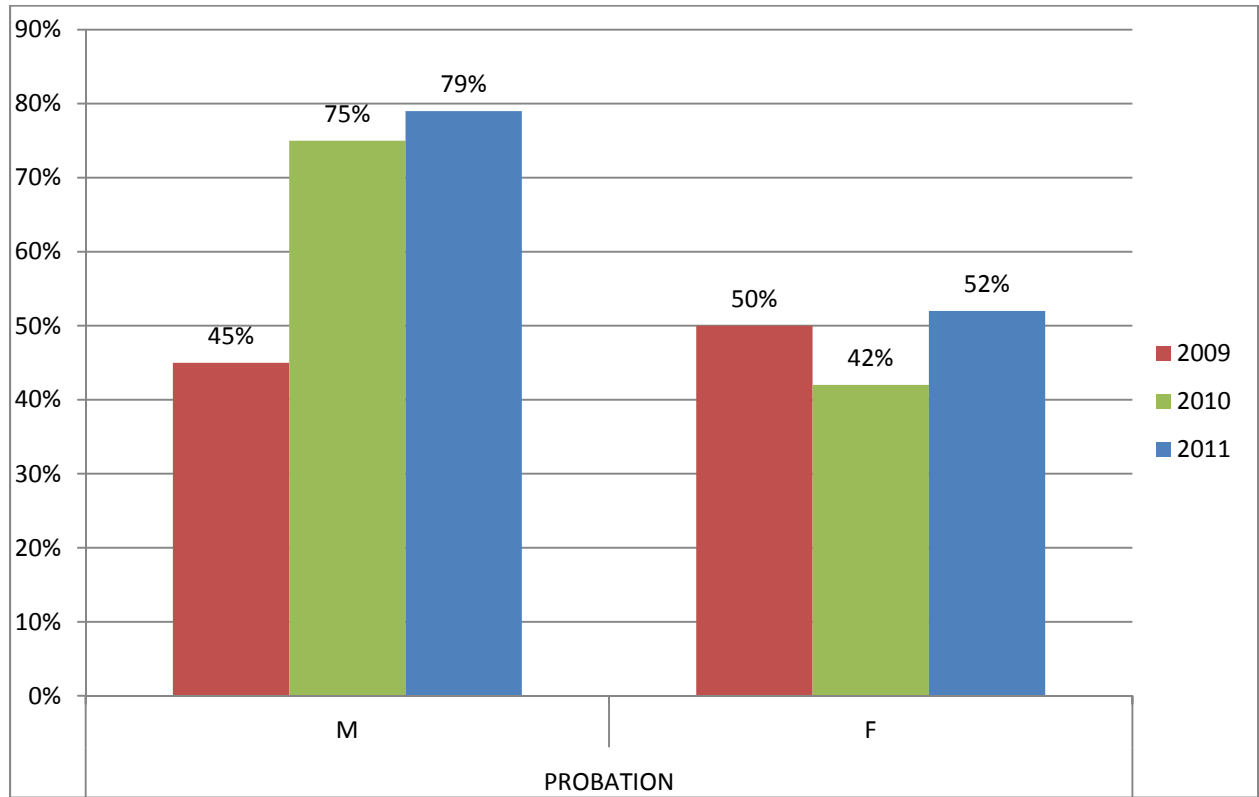


In addition to total youth served, and average age of youth served in 2011, the average length of program stay (LOS) is depicted in the chart above. Males at Youth Academy averaged 9.24 months prior to graduation. Females at Youth Academy averaged 10.09 months. Although many factors can contribute to LOS, Academy Programs’ Level System has been developed to standardize the objectives for a youth’s graduation from the program. This 6 level curriculum has been adopted by placing and referring agencies and court representatives as a standard that illustrates when a youth is ready to graduate and return home. This system is unique to Academy Programs, among residential programs in West Virginia.

Probation

As seen in the chart below, the total number of male probation youth served has increased since 2009, and the number of female probation youth served remains at one-half the total served.

YOUTH ACADEMY		2009	2010	2011
PROBATION	M	45%	75%	79%
	F	50%	42%	52%



Academics

“Competence makes a difference, and children and adolescents should be helped to be good at something, and especially at schoolwork” Nicholas Hobbs

Typically, youth entering residential placement have had a variety of failures at home, school, and community. However, while at Youth Academy, youth are not labeled as failures for being behind with regard to Grade Equivalency in school. Youth are offered the opportunity to catch up with regard to earning credits while at Academy Programs. In conjunction with the West Virginia Department of Education’s Content, Standards, and Objectives initiative, youth at Academy Programs face the same core and elective curriculum content, performance standards, and outcome objectives as any other students enrolled in public or private schools in the state of West Virginia. This is important because a student’s records at Youth Academy can be transferred in entirety back to public school on discharge.

Thus youth that put forth the effort academically do not have to fall further behind while getting treatment issues addressed. Small class sizes, staff with Re-Education experience, tutoring opportunities, hands on learning experiences, and abundant opportunities to celebrate academic success all contribute to the success illustrated in the chart below.

Aggregate School Data for Students Enrolled at Academy Programs -

Youth Academy-2011

Average GPA (4 point scale) prior to enrollment at Youth Academy	1.5
Average GPA (4 point scale) while enrolled at Youth Academy	2.85
Average Credits Offered prior to enrollment at Youth Academy	10.2
Average Credits Offered while enrolled at Youth Academy	6.4
Average Percentage of Credits Earned prior to enrollment to Youth Academy	56%
Average Percentage of Credits Earned while enrolled at Youth Academy	96%

Directly stated, children who enter Youth Academy leave with a significantly higher Grade Point Average. They are able to potentially achieve, for the relatively short term placement, an increased percentage of credit accrual while in treatment. The goal is not simply remediation, as illustrated by the data, that some students in 2011 have received a GED, taken the ACT tests and/or attended college courses as their individual situations mandated. For the first time, students actually received their High School Diploma from the school at Academy Programs, in a graduation ceremony in the gymnasium witnessed by parents, teachers and staff as well as their peers.

Academy Programs summer school program has become a standard forty day, thematic based term. All educators, regardless of their subject matter, incorporate all content standards and objectives around a common theme. The past summer theme was another exciting theme of "Mission to Space", which includes eight weekly themes. This topic was carefully selected for several key reasons including but not limited to, it being a hands on, critical thinking approach to learning. It also utilizes our collaborative working relationship with the Educator Resource Center locally at NASA, in Fairmont.

Students are able to earn up to two credits toward a high school diploma during the summer school. These credits usually are earned in subjects that they have previously failed in school. In some instances, students can earn credits that accelerate their credit accrual which enables them to get back on track or closer to graduating with their age appropriate peers. This is yet another example of Academy Programs commitment to the Re-Education of our “troubled and troubling youth”.

Analysis of Treatment Planning for Youth Academy

Assessment of the program’s clinical soundness to assure that best practice is an ongoing focus is paramount. Over all program effectiveness, as well measurable and individualized treatment goals are part of our commitment to Program Improvement and Quality Assurance, and various data is collected and reviewed. To assist Youth Academy in measuring treatment effectiveness, monthly reviews of treatment plans are undertaken. Progress is tracked through the completion of daily progress notes. In addition to internal tools for this purpose, participation in bi-annual reviews by APS Healthcare occurs.

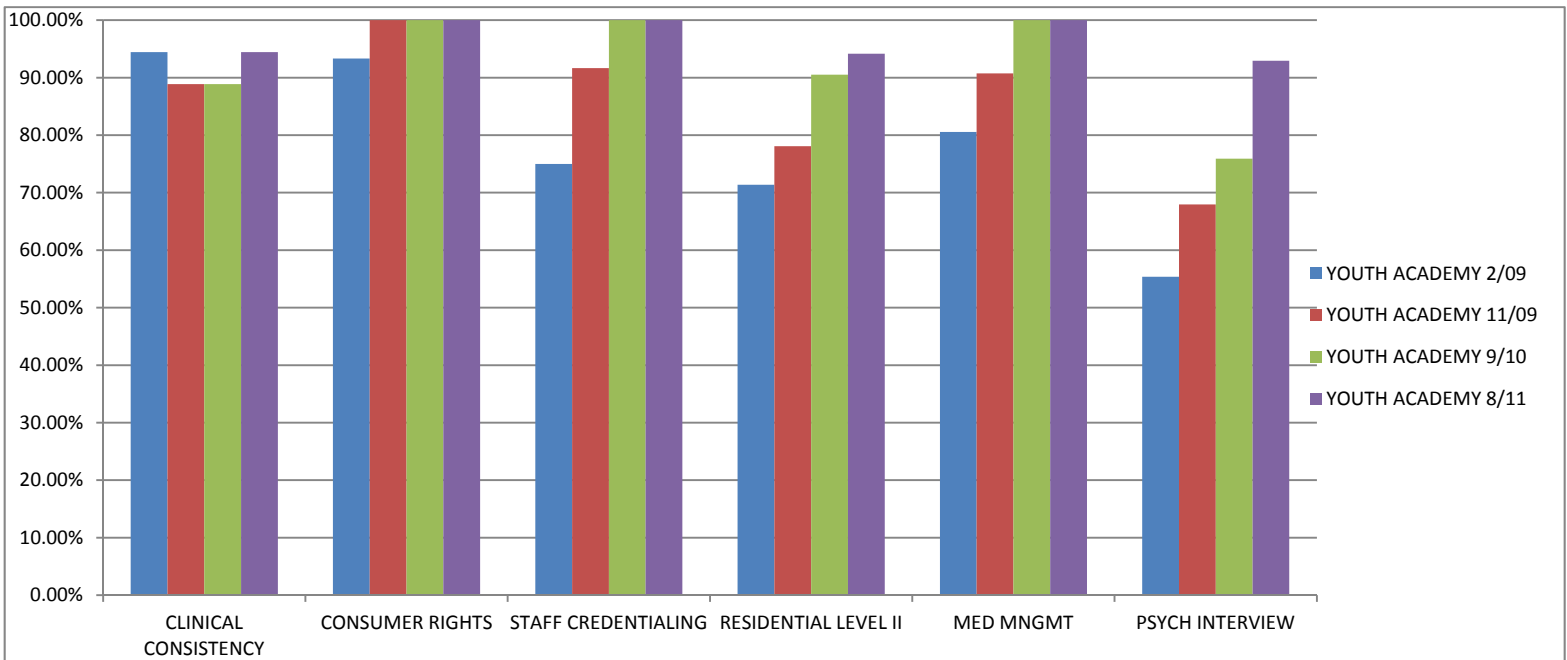
“Feelings should be nurtured, shared spontaneously, controlled when necessary, expressed when too long repressed, and explored with trusted others”

Nicholas Hobbs

Treatment Documentation

The following chart shows documentation parameters measured by APS and progress from four separate reviews between February 2009 and August 2011:

APS REVIEW		CLINICAL CONSISTENCY	CONSUMER RIGHTS	STAFF CREDENTIALING	RESIDENTIAL LEVEL II	MED MNGMT	PSYCH INTERVIEW
YOUTH ACADEMY	2/09	94.44%	93.33%	75.00%	71.38%	80.56%	55.38%
	11/09	88.89%	100.00%	91.67%	78.08%	90.74%	67.95%
	9/10	88.89%	100.00%	100.00%	90.52%	100.00%	75.90%
	8/11	94.44%	100.00%	100.00%	94.17%	100.00%	92.95%

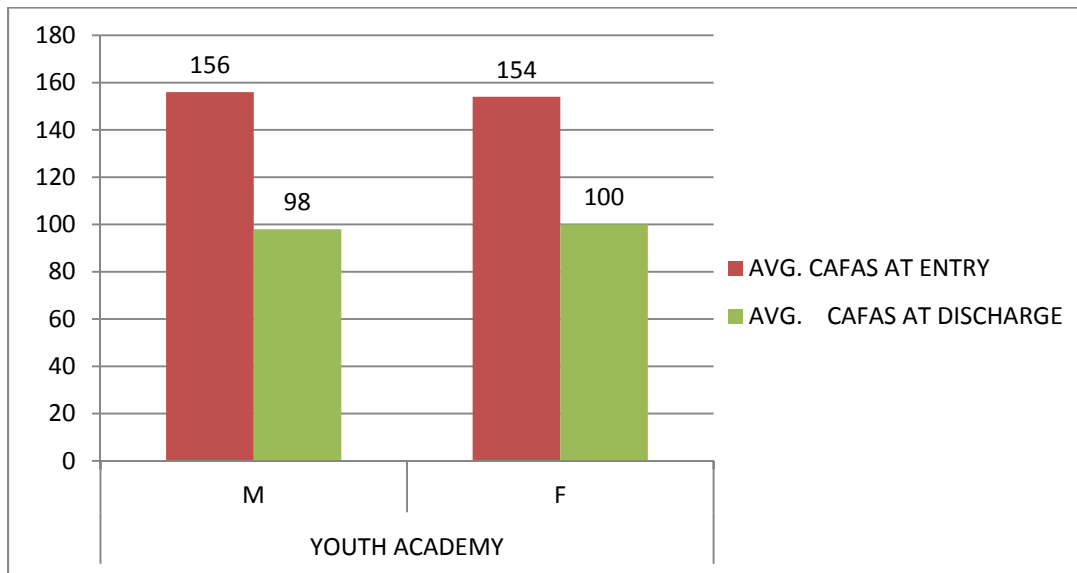


Youth Academy participated in an APS review in August 2011. The APS review took a random sample of individual treatment records. Of the 6 areas reviewed, Clinical Consistency, Consumer Rights, Staff Credentialing, Residential Level II, Medication Management, and Psych Management, all showed that Youth Academy staff had stabilized or improved treatment documentation processes over the course of the four separate reviews.

Child and Adolescent Functional Assessment Scale
Youth Academy – 2011

The CAFAS has become a standard assessment tool used by many clinicians to determine severity of function at entry to treatment, and is likewise used to determine the efficacy of treatment. The following table demonstrates a significant positive impact of treatment while at Youth Academy. (Higher numbers indicate more dysfunction/Lower numbers indicate enhanced functionality)

2011		TOTAL SERVED	AVG. CAFAS AT ENTRY	AVG. CAFAS AT DISCHARGE
YOUTH ACADEMY	M	29	156	98
	F	21	154	100

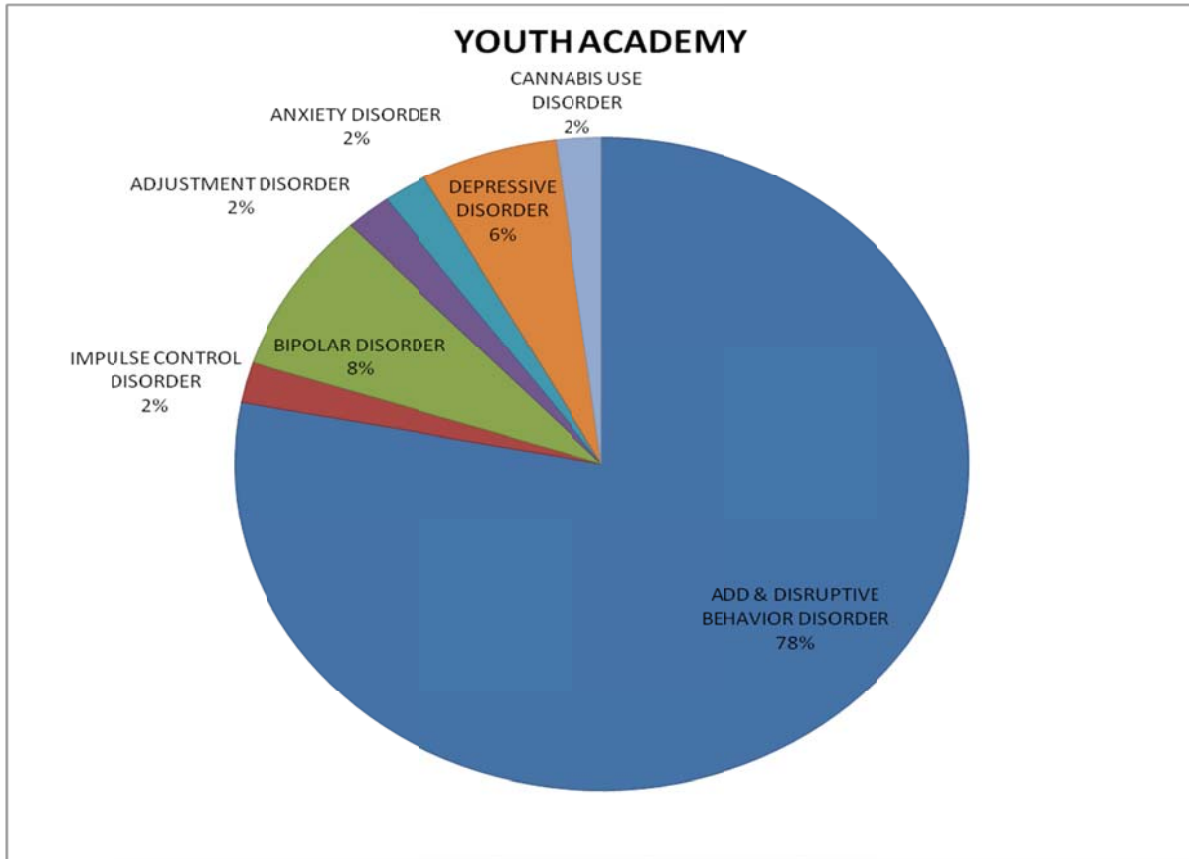


Presenting Diagnosis and Success Rate

“The body is the armature of the self, the physical self around which the psychological self is constructed”

Nicholas Hobbs

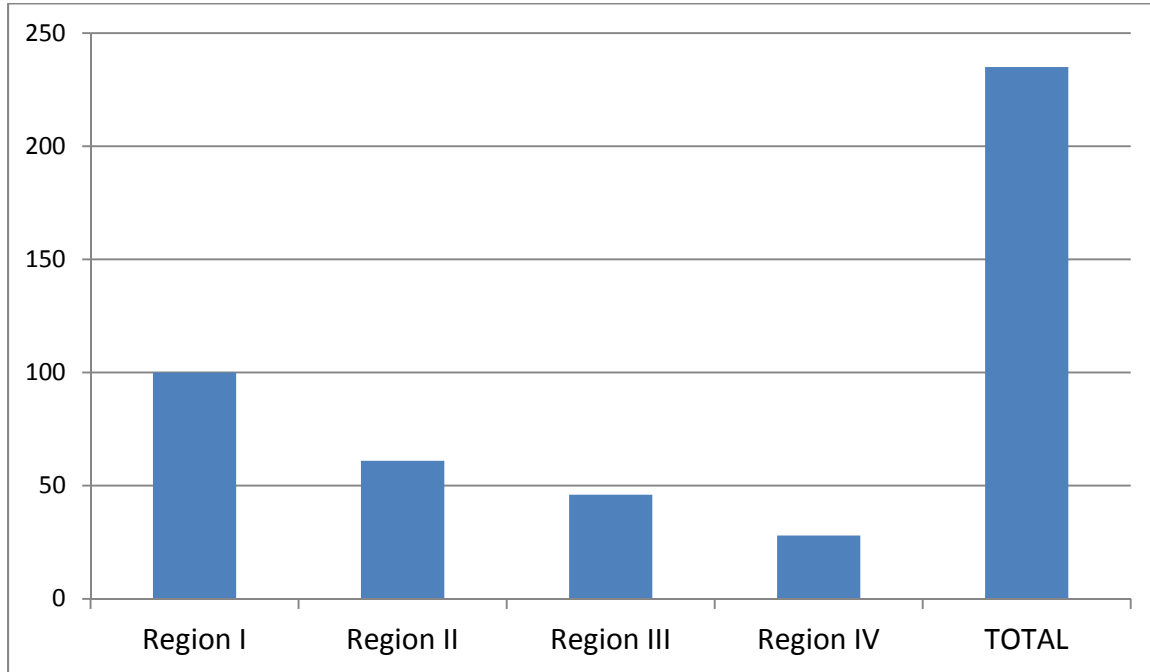
As represented by the table and the pie chart below, there is a wide spectrum of issues being served at the Youth Academy. The majority fall under Attention Deficit Disorder and Disruptive Behavior Disorders however.



		TOTAL SERVED	ADD & DISRUPTIVE BEHAVIOR DISORDER	IMPULSE CONTROL DISORDER	BIPOLAR DISORDER	ADJUSTMENT DISORDER	ANXIETY DISORDER	DEPRESSIVE DISORDER	CANNABIS USE DISORDER
YOUTH ACADEMY	M	29	24	0	1	1	1	1	1
	F	21	15	1	3	0	0	2	0
TOTAL YOUTH		50	39	1	4	1	1	3	1
Presenting Diagnosis	M	29	83%	0%	3%	3%	3%	3%	3%
	F	21	71%	5%	14%	0%	0%	10%	0%
Success Rate	M	29	96%		100%	100%	100%	100%	100%
	F	21	100%	100%	100%			50%	

Youth Academy Referrals

Another measure of effectiveness is the level of referrals received. As represented in the below graphs, there were a total of 235 referrals received in 2011. Of the 235 referrals received, 43% were from Region I, 26% from Region II, 19% from Region III, and finally 12% from Region IV.



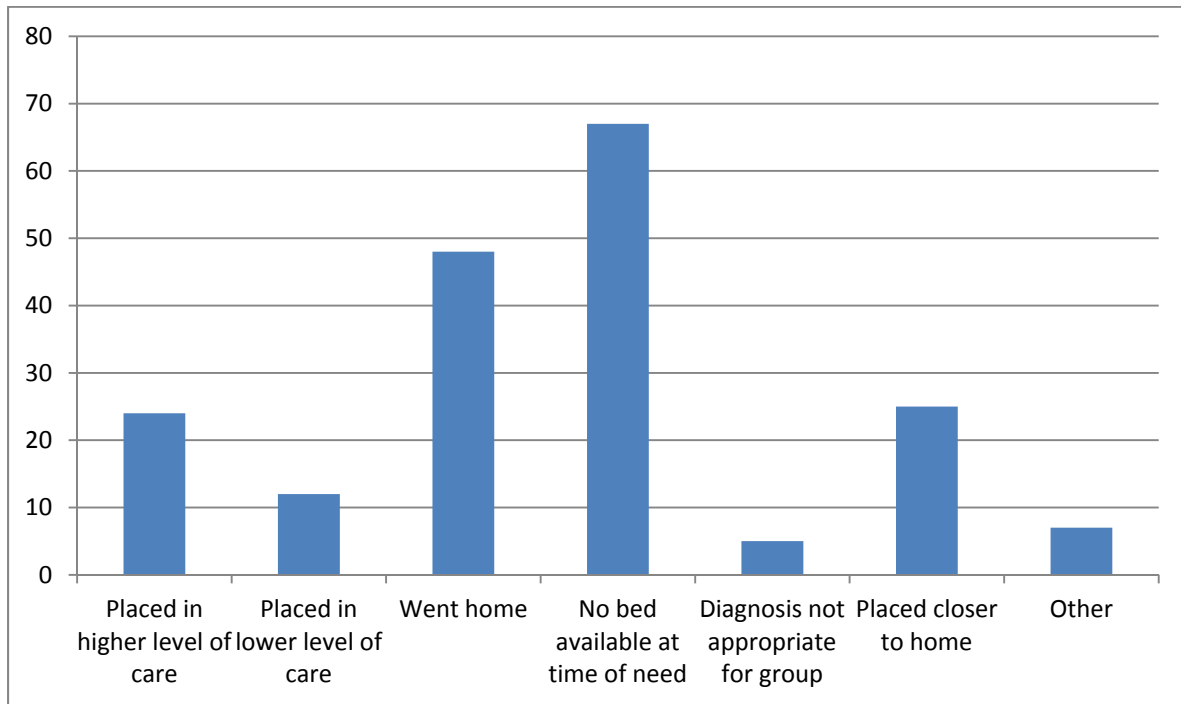
Referrals Totals by Region

Region I	100
Region II	61
Region III	46
Region IV	28
TOTAL	235

*County specific information is included in subsequent tables and graphs.

Referrals Not Served

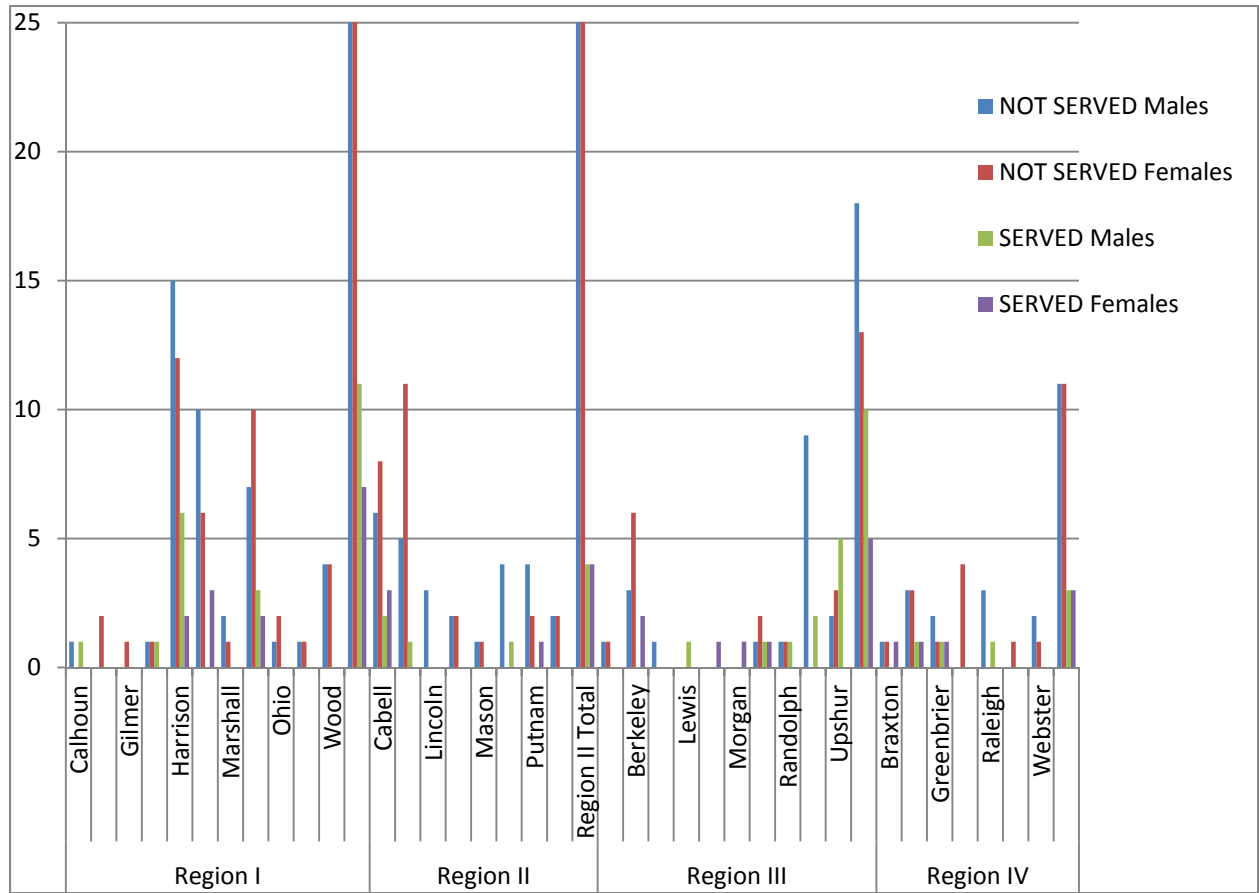
TOTAL	188
Male	98
Female	90
Placed in higher level of care	24
Placed in lower level of care	12
Went home	48
No bed availability at time of need	67
Diagnosis not appropriate for group	5
Placed closer to home	25
Other	7



Referrals Totals by Region

Of the 188 referrals not served, 24 required a higher level of treatment, 12 were placed in a lower level of treatment, 48 went home and 67 not placed due to no bed available at the time of need. Five had an inappropriate diagnosis, 25 were placed closer to home and 7 for various reasons, with the most significant reason being the length of the waiting list.

Regional/ County Specific Referrals-Served/Not Served



		NOT SERVED Males	NOT SERVED Females	SERVED Males	SERVED Females	TOTAL SERVED
Region I	Calhoun	1	0	1	0	
	Doddridge	0	2	0	0	
	Gilmer	0	1	0	0	
	Hancock	1	1	1	0	
	Harrison	15	12	6	2	
	Marion	10	6	0	3	
	Marshall	2	1	0	0	
	Monongalia	7	10	3	2	
	Ohio	1	2	0	0	
	Wetzel	1	1	0	0	
	Wood	4	4	0	0	
Region I Total		42	40	11	7	18
Region II	Cabell	6	8	2	3	
	Kanawha	5	11	1	0	
	Lincoln	3	0	0	0	
	Logan	2	2	0	0	
	Mason	1	1	0	0	
	Mingo	4	0	1	0	
	Putnam	4	2	0	1	
	Wayne	2	2	0	0	
Region II Total		27	26	4	4	8
Region III	Barbour	1	1	0	0	
	Berkeley	3	6	0	2	
	Hampshire	1	0	0	0	
	Lewis	0	0	1	0	
	Mineral	0	0	0	1	
	Morgan	0	0	0	1	
	Preston	1	2	1	1	
	Randolph	1	1	1	0	
	Taylor	9	0	2	0	
	Upshur	2	3	5	0	
Region III Total		18	13	10	5	15
Region IV	Braxton	1	1	0	1	
	Clay	3	3	1	1	
	Greenbrier	2	1	1	1	
	Nicholas	0	4	0	0	
	Raleigh	3	0	1	0	
	Summers	0	1	0	0	
	Webster	2	1	0	0	
	Region IV Total		11	11	3	3

Reportable Incidents/ Safety Report

As a result of changes in licensing regulations and the accreditation process, Academy Programs instituted a review process where all internal standard operating procedures and operations are examined regularly. The Safety Committee and the Critical Incident Review Team were established in 2010. The Safety Committee is charged with reviewing and identifying trends within the critical incident process and to identify programmatic issues needing addressed. The committee also conducts monthly examinations of physical plant and utilizes a comprehensive check off format specific to all areas used by Youth Academy clients.

A total of 257 incidents were reported in 2011 as compared to 408 incidents in 2010. This represents a significant decrease. Data observed included the result that the male group had slightly more incidents than the girl's group. The majority of incidents were physical aggression and the resulting physical interventions utilized by staff to ensure safety. The 47 incidents of physical aggression in the male population were mainly client specific. A few students comprised the total number of incidents while the majority of youth had no incidents. The girl's group similarly exhibited client specific high numbers at 27, which was lower than that of the boy's group.

Staff met regularly to conduct clinical reviews and to develop plans to address group issues and trends, as well as to identify individual needs of those students displaying aggressive behaviors. New clinical skills were taught and implemented. The team, including Case Managers was utilized to provide additional information, counseling, and connectivity with the youth's family environment. Individualized counseling allowed for those aggressive youth to develop coping skills to use in the group context. Each of the youth with the majority of incidents had poor to no family connections outside the program. Interdisciplinary Team Meetings (IDT's) have prioritized focus on developing permanency earlier for these youth, regardless of their "level" in the program. Although there was a resulting decrease in aggression throughout the year, youth occasionally experienced "tap in" issues when confronted with issues regarding foster care or as they connected with realities of their dysfunctional home environment. As these same youth faced graduation from Youth Academy, they frequently faced pre-discharge regression, demonstrating their trust in the program and their fears of facing their new environments.

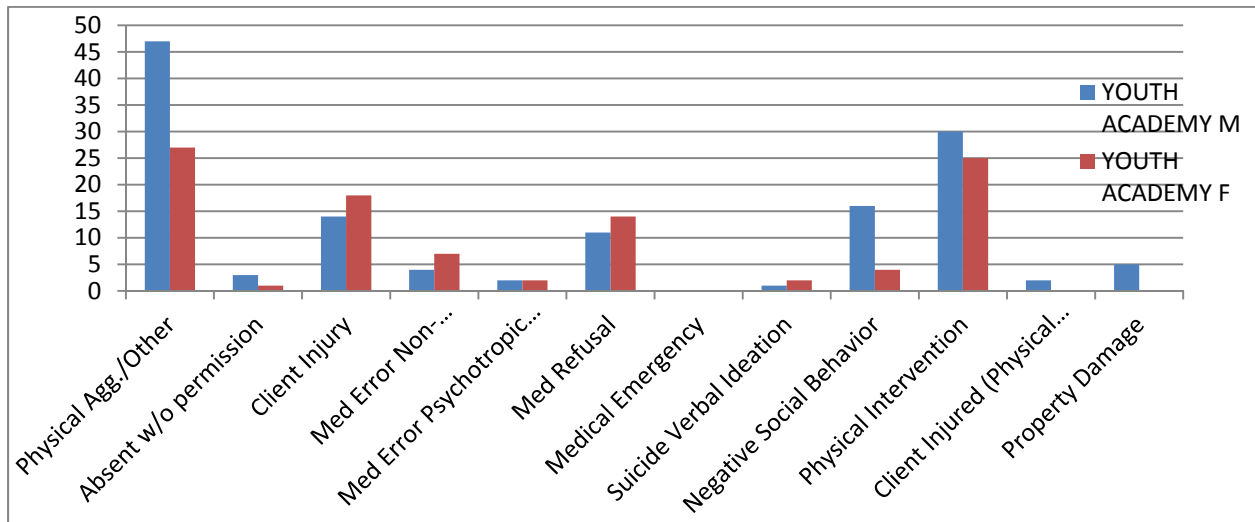
With increased numbers of youth entering the program on various psychotropic medications, additional staff training has been undertaken specific to medication administration. Youth Academy saw medication errors at 15 for the year 2011. Only four of which were psychotropic medications, the majority were missed skin creams or other PRN's. There were also 25 medication refusals during that same timeframe. Notifications of 3pm medications were addressed more thoroughly as that time-frame was typically the most missed medication. Medication refusals were investigated and found to be behaviorally related. Regular and periodic training, as well as enhanced oversight of the administration process by supervisors, reduced these numbers by year's end. It is policy that medication errors by staff result in disciplinary action, illustrating the seriousness of the issue. Regardless, the reduction of medication errors from 47 in 2010 to 15 (only four psychotropic med errors) for the year 2011 is a positive achievement.

With regard to reported injuries for 2011 there was an overall reduction in numbers as well. Of the injuries reported, a majority were the result of organized sports activities. It is now standard procedure that "warm-up" exercises and routines (stretching and sequencing) are conducted group wide prior to the activity. There were minor strains and sprains that were treated with first aid and timeout from the physical activity. There were 0 Medical Emergencies for the year. Prioritized youth education in daily living skills, and focused supportive counseling have helped to address this issue. Overall, the amount of incidents reported is a representation of accurate reporting by staff to ensure the safety and well-being of all youth being served. Continued staff training in facilitation of group activities, including physical and

psychological safety and boundaries, as well as actual and perceived risk strategies for group activities will continue as a priority. Quality of group schedules and activities have been evaluated to ensure that investment by students at Youth Academy is real. Full schedules addressing educational, recreational, spiritual and cultural activities, as well as Community Service opportunities are available. These premises assist in lowering the number of Reportable Incidents.

“A child should know some joy in each day, and look forward to some joyous event for the morrow”
Nicholas Hobbs

INCIDENT REPORTS		Physical Agg./Other	Absent w/o permission	Client Injury	Med Error Non- psychotropic meds	Med Error Psychotropic meds	Med Refusal	Medical Emergency	Suicide Verbal Ideation	Negative Social Behavior	Physical Intervention	Client Injured (Physical Intervention)	Property Damage	TOTAL IRS 2011
YOUTH ACADEMY	M	47	3	14	4	2	11	0	1	16	30	2	5	135
	F	27	1	18	7	2	14	0	2	4	25	0	0	100
	TOTAL	74	4	32	11	4	25	0	3	20	55	2	5	235



Safety Committee 2011

All monthly inspections that identified any minor issues were immediately addressed. No recurring issues to report. Youth Academy group’s won various awards for clean cottage during various Hobbs’ Challenge ceremonies. Housekeeping standards at both groups have been raised. As new students arrive the standard of consistency is prioritized. Fire drills were conducted as required and were completed successfully, as well as the required program wide evacuation conducted to the East Fairmont High School parking lots. No issues to report.

“Ceremony and ritual give order, stability and confidence to troubled children and adolescents, whose lives are often in considerable disarray”

Nicholas Hobbs

Level System

Academy programs developed a level system in late 2009. It was not until the present, that the value of this initiative became realized. The Level System has been developed to standardize the objectives for a youth’s graduation from the program. This six level curriculum has been adopted by placing and referring agencies and court representatives as a standard that illustrates when a youth is ready to graduate and return home. This system is unique to Academy Programs, among residential programs in West Virginia.

An interesting fact emerged in 2011 Level System analysis; 91% of male and female residents graduated Youth Academy from levels five or six. This is up significantly from 2010. More youth are successfully rising to meet the expectations of the Level’s curriculum. This year’s data shows that youth are struggling with the upper levels. 42% of female residents repeated level three and 32% repeated level four. 21% of male residents repeated level four and 25% repeated level five before going on to graduate. Although length of stay at Youth Academy has fluctuated only slightly since 2009, for both male and female groups, the level system lessens the subjective assessment of gains experienced by participants. It remains imperative that in the review process that a youth’s individual treatment plans are directly connected to his/her level system. Also in review it is important that the level review process is success oriented, in a way that challenges growth and personal initiative, but is not beyond that youth’s ability to comprehend or achieve. The group’s culture must be one of helping each other to stay focused “on the prize” of attaining mastery of his/her level with each activity, routine, and each day. This affirms the need for staff to orient youth into programming and build a trusting relationship as quickly as possible to enhance success.

“The group is very important to young people, and it can become a major source of instruction in growing up”

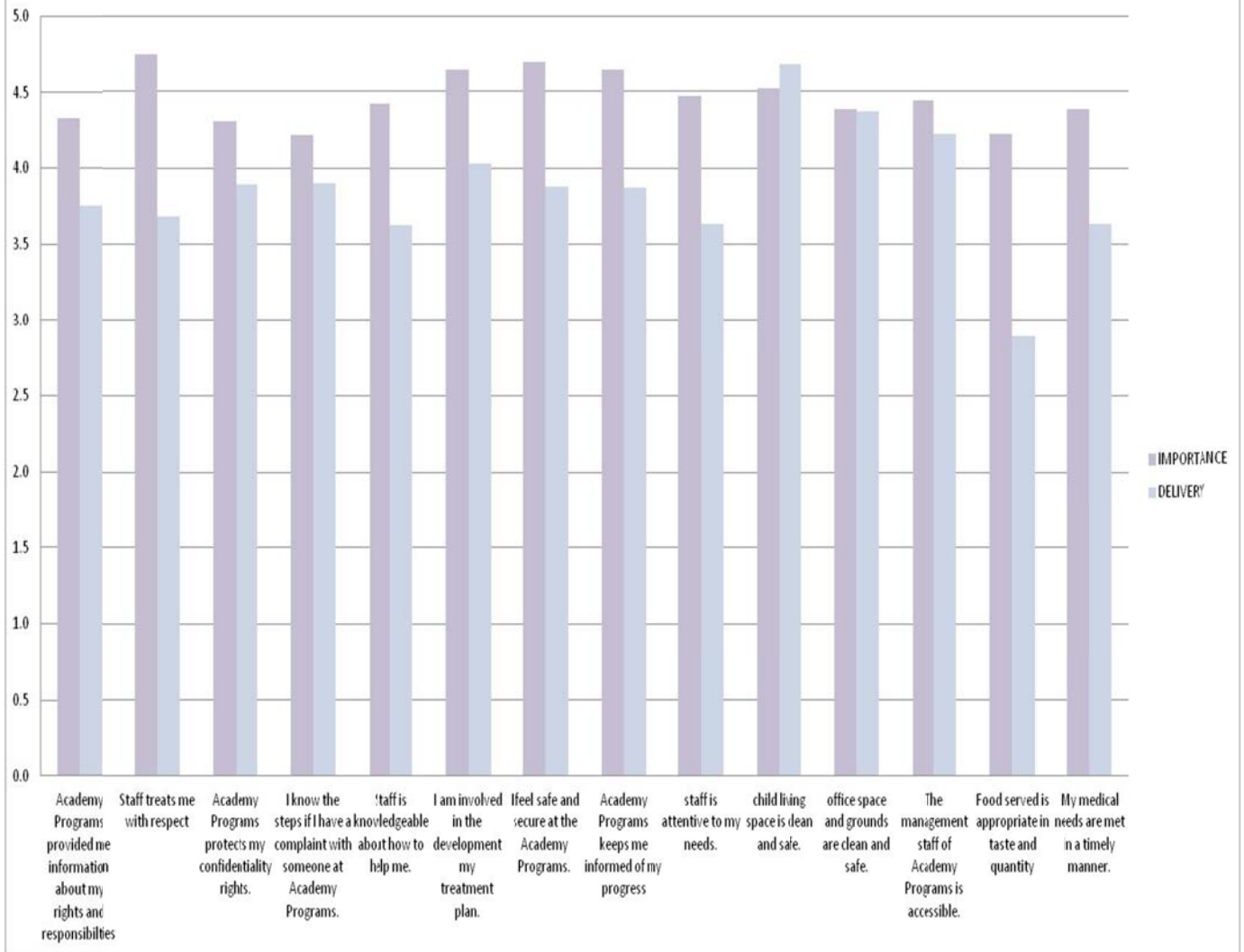
Nicholas Hobbs

Consumer Satisfaction Surveys

Satisfaction surveys were distributed in 2011. A representation of the results are provided below and the data is specific to Youth Academy. The first graph addresses certain questions to residents, with regard to how important the issue is to that youth, and how well that youth believes the issue is being addressed (delivery).

The graphs below illustrate that youth and families do not have any outstanding issues with content and delivery of services at Youth Academy.

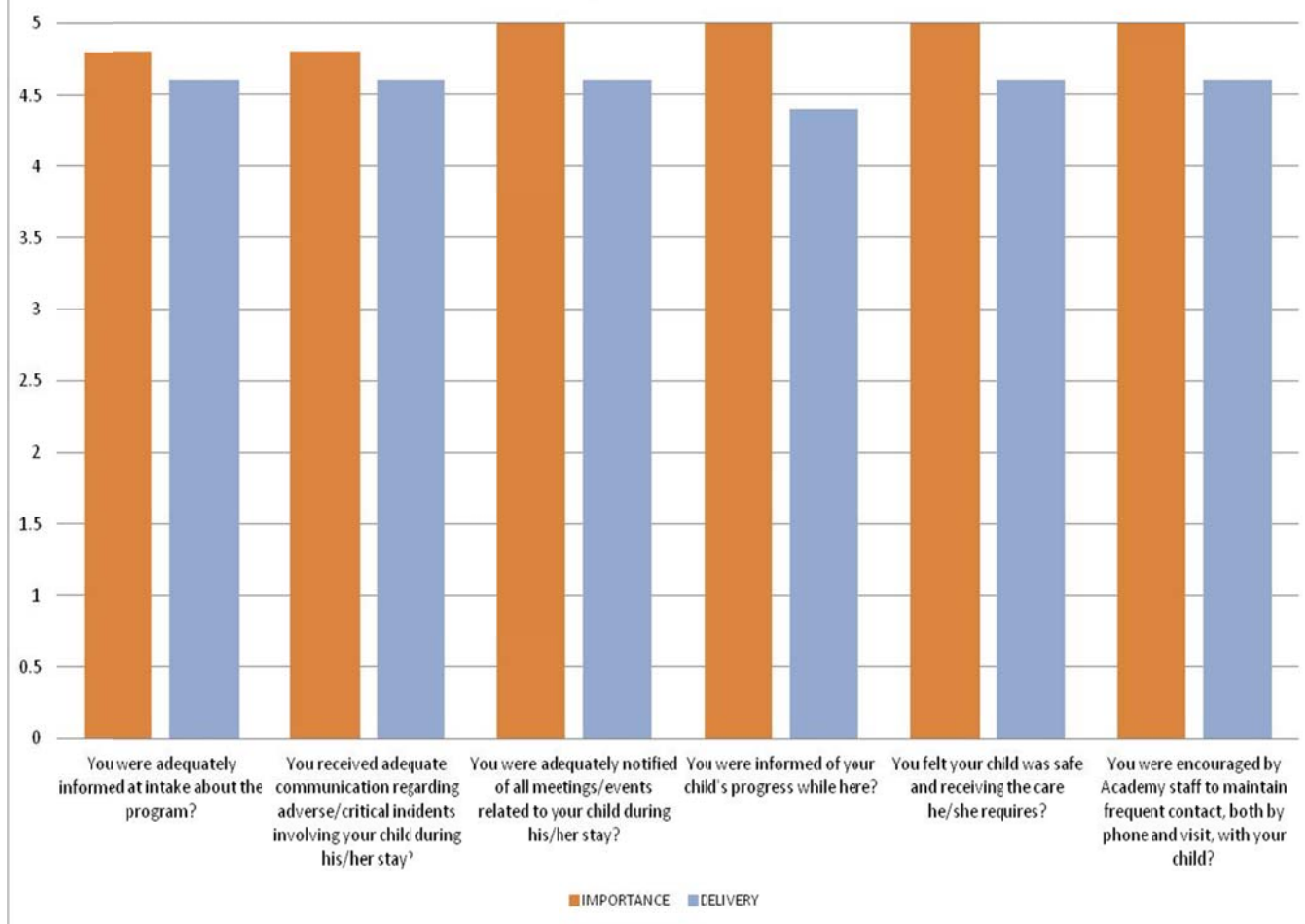
Youth Academy Resident Satisfaction Survey September 2011



The bar labeled *Importance* is specific to how a youth /family rates that question in a level of importance to that individual.

The bar labeled *Delivery* is how a youth/family rates that specific parameter is being delivered.

Youth Academy Family Satisfaction Survey September 2011



You were adequately informed at intake about the program?
 You received adequate communication regarding adverse/critical incidents involving your child during his/her stay?
 You were adequately notified of all meetings/events related to your child during his/her stay?
 You were informed of your child's progress while here?
 You felt your child was safe and receiving the care he/she requires?
 You were encouraged by Academy staff to maintain frequent contact, both by phone and visit, with your child?

IMPORTANCE	DELIVERY	DIFFERENCE
4.8	4.6	0.2
4.8	4.6	0.2
5	4.6	0.4
5	4.4	0.6
5	4.6	0.4
5	4.6	0.4

DELIVERY

You were adequately informed at intake about the program? 4.6
 You received adequate communication regarding adverse/critical incidents involving your child during his/her stay? 4.6
 You were adequately notified of all meetings/events related to your child during his/her stay? 4.6
 You were informed of your child's progress while here? 4.4
 You felt your child was safe and receiving the care he/she requires? 4.6
 You were encouraged by Academy staff to maintain frequent contact, both by phone and visit, with your child? 4.6

*" Life is to be lived now, not in the past, and lived in the future only as a present challenge."
 Nicholas Hobbs*

Staff Turnover Rate

“Trust between child and adult is essential”

Nicholas Hobbs

Staffing experience continues to be a critical parameter in program success. All staff are required to complete a probationary period of employment, consisting of 90 days. During this period intensive training and shadowing by senior staff occurs. Once we are successful at getting an employee beyond his/her probationary period, our turnover rate is lower than the national average for this particular field. The Academy is not competing with like companies to retain employees, but rather with other industries that provide the same or higher salaries and does not include the level of tension and stress that is commonly associated with this industry.

During 2011 there were 25 employees at Youth Academy. Of the 25 employees, four direct care staff separated employment which represents a total turnover rate of 16 % of direct care. Adding adjunct staff who separated employment, (2 case managers and 2 night attendants), the turnover rate is 24%.

In the Cherokee group, there was a 0% turnover of staff in 2011, and two Cherokee Teacher Counselors were promoted to case manager.

Of the total eight staff who terminated their positions with Youth Academy in 2011, one was a Teacher Counselor Aide, a position that does not require a Bachelors degree; two were Teacher Counselors; one was Team Leader; two were Case Managers, and 2 night attendants. The Teacher Counselor Aide position remains challenging to fill, with job responsibilities similar to that of the TC, with the exception of medication administration.

The turnover rate for Youth Academy for 2009 was 38%; 2010 was 48%, and 2011 was 24%.

We feel there are three critical factors in improving staff retention. First we must look at how we recruit and select staff at the beginning. Second, we must look at how staff are trained and developed to work with kids to the best of their ability. Finally, we have to take a look at what we do as administrators that either contributes to, or improves problems staff experience as part of the working environment.

General Staffing Patterns

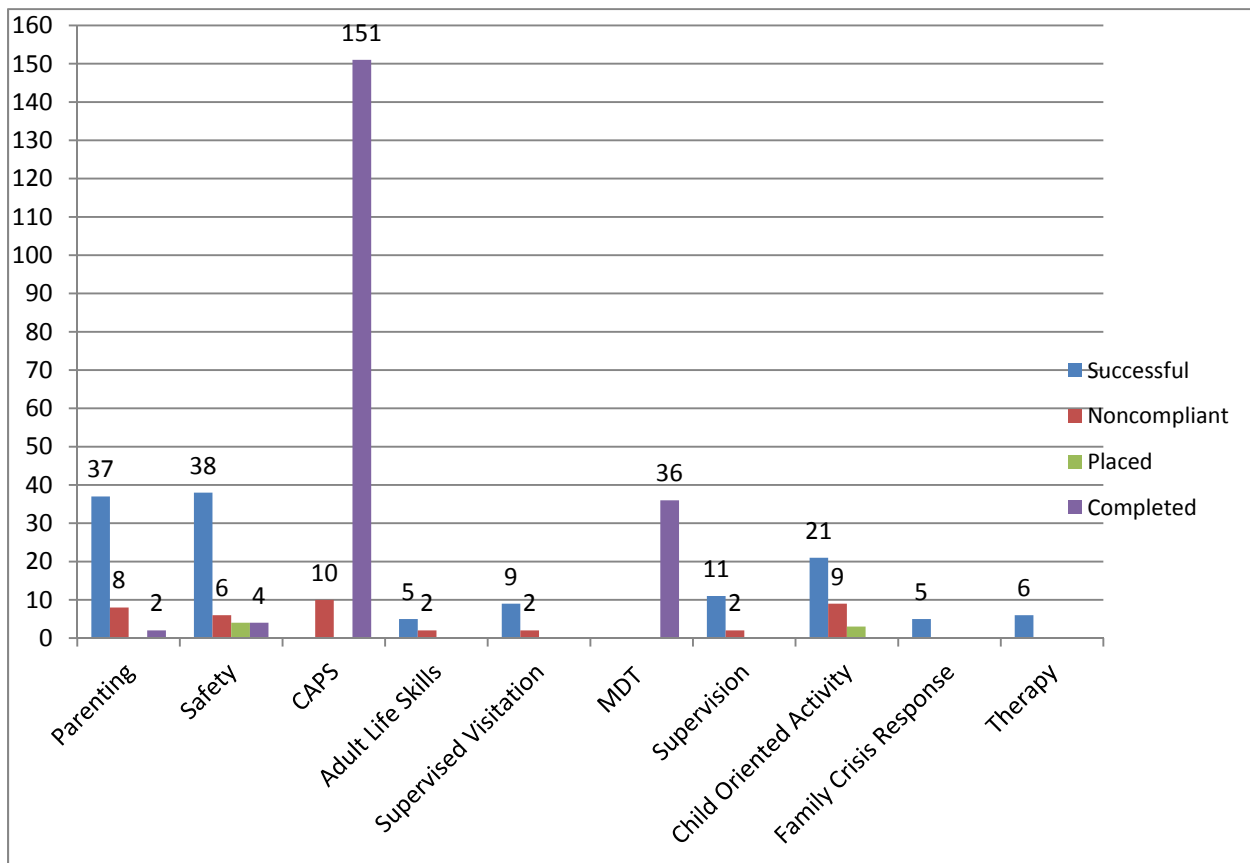
The general staffing patterns have not changed since Youth Academy opened in October of 2002.

CFIT

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. These services begin on the date of admission to the residential program, which involve 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 serves both Regions I and III and has been asked to expand further into other areas of the state, which continues to be explored.

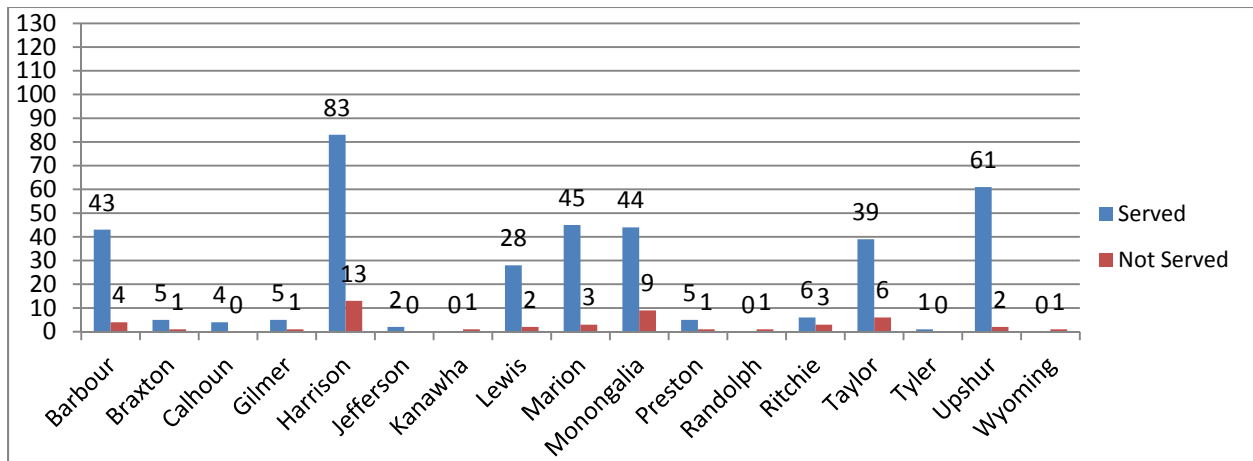
		Parenting	Safety	CAPS	Adult Life Skills	Supervised Visitation	MDT	Supervision	Child Oriented Activity	Family Crisis Response	Therapy
Successful		37	38		5	9		11	21	5	6
Noncompliant		8	6	10	2	2		2	9		
Placed			4						3		
Completed		2	4	151			36				
Total CFIT Services	371	47	52	161	7	11	36	13	33	5	6



Total CFIT Services have increased from 346 in 2010 to 371 in 2011, with the majority of services relating to CAPS (Child and Adolescent Protective Services), Safety Assessments and Training as well as Parenting Skills Development. With the initiation of the Safety Assessment Management System, SAMS, in 2009-2010 the procedure with which WV DHHR refers and administers Safety Services to private providers has changed, resulting in an overall lower number of referrals and services to CFIT in 2010. However, the total CFIT services have rebounded in 2011. The following data and graphs are regional service areas, as well as referrals not served, outcomes recorded and rationale for services not being consummated.

Counties Served/Not Served (CFIT)

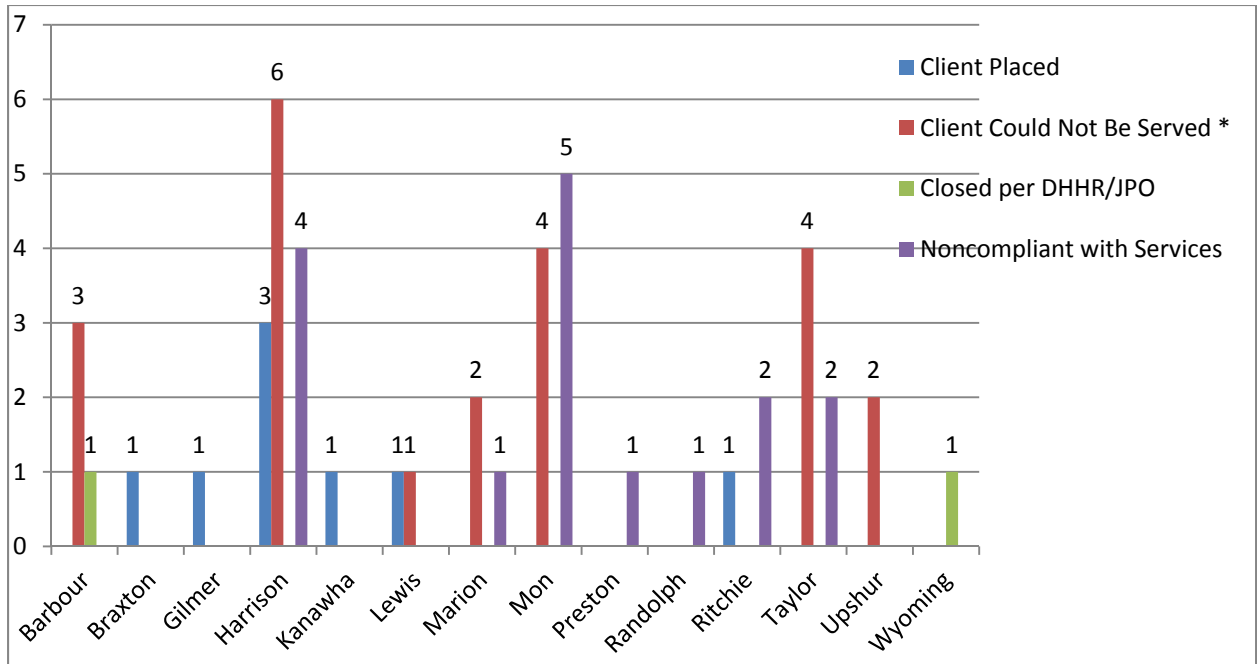
	Served	Not Served	Totals
Barbour	43	4	47
Braxton	5	1	6
Calhoun	4	0	4
Gilmer	5	1	6
Harrison	83	13	96
Jefferson	2	0	2
Kanawha	0	1	1
Lewis	28	2	30
Marion	45	3	48
Monongalia	44	9	53
Preston	5	1	6
Randolph	0	1	1
Ritchie	6	3	9
Taylor	39	6	45
Tyler	1	0	1
Upshur	61	2	63
Wyoming	0	1	1
	371	48	419



Reasons not served by County (CFIT)

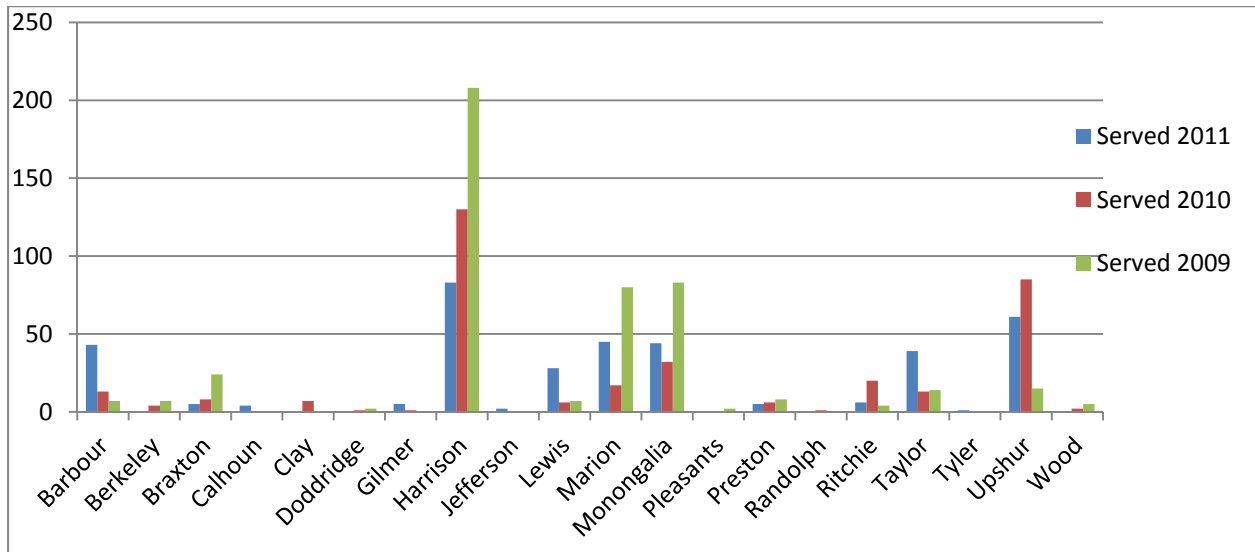
CFIT Reasons Not Served by County															
	Barbour	Braxton	Gilmer	Harrison	Kanawha	Lewis	Marion	Mon	Preston	Randolph	Ritchie	Taylor	Upshur	Wyoming	TOTAL
Client Placed		1	1	3	1	1					1				8
Client Could Not Be Served *	3			6		1	2	4				4	2		22
Closed per DHHR/JPO	1													1	2
Noncompliant with Services				4			1	5	1	1	2	2			16
Totals	4	1	1	13	1	2	3	9	1	1	3	6	2	1	48

This includes child in DJS custody, child 18 y/o, safety issues, incorrect referrals.



Comparison of CFIT Services 2009-2011

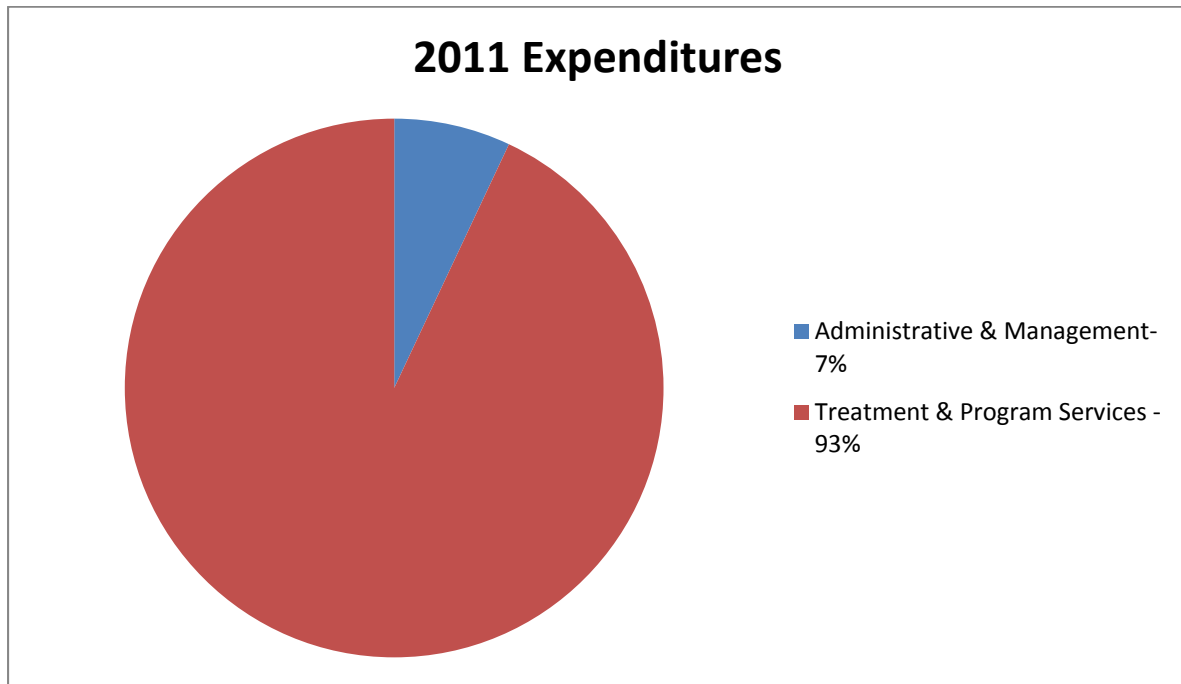
	Served 2011	Served 2010	Served 2009
Barbour	43	13	7
Berkeley	0	4	7
Braxton	5	8	24
Calhoun	4	0	0
Clay	0	7	0
Doddridge	0	1	2
Gilmer	5	1	0
Harrison	83	130	208
Jefferson	2	0	0
Lewis	28	6	7
Marion	45	17	80
Monongalia	44	32	83
Pleasants	0	0	2
Preston	5	6	8
Randolph	0	1	0
Ritchie	6	20	4
Taylor	39	13	14
Tyler	1	0	0
Upshur	61	85	15
Wood	0	2	5
	371	346	466



2011 Expenditures % Of Expense

Administrative & Management- 7%

Treatment % Program Services- 93%



<u>2011 Sources of Revenue</u>	<u>% of Revenue</u>	<u>Dollar Amount</u>
WVDHHR	54%	\$ 1,019, 001.47
WV Medicaid	36%	\$ 690, 109.90
CFIT Social Necessity	9%	\$ 172, 780.81
CFIT Medicaid	<1%	\$ 3, 846.70
<u>Total Income</u>		<u>\$ 1,885,738.88</u>

