

# *YORE Academy, Inc*

## **2009 Annual Report**



## **Annual Overview and Summary for the YORE Academy 2009**

It is difficult to summarize a phenomenon when nothing like it has existed in West Virginia prior to its existence. However, when writing of the YORE Academy in 2009 much can be expanded upon in an exciting and positive manner. In January, the YORE Academy accepted its first child in the co-occurring co-ed residential program. Less than 30 days and 23 kids later the YORE Academy was at full census. As company leadership had suspected, demand for service from the YORE Academy would be high and intense.

The nearly 40 staff handled the influx of children with aplomb while implementing a substance abuse treatment program in congruence with the philosophy of Re-Education. The children in the program attended the new on-campus school and reaped the benefits from the virtual year-round approach to classroom education.

YORE Academy leadership and staff participated in a number of statewide and national conferences. Among them were the National Association of Social Workers conference in April, the American Re-EDucation Association conference in August and the West Virginia Child Care Association in October.

The YORE Academy co-hosted a number of on-campus events. In January, the dedication ceremony of the YORE Academy occurred. The keynote speaker was Governor Joe Manchin III. More than 100 people attended the event and commemorated the opening of the landmark program.

In July, the YORE Academy co-hosted the company's first annual Teacher/Counselor of the Year ceremony. More than 50 people attended the event, which celebrated the role and importance of the Teacher/Counselor in the lives of children.

The YORE Academy co-hosted the one-year anniversary ceremony for the on-campus school in September. Local and state level politicians attended along with the Superintendent of OIEP Dr. Fran Warsing.

In December the Yore Academy hosted its first Christmas party for its children and families. The celebration was attended by nearly 200 people.

The year ended in productive fashion. The Yore Academy's launch signaled the opening of a landmark program for children and families in West Virginia. In its first year, guided by the philosophies of Nicholas Hobbs, the Yore Academy brought joy each day to children who otherwise may not have enjoyed it.

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 & Staffing Plan
- General Staffing Patterns
- Expenditures

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

The YORE Academy established itself not only as a groundbreaking program in the way of programming, but it did so quickly and efficiently. In less than 30 days the YORE Academy reached its capacity of 24 clients. Moreover, the YORE Academy's census for 2009 was an astounding 100 percent. Which means the YORE Academy in its first year served as many children for as many days as possible.

As foreseen by Academy leadership, the average age of client did skew slightly older than that of its sister program, the Youth Academy. The average age of a YORE Academy female was 16.5 years while the average male age was a comparable 16.6 years.

Though too soon to determine what the normal length of stay may be for clients, the YORE Academy's average length of stay was less than seven months.

The vast majority of the 44 YORE Academy children served in 2009 were educated in the on grounds school. The graph to follow illustrates the remarkable success children had in the school. The average grade point average for a YORE Academy child was 1.17 at intake. Upon discharge the average GPA was 2.77. A more than 100 percent increase in academic performance measured by GPA.

The YORE Academy received 144 referrals in 2009 for residential service. The YORE Academy established itself as a statewide program by receiving referrals in a fairly even distribution. Region I lead the way with 58 referrals with the lowest referring Region still making 21 referrals.

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

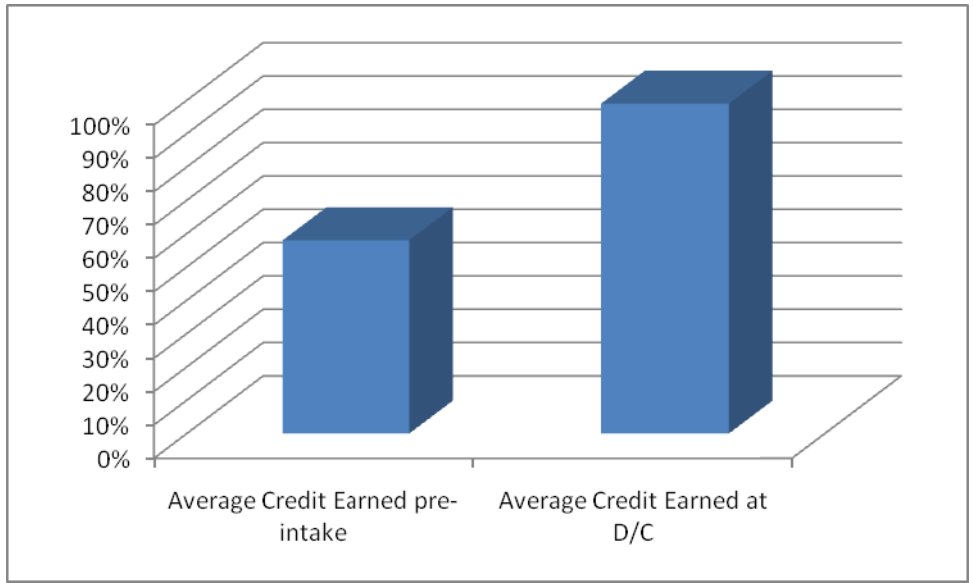
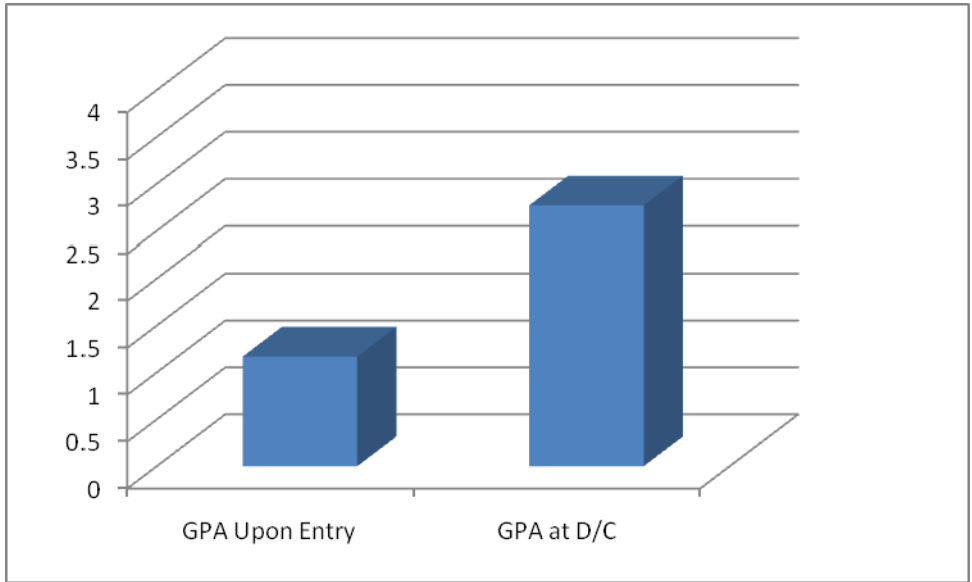
	<b>2009</b>
Total Number of Youth Served	44
Breakdown of Gender Served	
Female	8
Male	36
<b>Total Days of Care Provided</b>	<b>8137</b>
<b>Average Daily Census</b>	<b>24.00</b>
<b>Occupancy Rate</b>	<b>(m=24)</b>
	<b>100.00%</b>
Average Age of Resident for Female (years)	16.5
Average Age of Resident for Male (years)	16.61
Average Length of Stay (Measured in Days)	192.00
Average Length of Stay (Measured in Months)	6.4
Average Length of Stay (Measured in Days) Males	205.41
Average Length of Stay (Measured in Months) Males	6.94
Average Length of Stay (Measured in Days) Females	131.67
Average Length of Stay (Measured in Months) Females	4.33

**GPA**

By examining the average grade point averages, academic success is measured. The Yore Academy tracks outcome data, as adopted by the West Virginia Child Care Association, to maintain at least 70% of children achieve a 2.0 GPA or higher. Moreover, it is important to see the relationship and benefit of having the school located on campus and operated by OIEP.

Below is a chart illustrating the grade point average for year ending 2009 as provided by OIEP.

GPA Upon Entry	GPA at D/C	Average Credit Earned pre-intake	Average Credit Earned at D/C
1.17	2.77	58%	99%



**Analysis of Treatment Planning for YORE Academy:**

In looking at the overall effectiveness and appropriateness of individual treatment goals we are able to measure a youth’s progress in the program. This enables us to be able to assure that individual treatment needs are being met. This also supports the programs clinical soundness and assures that we are implementing the best clinical practice.

To assist us in measuring treatment effectiveness we utilize monthly treatment plan reviews and track progress through the completion of daily progress notes. In addition to our own internal tools to measuring effectiveness and progress we participate in audits by APS Healthcare.

The YORE Academy in 2009 participated in an APS audit in November 2009. The APS audit looks at a random sample of individual treatment records. According to the APS audit in November 2009 in the areas of Residential Service, individual components are looked at. The APS audit found that discharge criteria for youth in the YORE Academy met established clinical benchmarks. It was found that in the 5 charts reviewed we achieved a 3 out of 3 rating. In addition to discharge criteria APS looked at if treatment goals are client centered and individualized and based on assessed need out of 5 charts reviewed we achieved a 3 out of 3 rating in being client centered and a 4 out of 6 in assessed need. These are positive indicators that treatment goals are on target, appropriate, effective and meeting clinical needs.

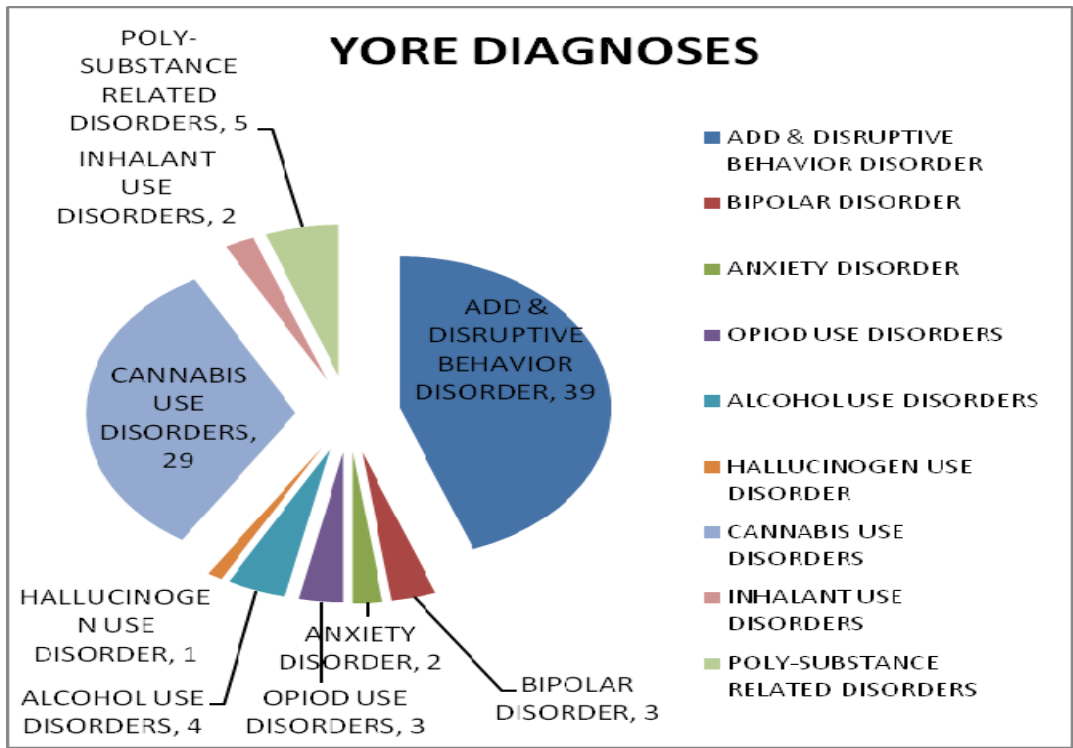
In 2009 the YORE Academy achieved 20 discharges with 18 to a less restrictive environment and 2 to a more restrictive environment again to address their individual treatment needs. It is a clear indicator that we are achieving success in addressing individual treatment needs by level of successful discharges to less restrictive environments or to alternative treatment facilities as indicated by their treatment needs.

### 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.

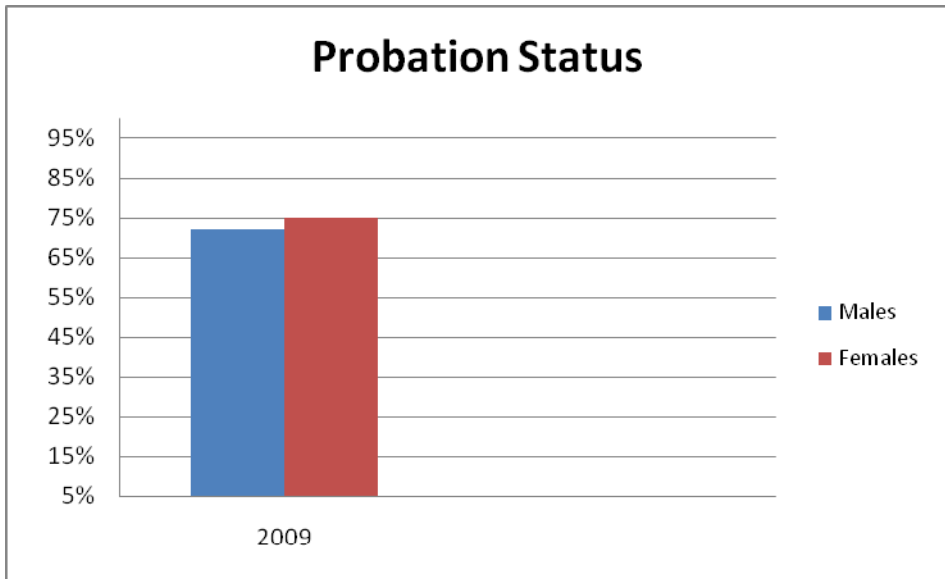
#### Disability Groups Treated

		TOTAL SERVED	ADD & DISRUPTIVE BEHAVIOR DISORDER	BIPOLAR DISORDER	ANXIETY DISORDER	OPIOD USE D.O.	ALCOHOL USE D.O.	HALLUCI USE D.O.	CANNABIS USE D.O.	INHALANT USE D.O.	POLY-SUBS REL D.O.
YORE ACADEMY PRESENTING DIAGNOSIS	M	36	32	3	1	3	3		24	2	4
	F	8	7		1		1	1	5		1
<b>TOTAL YORE</b>		<b>44</b>	<b>39</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>29</b>	<b>2</b>	<b>5</b>
Presenting Diagnosis	M	36	36%	3%	1%	3%	3%		27%	2%	5%
	F	8	8%		1%		1%	1%	6%		1%
Success Rate	M	36	93%	100%	100%	100%	100%				
	F	8	100%		100%						



Probation Status

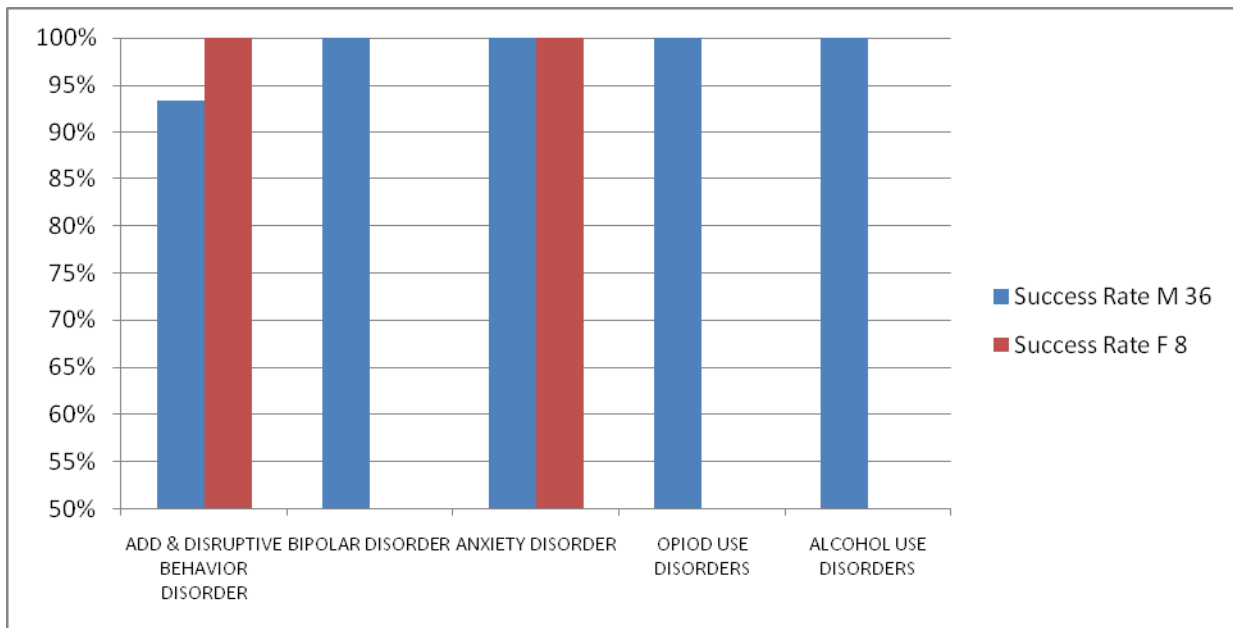
	2009
Males	72%
Females	75%



## 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 child arrived and other psychiatric issues may have manifested and the Academy, through a thorough assessment process, realized the child requires more intensive services that cannot be provided in house. In those situations, since the intensified service delivery was initiated by the 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.

			ADD & DISRUPTIVE BEHAVIOR DISORDER	BIPOLAR DISORDER	ANXIETY DISORDER	OPIOD USE DISORDERS	ALCOHOL USE DISORDERS
Success Rate	M	36	93%	100%	100%	100%	100%
	F	8	100%		100%		

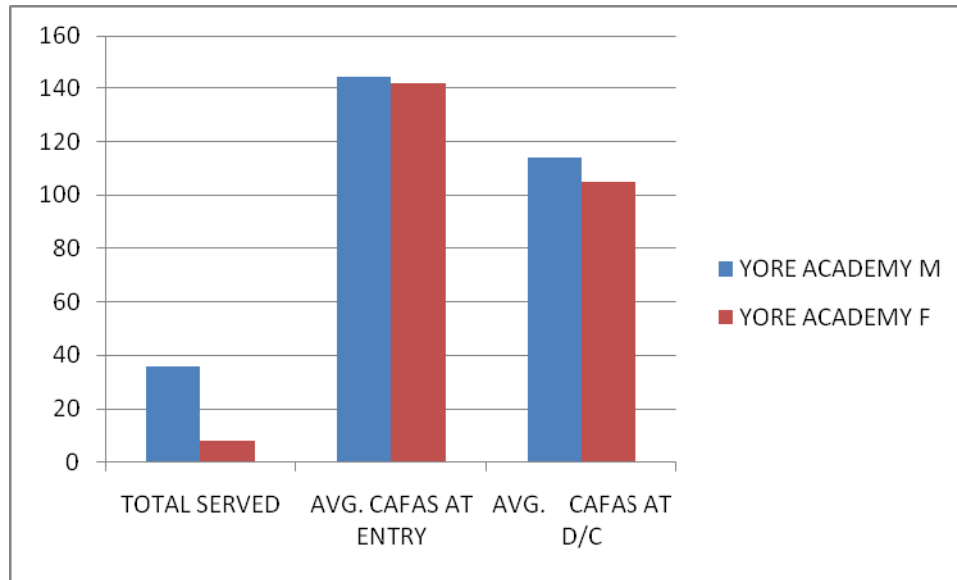




## CAFAS

Below is the average CAFAS score at intake and discharge.

		TOTAL SERVED	AVG. CAFAS AT ENTRY	AVG. CAFAS AT D/C
YORE ACADEMY	M	36	144	114
	F	8	142	105

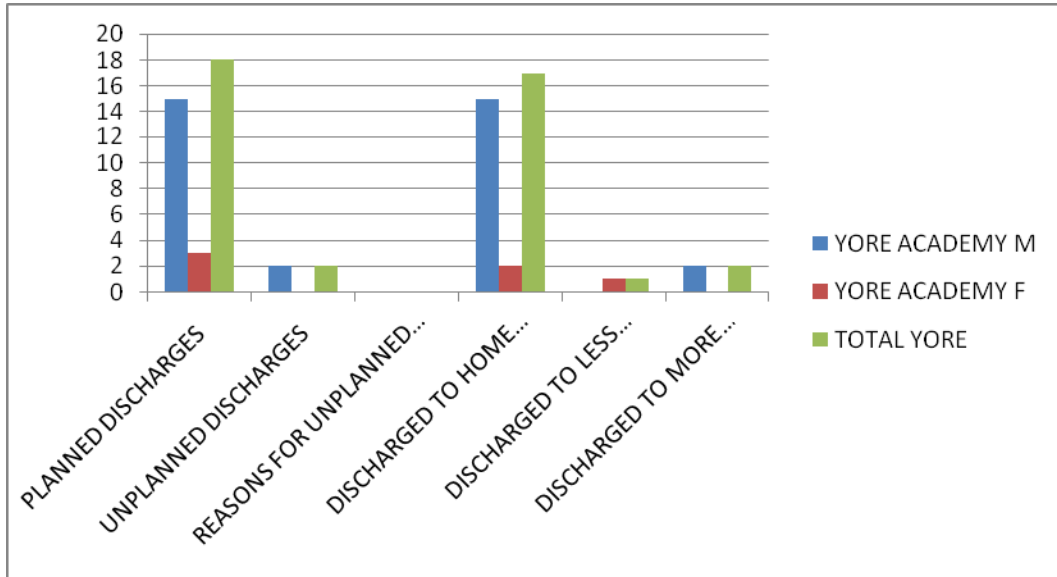


## Permanency of Life

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 Academy’s success is represented as follows in the below graph:

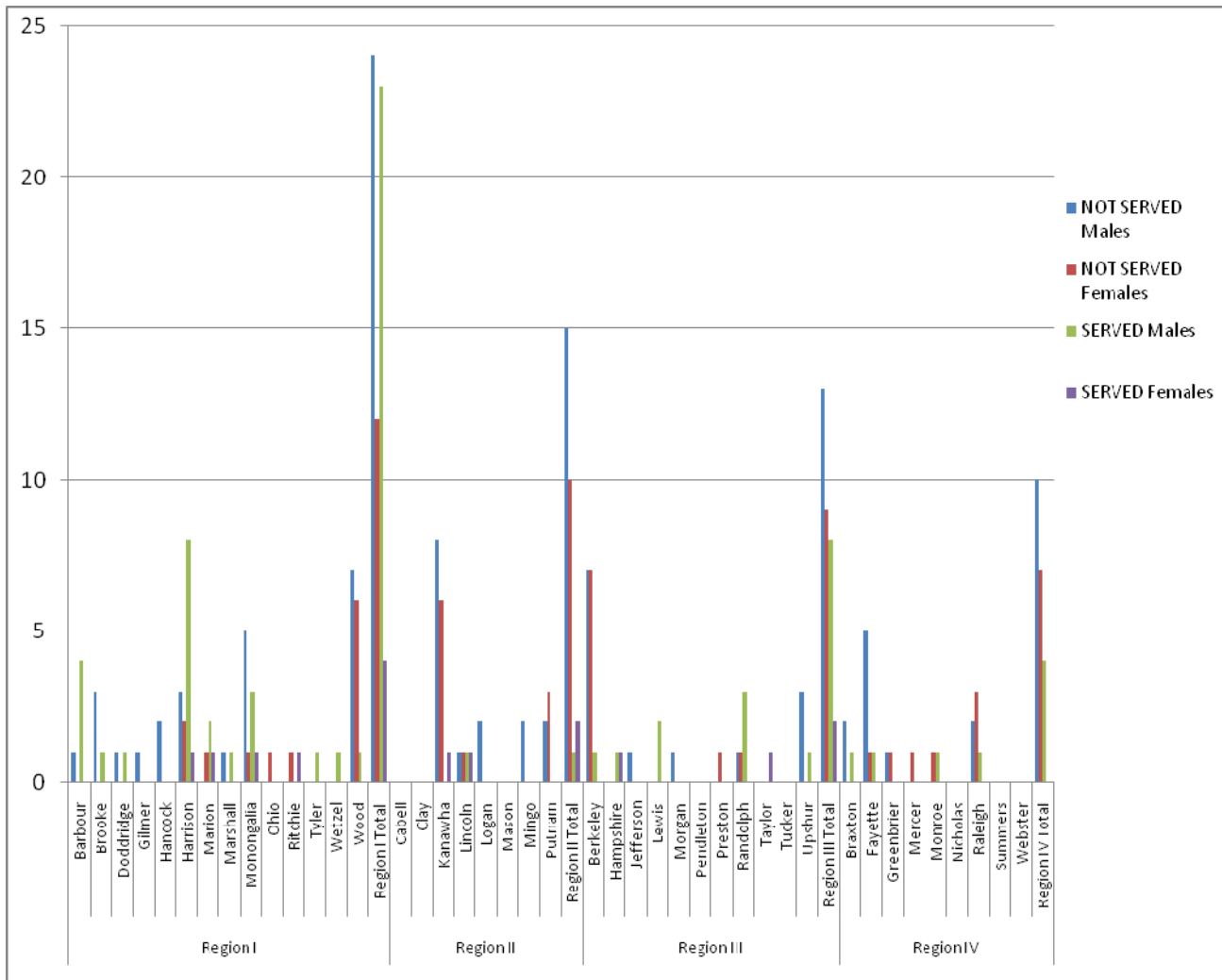
- Of the 20 discharges in 2009, 18 were to a home setting representing a success rate of 90%. Moreover, of the 20 discharges, 18 were planned as represented in the following graphs. Although two of the planned discharges were to more restrictive settings, it was found to be in the best interest of the child due to intensified clinically significant symptomology. The two unplanned discharges were due to elopements. Therefore, in relation to planned discharges versus unplanned discharges, the Academy represented a 90% success rate.

			REASONS FOR UNPLANNED DISCHARGES			DISCHARGED TO HOME SETTING	DISCHARGED TO LESS RESTRICTIVE	DISCHARGED TO MORE RESTRICTIVE
			PLANNED DISCHARGES	UNPLANNED DISCHARGES	UNPLANNED DISCHARGES			
YORE ACADEMY	M		15	2	RUNAWAY	15		2
	F		3	0	N/A	2	1	
<b>TOTAL YORE</b>			<b>18</b>	<b>2</b>		<b>17</b>	<b>1</b>	<b>2</b>



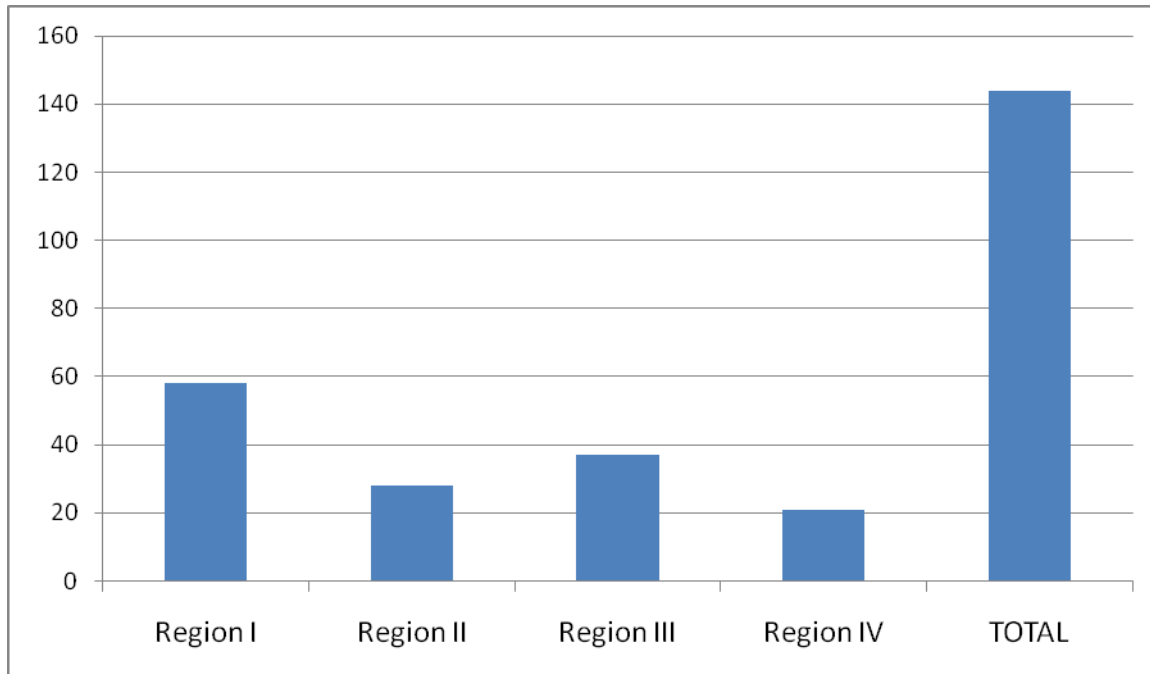
### YORE Academy Referrals

As represented in the below graphs, there were a total of 144 referrals received in 2009. Of the 144 referrals received, 40 % were from Region 1, 19 % from Region II, 26 % from Region III and finally 15% from Region IV. Refer to the information within the graph for more detailed information.



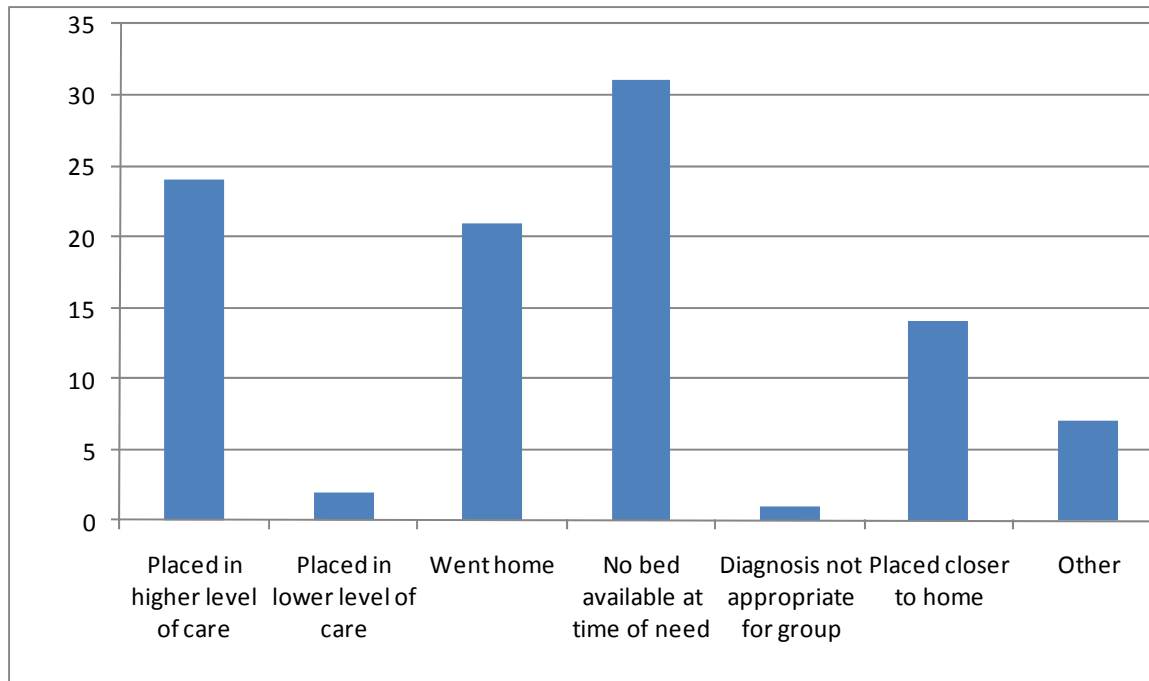
## Referrals Totals by Region

<b>Region I</b>	<b>58</b>
<b>Region II</b>	<b>28</b>
<b>Region III</b>	<b>37</b>
<b>Region IV</b>	<b>21</b>
<b>TOTAL</b>	<b>144</b>



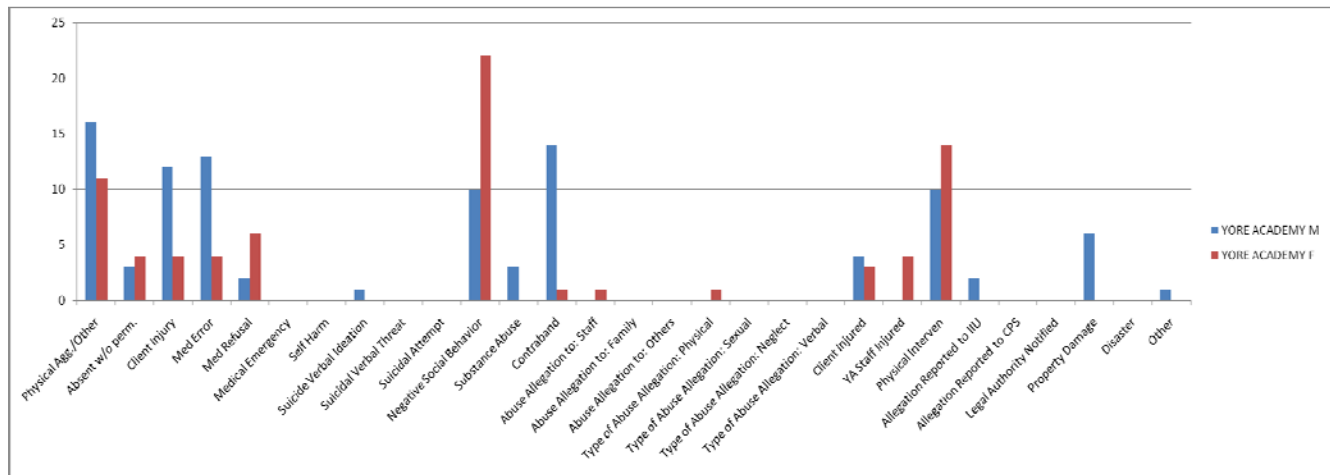
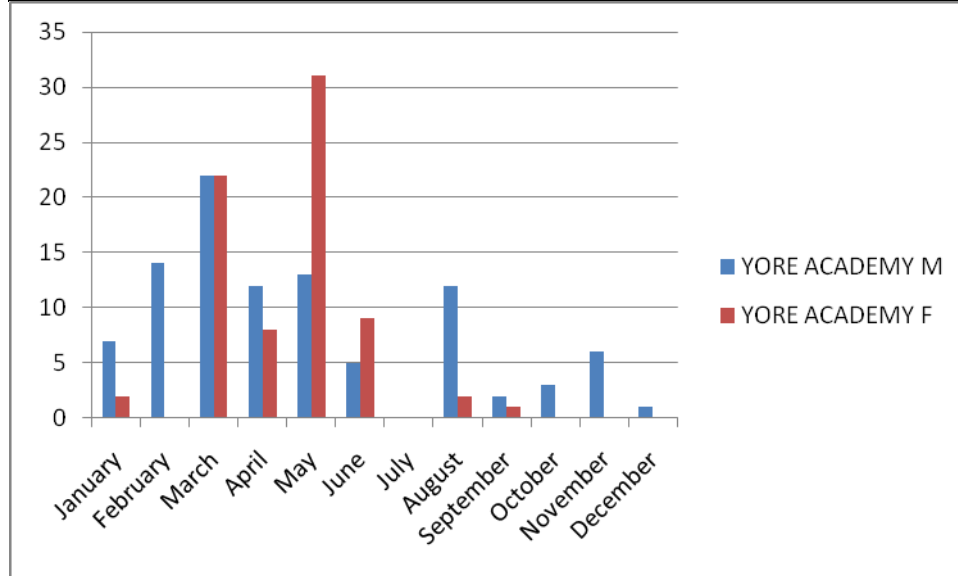
Of the 100 referrals not served, 24 were placed or required a higher level of treatment, two were placed in a lower level of treatment, 21 went home and 31 due to no bed available. One had an inappropriate diagnosis, 14 placed closer to home and seven for various reasons, with the most significant reason being the length of the waiting list.

	Not served
TOTAL	100
Male	62
Female	38
Placed in higher level of care	24
Placed in lower level of care	2
Went home	21
No bed availability at time of need	31
Diagnosis not appropriate for group	1
Placed closer to home	14
Other	7



## Critical Incident Review Team (CIRT)

CIRT		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
YORE ACADEMY	M	7	14	22	12	13	5	0	12	2	3	6	1	97
	F	2	0	22	8	31	9	0	2	1	0	0	0	75



A total of 172 incidents were reported for the year at the Yore Academy. The majority of incidents for the female population were for negative social behaviors. These were client centered and time specific. The male population had more physical aggression and contraband incidents. Medication errors occurred for the same reasons as in the Youth Academy. Overall, incidents for the Yore Academy showed a decrease from the beginning of the year to the end with the females having 0 incidents for the last quarter.

### Safety Committee 2009

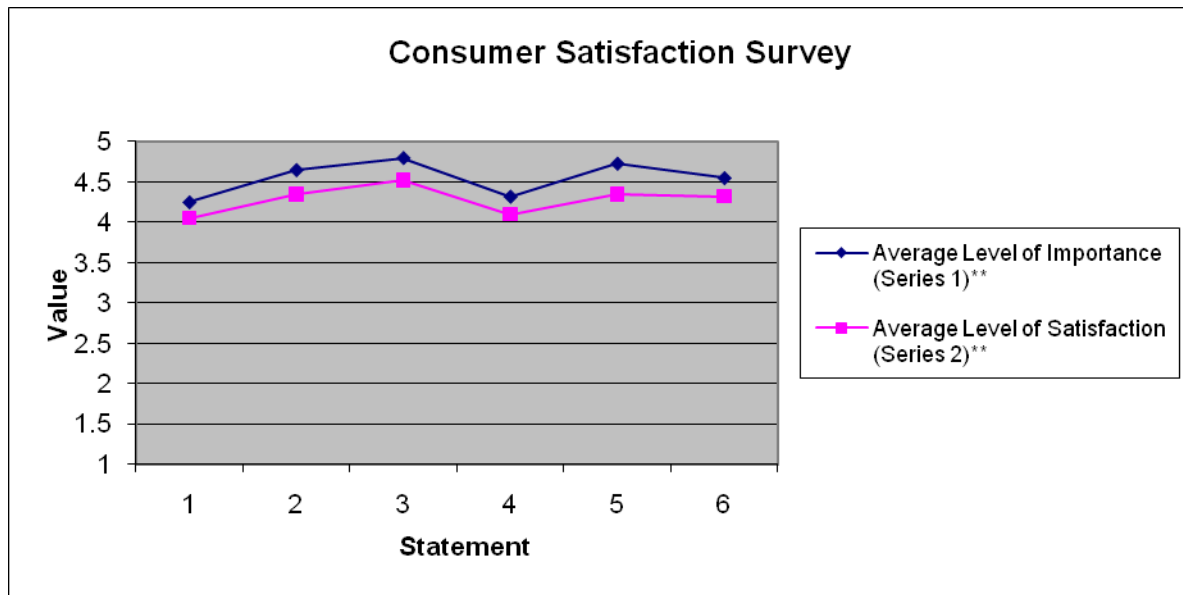
No outstanding issues within the physical plant. Monthly walk-throughs identified minor issues that were immediately addressed. No recurring issues to report.

Fire drills were conducted as required and were completed successfully. No issues to report.

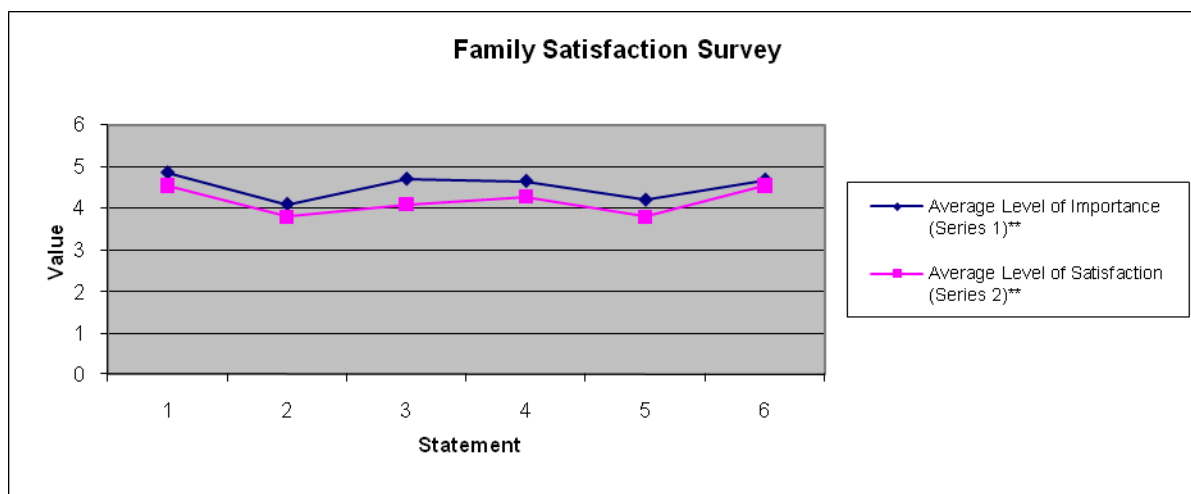
### Satisfaction Surveys

Satisfaction surveys were distributed in 2009. A representation of the results of the satisfaction surveys is provided in below graphs. Conclusively, the Academy is providing services that are felt to be effective by the consumers.

	Statements	Average Level of Importance (Series 1)**	Average Level of Satisfaction (Series 2)**
1	Academy staff conduct themselves in a professional manner	4.25	4.05
2	Academy staff maintain open lines of communication	4.65	4.35
3	The Academy is receptive of client's needs	4.8	4.52
4	Services at the Academy has proven to be successful	4.32	4.1
5	Academy staff are receptive of the community needs	4.73	4.35
6	The Academy invites participation in the treatment planning process	4.55	4.32



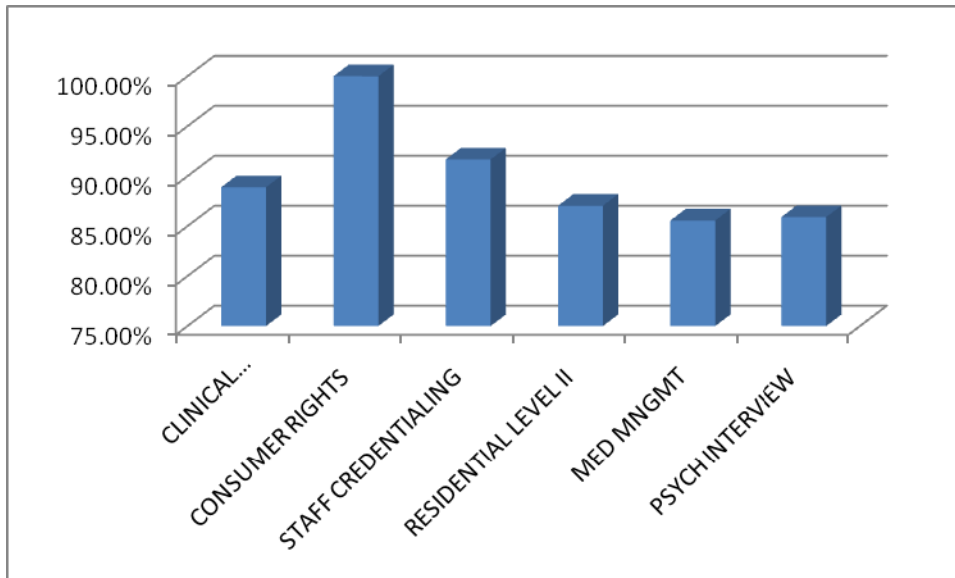
	Statements	Average Level of Importance (Series 1)**	Average Level of Satisfaction (Series 2)**
1	You were adequately informed at intake about the program	4.85	4.55
2	You received adequate communication regarding adverse/critical incidents involving your child during his/her stay?	4.1	3.8
3	You were adequately notified of all meetings/events related to your child during his/her stay?	4.7	4.1
4	You were well informed of your child's progress while here?	4.65	4.28
5	You felt your child was safe and receiving the care he/she requires	4.2	3.8
6	You were encouraged by Academy staff to maintain frequent contact, both by phone and visit, with your child?	4.68	4.55



## ASO

In November 2009, APS, which serves as the Administrative Services Organization conducted a review on services rendered by the Yore Academy. Below is a representation of the results:

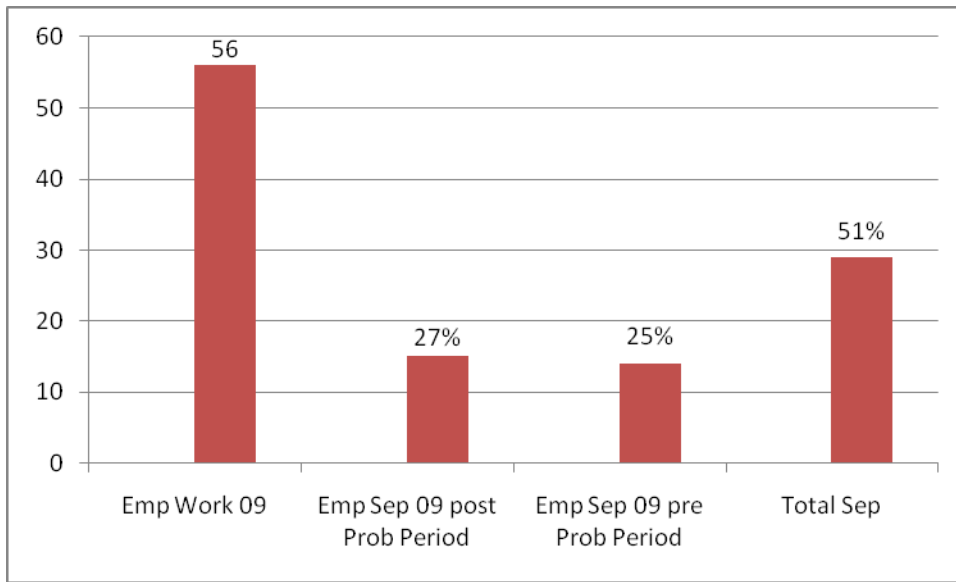
CLINICAL CONSISTENCY	CONSUMER RIGHTS	STAFF CREDENTIALING	RESIDENTIAL LEVEL II	MED MNGMT	PSYCH INTERVIEW
88.89%	100.00%	91.67%	87.04%	85.56%	85.90%



## STAFF TURNOVER RATE

During 2009, there were 56 people employed by the Yore Academy. Of the 56 employees, 15 separated employment, which represents a total turnover rate of 27%. This number only reflects the staff that made it to a minimum of his/her probationary period. When coupled with the number of employees that leave prior to his/her probationary period, the number climbs to almost 51%. It is obvious that 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.





### **PLAN TO REDUCE STAFF TURNOVER**

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.

From the beginning, the Teacher/Counselor position was intended for a specific caliber individual. The search for the right “person” who could facilitate a new and dynamic treatment intervention led early Re-ED pioneers away from the traditional positions of Therapist, Psychologist, Social Worker, or Teacher not quite meshed with what the position would entail. “No existing professional role...met the requirements for the kind of social institution for children we wanted to create.” (Hobbs, 1982, p.86) Early Re-ED pioneers tried to create a position that could facilitate what they called “precision programming”. We are fortunate that they had the foresight to provide us with a framework to measure an adults’ suitability for such purpose. Currently, recruiting efforts are primarily accomplished through the traditional method of posting an ad and interviewing respondents. Given the complexity and special circumstances surrounding the position, we must expand our recruiting and interviewing criteria to measure the attributes left us by Re-ED’s founders. This must include ensuring not only the selection criteria and personal attributes provided by Hobbs, but also the educational and training criteria. Our first effort at improving the likelihood of selecting employees who fit the Re-ED mold will be to modify interviewing and selection criteria to mesh with the language used by early Re-ED pioneers, meant to accurately gauge a person’s abilities to be a Teacher/Counselor.

Our second effort to improve staff retention will focus on improving how staff are trained and prepared to complete their job with the utmost confidence. Nicholas Hobbs noted that “the training program for Teacher-Counselors assumes considerable competence in candidates on entry”. (p. 102) Hobbs primarily based this statement on the fact that many early Re-ED pioneers came with

backgrounds and experience in education and most had prior teaching experience. Hobbs goes on to note that life experiences often make young adults more suitable for assuming the role of a Teacher/Counselor as a profession. “Our statement today would be much more affirmative and much more appreciative of the range of people who are good with children. We would seek somehow to describe a real person who is living his own life with reasonable success but always with a problematic edge.” (p. 98)

Today, Teacher/Counselors come from a range of diverse educational backgrounds. Although some may possess a degree in Education, others may have acquired degrees in Psychology, Social Work, Criminal Justice, or some other Human Service oriented endeavor. This does not exclude them from being a natural counselor. The addition of the Teacher/Counselor Assistant as a non-degreed/paraprofessional staff has further complicated the preparedness of new staff as they enter the profession and made training requirements more stringent.

Hobbs also noted that “Competence, and confidence in one’s competence, are essential to effective living, to do a good job, to feeling good about oneself.” ( p.107) Developing competent Teacher/Counselors suitable to the task of changing the lives of troubled children has long been one of the great struggles for Re-ED programs. Consequently, the effectiveness of service delivery is largely contingent on the effectiveness of the Teacher/Counselor making this phenomenon a double edge sword for our work with kids. There are many variables that may impact a Teacher/Counselors speed of development, which, in turn, changes the speed and effectiveness of child development. Factors that influence the effectiveness of counselor development include quality and quantity of supervision received at critical moments, the attributes that they possess at entry into the program, and the quality of the staff development program.

Our efforts to better prepare staff to be competent and confident and to reduce our turnover rate will focus on a number of practice improvements. One, we will develop a standard curriculum for the initial training of all staff that will be used for all training purposes and by all trainers and enhance the current curriculum to include those skills specifically identified in the *Troubled and Troubling Child* and those provided to early Re-ED practitioners. This will be done in an effort to improve the manner in which we “front-load” staff and prepare them for their work with children.

Two, we will standardize the T/C Development Model information to include a consistent language and expanded criteria for evaluating staff on their progression through the model. Also, we will incorporate the information contained in the T/C Development Model into individual supervision, staff development planning, and the evaluation process with our long-term goal to have a consistent model for training, developing and evaluating Teacher/Counselors.

Our final effort to improve retention and reduce turnover will focus on making adjustments to our work environment. We asked our more tenured staff what they felt most needed to improve in the work environment to help reduce staff burnout and turnover. Based on their report, we plan to embrace a number of environmental changes. First, we will improve overall communication with direct-care staff and increase their overall involvement in the planning process. Program development planning for 2009 indicated that we would encourage ownership and investment by allowing employees to participate in the decision making process. This clearly was not implemented with as much success as possible.

Therefore, improving communication at all levels and promoting staff investment in program operation will be integral to improving our work environment in 2010.

In addition to improving communication, we must initiate a degree of culture change. Our need to ensure consistency and speed in program development for 2009 resulted in a de facto culture of accountability. Although this environment has been necessary to build the program quickly and generate consistency among the two programs, it would be beneficial for us to move our administrative culture in a new direction. Throughout the course of 2010 we must create a culture of positive staff support that coincides with our student practice of “catching them doing something right”. We need to be more willing to accentuate the tasks that our staff do correctly and less likely to point out the tasks that staff do wrong.

Finally, we will improve the frequency with which we, as administrators, communicate directly with the staff responsible for caring for children. Nicholas Hobbs wanted Re-ED programs to maintain open communication with staff and administrators. In order to ensure that direct communication occurs between direct-care staff and administrators on a regular and routine basis, we will facilitate “fire-side chats” in the tradition of President Roosevelt that will allow staff the opportunity to express concerns and share ideas directly with program leadership at least one time each month.

### **GENERAL STAFFING PATTERNS**

The staffing pattern as a whole has not changed since opening the doors.

**REVENUE & EXPENDITURES**

**2009 Expenditures**

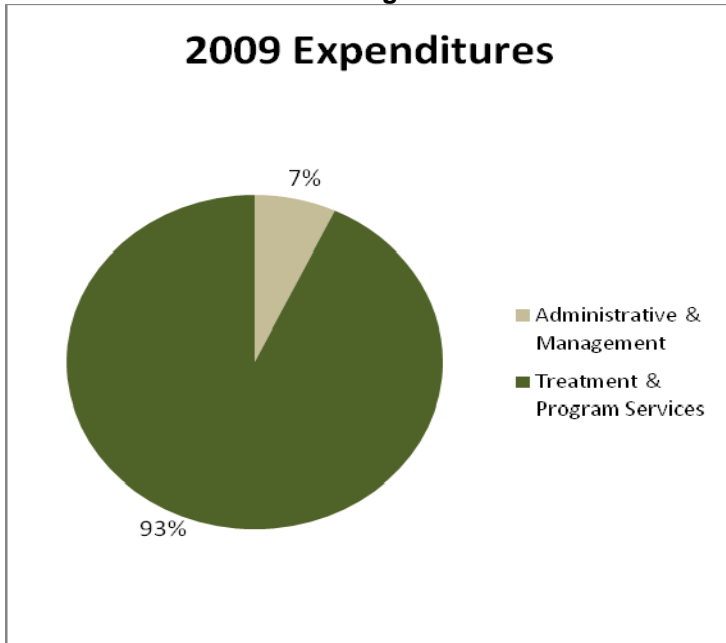
% of Expense

**Administrative & Management**

7%

**Treatment & Program Services**

93%



**Sources of Revenue**

% of Revenue

Dollar Amount

**WVDHHR**

64%

\$1,260,681

**WV Medicaid**

36%

\$733,922.00

Total:

\$1,994,603.00

