

Youth Academy, LLC

2009 Annual Report



Annual Overview and Summary for the Youth Academy 2009

The mission of the Youth Academy during 2009 was completed as it had been previously. The two programs that operate under its umbrella were teeming with activity as they served its identified population as it had since its inception. The Youth Academy's Level II residential program achieved a census occupancy rate of nearly 100 percent while its in-home program, Community Family Intensive Treatment (CFIT), performed services for children and families in more than one fourth of West Virginia's counties.

The Youth Academy's residential component treats 12 males and 10 females at a time. The year brought another licensure review from the West Virginia Department of Health and Human Resources' Office of Social Services. The Youth Academy's license to serve was again renewed as the staff answered each inquiry from reviewers with candor and knowledge.

Youth Academy leadership and staff were participants in statewide trainings and conferences, most notably the West Virginia chapter of the National Association of Social Workers conference held in April. Youth Academy leadership and staff also participated in the annual conference sponsored by the West Virginia Child Care Association.

The Youth Academy deepened its commitment to RE-Education as a philosophy and guiding practice. As will be read inside this report, both groups of Youth Academy children increased the number and type of experiential activities.

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. Along with its sister company, the Youth Academy hosted a one year anniversary celebration for the school in September.

The Youth Academy also celebrated the Teacher/Counselor by co-hosting the company's first annual Teacher Counselor of the Year Ceremony in July. 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 year also was notable for the creation of Academy Management. Academy Management is a limited liability company operating as a management and consulting group dedicated to using innovative dynamic tactics that are both cutting edge and time-tested.

Academy Management's team offers consultation and training in the following areas of human service and child welfare field:

- Residential Services
- In-Home Services
- Therapeutic Interventions
- Staff Development and Training
- Regulatory and Compliance
- Public Policy Advocacy
- Marketing and Public Relations
- Event Planning

There were other notable occurrences during the year from a physical plant perspective such as the parking lot in front of and behind the Youth Academy being paved or the remodeling of the interior of the building and the repainting of the exterior of the building along with the addition of a landscaped area where company signage appears. However, the most noteworthy point from 2009 was that the Youth Academy served its children and families from a family-centered and community based standpoint while utilizing the teachings of Nicholas Hobbs and his teachings through RE-Education. In 2009, the Youth Academy made a difference in the lives of hundreds of children and adults as it had during the previous seven 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
 - GPA
 - Presenting Diagnosis and Success Rate
 - Permanency of Life Situation
 - Referrals
 - Satisfaction Surveys
 - ASO
- Staff Turnover & Staffing Plan
- General Staffing Patterns
- CFIT
- Expenditures

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

As in past years, the Youth Academy obtained a level of excellence regarding occupancy rates for its residential program. The organization's average daily census was 99.99 percent for 2009. Because daily census rates have remained over 99 percent during each year of the company's existence, the Youth Academy remains a lynchpin of West Virginia's child welfare system. While remaining committed to serving community first, the Youth Academy continued in 2009 to provide care for children and families from points further away as well.

The average age of client served residentially decreased slightly for the third consecutive year. The average age of male clients was 15.24 years while it was 15.32 for females.

The Youth Academy served 51 children residentially in 2009. Academic performance of Youth Academy clients improved dramatically for the second year running.

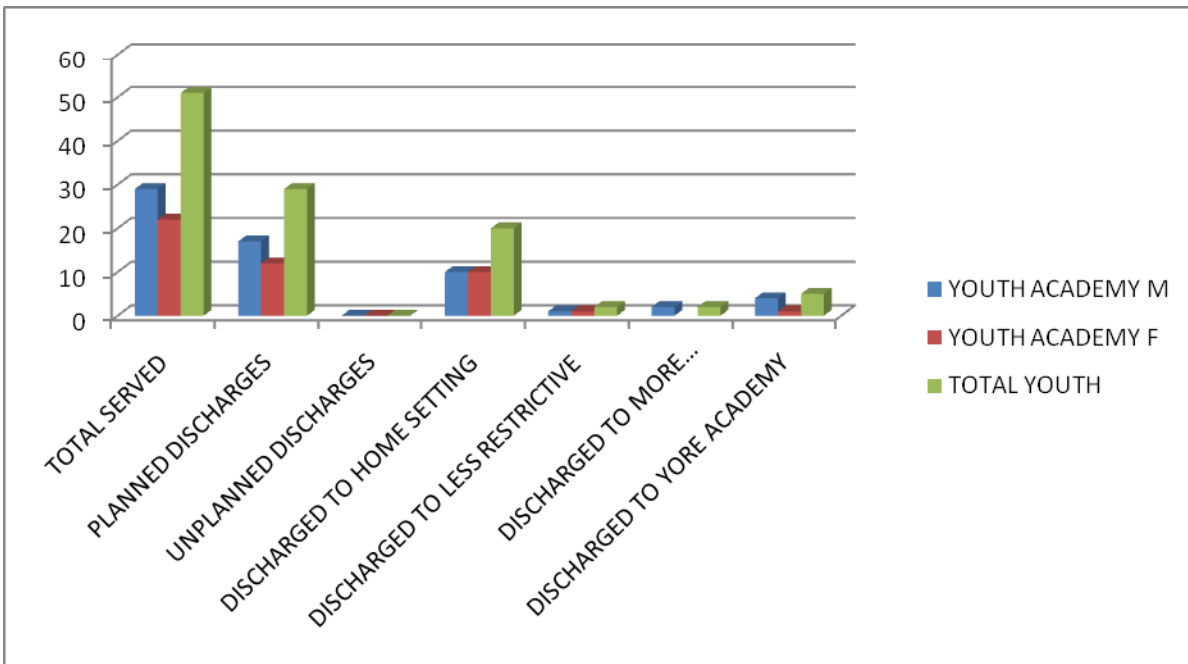
The remainder of this report will detail numerically and qualitatively how the Youth Academy maintained its efficient service delivery while meeting the needs of at-risk children and families in West Virginia.

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 homes, birth family, adoptive, kinship care, lesser restrictive, or independence), the Academy’s success is represented as follows in the below graph:

- Of the 29 discharges in 2009, 27 were to a home setting representing a success rate of 93%. Moreover, of the 29 discharges, all 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. There were no unplanned discharges for 2009.

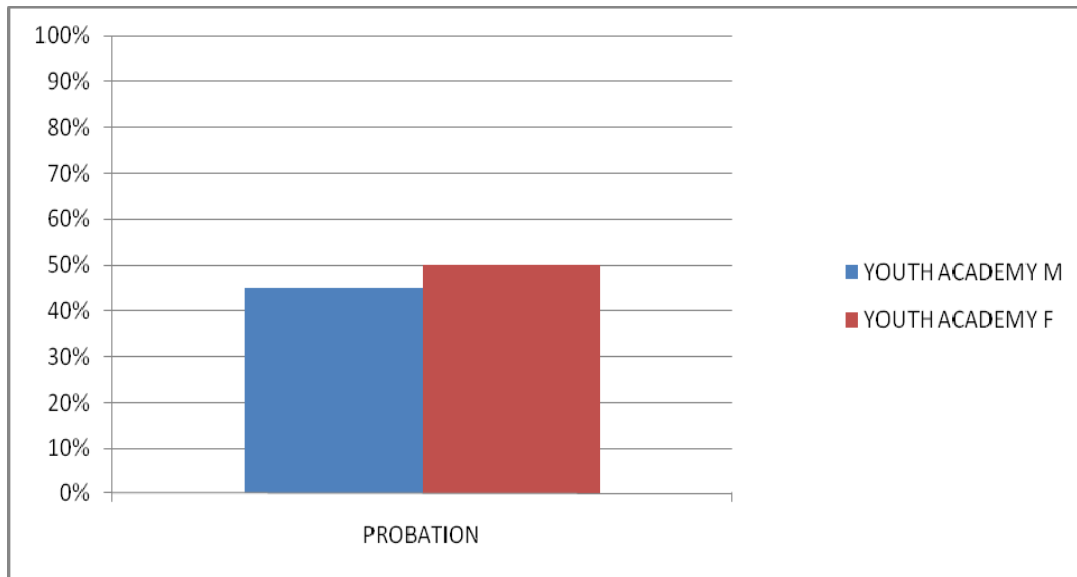
		TOTAL SERVED	PLANNED DISCHARGES	UNPLANNED DISCHARGES	DISCHARGED TO HOME SETTING	DISCHARGED TO LESS RESTRICTIVE	DISCHARGED TO MORE RESTRICTIVE	DISCHARGED TO YORE ACADEMY
YOUTH ACADEMY	M	29	17	0	10	1	2	4
	F	22	12	0	10	1		1
TOTAL YOUTH		51	29	0	20	2	2	5



Probation

As seen in the chart below nearly half of Youth Academy residents were on juvenile probation.

		PROBATION
YOUTH ACADEMY	M	45%
	F	50%



Academics

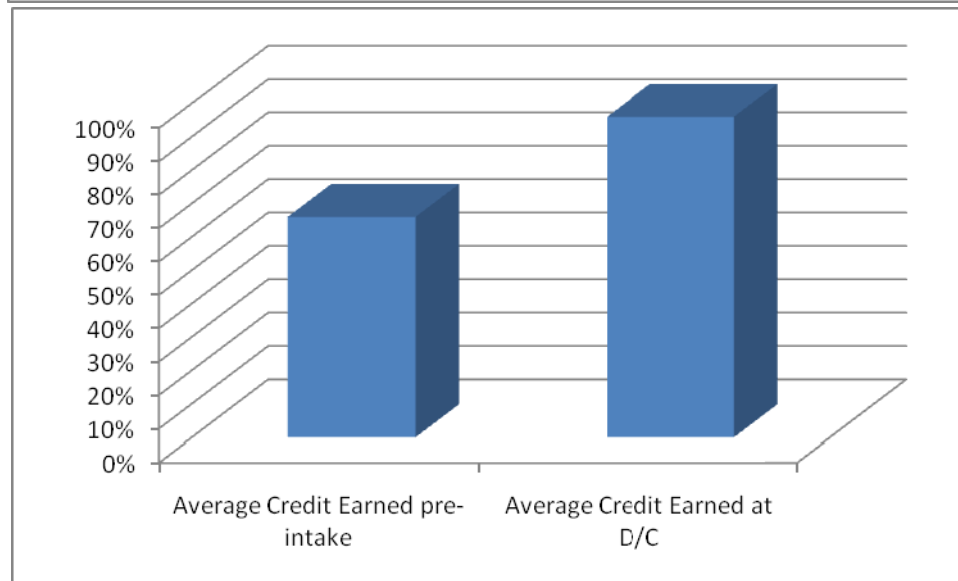
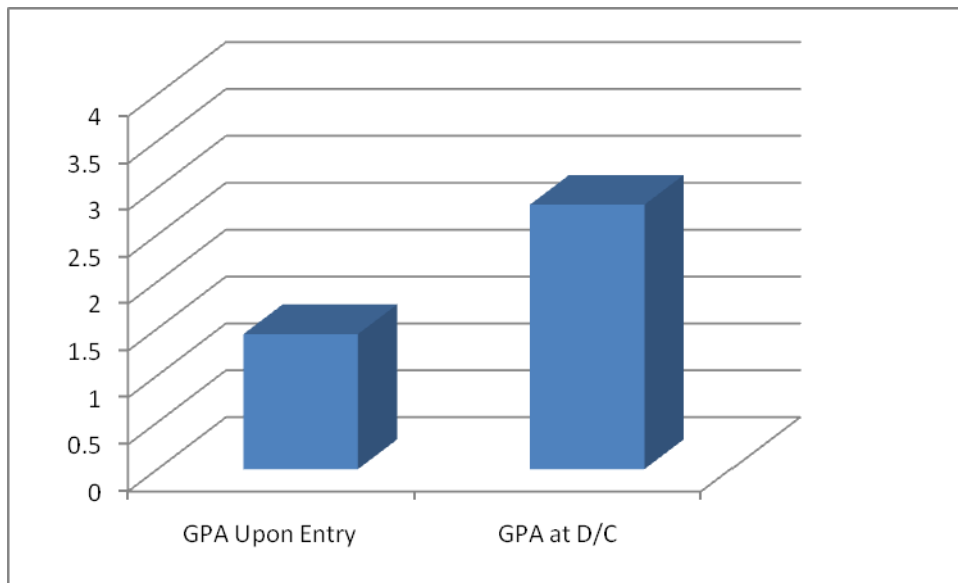
While it is often stated that numbers and statistics may be misleading the information below is stark and revealing. Directly stated, children who enter the Youth Academy leave with a significantly higher grade point average. The average Youth Academy child enters care with less than a "C" average and leaves with nearly an honor roll GPA. In other words, the average Academy child nearly doubles his or her GPA. Additionally one can see the increase in the number of school credits earned

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 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
1.44	2.82	66%	96%



Analysis of Treatment Planning for Youth Academy

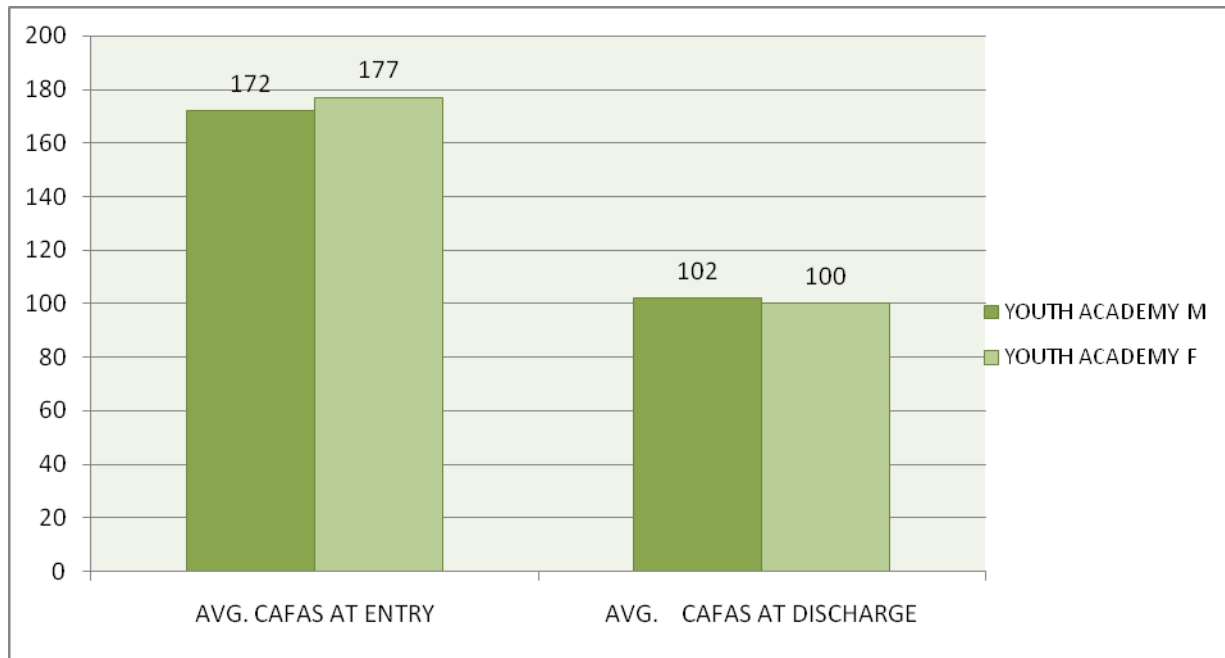
In looking at the overall effectiveness and appropriateness of individual treatment goals we are able to measure a youth's progress in the program. This enables us to be able to assure that individual treatment needs are being met. This also supports the programs clinical soundness and assures that we 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 bi-annual audits by APS Healthcare.

The Youth Academy in 2009 participated in an APS audit in February 2009 and November 2009. The APS audit looks at a random sample of individual treatment records. According to the APS audit in February 2009 in the areas of Residential Service, individual components are looked at. The APS audit found that discharge criteria for youth in the Youth Academy met established clinical benchmarks. It was found that in the 6 charts reviewed we achieved a 3 out of 3 rating. APS also looked at if treatment goals are client centered and individualized, out of 6 charts reviewed we achieved a 3 out of 3 rating. In the November 2009 APS review the same areas were audited by random sample in 5 charts and all received a 3 out of 3 rating in the above areas. These are positive indicators that treatment goals are on target, appropriate, effective and meeting clinical needs.

In 2009 the Youth Academy achieved 29 discharges with 22 to a less restrictive environment, 5 to the same level of treatment but to the YORE Academy to provide them with services that provide clinical best practice in addressing their co-occurring substance abuse diagnosis 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 the level of successful discharges to less restrictive environments or to alternative treatment facilities as indicated by their treatment needs.

YOUTH ACADEMY		TOTAL SERVED	AVG.	AVG.
			CAFAS AT ENTRY	CAFAS AT DISCHARGE
	M	29	172	102
	F	22	177	100

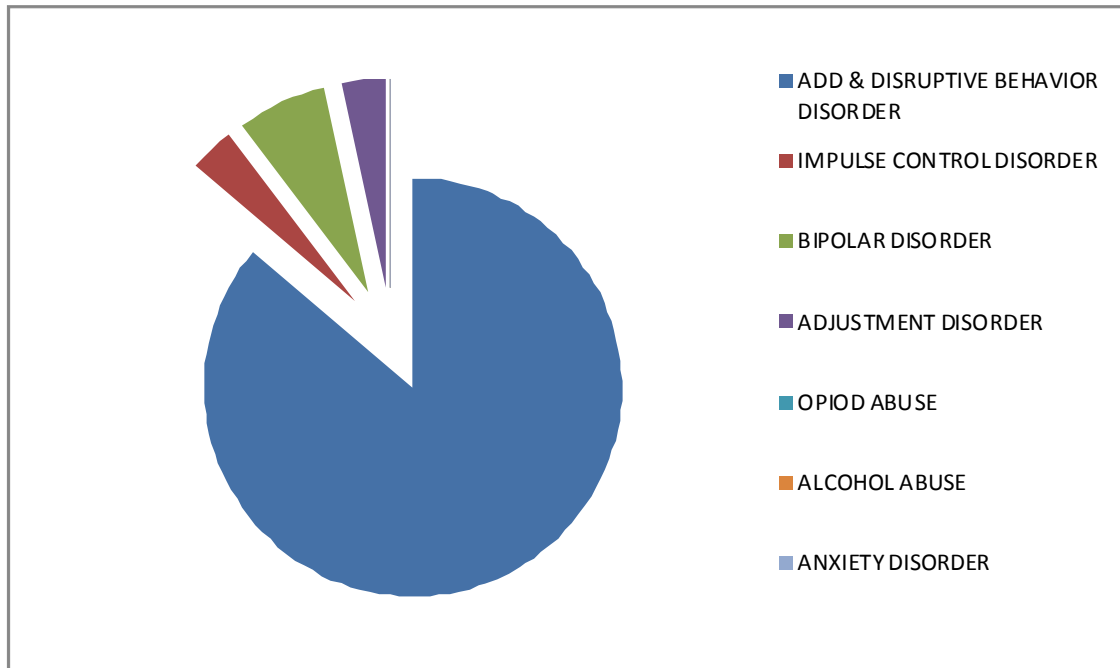


Presenting Diagnosis and Success Rate

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	IMPULSE CONTROL DISORDER	BIPOLAR DISORDER	ADJUST D.O.	OPIOD ABUSE	ALCOHOL ABUSE	ANXIETY DISORDER
YOUTH ACADEMY	M	29	25	1	2	1			
	F	22	18	1	3				
TOTAL YOUTH		51	43	2	5	1	0	0	0
Presenting Diagnosis	M	29	86%	3%	7%	3%			
	F	22	82%	5%	14%				
Success Rate	M	29	100%	100%	100%	100%			
	F	22	100%	100%	100%	100%			

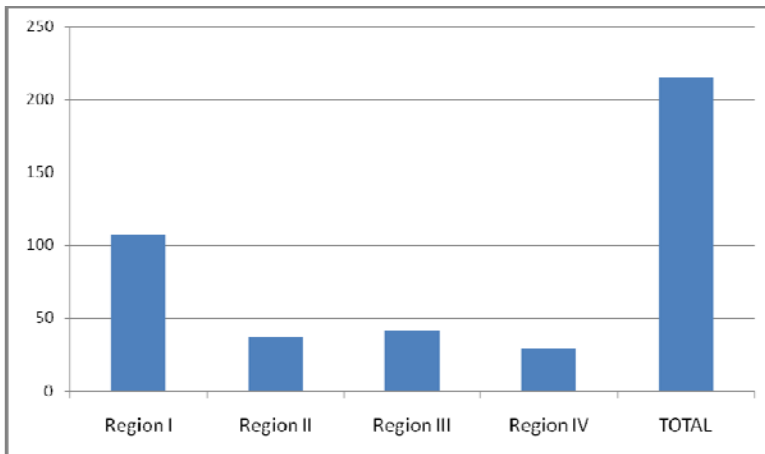


Referrals

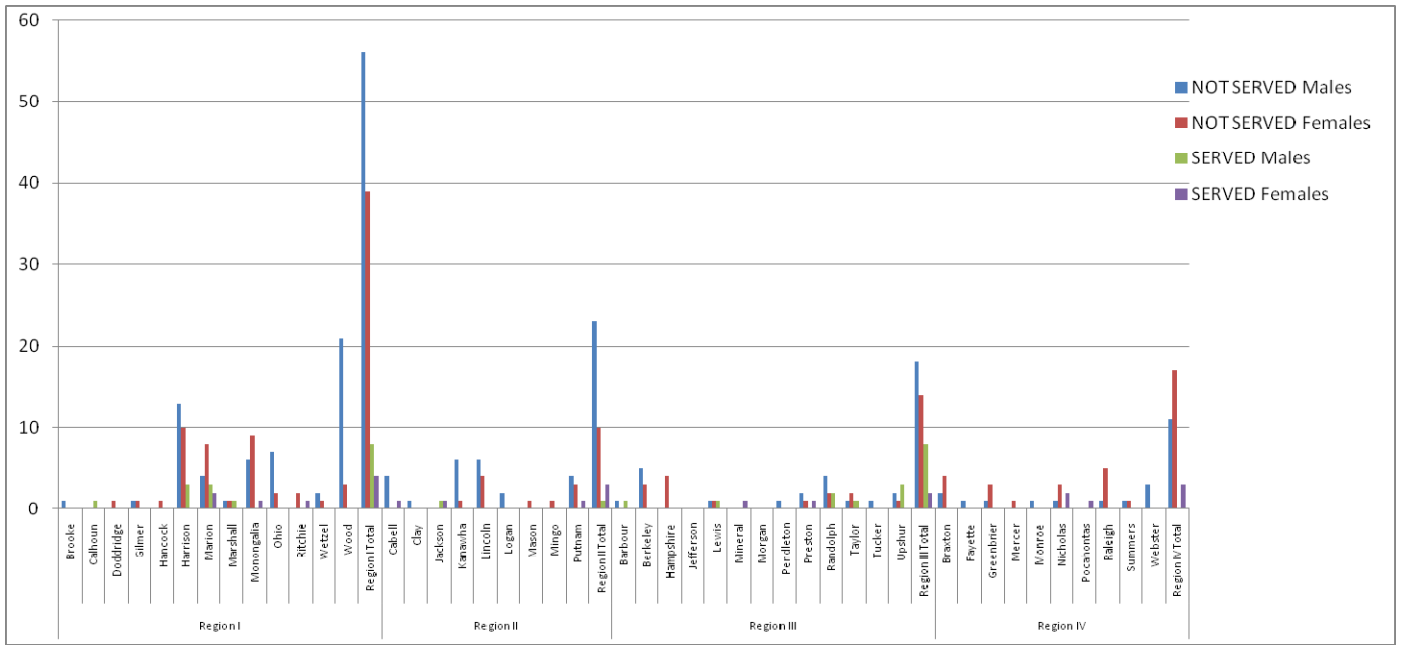
Another measure of effectiveness is the level of referrals received. As represented in the graphs below, there were a total of 215 referrals received in 2009 compared to 133 referrals in 2008. Of the 215 referrals received, 50 percent were from Region I compare to 59 percent in 2008, 17 percent from Region II compared to 5 percent in 2008, 20 percent from Region III compared to 22 percent in 2008 and 13 percent from Region IV as compared to 14 percent in 2008. Refer to the graph for more detailed information.

Referral Totals by Region

Region I	107
Region II	37
Region III	42
Region IV	29
TOTAL	215



Referral Totals by County

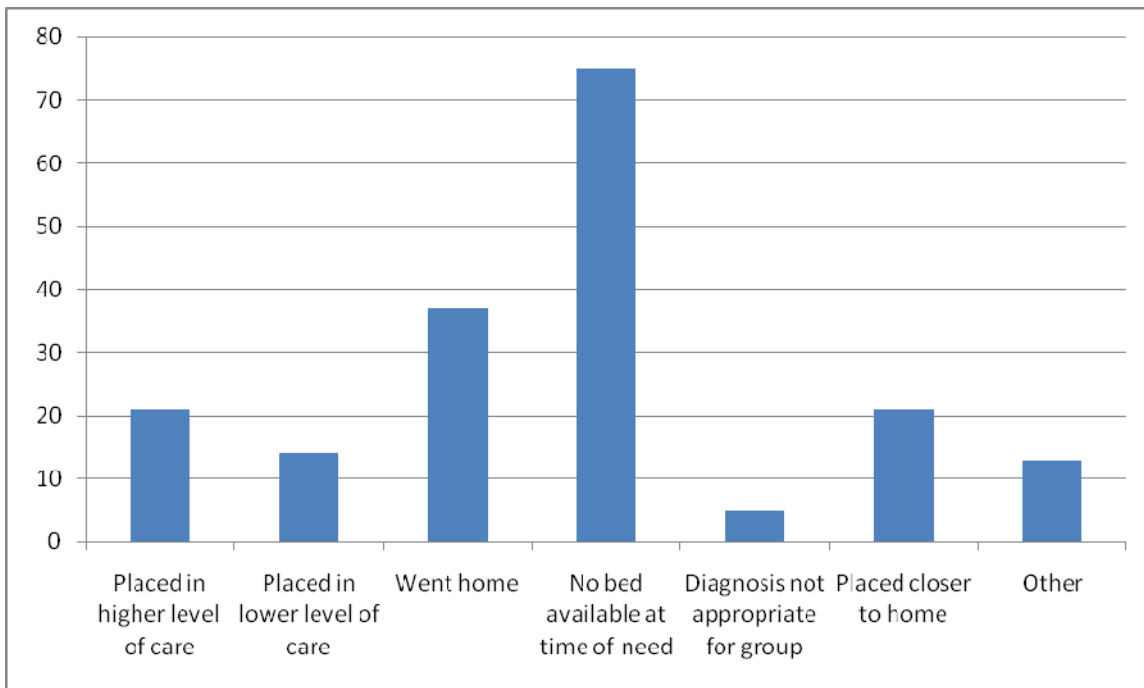


Referrals Not Served

The chart below reflects the breakdown of the 186 referrals not served. Of the 186 referrals not served, 21 required a higher level of treatment, 14 were placed in a lower level of treatment, 37 went home and 75 due to no bed available at the time of need. Five had an inappropriate diagnosis, 21 were placed closer to home and 13 for various reasons, with the most significant reason being the length of the waiting list.

Total 186

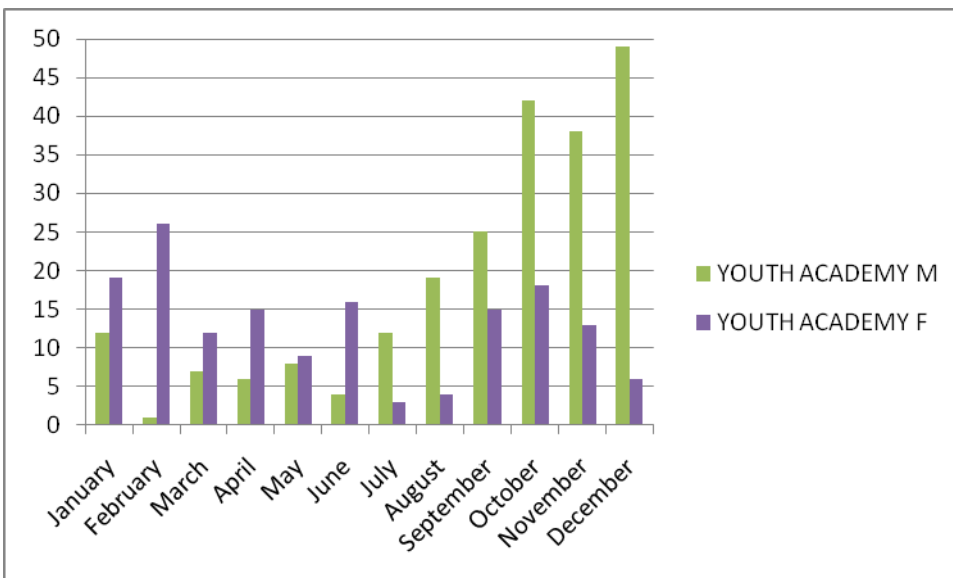
Male	108
Female	78
Placed in a higher level of care	21
Placed in lower level of care	14
Went home	37
No bed availability at time of need	75
Diagnosis not appropriate for group	5
Placed closer to home	21
Other	13



Critical Incidents/Safety Report

As a result in changes to the licensing regulations and the accreditation process, the Academy instituted a review process whereas all internal structures and operations are examined. With the implementation of the new regulations a Safety Committee and Critical Incident Review Team (CIRT) was created. The Safety Committee is charged with reviewing and identifying trends within the critical incident process to identify programmatic issues that may need addressed. The committee also conducts monthly examinations of the physical plant that utilizes a comprehensive check-off sheet that identifies all areas of every room to be examined.

		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
YOUTH ACADEMY	M	12	1	7	6	8	4	12	19	25	42	38	49	223
	F	19	26	12	15	9	16	3	4	15	18	13	6	156



A total of 379 incidents were reported in 2009. This represents a slight increase from 2008.

In the first part of the year, the female population had more incidents. However, the trend reversed in late summer and the male incidents spiked for the remainder of the year.

The majority of incidents were physical aggression and the resulting physical interventions utilized by staff to ensure safety. The incidents of physical aggression in the male population were mainly client

specific. One client is responsible for 58% of the physical aggression reports and 71% of the physical interventions. This was a very young male with multiple challenging issues who was admitted in August. His aggression increased over the next two months. Staff met in early November to identify deficits and develop a success plan to reduce his aggressive behaviors. Case Managers were utilized to provide additional counseling during time away from the group. This time away also allowed the group time to stabilize without disruption. Although there was an increase in December, his episodes of aggression have now dramatically decreased.

There was an increase in medication refusal and medication errors in 2009. The refusals were client specific and interviews conducted with one client indicated that she was refusing her medication on a patterned basis. The client was educated on the importance of taking her medication in the prescribed manner.

Many of the injuries reported were the result of recreational activities and work projects. There were minor scrapes and bruises that were treated with first aid. The medical emergency incidents were client specific. A young female was experiencing seizures. Testing results concluded that they were pseudo-seizures and increased counseling and therapy addressed the emotional/behavioral issues that she was manifesting as physical issues. Negative social behaviors showed a significant decrease in 2009. Increased youth education in daily living skills and focused supportive counseling have helped achieve this.

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.

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.

COMMUNITY FAMILY INTENSIVE TREATMENT (CFIT)

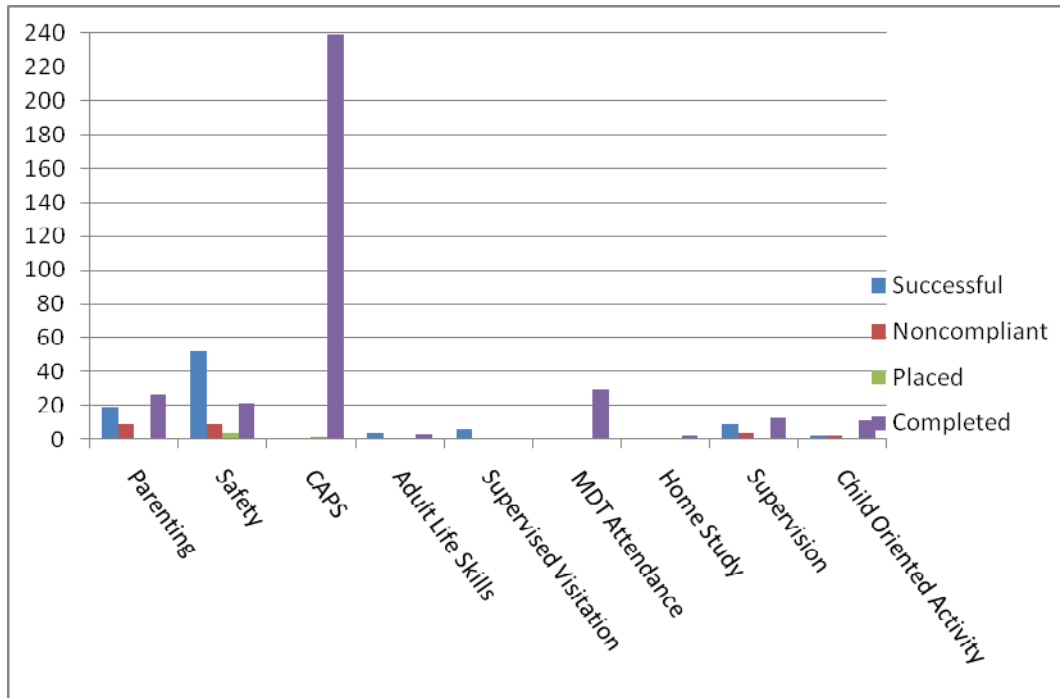
CFIT serves an integral function of the Youth Academy by establishing a mechanism by which services can be provided to the family in concert with services provided to the child. These services begin on the date of admission to the residential program, which involve the family at a more visceral level 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.

The Youth Academy's CFIT Program went through a transformation over the past year with the addition of Carla McCoy, MA, LSW as Treatment Supervisor. This addition will help to better utilize internal resources and maximize the potential for the program. Outcomes related to the progress of CFIT services is represented in the below chart.

CFIT OUTCOMES

		Parenting	Safety	CAPS	Adult Life Skills	Supervised Visitation	MDT Attendance	Home Study	Supervision	Child Oriented Activity
Successful		19	52		4	6			9	2
Noncompliant		9	9						4	2
Placed			4	1						
Completed		26	21	239	3		30	2	13	11
Total CFIT Services	466	54	86	240	7	6	30	2	26	15



CFIT Reasons Not Served by County

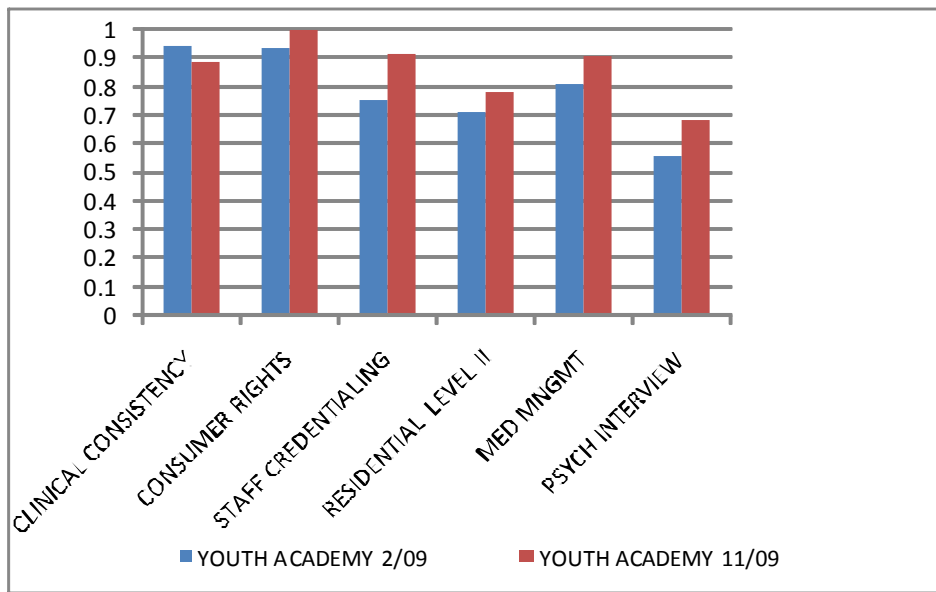
	Barbour	Braxton	Harrison	Marion	Monongalia	Ritchie	Wood	TOTAL
Client Placed				1		1		2
Client Relocated			1	1				2
Case Dismissed			3	1	1			5
Closed per DHHR		1	1	2				4
Noncompliant with Services		2	1	3	7	1		14
Other *	1	4	2	11	10		2	30
Totals	1	7	8	19	18	2	2	57

* Includes lack of contact information, child in DJS custody, child 18 yrs. Old, safety issues, incorrect referral.

Administrative Services Organization (ASO)

APS conducted two reviews in 2009. The first review was in February 2009 and scores for each area of review were above average. We identified areas to improve, such as treatment planning, and the outcome of the November 2009 review revealed that scores had improved an average of 7.87%.

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%

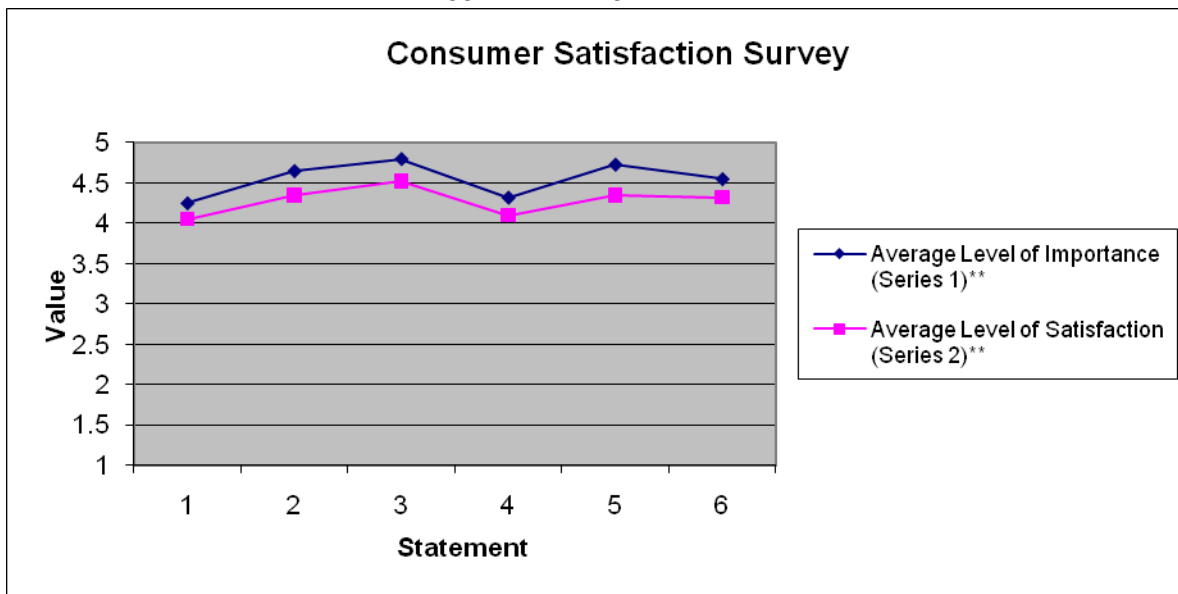


Satisfaction Surveys

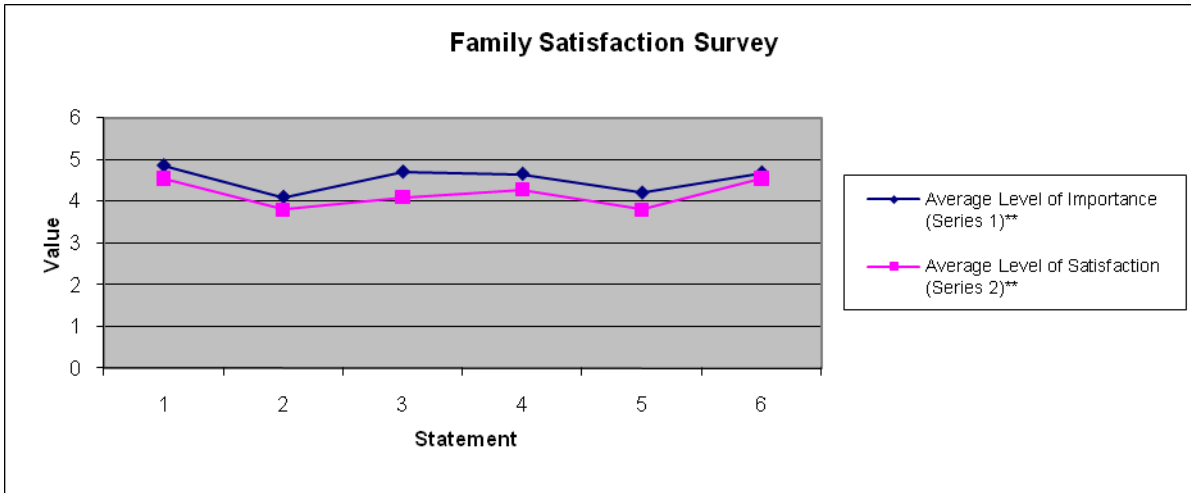
Satisfaction surveys were distributed in 2009. A representation of the results of the satisfaction surveys is provided in below graphs. Conclusively, the Youth Academy is providing services that are felt to be effective by the consumers.

Average of Surveys Sent in 2009

	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

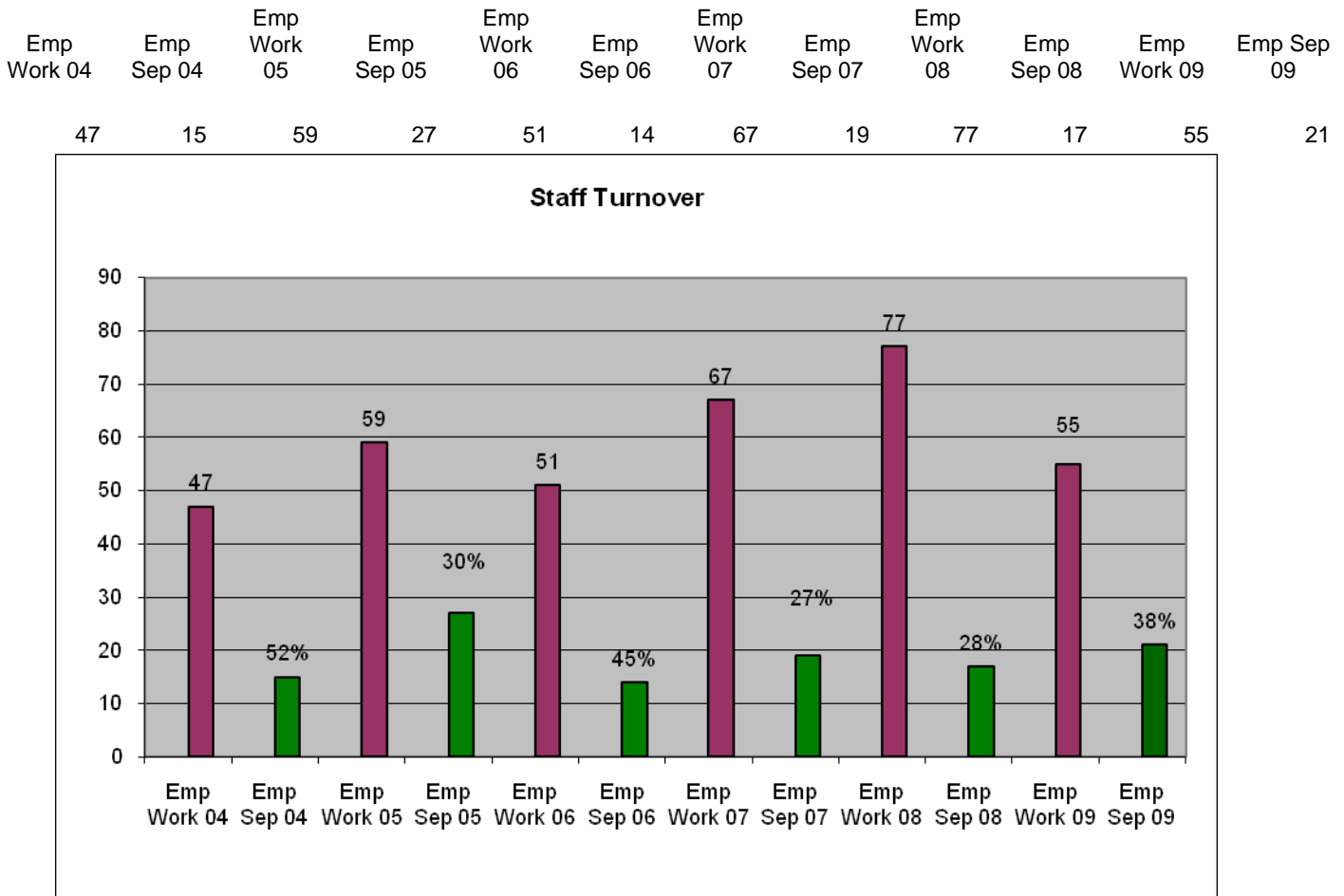


	Statements	Average Level of Importance (Series 1)**	Average Level of Satisfaction (Series 2)**
1	You were adequately informed at intake about the program	4.85	4.55
2	You received adequate communication regarding adverse/critical incidents involving your child during his/her stay?	4.1	3.8
3	You were adequately 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



STAFF TURNOVER RATE

During 2009, there were 56 people employed by the Youth Academy. Of the 55 employees, 21 separated employment, which represents a total turnover rate of 38%. 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 60%. 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. Moreover, the Youth Academy had an inordinate number of new employees that upon receiving his/her background checks, they were disqualified from the possibility of employment, which contributes to the “pre” 90 day issue. 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 in October of 2002.

2009 Expenditures

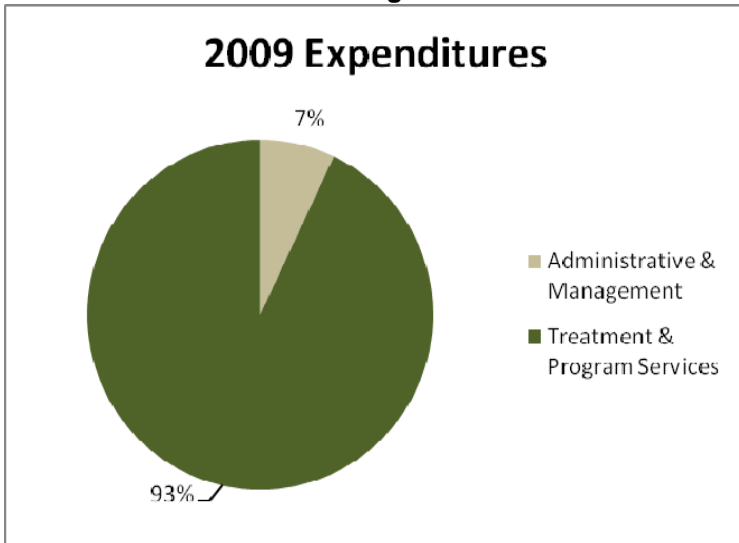
% of Expense

Administrative & Management

7%

Treatment & Program Services

93%



Sources of Revenue

% of Revenue

Dollar Amount

WVDHHR

49%

\$940,691.00

WV Medicaid

36%

\$690,572.00

CFIT Soc Nec

14%

\$267,089.00

CFIT Med

<1%

\$6,614.00

\$1,904,966.00

