OUT-OF-STATE ANNUAL REVIEW

NORMATIVE YOUTH SERVICES

5 Lane Lane
Sheridan, Wyoming 82801

FACILITY VISIT DATES: January 12 - January 13, 2006

OUT OF STATE CERTIFICATION UNIT (OSCU) STAFF MEMBER:

Carol Lancaster, Associate Governmental Program Analyst

PURPOSE OF VISIT:

On the dates referenced, an on-site visit was conducted by the State of California, Department of Social Services, Community Care Licensing Division, Out-of-State Certification Unit (CDSS CCL OSCU). The purpose of the visit was to perform an annual inspection of Normative Youth Services (NYS) in order to determine and/or ensure:

1. The facility continues to be safe and suitable to serve the needs of dependents and wards of the California Juvenile Court.
2. Level of compliance and history with Wyoming licensing and other (regulatory) agencies having oversight responsibilities in relation to the facility.
3. Level of compliance and the ability and willingness to correct any areas of non-compliance (if identified,) so as to allow for re-certification and continue being approved to accept and treat California youths.

CALIFORNIA PLACING AGENCIES:

At the time of visit, there were a total of 20 children from California placed at the facility from the following counties/agencies:

- Santa Clara County Probation - 7
- Sacramento County Probation - 2
- Riverside County Probation - 1
- Ventura County Probation – 2
- San Bernardino County Social Services – 3
- Other/Not Identified/Mental Health/Adoptions – 5
FACILITY & PHYSICAL PLANT OVERVIEW:

The NYS campus continues to be located three and a half miles west of Sheridan, Wyoming, a small rural community located in north central Wyoming just south of the Montana border. NYS is situated on a 200 acre plot of land, has six family-like homes that serve as residential quarters, and has the capacity to serve 115 at-risk and adjudicated youth. Each home is licensed separately as a Residential Treatment Center with staff working on shifts throughout the 24-hour day. With the exception of one residence having a capacity of 20; all others have a capacity of 19, and have a dedicated “home team” of staff who are primarily assigned exclusively to only one of the residences on site. In addition to the team at each residence, NSY has a large support staff that regularly interacts with the house teams to provide all of the needed services to meet students’ needs.

The educational needs of the clients served are also met in each separate residence with school classrooms adjoining to each. Each residence also has its own teacher, which reflects a student to teacher ratio of one to nineteen.

Of the six homes operated, four are for males, two are for females. NYS offers and operates three primary programs, as well as a Transitional Living Program.

Boys Residential Program

This is a highly structured program for male youths who need a mid to longer term out-of-home placement. The average length of stay is 10 to 14 months. The program’s goal is to prepare young men for a positive future by identifying strengths and weaknesses. Once identified, staff and students work together to enhance the student’s positive qualities and promote social change through normative culture influence.

Girls Residential Program

This program provides a safe, supportive, nurturing, and educational program for young women. A 10 to 14 month program, it is highly structured to facilitate helping young women confront and modify unsafe and inappropriate behaviors, while assisting them to process the impact that physical, emotional, and sexual abuse may have had on their lives. They learn to develop healthy relationships and build self-esteem in a compassionate environment, laying foundations for a positive future.

Sexual Offenders Program

This program serves at-risk and adjudicated male students with sexually inappropriate behaviors. The length of stay ranges from 12 to 18 months.
Treatment philosophy focuses on behavioral and cognitive changes through the establishment of a normative culture and implementing offender-specific treatment plans.

**Transitional Living Program**

This program, available during the final months of a student’s stay at NYS, transitions the youth from an on-campus residence to placement with a certified foster family. Some of the certified homes are located on campus and are occupied and/or operated by persons who are also NYS employees in other various capacities; some are operated by families living in the nearby community. These foster homes are certified under a separate license that NYS maintains and are not subject to oversight by CDSS. Such transition allows students to learn family and community living skills under close supervision while continuing their on-campus schooling and treatment programs during the day.

**EMERGENCY DISASTER PLAN:**

A floor plan schematic illustrating exit routes in case of a fire or other emergency warranting evacuation was observed to be posted at appropriate locations in each living unit and building toured.

Under the facility’s Emergency Preparedness Plan, disaster kits with appropriate and adequate supplies continue to be maintained at various locations on campus as well as in vehicles utilized for transportation purposes.

To promote up-to-date information concerning staff member assignments relative to emergencies, evacuations, etc, completion of new Emergency Disaster Plan forms is recommended.

**FIRE CLEARANCE:**

Documents completed by an official with the Wyoming State Fire Marshall, Department of Fire Prevention and Electrical Safety, reflect that NYS was last inspected by that authority on July 14, 2005. Deficiencies cited appear to be minimal and were corrected within the time frames allotted.

**LOCAL STATE LICENSING / COMPLAINTS ISSUES:**

Wyoming licensing continues to have oversight responsibility over NYS’ residential treatment programs. Through telephone contact made with respect to this year’s recertification review, the licensing representative reported the facility has continued to remain in compliance with Wyoming’s licensing laws.
Concerning complaints, licensing representative related that there was an investigation currently in progress; however, as she was not assigned the responsibility of investigating this specific complaint, she could not provide specific details. To her recollection, the complaint/investigation stemmed from a youth being physically restrained. As of the time of this writing, no further information was obtained; therefore, further follow-up will be necessary and pursued.

**HEALTH DEPARTMENT CLEARANCES:**

In an April 19, 2005 report by a Consumer Health Specialist with the State of Wyoming Department of Agriculture, re-certification by that agency was approved and notes:

“At this time the kitchen and homes appear to be in acceptable sanitary condition.”

The purpose of this official inspection and/or hazard analysis was to discover hazards and reduce public health risks.

**ADMINISTRATION AND PLAN OF OPERATION REVIEW:**

Cal Furnish, Executive Director, continues to head up NYS. In overseeing the facility, he plays a very active role and interacts closely with staff and clients on a daily basis, promoting basic program principles and philosophy. Commonly known and referred to as NSI’s “Code of Ethics” and “The Norms Contract,” Mr. Furnish summarizes the basics as follows:

“Around here we. . .

- Treat each other with respect
- Are responsible for each other’s safety, both physically and emotionally
- Follow through on our commitments to achieve individual and group goals
- Give and receive positive confrontation.”

**PROGRAM REVIEW AND CHANGES, (If applicable):**

NYS’ mission is:

“. . . to facilitate positive and lasting behavioral and thinking changes with a student population of high risk adolescents, helping them to learn to live safely and productively outside the structure of the residential care setting. Staff, our primarily therapeutic tool to promote norms of physical and emotional safety, mutual respect, helpful confrontation of inappropriate behavior, and commitment to group and individual goals.”
No significant programming changes are reported to have occurred since CDSS’ 2005 re-certification visit.

**EMERGENCY INTERVENTION PLAN / INCIDENT REPORTS:**

Based on the small number of serious incident reports received by CDSS over the course of the last year, it would appear that very few events occurred which required emergency intervention. Because accurate reporting of incidents and events is so important and of ongoing concern, this area warrants closer examination than what time allowed during this year’s on-site visit. For this reason, the area needs to be re-visited. After further analysis, resources will be offered, if needed, to ensure and promote accurate and appropriate incident reporting.

**PERSONNEL AND CLIENT FILE REVIEW:**

Visit revealed no issues of concern in this area.

**CLIENT(S) AND PERSONAL RIGHTS REVIEW:**

Demonstrating respect to self and others and valuing personal rights are of the utmost importance within the “Normative culture.” Upon entry into the program, students are presented with a “Norms Contract” and a decision to make. Should they wish to stay, they must agree to accept the terms and conditions set forth in this contractual agreement - that agreement being, in summary:

To show respect from this point forward to everyone on campus - staff and students alike - at all times. Once signed, the expectation to meet this requirement is both promoted and enforced. Failure to do so brings about accountability with consequences; success in meeting it, brings rewards; privileges, program advancement and; last but not least, more respect. Behavior falling short is programatically addressed openly, typically on the living unit in a large group setting. Productive and direct confrontation is the method most desired and encouraged.

**MEDICAL, DENTAL, AND NUTRITIONAL FOLLOW-UP SERVICES:**

In addition to a full complement of medical staff on campus who is able to adequately meet the needs of the students in residence, the facility has recently acquired a dentist on staff. With this addition, dental services are provided on campus rather than in the community; thereby, effectuating quicker treatment while also sparing valuable transportation resources and staff.
TREATMENT SERVICES (COUNSELING, GROUPS, THERAPY, ETC):

Three specific levels of mental health services are available at NSI:

- A psychiatrist to provide diagnosis and pharmacology services.
- A full time Licensed Professional Counselor (LPC) on staff; and a contracted LPC.
- Residential staff assigned as one-to-one counselors or mentors for every client.

The resources offered appear to be meeting the individual needs of the client base.

In addition to the services offered above on an individual basis, group counseling is an inherent part of the daily group living experience. Most notably, the groups’ focuses are most frequently directed on client behavior; thereby, promoting positive peer interaction and in the absence of, focusing on group confrontation of negative behavior.

STAFF ORIENTATION AND TRAINING HOURS:

A shortage of time on-site pre-empted auditing personnel training records. As the evaluation of this area is typically undertaken while auditing staff records/files which, in the case of this year’s visit, time constraints negated, records relevant to the area were not perused. (Training records to address this issue will be requested at a later time/date.)

SCOPE OF CERTIFICATION REVIEW:

Certification review covered the following areas: programming, intake and discharge procedures, discipline policy, emergency intervention techniques, medical procedures, staff and client file review, facility file review, staff interviews, observation of program and daily activities, criminal record review, personal rights, food services, staff trainings, emergency disaster plan, fire clearance, and all issues pertaining to physical plant.

STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTIONS:

No areas of substandard conditions or concerns were observed through touring and evaluating the site. Overall, the facility appears modern and updated in appearance; clean, safe, sanitary and in good repair.
Through a review of the facility file prior to the site visit, as well as discussions held during the site visit, updated procedures, information and/or material is being requested relative to:

1. Special Incident Reporting (SIR):
   - Submit up-to-date procedures on incident reporting to include: What incidents are reported; what information is provided; how, when and who prepares incident reports; intra and inter-agency submission and distribution; follow-up of incidents reported.

2. Emergency Intervention Plan (EIP):
   - Monthly logs of each use of manual restraints for each month of 2004 and 2005 to include:
     - Name of each child (or initials if non-CA child); date and time of intervention; duration of intervention; name of facility staff member who participated in the manual restraint; description of the intervention and type used; result of licensee review.
     - Submit facility’s current EIP to include reports on internal reviews for incidents reported in 2004 and 2005.

3. List of Board Members: (Completion and submission of LIC 9205 Administrative Organization.) (A blank copy of form is enclosed.)

**CERTIFICATION DECISION:**

After receipt and review of the documents outlined in the previous section, a decision to recertify will be rendered. Material requested is due by April 1, 2006 to:

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