



North Carolina Department of Public Safety

Adult Correction and Juvenile Justice-Juvenile Community Programs

Roy Cooper, Governor
Erik A. Hooks, Secretary

Timothy D. Moose, Chief Deputy Secretary
William L. Lassiter, Deputy Secretary
Cindy Porterfield, Director

MEMORANDUM

TO: Kenneth D. Perry, Vice President of Operations
Methodist Home for Children, Inc.
Shannon Tuzo, Director of Juvenile Services
Methodist Home for Children, Inc.
Susan Frankfort, QI Director/Contracts Manager
Methodist Home for Children, Inc.

FROM: Demetrius Vick, Contract Administrator/ Compliance Manager, Juvenile Community Programs

CC: Cindy Porterfield, Director of Juvenile Community Programs
Venecia Carr, State Contracts Administrator Juvenile Community Programs
Lisa Partin, Program Assistant Juvenile Community Programs

DATE: August 5, 2019

RE: Western Area Multi-Purpose Juvenile Crisis and Assessment Center Contract Renewal FY 19-20

This memorandum serves as notification from the Department of Public Safety, Division of Adult Correction and Juvenile Justice - Juvenile Community Programs Section that the FY 19-20 contract renewal for the Western Area Multi-Purpose Juvenile Crisis and Assessment Center has been approved. The contract amount shall not exceed \$900,000.00 per year, \$4,500,000.00 for the five (5) year period, including option years and is currently approved for its 2nd of three option years.

Please keep this memorandum for your records.

If you have any questions regarding this matter, please do not hesitate to contact me.

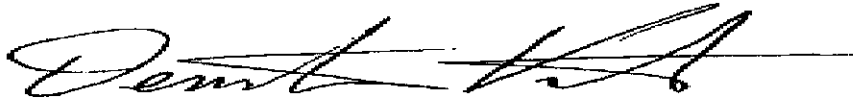
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Thank you for your efforts.

A handwritten signature in black ink, appearing to read "Demetrius Vick", with a horizontal line extending to the right.

Demetrius Vick

Compliance and Quality Assurance Manager
North Carolina Department of Public Safety
Division of Adult Correction and Juvenile Justice
4212 Mail Service Center
Raleigh, North Carolina 27699-4212



STATE OF NORTH CAROLINA
DEPARTMENT OF PUBLIC SAFETY

Refer ALL inquiries to:
Venecia Carr, State Contracts
Administrator
Venecia.Carr@ncdps.gov
(919) 324-6397

Demetrius Vick, Compliance and Quality
Assurance Manager/Contract
Administrator
Demetrius.Vick@ncdps.gov
(919) 324-6392

Contract Type: Service

Request for Proposal No.: Western Area Multi-Purpose
Juvenile Crisis and Assessment Center

Commodity No. and Description: Temporary Crisis Care,
Assessment and Therapeutic Residential Services

Using Agency: Division of Adult Correction and Juvenile
Justice, Juvenile Community Programs

Requisition No.: TBD

EXECUTION

In compliance with this Request for Proposals, and subject to all the conditions herein, the undersigned Vendor offers and agrees to furnish and deliver any or all items upon which prices are bid, at the prices set opposite each item within the time specified herein. By executing this proposal, the undersigned Vendor certifies that this proposal is submitted competitively and without collusion (G.S. 143-54), that none of its officers, directors, or owners of an unincorporated business entity has been convicted of any violations of Chapter 78A of the General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934 (G.S. 143-59.2), and that it is not an ineligible Vendor as set forth in G.S. 143-59.1. False certification is a Class I felony. Furthermore by executing this proposal, the undersigned certifies to the best of Vendor's knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal or State department or agency. As required by G.S. §143-48.5, the undersigned Vendor certifies that it, and each of its sub-Contractors for any Contract awarded as a result of this RFP, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system. G.S. 133-32 and Executive Order 24 (2009) prohibit the offer to, or acceptance by, any State Employee associated with the preparing plans, specifications, estimates for public Contract; or awarding or administering public Contracts; or inspecting or supervising delivery of the public Contract of any gift from anyone with a Contract with the State, or from any person seeking to do business with the State. By execution of any response in this procurement, you attest, for your entire organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

VENDOR: METHODIST HOME FOR CHILDREN		
STREET ADDRESS: 1041 WASHINGTON STREET	P.O. BOX:	ZIP:
CITY & STATE & ZIP: RALEIGH NC 27605	TELEPHONE NUMBER: 919-833-2834	TOLL FREE TEL. NO:
PRINCIPAL PLACE OF BUSINESS ADDRESS IF DIFFERENT FROM ABOVE (SEE INSTRUCTIONS TO VENDORS ITEM #10):		
PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF VENDOR: KENNETH D. PERRY Vice President		FAX NUMBER: 919-755-1833
VENDOR'S AUTHORIZED SIGNATURE: Kenneth D. Perry	DATE: 6-8-16	E-MAIL: Kperry@mhfc.org

ACCEPTANCE OF PROPOSAL

If any or all parts of this proposal are accepted by the State of North Carolina, an authorized representative of the Department of Public Safety shall affix his/her signature hereto and this document and all provisions of this Request For Proposal along with the Vendor proposal response and the written results of any negotiations shall then constitute the written agreement between the parties. A copy of this acceptance will be forwarded to the successful Vendor(s).

FOR STATE USE ONLY: Offer accepted and Contract awarded this June day of 2016 as indicated on the attached certification, by Venecia Carr, State Contracts Administrator
(Authorized Representative of the Department of Public Safety).

Methodist Home for Children
Western Area Multi-Purpose Juvenile Crisis and Assessment Center Program

Proposal Executive Summary

Methodist Home for Children, Inc. (MHC), based in Raleigh, NC, is a non-profit human services agency offering premier evidence-based treatment services to children and families throughout North Carolina. Our model of care has been recognized as a Promising Practice by the Office of Juvenile Justice (www.crimesolutions.gov). The agency is accredited by both The Council on Accreditation (COA) and the Teaching-Family Association (TFA). The TFA accreditation affirms the value of training and best practices in trauma-informed care and MHC's evidence-based service approach, which is supported by the research literature. The trademark of MHC services includes safe and structured settings, quality assessments, individualized and client-focused services, responsive administration, and outcome-driven programs.

MHC has partnered with the State of North Carolina for more than 23 years to provide specialized residential treatment services to the juvenile offender population. The agency originally served hundreds of youths in the secure custody program in its 5 Multi-Purpose Juvenile Homes from 1993-2005. In 2014, the secure custody component was added to the Macon County Multi-Purpose Juvenile Home program and has served over 20 youth to date.

Since 2015, through the Insight and Bridges Assessment and Crisis Intervention Centers, MHC has provided more than 30 comprehensive assessments to youth referred by juvenile justice staff. These user-friendly comprehensive assessments are based on solid psychological tools. The youth's Plan of Care outlines specific service recommendations for court counselors, families, and youth to guide the service planning process upon the youth's return to his/her home community.

Today this mission continues through our 5 Multi-purpose Homes, two Transitional Living homes, and the Insight and Bridges Assessment and Crisis

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Intervention centers. This program experience makes Methodist Home for Children a time tested and well qualified candidate to serve this population in the Asheville area.

MHC will establish a program that provides evidence-based services in a staff non-secure residential setting in Asheville, North Carolina. These services include crisis care, assessment, and therapeutic residential services for youth who require a temporary out-of-home place to stabilize their behaviors and provide an opportunity to determine effective interventions. These services also include serving secure custody youth in need of short-term residential placement as they navigate the juvenile justice system. MHC will provide a comprehensive assessment for each admitted youth that fully engages the youth, family, court services staff, school, and leads to an effective service plan consistent with community resources. The use of a valid and reliable global assessment along with valid and reliable psychometric instruments will be at the center of the assessment process. MHC will seek information on all relevant domains including mental /emotional health, substance use, risk behaviors, interpersonal functioning, and living situation/environment. The blended service model is designed to serve both secure and non-secure youth with the goal of providing a comprehensive assessment for non-secure youth in placement for 14-45 days. This model can also provide comprehensive assessments for secure custody youth whose length of stay will allow for the assessment process to be completed (approximately 1-14 days).

The assessment process will be conducted and supervised by an experienced licensed psychologist and two experienced master's level licensed clinicians (Clinical Case Managers). They will engage the family through face-to-face interviews during admission or visitation and/or phone interviews. This will facilitate the family assessment as well as give evidence to situations in which there is a need to provide individual and family crisis counseling as defined by the Standardized Program Evaluation Protocol (SPEP). Assessment staff will also engage, by phone, the community school serving the youth and will include the gathering of all relevant educational documentation. Court services staff will be invited to clarify and update

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relevant referral information. The Clinical Case Managers will provide communication with the court counselors. Below is a sample list of MHC's psychometric capability.

Specialized Psychometric Tools	Domain
Adolescent and Child Urgent Threat Evaluation (ACUTE)	Risk – Violence – Homicide/Suicide
Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A@)	Substance Abuse
Child Behavioral Checklist	Psychosocial
Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR)	Sexual Behavior
Juvenile Sex Offender Assessment Protocol (J-SOAP II)	Sexual Behavior
Juvenile Sex Offender Risk of Recidivism Tool (JSORRAT-II)	Sexual Behavior
NEO-PI-3	Personality
Parent Adolescent Relationship Questionnaire	Interpersonal/Family/Living
Substance Use Disorders Diagnostic Schedule (SUDDS-IV)	Substance Abuse
TCU Criminal Thinking Scales	Criminal/Risk Behaviors
Wechsler IQ – WAIS IV, WISC IV	Intelligence- child, adolescent, or adult
Wide Range Achievement Test (WRAT)	Education
Wide Range Intelligence Test (WRIT)	Intelligence
Woodcock-Johnson III (WJ-IV)	Educational Persistence Achievement/Intelligence
Youth Outcome Questionnaire (YOQ-64)	Psychosocial

The service plan (Plan of Care) will be the result of a synthesis of historical data, the results of psychometric tools like the ones listed above, and observational data collected during all aspects of daily living while at the center. This process of understanding a youth based upon psychometrics and their observable behavior over time is what leads to uniquely comprehensive assessment. Accurate assessments lead

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to better plans and service matching. Therefore, MHC will combine a high degree of clinical expertise with a time tested evidence based care model to design a plan to meet the service needs of this population. The comprehensive assessment will lead to a comprehensive service plan providing clear recommendations in all relevant domain areas and recommending appropriate services for the care of the youth and family. The Assessment Center clinical staff will provide regular telecommunication monthly and as necessary with the court services staff, the youth, and the family during the first six months of the youth's return to the home community. A review will occur through telecommunication at six months post discharge. The reassessment will provide outcome information critical to continued system-wide improvement.

Assessment Counselors will be employed as the primary caregivers during the youth's stay at the Assessment Center. Each Assessment Counselor will provide daily written feedback to clinical staff concerning critical behaviors during the youth's stay. This information will strengthen the assessment by comparing both the standardized assessment tool findings with actual daily living behaviors.

The Certified Teacher will serve as the primary contact with community schools and academic programs. The Certified Teacher will provide daily instruction to youth served in the facility. A Wide Range Achievement Test (WRAT) will be conducted to determine the basic educational level of the youth. Communication with the youth's home school and teachers will allow the Assessment Center to work with the youth on current assignments and areas of focus during their stay. On-line educational tools will be provided in all relevant subjects and grade levels. On-line tools will also assist in assessing grade level subjects.

In addition to operating effective transitional living programs for female juvenile offenders in Wake County and male juvenile offenders in Craven County, MHC provides residential and educational services for juvenile offenders through the five highly successful co-ed Multi-Purpose Juvenile Homes located in Chowan, Hertford, Macon,

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Robeson, and Wayne Counties. In the NCDPS Annual Evaluation of Community Program Report released in March, 2016, the recidivism rate for youths served by MHC's Multi-purpose Juvenile Homes at 12-months post discharge was 22%. Additionally, MHC will use this same evidence-based model of care in the Buncombe facility.

MHC provides Home-Based Counseling to court-involved youth and their families through its Family Preservation program. MHC also serves youth involved in the juvenile justice system in eastern North Carolina through the Transition/Re-Entry program, assisting youth in the transition to their home communities after Youth Development Center placements. MHC provides the Vocational and Educational Services program to youth involved in the juvenile justice system. This program assists youth in the development of job skills and the acquisition of job placements in their local communities. Each of the programs mentioned above delivers an assessment process that is inclusive of risk and need and includes court services staff, the family, schools, and other important stakeholders and demonstrates MHC's experience with this population.

MHC's long-standing, successful partnership with the State of North Carolina to serve the juvenile offender population makes MHC uniquely qualified to provide the Multi-Purpose Juvenile Crisis and Assessment Center program at 20 Lees Creek Road, Asheville, NC, 28806, formerly the Buncombe Detention Center.

This program will deliver evidence-based services in a staff non-secure residential setting. These services include, but are not limited to temporary crisis care, assessment, and therapeutic residential services as a Dispositional Alternative defined in NCGS 7B-2506 for Level II adjudicated male and female youth. The non-secure residential facility will serve nine (9) youth at any given time. At a minimum, four (4) beds shall be reserved as temporary crisis beds for secure custody youth. This facility will serve youth from western North Carolina in Judicial Districts 23, 24, 25, 27, 28, 29,

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and 30 as outlined in the Request for Proposal: Western Area Multi-Purpose Juvenile Crisis and Assessment Center.

MHC is fully qualified to oversee and implement the Multi-Purpose Juvenile Crisis and Assessment Center Program for youth. In the response to the Request for Proposal: Western Area Multi-Purpose Juvenile Crisis and Assessment Center that follows, MHC will outline its clear capability to provide all of the mandatory service components for residents in the proposed Assessment Center program in the facility located in Asheville, North Carolina by the projected start date of August 25, 2016.

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Western Area Multi-Purpose Juvenile Crisis and Assessment Center Program

I. Proposal Submission Requirements

A. Corporate Background and Experience

Our mission at MHC is to find or establish nurturing, stable home environments for people in our community. Founded in 1899 as a traditional campus-based institution in Raleigh, Methodist Home for Children, Inc. (MHC) has emerged as an industry leader by consistently adjusting and creating programs to meet societal needs. Today, MHC has a statewide and national reach through its service continuum, comprehensive training, program development, and consultation. MHC accomplishes this through cooperative efforts with the Department of Public Safety, Division of Adult Corrections and Juvenile Justice and, specifically, local communities by way of Juvenile Crime and Prevention Council (JCPC) programs.

MHC has worked in residential settings with juvenile offenders since the early 1980s. These youths were served in MHC group homes throughout central and eastern North Carolina. A formal partnership with Department of Juvenile Justice and Delinquency Prevention (DJJDP) began in 1993 when MHC was chosen as the provider to operate five multi-purpose juvenile homes designed as an alternative to detention. The multi-purpose juvenile homes have successfully interrupted lifetime risk behaviors among some of the system's most high-needs youth.

After years of successful service as the provider of these multi-purpose juvenile homes, MHC was selected to develop an additional multi-purpose juvenile home in Franklin, North Carolina. Additionally, in June of 2011 MHC partnered with the DJJ to open the Craven Transitional Living Program and in May of 2014 MHC partnered with DJJ to open the North Hills Transitional Living Program. In 2015, MHC was selected to provide crisis and assessment services for N.C. DPS-Division of Adult Correction and Juvenile Justice in facilities located in Butner and Winston Salem. Through its work with NCDPS in the evolution of the crisis and assessment services, MHC is positioned to use its experience in the service provision at the Asheville location.

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MHC has served the juvenile justice population through the following partnerships with NC Department of Public Safety, Division of Adult Corrections and Juvenile Justice:

- MHC began operating five (5) Multipurpose Homes for the State of North Carolina Department of Juvenile Justice and Delinquency Prevention in 1993. Over the last 23 years, this partnership has evolved into a successful service model for youth involved in the juvenile justice system.
- Since 2006, MHC has been a contracted partner with the Department to provide training, consultation and program development for Youth Development Centers in the State of North Carolina.
- MHC started the Macon Multipurpose Home in 2009 and opened the program earlier than originally requested.
- In 2010 MHC was awarded contracts to provide the following services: Edgecombe Transition Re-Entry Program; Edgecombe Vocational/Educational Program; Halifax Gang Prevention and Relocation Program; Halifax Transition Re-Entry Program; Halifax Vocational/Educational Program; Nash Transition Re-Entry Program; Nash Vocational/Educational Program; and, Wilson Transition Re-Entry Program. These programs consistently produce measurable outcomes of reduced recidivism, improved social skills, and maintaining youth in their family home.
- Our partnership includes community based non-residential services as well. MHC provides a complex array of Juvenile Crime Prevention Council programs designed to serve youth and families in their home communities. These services range from family preservation services to transitional/re-entry and vocational/educational programs. MHC knows from direct experience and research review [Office of Juvenile Justice and Delinquency Prevention's

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Juvenile Justice (OJJDP) Bulletin, September 2005] that community resources and programming achieve better outcomes for youth.

- Lastly, MHC began another partnership in 2005 that led to a more therapeutic approach to care in the Department's Youth Development Centers. MHC's residential model was adapted and fully implemented in the Youth Development facilities. The model incorporates a service planning framework that focuses on cognitive behavior theories, treatment that includes therapeutic interactions, and skill development. MHC provides training and consultation for staff, management, and leadership as an additional support activity. This partnership has led to greatly improved outcomes for youth, staff and overall programs in these centers.

An example of the notable achievements of MHC's Model of Care is our impact on the youths' educational gains in our Multi-Purpose Juvenile Home programs. A majority of youths with reading deficits that are several grades behind in school enter our programs. Those that receive services for at least 90 days are able to dramatically increase their reading levels and grade levels through our program interventions. During our last fiscal year, youth served made an average of 1.47 grade level improvement in reading and an average of 1.31 grade level improvement in mathematics.

Our cognitive behavioral, strengths-based approach to services is designed to help young people change and grow. We are making a positive difference in preparing young people for successful and brighter futures through our most effective resource: our dedicated and experienced staff. MHC has seasoned staff that understand the needs of the youth and have been successful in meeting those needs.

MHC has a solid infrastructure that is critical to its successful provision of services. We consistently receive independent audits of our financial statements that reinforce our internal accounting and oversight activities. MHC is a financially solvent agency that maintains sufficient cash flow to continue operations for a period of 60

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days without receiving payment from the State. Our financial statements are available upon request. Additionally, our programs are regularly evaluated by internal quality assurance and improvement activities that aid us in identifying strengths and needs of programs in a timely manner. We also enlist the assistance of our community partners to provide external monitoring to ensure we are in compliance with contractual expectations.

Our administrative, consumer relations, and program services staff (19 employees) have a cumulative experience total of over 280 years. The average length of service for the same departments is 16 years. This comprehensive knowledge base has led to not only a creation of better programs for MHC, but an industry standard for developing, implementing and teaching others how to deliver high quality programs.

Annually, MHC now serves nearly 1,400 children and families through community-based services and resources that:

- Ensure children grow up in safe, loving homes;
- Educate parents and caregivers about how best to nurture children and young adults;
- Help young people navigate adolescence; and,
- Work to eradicate the social and family problems that lead to abuse, neglect, family disruption, and child abandonment.

We serve all children and families regardless of religion, race, ethnic background or economic status. Our services include family-based counseling, community-based residential group homes, early childhood services, foster care, therapeutic foster care, adoption, outpatient services, and day treatment. We use a cognitive behavioral values-based model of care that promotes honesty, respect, responsibility, empowerment, compassion, and spirituality.

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In addition to the services provided specifically for the juvenile population, MHC provides statewide services in the areas of adoptions, residential group homes, in-home family counseling, foster care and therapeutic foster care, and training and program development. MHC is committed to these effective prevention and aftercare services.

B. Organizational Structure of Methodist Home for Children

Founded by Methodist congregations more than 100 years ago, we have grown and evolved to serve the changing needs of North Carolina's children and families, regardless of their religion, race or economic status. Today, our independent nonprofit organization is responsible for its own obligations.

Our organization is administered by a five-member leadership team and employs a staff of approximately 240, with a gender distribution of 22% men and 78% women and a racial distribution of 59% minorities and 41% Caucasian. The Board of Directors represents counties throughout the state and enlists members' expertise as nonprofit administrators, small business owners, state government employees, legislators, and residents of the counties served by MHC.

MHC is accredited by the Council on Accreditation (COA) and the Teaching-Family Association (TFA). The N.C. Department of Public Safety, Division of Adult Corrections and Juvenile Justice references Teaching-Family programs as one of the most effective behavioral programs that incorporate identified best practices in working with youth. Additionally, the TFA accreditation affirms the value of MHC's cognitive behavioral approach to services for youth and families. MHC embraces research and evidence-based approaches in working with youth and families.

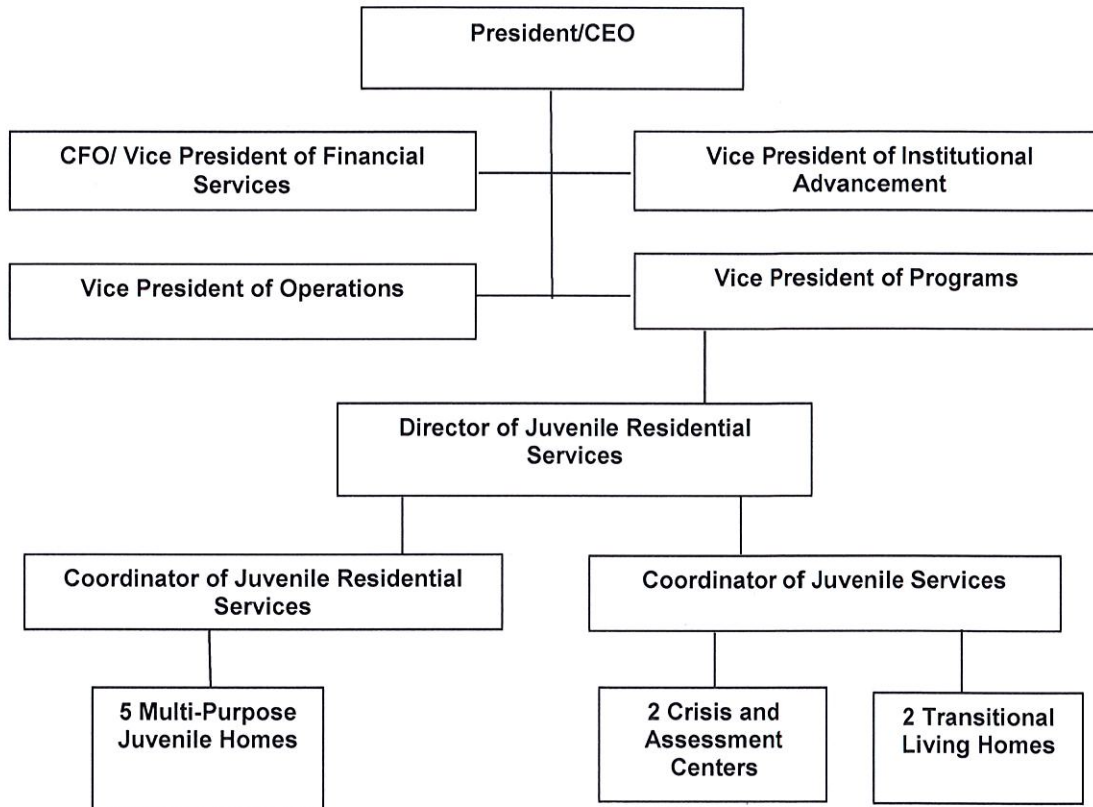
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MHC's In-House Professional Employees enhance the agency's programs through their knowledge and direct experience with MHC in administrative and programmatic expertise.

- Bruce Stanley, President/CEO, 10 years of experience
- Ken Perry, Vice President of Operations, 32 years of experience
- Ben Sanders, Vice President of Programs, 22 years of experience
- Lynda Hicks, Director of Training, 23 years of experience
- Ellen Scarborough, Director of Consultation & Program Development, 26 years of experience
- Shannon Tuzo, Director of Juvenile Residential Services, 12 years of experience
- Trish Heineman, Director of Program Administration, 23 years of experience
- Susan Frankfort-Winningham, Director of Quality Improvement, 20 years of experience

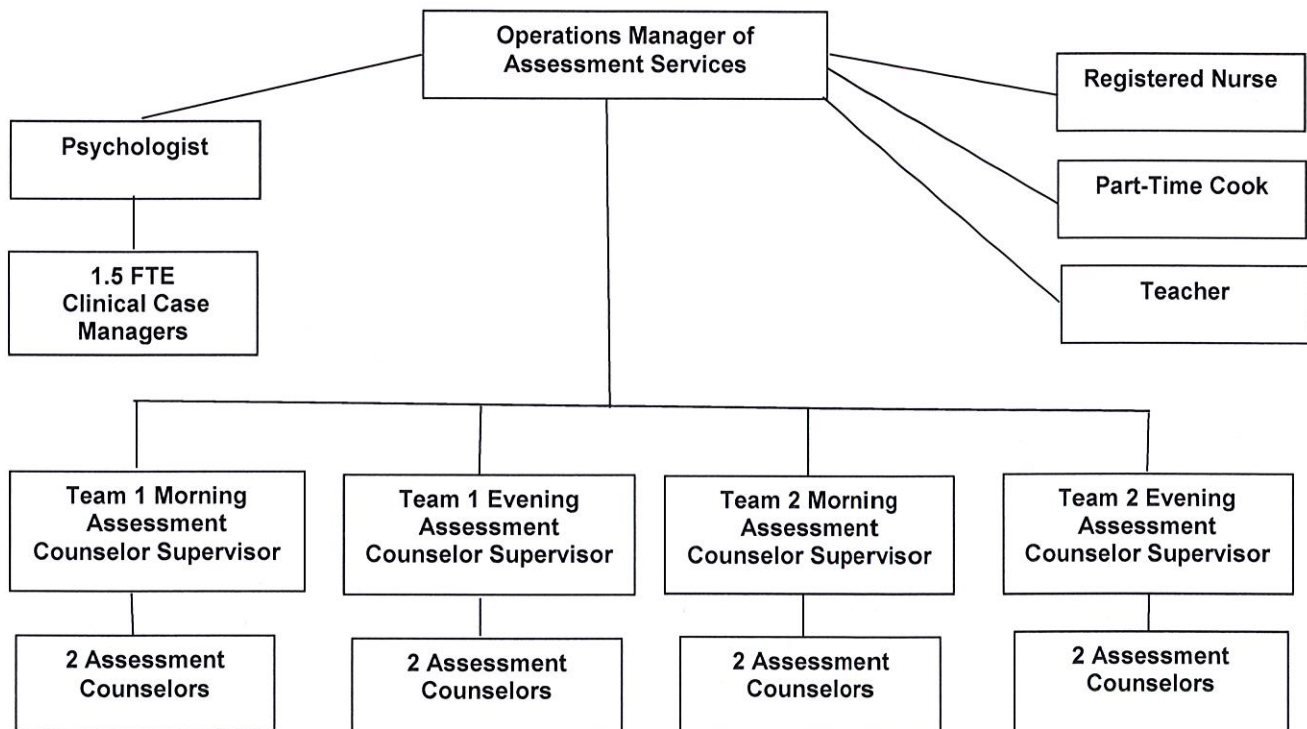
Methodist Home for Children
Western Area Multi-Purpose Juvenile Crisis and Assessment Center Program

C. Methodist Home for Children Administrative Organizational Chart



Methodist Home for Children
Western Area Multi-Purpose Juvenile Crisis and Assessment Center Program

D. Methodist Home for Children Proposed Buncombe Facility Organizational Chart



Methodist Home for Children
Western Area Multi-Purpose Juvenile Crisis and Assessment Center Program

E. References

1. Name of Firm: Wake County Human Services
Business Address: 220 Swinburne Road, Raleigh, NC 27610
Type of Reference: Social Services Agency
Contact Person: Sherrod Gresham, Supervisor
Telephone Number: 919-212-7485
Email Address: sherrod.gresham@wakegov.com

2. Name of Firm: Family Resource Center of Raleigh
Business Address: 3825 Barrett Drive, Raleigh, NC 27609
Type of Reference: Community Representative
Contact Person: Kim Best, Executive Director
Telephone Number: 919-834-9300
Email Address: kim.best@frcofraleigh.org

3. Name of Firm: The Duke Endowment
Business Address: 100 North Tryon Street, Suite 3500, Charlotte, NC 28202
Type of Reference: Funder
Contact Person: Rhett Mabry, Vice President
Telephone Number: 704-376-0291
Email Address: rmabry@tde.org

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F. Background Checks

MHC and its personnel shall complete background checks at MHC's expense prior to beginning work with NCDPS. MHC will provide to the Department background details regarding the convictions, investigations, sanctions and litigation scenarios listed in the RFP on pages 16-17.

G. Subcontractors

MHC reserves the right to utilize reputable subcontractors in the provision of food services, psychological services, nursing services, and ongoing medical care for its Assessment Center program.

H. Outsourcing

MHC will provide all services within the state of North Carolina.

I. Contract Term

The initial contract term shall be for a two (2) year period with the option to renew for three (3) additional one (1) year periods for a total of five (5) years, beginning from the date of award.

During the final year of the contract, a transition plan shall be developed to describe the transition from MHC to a new vendor should one be chosen through a competitive bid process. MHC will work with the Department for a period of up to one hundred twenty (120) days to transition responsibilities to the new vendor. The transition plan shall be executed in an amendment to the contract.

MHC will comply with the Department's transition plan in the event that a vendor other than MHC is chosen at the end of the contract term.

II. TECHNICAL APPROACH

A. Assessment Center Program Scope of Services

MHC has extensive proficiency with both the assessment process and the planning of effective service delivery for delinquent youths utilizing valid and reliable instruments and evidence-based practices. MHC has decades of experience with identifying risks and needs of troubled youths and providing lasting interventions to youths and families with histories of undisciplined and delinquent behavior including: running away, family turmoil, aggressive behavior, gang involvement, neglect, physical and/or sexual acting out and/or trauma, academic challenges, substance use, poor social and life skills, and mental health needs.

MHC will conduct a comprehensive assessment of each youth using validated instruments. The assessment and service planning process will be supervised by a North Carolina Licensed Psychologist who possesses both adolescent and family assessment experience. The assessment process includes a thorough evaluation of each referred youth's risks and needs, identify all associated clinical indications, and present an effective service plan. MHC will work closely with court services staff and all relevant community contacts to complete the gathering of all pertinent assessment information.

Over the past 30 years, MHC has been licensed by the North Carolina Department of Health and Human Services-Division of Social Services to provide Residential Child Care Facilities and Emergency Shelters services. Currently, MHC holds licenses as a Child-Placing Agency for Foster Care and Adoption and the North Hills Transitional Living Residential Program.

(See Appendix A-MHC NC DHHS-DSS Licenses)

The Assessment Center will be located at 20 Lees Creek Road in Asheville, North Carolina. The program will serve nine (9) adjudicated male and female youths,

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ages 10—17, who have been referred by Juvenile Justice Staff. A minimum of four (4) beds will be reserved for temporary secure-custody placement.

The Assessment Center staff will include one (1) Operations Manager of Assessment Services, 1.5 FTE Clinical Case Managers, one (1) part-time Registered Nurse, one (1) Psychologist, one (1) Certified Teacher, one (1) part-time Cook, four (4) Assessment Counselor Supervisors, and eight (8) Assessment Counselors.

Continuous Supervision

The Operations Manager will provide program development and implementation oversight activities, on-site assessment activities, consultation services, compliance monitoring, and oversee day-to-day operations for the program.

The staffing pattern consists of 12-hour shifts for Assessment Counselors and Assessment Counselor Supervisors. Each shift will include a minimum of one (1) Assessment Counselor Supervisor and two (2) Assessment Counselors. Male and female staff will be present and available to the youth at all times. No male or female youth shall be housed in the facility unless there is at least one staff member of the same gender present and actively supervising the youths. Additional staff will be available to provide coverage during sickness or other circumstance. The staff to youth ratio will be two (2) Assessment Counselor to nine (9) youths at all times.

During non-awake hours, staff will continuously monitor youth in their rooms through closed door checks every 15 minutes. If a youth presents suicidal ideation, the Operations Manager will implement an appropriate youth supervision plan to be followed by the staff. The Operations Manager will also guide the staff in situations when a mental health evaluation by an outside entity (i.e. hospital, psychiatric facility) is appropriate.

Daily Program Activities and Expectations

The Assessment Center program will have an established schedule for all youth. This schedule will be flexible enough to allow youth to participate in different interests while engaging in highly-structured activities. The Assessment Center staff will observe and document the youth's behaviors and interpersonal interactions throughout the day and share their observations with the Clinical Case Managers. These observations and additional behavior data will be considered when developing the youth's assessment and subsequent service plan.

Daily living assessment activities will be scheduled. These activities will include the following topics: problem solving skills, computer skills, health education, academic education (reading and math aptitude), physical health education, sports-related activities, independent living needs and potential, vocational interest and aptitudes, personal finance, social skills, and interpersonal relationships. Sample Schedules for the Assessment Center are listed below.

Methodist Home for Children
Western Area Multi-Purpose Juvenile Crisis and Assessment Center Program

Assessment Center Monday – Friday Daily Schedule

- 7:00 am - 8:00 am Wake up, Hygiene, Morning chores
- 8:00 am - 9:00 am Breakfast
- 9:00 am - 12:00 pm Assessment Activities/Visitation/Crisis Counseling
- 12:00 pm - 12:30 pm Lunch
- 12:30 pm - 1:30 pm Assessment Activities/Visitation/Crisis Counseling
- 1:30 pm - 2:30 pm Recreation Activities
- 2:30 pm - 5:30 pm Assessment Activities/Visitation/Crisis Counseling
- 5:30 pm - 6:30 pm Dinner
- 6:30 pm - 7:30 pm Assessment Activities
- 7:30 pm - 9:00 pm Structured Leisure Time Activities
- 9:00 pm - 7:00 am Bed

(Note: The Assessment Center will accommodate family visitation during awake hours whenever possible, regardless of the daily schedule. In some instances the family visit can be used as time for individual and family crisis counseling.)

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Assessment Center Weekend/Holiday Daily Schedule

- 7:00 am - 8:00 am Wake up, Hygiene, Morning chores
- 8:00 am - 9:00 am Breakfast
- 9:00 am - 12:00 pm Recreation/Family Visitation/Crisis Counseling
- 12:00 pm - 12:30 pm Lunch
- 12:30 pm - 1:30 pm Assessment Activities
- 1:30 pm - 5:30 pm Recreation/Family Visitation/Crisis Counseling
- 5:30 pm - 6:30 pm Dinner
- 6:30 pm - 7:30 pm Assessment Activities
- 7:30 pm - 9:00 pm Structured Leisure Time Activities
- 9:00 pm - 7:00 am Bed

(Note: The Assessment Center will accommodate family visitation during awake hours whenever possible, regardless of the daily schedule. In some instances the family visit can be used as time for individual and family crisis counseling.)

B. Scope of Services Required Service Components

1. Admissions

The admission process can be accessed by calling the facility directly or accessing the referral process electronically through the Methodist Home for Children website. Methodist Home for Children will work with DPS leadership to create appropriate referral criteria for both secure and non-secure placements. A fax number will be provided for the receipt of the NC DPS Juvenile Justice/JCPC Referral Form and/or court documentation (when appropriate). Staff will be available 24/7 to provide a phone screening to determine appropriateness and availability of placement. This screening will be streamlined and efficient for secure placement referrals in which the bed availability will be the primary factor to placement. Planned referrals intended to access the full assessment process will require additional information to assure a successful placement and meaningful recommendations.

Non-secure admissions will take place at pre-arranged times to accommodate the court counselor, youth, and family. Non-secure admissions whose primary goals are crisis stabilization and assessment will require both the court counselor and guardian to attend the admission appointment. This allows for a full accounting of the documentation and signed permission for care (voluntary consent) given by the guardian. Additionally, the admission is a primary step in the comprehensive assessment process. The family, court counselor, and youth will receive a full review of documentation, a program overview and tour, and a comprehensive interview with clinical staff to begin the assessment process. The youth will be subject to a full personal search of self and belongings and contribute to the clinical interviews before the parent and court counselor depart. Regular communication with guardian and court counselor will be facilitated by the Clinical Case Manager.

Secure placements will follow the same admission process when possible. However, it is understood there is increased urgency and the availability of the

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presence of the guardian and court counselor will not always be possible. Secure placements require appropriate court documentation and will not require a permission for care signed by the guardian. Clinical staff will work closely with the court counselor to determine length of stay, possible disposition, and appropriateness of beginning the full assessment process.

Methodist Home for Children will work closely with DPS staff to appropriately address referral concerns and special circumstances while at the center. Additionally, clinical staff will monitor and communicate with guardians and court services staff unexpected changes and occurrences in juvenile behavior. These occurrences may necessitate a different type of care leading to hospitalization, involuntary commitment, or other appropriate service agreed upon by DPS.

The center will only accept referrals from Juvenile Court Counselors. Referral candidates will be male or female between the ages of 10 and 17. Candidates below age 10 will be considered on a case by case basis. Youth must be Level II or under Level I supervision and assessed as either high risk or high needs. Youth must be court ordered.

Eligibility Criteria for Youth Referrals

Juvenile court counselors will refer all of the youth considered for admission to the Assessment Center program. All youth admitted into the Assessment Center program will be ages 10-17 that need a safe residential placement and a thorough assessment. Ages outside of this range will be accepted through the referral of the contract administrator. Eligible youth will be classified in one of the following juvenile justice categories: a) identified as a Level II Supervision or under Level I Supervision and assessed as being high risk and high need; b) identified as a dispositional alternative or having a voluntary consent form signed by the youth's parent/guardian/custodian; or, c) identified as a secure custody youth with current secure custody order. Youth who are in Detention and in need of a comprehensive

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assessment are eligible but will need an order from the Court that releases the youth from Secure Custody.

NCDPS has established the following exclusionary criteria for the Multi-Purpose Juvenile Crisis and Assessment Center that include youth known to be:

- Psychiatrically or medically unstable;
- Actively experiencing withdrawal symptoms from alcohol/substance usage;
- Recently displayed acts/evidence of extreme aggression/violence; and,
- Severely intellectually disabled.

Length of Service

For youth in need of assessment services, the anticipated length of stay will be between 1 and 14 days. For youth in need of temporary crisis care, the anticipated length of stay is 1-45 days. Any stay exceeding the anticipated lengths of stay requires a recommendation from the youth's Child and Family Team that includes rationales for continued stay and projected discharge date. MHC and the Division Contract Administrator will discuss all extension requests and determine approvals.

2. Assessment

Methodist Home for Children will conduct comprehensive assessments for youth served at the Assessment Center. Factors that could impact the level of assessment completed include the youth's willingness to participate in the assessment process, length of stay, presentation of additional symptoms, and complexity of assessment tools utilized.

MHC will work closely with the family and court service staff to gather prior/relevant assessment information through the referral and admission process. Clinical Case Managers will provide referral and admissions forms to assist in the gathering of information. MHC can receive necessary documents by fax. The assessment process will include but is not limited to:

- Mental Emotional
- Substance Abuse
- Interpersonal Functioning
- Risk Behaviors
- Living Situation/Environment
- Offense history
- Previous services/treatment/placements
- Family information
- School information
- Health/medication

Central to the assessment process is highly qualified staff using valid and reliable metrics. MHC will provide licensed doctoral level psychological oversight to licensed clinicians to administer evidence based metrics, complete comprehensive clinical interviews, synthesize residential living performance, and produce quality assessment reporting leading to a simple to understand Plan of Care for youth, families, and court counselors. The plan will provide service recommendations and it will facilitate the access to those services prior to discharge.

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MHC will implement a two-tier process of assessment. The first tier focuses upon building a comprehensive, unbiased portrayal of the client, as they present themselves. Four major categories of functioning are used to build an image of the client's current functioning and support system (as recommended by the American Psychological Association testing guidelines; <http://www.apa.org/helpcenter/assessment.aspx>). This process provides clear, separate domains and encourages more clear data gathering (The Structure of Domain Hierarchies Found Within a Domain Referenced Testing System (1975); George B. Macready).

A second tier is provided to identify specific concerns when they have manifested from three (3) sources of information. The combination of the first tier results is intended to identify a clear clinical picture of the youth as well as any significant youth problems. The psycho-social-collateral material gathered during intake is combined with the observations of the staff-caregivers' observations of the client during their first week of stay in the center to provide additional insight. The test results, the collateral gathered, and the staff observations suggest whether, and what, concerns need to be further explored through testing. Several specific problem domains are represented in the second tier.

The goal of this two-tiered process is to initially develop a solid, accurate image of the client, then use that information, and the other information gathered during the first week, to present a depiction of the client's strengths, weaknesses, support systems, needs, and potentials.

The First Tier:

The first tier of assessment is non-judgmental seeking to measure a whole person, both in strengths and in their weaknesses. It was organized with the distinct purpose to not label someone unnecessarily. It was also designed to identify client strengths and abilities and to give indices of potential problems that the client may experience, and what strengths the client has to muster against those identified

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challenges (Types of Psychological Testing, Jane Framingham, Ph.D. & Strengths in Psychological Assessment; PsychPage & The Use of Generalizability Theory for Assessing Relations among Items within Domains in Diagnostic Testing (1975); George B. Macready).

The first tier consists of four domains:

Psychosocial

Personality

Intelligence

Achievement

The Psychosocial domain will measure the areas of environmental function and interaction where the youth has support, demonstrates strengths, needs resources, or could learn how to better manage life pressures. The assessment battery explores the internal pressures versus external factors, accounting for specific school and peer building performance, and it examines the impact of the family life on the client.

Significant psychosocial findings could include indications of abuse, neglect, antisocial habits, and potential mental health issues (How is Psychosocial Assessment Used; Jane Framingham, Ph.D. & Adaptation and Testing of Psychosocial Assessment Instruments for Cross-cultural Use: An Example from the Thailand Burma Border; Emily E Haroz, Judith K Bass, Catherine Lee, Laura K Murray, Courtland Robinson, and Paul Bolton).

The Personality domain measures where the youth's learned adaptive strengths serve him or her well, and in what situations the youth might struggle or be stressed. The measure of personality indicates the client's ability to manage and be attracted to stressful situations, be invested in social interactions, cooperate with new and different viewpoints, and commit him or herself to priorities beyond their personal desires. The domain of personality indicates the robust base of ability that a client has to draw upon to handle challenges and stresses. It can indicate both

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powerful strengths and debilitating weaknesses, both at the same time in the person's assessed profile. A person's ability to cooperate with family and authority figures, manage the pressures of impulse over discipline, and be attracted to chaos or clarity can all be derived by good personality assessment. Significant personality findings might also indicate potential mental health and or personality disorders that could significantly impact a client's potential (Personality Traits (2001); Melissa E. Jordan).

The Intelligence domain will measure how much intellectual potential the youth has reached, whether the youth would benefit from more challenge, whether there are any developmental limitations, or in what particular intellectual areas the youth is either exceptional or might need support. Intelligence is an essential determinant of ability, where personality might reflect choice preference and behavioral patterns, intelligence indicates the raw material that can be mined for accomplishment. The evaluation of intelligence also includes measures of verbal ability, spatial perception, memory retention, problem solving, processing speed, quantitative processes, auditory and nonverbal processing, and storage and retrieval ability (Intelligence and Intelligence Testing (2011); Richard B. Fletcher and John Hattie). Examining Intelligence scores in these specific levels can indicate specific areas where a client might have limitations and offer a clinician important information as to where the client excels.

Intelligence can also significantly impact a person's ability to be able to handle the complexity of an educational or psychological treatment, with complex systems failing to be understood by some whose intellectual prowess is limited, requiring care providers to adjust the way that they approach the client. It can also indicate where an examinee is highly capable, providing suggestions against making an approach that would be too simplistic, potentially alienating an examinee.

The Achievement domain will measure a youth's current grade equivalent aptitude and several areas of academic ability, to best identify where the youth excels and where they would benefit from identified support. Achievement testing

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can specifically indicate acquisitions of knowledge in science, culture math, reading, verbal mastery, spelling, writing, language mastery, listening skill, memory and attention control, visual and spatial skills, phonetic ability, and the speed the person needs to process information from different sources. In this fashion, not only are academic benchmarks explored, but the areas related to potential cognitive deficits or disorders might be hinted at, through the specific results garnered (Essentials of Standardized Achievement Testing: Validity and Accountability (2002); Thomas M. Haladyna).

The information can indicate where a person excels and proves strong, and as well, those areas that the same person struggles to master. Such information not only supports a better understanding of the youth's educational prowess, but also encourages the development of need-specific training and support, to facilitate improvement in the areas indicated. When combined with the Personality and Intelligence results, the Achievement findings can spell out to a care-giving team the best method to effectively develop intervention methods than can be intellectually possible with a client, and personally appealing to them.

The Specific Tests:

Each domain is measured by the most valid testing tools available, as determined by an exhaustive literature review completed by a staff, Ph.D. level, Psychologist.

Psychosocial-Child Behavioral Checklist

Child Behavioral Checklist: The measure of the psychosocial description of a client is measured through the Child Behavioral Checklist (CBCL). An environmental-social assessment that determines a youth's needs through the measurement of the descriptors: anxious/depressed responses, depressed experiences, somatic concerns, social problems, thought problems, attention problems, rule breaking problems, aggressive behavior, and how each is processed

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as either internalized or externalized. The areas of measurement are further related to the clinical categories of: affective problems, anxiety problems, somatic problems, ADHD, oppositional defiant problems, and conduct problems. The measure serves as a primary, structured, clinical interview with the youth, court counselor, and parents. The battery has a particularly useful design, permitting a child-answer form, a parent-answer form, and a teacher-answer form that permits information to be gathered from three significant sources and compared for agreement and differences (Cross-informant Agreement Between Parent-reported and Adolescent Self-Reported Problems in 25 Societies (2013); Rescorla, L.A., et al., The Validity of the Multi-informant Assessment Approach to Assessing Child and Adolescent Mental Health (2013); De Los Reyes, A., et al., & Child/adolescent Behavioral and Emotional Problems: Implications of Cross-informant Correlations for Situational Specificity (1987); Achenbach, T.M., et al.). This process encourages a cooperative and detailed examination of the psychosocial forces and players in a youth's world.

The choice of the CBCL was based upon its wide acceptance as one of the most robust and valid measures of childhood psychosocial factors (Normative Comparisons for the Evaluation of Clinical Significance (1999); Kendall, P.C., Marrs-Garcia, A., Nath, S.R., & Sheldrick, R.C.). Several significant studies determined the measure's unique ability to demonstrate multi-concern detection (Validity of DSM-IV Subtypes in a Nationally Representative Sample of Australian Children and Adolescents (2001); Graetz, B.W., Sawyer, M.G., Hazell, P.L., Arney, F., & Baghurst, P., Behavioral and Emotional Problems Among Children of Cocaine and Opiate Dependent Parents (1987); Steinglass, P., Bennett, L. A., Wolin, S.J., & Reiss, D., A Twin Study of Inattentive, Aggressive, and Anxious/Depressed Behaviors (2000); Hudziak, J.J., Rudiger, L.P., Neale, M.C., Heath, A.C., & Todd, R.P., & A Longitudinal Community Study: Do Psychosocial Risk Factors and Child Behavior Checklist Scores at 5 Years of Age Predict Psychiatric Diagnoses at a Later Age (2002), Kroes, M., Kalff, A.C., Steyaert, J., Kessels, A.G.H., Feron, F.J.M., Hendriksen, J.G.M., vanZeben, T.M.C.B., Troost, J., Jolles, J., & Vles, J.S.H.). The assessment's selection was also fostered by having unique multicultural efficacy with over three thousand supporting studies (Multicultural Understanding of Child

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and Adolescent Psychopathology Implications for Mental Health Assessment (2006); Thomas M. Achenbach and Leslie A. Rescorla).

Psychosocial-YOQ-64

The sixty-four item Youth Outcome Questionnaire (YOQ-64) measures current environmental/psychosocial functioning, and can enable staff to determine the youth's current level of emotional health. The measure also provides the unique characteristic, that it can be repeated over time to measure gains in treatment or of developing needs. The YOQ will also provide indications of potential stress that will serve as an early sign of possible emotionally explosive situations that are developing.

The YOQ is administered every week to assess the progress or decomposition that has occurred while the youth was being treated. The YOQ was selected because of its highly valid construct (Reliability and Validity of the Youth Outcome Questionnaire Self-Report (2009); NW Ridge, JS Warren, GM Burlingame, M.G. Wells, K.M. Tumblin) and a well-documented value for measuring youth progress in intervention programs (Assessment of Treatment Outcomes in Outdoor Behavioral Healthcare (2003); Ellen Behrens & Kristin Satterfield).

Personality-NEO PI 3

The NEO-PI-3 (NEO) measure a youth's adaptive abilities in five, strongly supported measures of personality traits (the Five Factor Model); neuroticism, extraversion, openness, agreeableness, and conscientiousness. These domains indicate specific areas of functioning and interpersonal mastery (The Optimal Level of Measurement for Personality Constructs (1989); Briggs, S. R. Buss, D. M.; Cantor, N.).

Neuroticism is a measure of a person's ability to manage stress and indicates the likelihood of a client's attraction to create or seek out anxiety producing

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experiences. It measures impulsivity, depression, hostility, and how self-conscious a client is.

Extraversion is a measure of how much invested a client is in social situations. The domain explores a client's warmth toward others, their gregariousness, how assertive they can be, how drawn they are to positive emotions, and how much activity and excitement seeking they are prone toward.

Openness is a measure of a client's willingness to be exposed to new and different situations. The domain measures a client's commitment to traditional values, their willingness to examine new ideas, their drive toward actions, their reliance upon feelings, and how prone they are to artistic stimulation and fantasy.

The domain of Agreeableness is a measure of the client's energy that they will dedicate toward working with others. The domain measures how trusting the client is, how straightforward they are, and how altruistic they are willing to be. The domain also indicates the client's compliance with authority, how modest they are, and how tenderminded they are when facing the losses of others.

Conscientiousness is the NEO PI-3 measure of self-discipline and commitment to things outside a client's immediate gratification. It measures a person's dedication toward competence, their attraction toward order, their sense of dutifulness, their self-discipline, their deliberation before making decisions, and how achievement striving the client is drawn.

The self-test process of the NEO makes it an easy test to take and requires little from the youth beyond an expectation of a twelve to ninety-nine year-old reading level, and the measure is specifically designed for a normal measure of personality, with the ability to indicate the presence of personality distortions. The assessment is not a measure of pathology but of actual personality, per the most robust model in modern psychological science (Handbook of Psychology, Assessment Psychology (2003); Irving B. Weiner, Donald K. Freedheim, & John R.

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Graham & Dimensional Models of Personality: the Five-factor Model and the DSM-5 (2013) Timothy J. Trull & Thomas A. Widiger).

The NEO PI-3 will be administered by the first full day of client stay after the day of admittance. The NEO is one of the most respected and recognized measures of personality in the field (Joint Factors in Self-Reports and Ratings: Neuroticism, Extraversion and Openness to Experience (1983); Cross-cultural Validity of the Five Factor Model of Personality (2000); Paul T. Costa and Robert R. McCrae, & J.P. Rolland, General and Maladaptive Traits in a Five-Factor Framework for DSM-5 in a University Student Sample; Exhaustively Researched and Validated (2013); De Fruyt, et al., The NEO Personality Inventory Manual (1985); Paul T. Costa & Robert R. McCrae, The NEO PI-3: A More Readable Revised NEO Personality Inventory (2005); R. R. McCrae, P. T. Costa T. A. Martin) with unparalleled, demonstrated, multicultural prowess (Assessing the Universal Structure of Personality in Early Adolescence: The NEO-PI-R and NEO-PI-3 in 24 Cultures (2009) Filip De Fruyt, Barbara De Clercq, Marleen De Bolle, Bart Wille, Kristian Markon, & Robert F. Krueger).

Intelligence-Wechsler Measures of Intelligence

The Wechsler Measures of Intelligence (WISC-V or WAIS IV) measures the youth's best ability to perform in verbal or performance tasks, with separate scales that can point to potential needs in specific task-resolution aptitude, depending upon the youth's age. Youth clients aged sixteen years and younger will be administered the WISC V and those over the age of sixteen years and eleven months will be provided the WAIS IV. Both batteries, though slightly different in presentation of the measurement of intellectual potential, provide important information about intellectual superiority or deficits, including attentional and even neurological areas.

The WISC-V and WAIS-IV were selected because of their near universally recognized properties for accurate and important estimates of intellectual potential (Psychological Testing: Principles, Applications, and Issues (2005) R.M. Kaplan, &

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D.P. Saccuzzo and Wechsler Intelligence Scale for Children-Fifth edition (2014) D. Wechsler).

An alternative to the Wechsler battery is the Woodcock Johnson Cognitive Battery IV. It will serve as an alternate measure if the youth client has been given a test for intelligence recently with a Wechsler measure. The WJ-IV is similar in its broad spectrum approach of intelligence measurement in that it is a measure of cognitive strengths and weaknesses under very specific task-testing, to determine the youth's cognitive resources. The assessment system also allows for developmental examinations and is considered a gold standard of cognitive assessment (Woodcock-Johnson IV: Reports, Recommendations, and Strategies (2016) Nancy Mather and Lynne E. Jaffe).

Because the assessment process of an intelligence test is more time consuming and demanding, it is presented toward the end of the first week.

Educational Achievement-Woodcock Johnson Achievement IV

The Woodcock Johnson Achievement IV (WJ-IV) is a measure that has considerable support in the process of assessing educational accomplishment and cognitive skill development. The test accomplishes this through a series of detailed and well established testing processes that determine a wide range of academic skills. The testing process of the separate battery of subtests also permit flexibility in the procedure, as well as the ability to target specific areas of concern or interest that might have been observed in the classroom experience.

The WJ-IV is widely recognized as one of the most complete and accurate measures of educational achievement and was chosen for its power as a tool and its versatility in application (Validity of the Woodcock-Johnson Tests of Achievement for Learning-Disabled Students (1984); Robert J Hall and Test Review (2015); Victor Villareal).

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A Wide Range Achievement Test 4 (WRAT-4) is given on the first full day of admittance by the instructor, and those results may be used to target areas of achievement that the WRAT-4 suggested are of a concern. The WRAT-4 measures a basic grade equivalent of the youth's current performance, with limited indications of possible deficits that the WJ-IV will be able to more fully explore. The WRAT is not a sufficient battery to provide accurate grade-level assessment, nor able to denote deficit areas, but does provide educators with a quick manner of setting up a youth's level of classroom functioning.

The WJ-IV is administered on the third or fourth day of admittance (or the third full day of unit presence), as its information compliments the personality and intelligence information. Widely used and interpreted, the WRAT-4 will be used only to develop immediate educational standings by the on-site instructor; the WJ-IV-A provides the more detailed and significant educational accomplishment, with the added benefit of superior cognitive exploration that will be supported by the use of a Woodcock Johnson Cognitive test.

The Logic of the Tests Selected

The domains in the first tier have been designed to both overlap, to encourage comparison of results between them. The process has also been developed to encourage validation-challenges by related measures in parallel domains, as well as to trigger warnings in the sister domains of inconsistency. This information encourages confirmation of results between tests and between areas of concern. In a sense, the first tier was organized to not only complete each domain in accordance of necessary information to provide a full, strength's based approach to assessment, but as well as provide any possible error in the testing process. If the results are complimentary in the first tier, a confident analysis can be provided. If any discrepancies are noted between first tier's testing, alternate tests will be employed to explore the possible error in the measurement.

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The Process

By the fifth full day of stay, the first tier of assessment will be complete, providing an evaluation of the client's psychosocial development and needs, their personality profile, their intelligence functioning, and their educational achievement. This portrait will not assume there to be dysfunction in the client, but in an unbiased fashion, evaluate their actual state of being, measuring both strengths and weaknesses, in the more pure clinical methods.

By the fifth day of admittance, a meeting to organize and synthesize the results will be held to progress the assessment plan into an individualized plan, leading to any possible second tier assessment recommendations. The assessment process to this point is reviewed and a plan developed in accordance to what the client appears to need.

The information gleaned by this process identifies any further significant areas of concern (psychopathology, sex offensive behavior, family abuse, criminal excitement, and other areas) that will be measured by a second tier of concern-specific assessments. No second tier assessments will be employed unless there is reason to deploy them, as a safeguard against taxing the youth or "over-testing" that could result in unnecessarily invasive procedures. If any such follow up testing is determined, then they will be started in the second week.

The Second Tier:

The second tier assessments are issue-focused. If one of the measures indicates a problem requiring further investigation, the second tier assessments are designed to indicate a specialized area of assessment in one of the following subdomains:

- Trauma
- Sexual Predation
- School Behavior

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Memory
Criminality/Risk Behavior
Family Structure
Chemical Abuse/Dependency
Pathology

In cases where sexual behavior problems such as predatory behavior are confirmed, clinical staff will seek further understanding through the use of the Juvenile Sex Offender Assessment Protocol (J-SOAP-II) or the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) or the Juvenile Sexual Offense Risk of Recidivism (JSORRAT-II) Tool. MHC will work with the Juvenile Justice staff to locate the appropriate placement resources. If eminent predatory behavior is evident, a special supervision plan will be created by the clinical staff to ensure the safety for youth within the facility and included in the service plan to protect the community.

3. Housing

The facility will house nine (9) youths ages 10-17. Ages outside of this range will be accepted through the referral of the Contact Administrator. A minimum of four (4) beds will be reserved for temporary secure-custody placement. One youth will reside in one room. Males and females will be housed on separate hallways/wings. Males and females will not share a common bathroom. The anticipated length of stay ranges from 1-45 days for each youth.

4. Food Provisions

The program will employ a Cook who is responsible for providing youth with 3 nutritious meals and 2 snacks a day. Menus will meet the requirements of a Residential Child Care Facility licensed by N.C. DHHS-Division of Social Services.

5. Routine and Emergency Transportation

The program will acquire vehicles and required insurance coverage amounts to provide all transportation needs of the youth to include the coordination of services such as court appearances, medical appointments, and visits to their home communities. (See MHC Transportation of Juveniles policy.)

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METHODIST HOME FOR CHILDREN
JUVENILE RESIDENTIAL SERVICES DEPARTMENT

PROGRAM OPERATIONS GUIDELINES

TRANSPORTATION OF JUVENILES

GUIDELINES:

Proper security safeguards shall be used at all times by staff members responsible for transporting juveniles.

PROCEDURES:

1. All staff members of the facility who are drivers or passengers in a vehicle transporting juveniles are designated as transportation officers for the duration of that trip.
2. Staff who are transporting youths are responsible for the following:
 - a. Ensuring that the appropriate equipment (See Operations of Vehicles Assigned to Juvenile Facilities) is available in all vehicles transporting juveniles.
 - b. Ensuring that the number of juveniles being transported does not exceed the number of seats available in the vehicle.
 - c. Ensuring that staff transport no more than two (2) juveniles considered aggressive at one time in the same vehicle.
 - d. Juveniles are not permitted to sit in vehicles while unsupervised, start, or drive facility or staff vehicles.
 - e. The vehicle used in transporting juveniles is to be licensed and inspected according to state law.
 - f. Ensuring that no mechanical restraints are utilized when transporting all secure custody juveniles.
3. For reasons of safety as well as security, inside door latches of the transporting vehicles may be removed only with permission of the Director. The child protection safety locks are to be engaged in the rear seat of the passenger vehicle while transporting youths.
4. Should a serious road emergency occur that poses a threat to the safety of the public or juvenile(s), the transporting staff member is to immediately notify the North Carolina Highway Patrol (requesting the required assistance) and the Operations Manager. As soon as possible, the staff member will document the incident on an Incident Report form.
5. Upon receipt of the written report, the Director, or designee, will notify the Department of Juvenile Justice and Delinquency Prevention Contract Administrator.

6. Support Services

The program will provide appropriate clothing to the extent necessary for each youth admitted. The program will ensure the clothing is appropriate for the age, gender, and climate. The program will provide each youth a hygiene kit that consists of basic hygiene items (i.e. shampoo, soap, toothpaste, toothbrush, comb/brush, deodorant).

7. Educational Services

MHC will utilize a valid and reliable education evaluation such as the Wide Range Achievement Test (WRAT) or Woodcock Johnson to establish a baseline for the youth's academic skills. The Certified Teacher will serve as the primary contact with community schools and academic programs. The Certified Teacher will provide daily instruction to youth served in the facility. The Assessment Center staff will contact the youth's Local Education Authority (LEA) to ensure the youth receives educational services from their current school, including work assignments and study materials. MHC will also request the Individualized Education Plan (IEP) if relevant. The Assessment Center will provide on-line instruction that will be accepted by the youth's LEA. The Assessment Center staff will observe and document the youth's strengths and needs. The comprehensive assessment will include education recommendations.

8. Recreational and Leisure-Time Activities

The daily schedule of the Assessment Center program will include opportunities for recreation and leisure-time activities. These activities will be appropriate to the different interests and needs of the youth served. The daily schedule will include at least one (1) hour per day of physical activity and one (1) hour of structured, leisure-time activity. When weather permits, the youth will participate in supervised outdoor recreation activities each day.

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Examples of recreation and leisure-time activities will include reading, listening to music, arts and crafts, board games, athletic games, monitored computer use, and exercise.

9. Health Services

MHC will identify a local designated medical authority with licensed medical provider (i.e. local primary care practice or Urgent Care) to provide primary and preventative care, sick call and episodic care, management of acute and chronic medical issues and appropriate follow-up. When possible, the Assessment Center staff will work with the youth's home community providers to ensure the continuity of care.

Part of each resident's admission will include a health assessment completed within 72 hours of admission. The Registered Nurse on staff will conduct the health assessment and screen for acute health concerns. The Registered Nurse will also provide consultation to staff regarding any specialized health needs of the youth, including action plans to follow during an emergency. The Registered Nurse will not diagnose any condition for juveniles served in the Assessment Center. MHC will utilize community providers when seeking medical attention for youth in care.

MHC staff will be trained in First Aid and CPR, Bloodborne Pathogens, Medication Administration, and Emergency/Disaster Planning. MHC staff will be trained and understand that they are to immediately call 911 in a medical emergency or disaster. MHC staff will receive refresher trainings on these topics as outlined by agency timelines.

The facility will have a designated sick room for use (available 24/7) when a youth requires basic first aid care and/or illness monitoring. The sick room will contain basic first aid supplies (i.e. band aids, first aid ointment). These supplies will be secured and stored away from youth access. MHC will pay for the costs of all over-the-counter medications and medical supplies.

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MHC will implement a medication administration policy that outlines protocols for giving youth prescribed medication for pre-existing conditions and over-the-counter medications as needed. MHC will not be responsible for prescribing medications.

MHC will implement a policy for medical care of youth that outlines protocols that are in accordance with applicable Federal and State rules, regulations, and mandates. MHC will utilize youth insurance for medical services by obtaining authorization by the parent/guardian or legal custodian during admission for services.

10. Service Planning

MHC will provide an individualized, short term plan of care for each youth entering the Assessment Center program. The plan will be based upon the results of the valid and reliable instruments described in the **Section B-2-Assessment** portion of this proposal. The plan will be created by licensed Clinical Case Managers under the supervision of a licensed Psychologist. Each plan will include service recommendations supported by the assessment for services that are available in the youth's home community. The plan will also make supervision recommendations for court services staff. In cases of short-term placements, likely to be secure custody placements, MHC will provide a summary of preliminary assessment data to court services staff.

MHC will conduct a Child and Family Team Meeting prior to the youth's discharge from the Assessment Center. Child and family team meetings are structured, facilitated meetings that bring family members together so that, with the support of professionals and community resources, they can create a plan that ensures youth safety and meets the family's needs. This meeting includes a full discussion of the plan recommendations and the action steps needed to follow through. This provides a clear understanding for all stakeholders as to their role in the plan. It also sets up future communication between the court counselor,

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Assessment Center staff, community service providers, and the youth and family. Effective communication with the court services personnel and community partners is central to the execution of the plan. Additionally, Clinical Case Managers will stay connected to the Child and Family Team for up to six months after discharge.

MHC is currently a provider of mental health services and is designated as a Critical Access Behavioral Health Agency (CABHA). Our work in the field of mental health has provided an extensive knowledge of Managed Care Organizations and the providers and services available across eastern North Carolina. Additionally, MHC has a long standing record of both providing and working with community based Juvenile Crime Prevention Council (JCPC) programs throughout North Carolina. This service knowledge will greatly assist our work to accurately identify services recommended by the service plan.

These services may include:

Functional Family Therapy	Trauma-Focused Therapy	Multi-purpose Juvenile Home
Therapeutic Foster Care	Level II and III Residential	Transitional Living Home
Foster Care	Psychiatric Residential Treatment	Cognitive/Behavioral Therapy
Day Treatment	Sexual Offender Treatment	Individual Therapy
Multi-Systemic Therapy	Intensive Family Preservation	Vocational Training
Mentoring	Tutoring	Dialectical Behavior Therapy

The Assessment Center staff will regularly update its knowledge of available community services throughout the state.

(See Appendix B-List of Community Programs)

11. Programming

MHC recognizes that the central service provided by the Assessment Center is a quality comprehensive assessment based on youth risks and needs and the production of an actionable service plan that involves all relevant parties and the Child and Family Team. MHC's staff are trained to join with families and create an accepting and unthreatening environment that leads to honest and accurate information. Clinical Case Managers will also gladly meet face-to-face at the Assessment Center in advance of the placement for families with transportation and interest. Additionally, MHC staff will have the same supportive and honest relationship with court services staff during this same time period.

Family Crisis Counseling

The Assessment Center Clinical Case Managers will provide Family Crisis Counseling as necessary for the families of juveniles admitted to the Assessment Center and after discharge. The Standardized Program Evaluation Protocol (SPEP) for this short-term assessment program will be implemented whenever possible. This includes 4 weeks equaling a total of 8 hours of counseling. Post-discharge counseling with the family will be supportive and focused on the full implementation of the service plan. MHC will refer the family to services within their local community whenever necessary. In any particularly difficult crisis, MHC can and will access its full network of In-Home Counselors across North Carolina to stabilize the situation when indicated.

12. Written Reports/Documents/Information/Data

MHC will submit the required reports listed in Section 6.0 of the RFP within 30 days of the notification of the contract award. MHC will continuously monitor the effectiveness of its programs, the level of client and consumer acceptance, and the dignity of the client population. Confidentiality and protection of individual rights in data collection and management will be maintained at all times.

13. Routine Maintenance

MHC shall report repair and maintenance needs to NCDPS Contract Lead. Projects with a cost estimate of \$499 or less will be authorized and paid for by MHC with the use of contract funds. Projects with a cost estimate of \$500 or more will be addressed by NCDPS as funds are subject to availability. Furniture, appliances, and passenger vehicles replacement is the responsibility of MHC in partnership with NCDPS.

14. Contract Compliance Monitoring and Activities

MHC will work with the NCDPS Contract Lead designated in Section 6.1 of the RFP during monitoring performance, approving payment, and for providing evaluation of the program.

15. Required Reporting

MHC will submit reports identified on page 23 of the RFP to the NCDPS Contract Lead during the contract term. The reports include incident reports as they occur, restraint reports as they occur, monthly invoice for services rendered, monthly youth census report, and monthly staffing reports.

MHC will record all youth being referred, admitted, and/or served into the North Carolina's A Local Link to Improve Effective Services (NCALLIES) database. MHC staff are familiar with the NCALLIES database through its provision of residential and in-home services to youth involved in the juvenile justice system. MHC staff will perform periodic data quality checks for quality assurance.

16. Program Policies

MHC will submit the required policies included in the RFP listed on pages 23-24 within 30 days of the notification of the contract award.

17. Fiscal Policies and Procedures

MHC will submit the required fiscal policies and procedures reports included in the RFP listed on page 24 within 30 days of the notification of the contract award.

18. Implementation

MHC currently has the infrastructure to begin serving youth in this program within 90 days of notification of the contract award decision. This implementation plan includes meeting the following milestones:

- To accept the first admission within 90 days after being awarded the contract.
- To identify and complete the hiring and training process of the staff that will fill all program related positions within 60 days of award. MHC will begin its recruitment and hiring process upon notification of the contract award decision.
- To obtain signed agreements for all contracted services within 60 days of award. MHC will utilize subcontractors in the provision of food services and ongoing medical care for its Assessment Center program.
- To obtain in hand possession of any and all licenses required for program operation within 90 days of award.
- To obtain transportation vehicles within 60 days of award. MHC will acquire transportation vehicles within 60 days of notification of contract award.
- To obtain in hand possession of all furnishings, food, and equipment required for program operation within 60 days of award. MHC will work with the Division to acquire all furnishings, food, and equipment required for operations.

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- To submit the MHC and Department approved program policy and procedure policy manual within 60 days of award. MHC will submit the approved policies and procedures for the Assessment Center program within 60 days of award.
- To have the ability to operate at full capacity within 90 days of award. MHC will operate at full capacity within 90 days of notification of contract award.

19. Facility and Maintenance

Responsibilities of MHC

- MHC will be responsible for monthly charges accrued for phone and internet after broadband connection has been established.
- Housekeeping shall be the responsibility of MHC.
- MHC will be responsible for laundering of clothing and linens for the youth.

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III. Staff Structure and Qualifications

MHC's staffing pattern for the Assessment Center program will meet the minimum staff requirements included in the RFP for positions of a Licensed Psychologist or Licensed Psychological Associate, Clinical Case Managers, and a Registered Nurse. The following table lists each position, primary responsibilities and education and experience requirements. The Assessment Center program will have 17.5 Full-Time Equivalent Positions.

Positions	Position Responsibilities, Education, and Experience
One Operations Manager (100% time)	The Operations will provide executive direction, clinical expertise, and supervision and consultation for the Assessment Center staff. The Operations Manager will be responsible for the oversight of the assessment protocols and be available for on-site consultation to staff for service plan development. The Operations Manager will have a minimum of a Bachelor's Degree or Master's Degree (preferred). The Operations Manager will have at least five (5) years of experience in the administration of child and family welfare/human service programs.
One Psychologist (100% time)	The Psychologist will provide clinical oversight for assigned cases at the Assessment Center. The Psychologist will be responsible for the oversight of the assessment protocols and be available for on-site consultation to staff for service plan development. The Psychologist will have a minimum of a Doctorate Degree. The Psychologist will have a valid license from the N.C. Psychology Board. The Psychologist will have at least two (2) years of experience in the administration of clinical programs.

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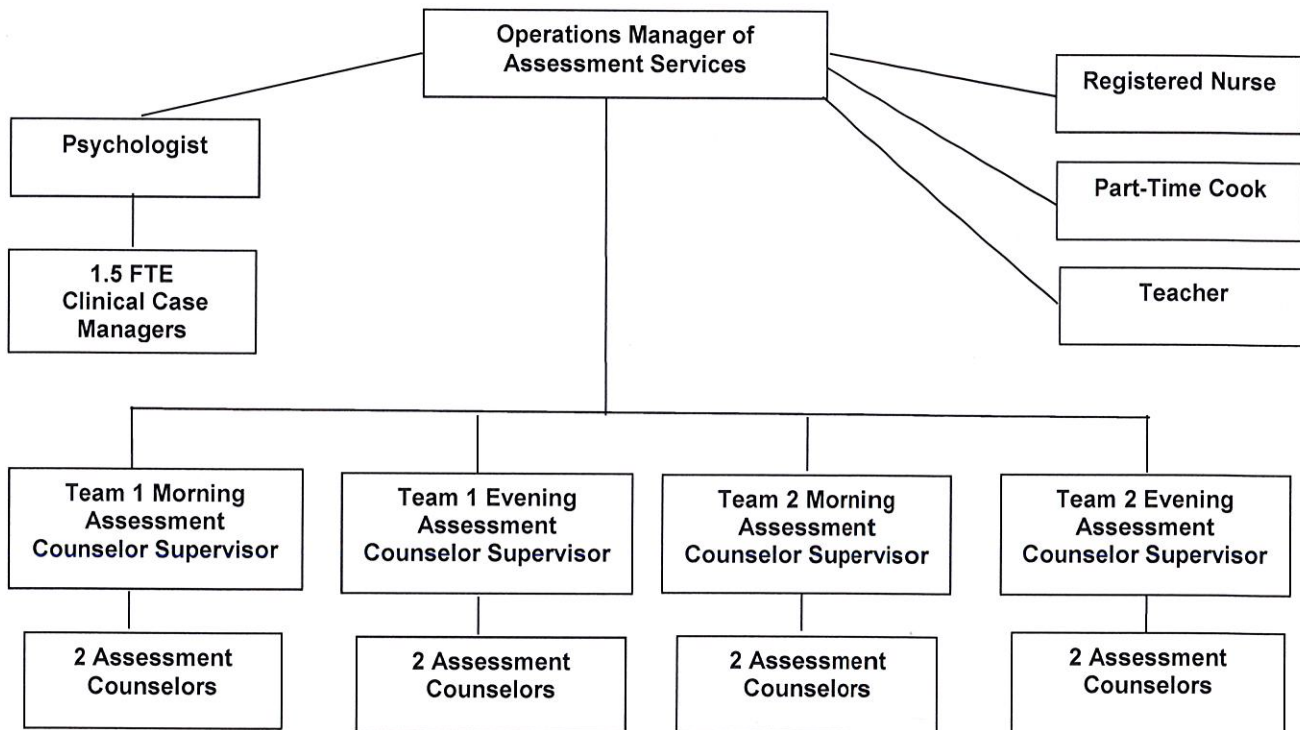
Positions	Position Responsibilities, Education, and Experience
1.5 FTE Clinical Case Managers (100% time one position; 50% time one position)	The Clinical Case Manager's primary responsibilities include assisting in conducting comprehensive assessments and developing individualized service plans for youth under the direction of a licensed Psychologist. The Clinical Case Manager will serve as the primary liaison for the families and court services staff. The Clinical Case Manager will provide family crisis counseling as needed. The Clinical Case Manager will have a Master's Degree in a human service field from an accredited college or university and be licensed by the relevant North Carolina State Board and two (2) years of experience providing therapeutic services to the client population.
One Registered Nurse (50% time)	The Registered Nurse is primarily responsible for providing health assessments for all youth admitted to the Assessment Center and providing consultation to the Assessment Center staff regarding youth medical needs. The Registered Nurse will have a Bachelor's Degree in Nursing and a current License from the North Carolina Board of Nursing and one (1) year experience working with the youth and adolescents.
One Cook (50% time)	The Cook is responsible for planning and preparing nutritious meals and snacks for youth at the Assessment Center that meet the basic nutrition requirements established by the USDA. The Cook will have a High School Diploma and one (1) year experience in food preparation for large groups and working under specific dietary guidelines.
One Teacher (100% time)	The Teacher plans and implements individualized education program for each youth at the Assessment Center. The Teacher will have a Bachelor's Degree from an accredited college or university with an appropriate current, valid teaching certification as specified by the N.C. Department of Public Instruction and two (2) years teaching experience with adolescents.

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Positions	Position Responsibilities, Education, and Experience
Four Assessment Counselor Supervisors (100% time per position)	The Assessment Counselor Supervisor works alongside the Assessment Counselors in a supervisory and direct care role and serves as a primary caregiver to youth being served by the Assessment Center. The Assessment Counselor Supervisor will have a Bachelor's Degree in a human service field from an accredited college or university and one (1) year of human service experience; or a Bachelor's Degree in a non-human service field from an accredited college or university and three (3) years of human service experience.
Eight Assessment Counselors (at 100% per position)	The Assessment Counselor serves as the primary caregiver to youth being served by the Assessment Center. Assessment Counselors provide continuous supervision of youth and engage youth in a variety of activities designed to enhance the assessment process. Assessment Counselors will have a minimum of a high school diploma and three (3) years of experience working with client population, Associate's Degree with two (2) years of experience working with client population, or Bachelor's Degree from an accredited college or university and one (1) year experience working with the client population.

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Methodist Home for Children Proposed Buncombe Facility
Organizational Chart



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JOB DESCRIPTION

Job Title: Operations Manager of Assessment Services

Department: Assessment Center

GENERAL JOB SUMMARY:

The Operations Manager provides executive direction and supervision and consultation for the Assessment Center staff. The Operations Manager is also responsible for administering advanced psychological assessments and managing the administration of level A & B instruments.

MAJOR RESPONSIBILITIES:

1. Administer Assessment Center program according to the Agency mission, and to ensure the integrity of program provision that is consistent with the Agency's mission.
2. Provides oversight and consultative supervision of all Assessment Center staff.
3. Designs and supports implementation of Assessment Center protocols employed in service delivery.
4. Ensures appropriate assessments are completed for individuals served.
5. Identifies and implements, as appropriate, best practice protocols.
6. Provides input and approval of staff training modules; provides training.
7. Identifies and monitors operational, service, and personal outcomes.
8. Ensures continuity of care through the development of strong collaborative relationships with other agencies, providers and policy makers.
9. Serves as the primary contact with the Juvenile Justice Department's Contract Administrator.
10. Perform other tasks and responsibilities as assigned by the Director of Juvenile Residential Services.

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REPORTING RELATIONSHIP:

Position reports to: Director of Juvenile Residential Services

Position supervises: Psychologist, Teacher, Cook, Nurse, Assessment Counselor Supervisors

QUALIFICATIONS:

Knowledge: Bachelor's degree in human service field from an accredited college or university. Master's degree preferred.

Experience: Minimum of five (5) years' experience in the administration and management of child and family welfare/human service programs. Extensive experience in management, training, fiscal design, model of care, recruiting, and service delivery preferred as well as experience in the Mental Health or Clinical Services field.

Skills/Working Conditions:

- Must maintain a valid Driver's License and an acceptable driving record.
- Must be insurable by Methodist Home for Children's insurance carrier.
- Must be able to work in high pressure, high stress environment.
- Computer literacy, advanced writing and editing skills, and organizational skills are essential.
- Strong written and verbal communication and presentation skills required.
- Strong Psychometric skills and a history of integrated report writing a must.
- Must have strong working knowledge of Microsoft Office (Word, Excel, PowerPoint, Access, and Outlook).
- Must be able to work a flexible schedule, including nights and weekends, and holidays.
- Possible exposure to infectious diseases.

Physical Requirements:

- Must provide a negative drug screen result prior to employment.
- Must pass a post-employment physical and TB test.
- Have the ability to perform physical demands associated with daily operational functions, such as walking, standing, bending, and lifting.
- Have the ability to comprehend and produce accurate program documentation, including, but not limited to, staff documentation, budget documentation, and community correspondence.
- Have the ability to communicate professionally in both verbal and written formats with consumers, including, but not limited to, parents, colleagues, and community service providers.
- Have the ability to drive for agency related events during the day or night.
- Regular attendance at primary worksite and agency related events.

Employment Status: Exempt – A

Methodist Home for Children
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JOB DESCRIPTION

Job Title: Psychologist

Department: Assessment Center

GENERAL JOB SUMMARY:

This position provides clinical oversight for assigned cases at the assessment center.

MAJOR RESPONSIBILITIES:

1. Administer Assessment Center program according to the Agency mission, and to ensure the integrity of program provision that is consistent with the Agency's mission.
2. Provides oversight and consultative supervision of all Assessment Center staff.
3. Designs and supports implementation of Assessment Center protocols employed in service delivery.
4. Provide and/or oversee psychological testing for clients.
5. Ensures appropriate assessments are completed for individuals served.
6. Identifies and implements, as appropriate, best practice protocols.
7. Provides input and approval of staff training modules; provides training.
8. Identifies and monitors operational, service, and personal outcomes.
9. Communicate with Court Services staff regarding individual cases.
10. Perform other tasks and responsibilities as assigned by the Operations Manager.

REPORTING RELATIONSHIP:

Position reports to: Operations Manager

Position supervises: Clinical Case Managers

QUALIFICATIONS:

Knowledge: Doctorate Degree and current license with NC Psychology Board.

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Experience: Two (2) or more years of full-time, direct service provision experience in diagnosing, treating and evaluating the effectiveness of treatment of the client population served.

Skills/Working Conditions:

- Must maintain a valid Driver's License and an acceptable driving record.
- Must be insurable by Methodist Home for Children's insurance carrier.
- Must be able to work in high pressure, high stress environment.
- Computer literacy, advanced writing and editing skills, and organizational skills are essential.
- Strong written and verbal communication and presentation skills required.
- Must have strong working knowledge of Microsoft Office (Word, Excel, PowerPoint, Access, and Outlook).
- Must be able to work a flexible schedule, including nights and weekends, and holidays.
- Possible exposure to infectious diseases.

Physical Requirements:

- Must provide a negative drug screen result prior to employment.
- Must pass a post-employment physical and TB test.
- Have the ability to perform physical demands associated with daily operational functions, such as walking, standing, bending, and lifting.
- Have the ability to comprehend and produce accurate program documentation, including, but not limited to, staff documentation, budget documentation, and community correspondence.
- Have the ability to communicate professionally in both verbal and written formats with consumers, including, but not limited to, parents, colleagues, and community service providers.
- Have the ability to drive for agency related events during the day or night.
- Regular attendance at primary worksite and agency related events.

Employment Status: Exempt - A

Methodist Home for Children
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JOB DESCRIPTION

Job Title: Clinical Case Manager

Department: Assessment Center

GENERAL JOB SUMMARY:

The primary responsibilities include writing individualized service plans for youth under the direction of a licensed Psychologist. Serve as the primary liaison for the families and court services staff. Assist in conducting the comprehensive assessment.

MAJOR RESPONSIBILITIES:

1. Receive and assess referral information prior to admission. Arrange the intake process at admission.
2. Join with and support families as their child goes through the assessment process.
3. Arrange Child and Family Team Meetings.
4. Provide Family Crisis Counseling as recommended by the Standardized Program Evaluation Protocol (SPEP).
5. Successfully complete training in relevant assessment tools to ensure reliability.
6. Provide direct care coverage when necessary.
7. Fulfill any and all supervision requirements established by the relevant Board in the State of North Carolina to either obtain or maintain licensure/certification.
8. Assist in developing and maintaining productive community resources to support program and client rehabilitation objectives.
9. Perform other related duties as requested by the Operations Manager.

REPORTING RELATIONSHIP:

Position reports to: Psychologist

QUALIFICATIONS:

Knowledge: Master's Degree in a human services field from an accredited and approved college or university. Licensed by the relevant North Carolina State Board.

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Experience: Two (2) years of experience providing therapeutic services to client population.

Skills/Working Conditions:

- Must maintain a valid Driver's License and an acceptable driving record.
- Must be insurable by Methodist Home for Children's insurance carrier.
- Must be able to work a flexible schedule and shifts including weekends, holidays, and extended periods of time.
- Must successfully complete all phases of pre-service and on-going training, including, but not limited to, physical restraint training, First Aid, CPR, Universal Precautions, and medication administration.
- Must be able to work in occasionally high pressure, high stress environment.
- Must be able to provide 24 hour on-call supervision.
- Computer literacy, advanced writing and editing skills, and organizational skills are essential.
- High level of accuracy and detail orientation required.
- Position may experience verbal and/or physical aggression from client population.
- Possible exposure to infectious diseases.

Physical Requirements:

- Must provide a negative drug screen result prior to employment.
- Must pass a post-employment physical and TB test and on-going physical assessments as required.
- Have the ability to perform physical demands associated with daily operational functions, property management, and client interactions, such as standing, bending, lifting, participation in physical activities, facility cleaning (interior and exterior) and maintenance, and other rotating assignments.
- Have the ability to comprehend and produce accurate program documentation, including, but not limited to, client treatment plans, progress summaries, and community correspondence.
- Have the ability to communicate professionally with consumers, including, but not limited to, parents, colleagues, and community service providers.
- Have the ability to provide on-going visual and physical proximity supervision of clients.
- Have the ability to participate in recreational activities with clients, including, but not limited to, arts, athletics, and outdoor activities.
- Have the ability to drive a van to transport clients.
- Have the ability to drive for agency related events during the day or night.
- Regular attendance at primary worksite and agency related events.

Employment Status: Exempt - P

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JOB DESCRIPTION

Job Title: Registered Nurse

Department: Assessment Center

GENERAL JOB SUMMARY:

The Registered Nurse is primarily responsible for providing health assessments for all youth admitted to the Assessment Center and providing consultation to the Assessment Center staff regarding youth medical needs.

MAJOR RESPONSIBILITIES:

1. Conduct physical exams for all youth admitted to the Assessment Center within 72 hours of admission.
2. Work with Operations Manager to review standard operating procedures regarding healthcare services.
3. Provide oversight for medication administration and record keeping protocols.
4. Responding to the youth medical needs, such as sick call, regular medical assessments, and daily triage of injuries and illnesses.
5. Provide consultation to the Assessment Center staff regarding youth medical issues.
6. Serve as a liaison to community healthcare providers for the Assessment Center program.
7. Perform other tasks and responsibilities as assigned by the Operations Manager.

REPORTING RELATIONSHIP

Position Reports to: Operations Manager

QUALIFICATIONS:

Knowledge: Bachelor's degree in nursing from an accredited college or university. Licensed by the North Carolina State Board of Nursing.

Experience: Minimum of one (1) year experience working with youth and adolescents.

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Skills/Working Conditions:

- Must maintain a valid Driver's License and an acceptable driving record.
- Must be insurable by Methodist Home for Children's insurance carrier.
- Must be able to work in high pressure, high stress environment.
- Computer literacy, advanced writing and editing skills and organizational skills are essential.
- Must be able to work a flexible schedule, including nights and weekends, and holidays.
- Possible exposure to infectious diseases.

Physical Requirements:

- Must provide a negative drug screen result prior to employment.
- Must pass a post-employment physical and TB test.
- Have the ability to perform physical demands associated with daily operational functions and client interactions, such as walking, standing, bending, and lifting.
- Have the ability to comprehend and produce accurate program documentation, including, but not limited to, staff documentation, budget documentation, and community correspondence.
- Have the ability to communicate professionally in both verbal and written formats with consumers, including, but not limited to, parents, colleagues, and community service providers.
- Have the ability to participate in extensive travel.
- Have the ability to drive for agency related events during the day or night.
- Regular attendance at primary worksite and agency related events.

Employment Status: Exempt - P

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JOB DESCRIPTION

Job Title: Cook

Department: Assessment Center

GENERAL SUMMARY:

To plan and prepare nutritious meals and snacks for the youth at the Assessment Center and to maintain a healthy kitchen environment.

MAJOR RESPONSIBILITIES:

1. Prepare nutritious meals for the Assessment Center.
2. Have knowledge of basic nutrition requirements, which meet the USDA requirements for children.
3. Develop weekly menus that meet the requirements mentioned above.
4. Work with an annual budget in ordering and maintaining food supplies and other related items.
5. Be aware of cultural diversity within the centers and incorporate that same diversity in menu planning.
6. Prepare special foods for special dietary needs of children in the center.
7. Maintain a healthy kitchen environment and safe food service, according to the guidelines of the Department of Sanitation by:
 - a. Storing food properly.
 - b. Cooking food to proper temperature and maintaining proper food temperature when serving food to the classrooms.
 - c. Using proper sanitary requirements when cleaning dishes as well as cooking and serving utensils.
 - d. Cleaning the stove surfaces, countertops, and other kitchen surfaces daily.
 - e. Cleaning the refrigerator, freezer, icemaker, cabinets, and stove periodically to comply with health standards.
8. Perform other duties as assigned and requested.

REPORTING RELATIONSHIP:

Position reports to: Operations Manager

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QUALIFICATIONS:

Knowledge: High School Education. Associates Degree in Food Services preferred.

Experience: At least one (1) year experience in food preparation for large groups and working under specific dietary guidelines.

Skills/Working Conditions:

- Possible exposure to infectious diseases.
- Some evening and weekend work hours.

Physical Requirements:

- Must provide a negative drug screen result prior to employment.
- Must pass a TB test.
- Have the ability to perform physical demands associated with daily operational functions, property management, and food preparation, such as standing, bending, lifting, facility cleaning (interior and exterior) and maintenance, supplies inventory, and other rotating assignments.
- Have the ability to comprehend and produce accurate program documentation, including, but not limited to, meal planning, information sharing, and record keeping.
- Have the ability to communicate professionally in verbal and written formats with consumers, including, but not limited to parents, colleagues, and community service providers.
- Regular attendance at primary worksite and agency related events.
- Have the ability to work overtime.

Employment Status: Non-exempt

JOB DESCRIPTION

Job Title: Certified Teacher

Department: Assessment Center

GENERAL JOB SUMMARY:

Under the direction of the Operations Manager, the Teacher plans and implements a comprehensive individualized education program for each juvenile resident on a year-round basis.

MAJOR RESPONSIBILITIES:

1. Plan a highly flexible and innovative classroom curriculum to meet the needs of each individual juvenile resident of the Assessment Center. Makes use of both traditional and computerized learning materials.
2. Operate the school program in compliance with all approval and accreditation requirements specified by the North Carolina Department of Non-Public Instruction. This includes, but is not limited to, recording daily classroom attendance, filing immunization records, and conducting an annual audit. Develop a curriculum for each student that meets the North Carolina standard course of study requirements for the individual's youth's grade level.
3. Conduct standardized testing as required by the North Carolina Department of Public Instruction.
4. Prepare detailed lesson plans and maintains complete, accurate records of attendance and classroom (social and academic) performance and provide official transcripts of each juvenile's work during their residency.
5. In conjunction and cooperation with the Assessment Center staff, develop an individualized education plan that helps to teach and strengthen vital social and self-help skills in the context of the school program and to provide complementary services across the program.
6. Work closely and cooperatively with the Assessment Center staff to develop an individualized treatment plan to promote academic endeavors within the context of the residential, direct care program component.
7. Prepare lesson plans for other Assessment Center staff members' use in the absence of the teacher.

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8. Make contact with the juveniles' home school following the youths' admission to the Assessment Center to coordinate educational planning and services and, in preparation for discharge, to plan for the youths' re-entry into public schools.
9. Provide whatever resources are required to the youth and the youths' school to help assure the juvenile's success when a juvenile is able to function in the public school setting while residing in the Assessment Center.
10. Regularly seek consultation from appropriate supervisory staff, provide detailed information regarding significant issues affecting youth in care, and accept and implement feedback.
11. Communicate with parents regarding educational issues.
12. Receive training in all aspects of the operation of the Assessment Center and provides coverage (including overnight coverage) when requested in an emergency or in cases of position vacancies.
13. Perform other related duties as assigned by the Operations Manager.

REPORTING RELATIONSHIP:

Position reports to: Operations Manager

QUALIFICATIONS:

Knowledge: A Bachelor's Degree from an accredited college or university with an appropriate current, valid teaching certification as specified by the North Carolina Department of Public Instruction.

Experience: Minimum of two (2) years teaching experience with adolescents or direct residential experience with the target population is preferred.

Skills/Working Conditions:

- Must maintain a valid Driver's License and an acceptable driving record.
- Must be insurable by Methodist Home for Children's insurance carrier.
- Must be able to work a flexible schedule and shifts including overnights, weekends, holidays, and extended periods of time.
- Must successfully complete all phases of pre-service and on-going training, including, but not limited to, physical restraint training, First Aid, CPR, Universal Precautions, and medication administration.
- Must provide a copy of current, valid teaching certificate at time of employment. Must maintain teaching certification by the North Carolina Department of Public

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Instruction and provide a copy of renewed teaching certificate to the Coordinator of Residential Services upon completion of re-certification requirements.

- Must be able to work in high pressure, high stress environment.
- Position may experience verbal and/or physical aggression from client population.
- Possible exposure to infectious diseases.

Physical Requirements:

- Must provide a negative drug screen result prior to employment.
- Must pass a post-employment physical and TB test and on-going physical assessments as required.
- Have the ability to perform physical demands associated with daily operational functions, property management, and client interactions, such as standing, bending, lifting, participation in physical activities and other rotating assignments.
- Have the ability to comprehend and produce accurate program documentation, including, but not limited to, client educational reports and community correspondence.
- Have the ability to communicate professionally with consumers, including, but not limited to, parents, colleagues, and community service providers.
- Have the ability to provide on-going visual and physical proximity supervision of clients.
- Have the ability to participate in recreational activities with clients, including, but not limited to, arts, athletics, and outdoor activities.
- Have the ability to drive a 12-passenger van to transport clients.
- Have the ability to drive for agency related events during the day or night.
- Regular attendance at primary worksite and agency related events.

Employment Status: Exempt - P

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JOB DESCRIPTION

Job Title: Assessment Counselor Supervisor

Department: Assessment Center

GENERAL JOB SUMMARY:

This position works alongside Assessment Counselors in a supervisory and direct care role and serves as a primary caregiver to youths being served by the Assessment Center. The Assessment Counselor Supervisor position engages youth in a variety of activities designed to enhance the assessment process.

MAJOR RESPONSIBILITIES:

1. Provide supervision of Assessment Counselors. This may include giving feedback, coaching, scheduling, training, annual reviews, testing, and support.
2. Implement direct care services according to an individualized assessment process and consistent with the agency's model of care.
3. Engage youths in assessment activities ranging from academic and vocational topics to interpersonal skills and healthcare topics.
4. Implement a non-punitive environment that motivates youths through the assessment process.
5. Model appropriate moral, ethical, and professional values for youths, colleagues, and the community-at-large.
6. Regularly seek consultation from appropriate supervisory staff, provide detailed information regarding significant issues affecting youth in care, and accept and implement feedback.
7. Establish and maintain positive and effective relationships with all program consumers including but not limited to, youths, parents/family, school personnel, neighbors, referral agencies, administrators, etc.
8. Perform daily operational functions such as facility cleaning (interior and exterior) and maintenance, cooking, shopping, supplies inventory, manage financial/budget tasks, and other rotating assignments.
9. Actively monitor all aspects of the physical property. Maintain all property in clean, safe, attractive manner. Comply with guidelines for property maintenance and management.

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10. Drive agency vehicles for purpose of transporting youths and operating all facets of the treatment program. Transport youth for routine home activities, court appointments, medical appointments, family visits, other required appointments, and emergency situations.
11. Provide assistance and support to other program staff in their job responsibilities.
12. Attend, and take advantage of, regularly scheduled in-service and specially scheduled training sessions. Take advantage of other professional growth opportunities. Maintain required certifications and re-certifications for job by participating in available training.
13. Perform other related duties as assigned by the Operations Manager.

REPORTING RELATIONSHIP:

Position reports to: Operations Manager

QUALIFICATIONS:

Knowledge and Experience:

- Must be twenty-one (21) years of age;
- Bachelor's Degree from an accredited university or college, preferably in a human service discipline with one (1) year of human services experience, or a Bachelor's Degree from an accredited university or college in non-human service discipline with three (3) years of human services experience.

Skills/Working Conditions:

- Must maintain a valid Driver's License and an acceptable driving record.
- Must be insurable by Methodist Home for Children's insurance carrier.
- Must be able to work a flexible schedule and shifts including weekends, holidays, and extended periods of time.
- Must successfully complete all phases of pre-service and on-going training, including, but not limited to, physical restraint training, First Aid, CPR, Universal Precautions, and medication administration.
- Must be able to work in high pressure, high stress environment.
- Position may experience verbal and/or physical aggression from client population.
- Possible exposure to infectious diseases.

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Physical Requirements:

- Must provide a negative drug screen result prior to employment.
- Must pass a post-employment physical and TB test and on-going physical assessments as required.
- Have the ability to perform physical demands associated with daily operational functions, property management, and client interactions, such as standing, bending, lifting, participation in physical activities, facility cleaning (interior and exterior) and maintenance, cooking, shopping, supplies inventory, and other rotating assignments.
- Have the ability to comprehend and produce accurate program documentation, including, but not limited to, client treatment plans, progress summaries, manage financial/budget tasks, and community correspondence.
- Have the ability to communicate professionally with consumers, including, but not limited to, parents, colleagues, and community service providers.
- Have the ability to provide on-going visual and physical proximity supervision of clients.
- Have the ability to participate in recreational activities with clients, including, but not limited to, arts, athletics, and outdoor activities.
- Have the ability to drive a 12-passenger van to transport clients.
- Have the ability to drive for agency related events during the day or night.
- Regular attendance at primary worksite and agency related events.
- Have the ability to work overtime.

Employment Status: Non-exempt

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JOB DESCRIPTION

Job Title: Assessment Counselor

Department: Assessment Center

GENERAL JOB SUMMARY:

This position serves as the primary caregiver to youths being served by the Assessment Center. Assessment Counselors engage youth in a variety of activities designed to enhance the assessment process.

MAJOR RESPONSIBILITIES:

1. Implement direct care services according to an individualized assessment process and consistent with the agency's model of care.
2. Engage youths in assessment activities ranging from academic and vocational topics to interpersonal skills and healthcare topics.
3. Implement a non-punitive environment that motivates youths through the assessment process.
4. Model appropriate moral, ethical, and professional values for youths, colleagues, and the community-at-large.
5. Regularly seek consultation from appropriate supervisory staff, provide detailed information regarding significant issues affecting youth in care, and accept and implement feedback.
6. Establish and maintain positive and effective relationships with all program consumers including but not limited to, youths, parents/family, school personnel, neighbors, referral agencies, administrators, etc.
7. Perform daily operational functions such as facility cleaning (interior and exterior) and maintenance, cooking, shopping, supplies inventory, manage financial/budget tasks, and other rotating assignments.
8. Actively monitor all aspects of the physical property. Maintain all property in clean, safe, attractive manner. Comply with guidelines for property maintenance and management.
9. Drive agency vehicles for purpose of transporting youths and operating all facets of the treatment program. Transport youth for routine home activities, court appointments, medical appointments, family visits, other required appointments, and emergency situations.

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10. Provide assistance and support to other program staff in their job responsibilities.
11. Attend, and take advantage of, regularly scheduled in-service and specially scheduled training sessions. Take advantage of other professional growth opportunities. Maintain required certifications and re-certifications for job by participating in available training.
12. Perform other related duties as assigned by the Operations Manager.

REPORTING RELATIONSHIP:

Position reports to: Assessment Counselor Supervisor

QUALIFICATIONS:

Knowledge and Experience:

- Must be twenty-one (21) years of age;
- Bachelor's Degree from an accredited university or college and one (1) year experience working with client population; or,
- Associate Degree in related field and two (2) years' experience working with client population; or,
- High School Diploma and three (3) year experience working with client population.

Skills/Working Conditions:

- Must maintain a valid Driver's License and an acceptable driving record.
- Must be insurable by Methodist Home for Children's insurance carrier.
- Must be able to work a flexible schedule and shifts including weekends, holidays, and extended periods of time.
- Must successfully complete all phases of pre-service and on-going training, including, but not limited to, physical restraint training, First Aid, CPR, Universal Precautions, and medication administration.
- Must be able to work in high pressure, high stress environment.
- Position may experience verbal and/or physical aggression from client population.
- Possible exposure to infectious diseases.

Physical Requirements:

- Must provide a negative drug screen result prior to employment.

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- Must pass a post-employment physical and TB test and on-going physical assessments as required.
- Have the ability to perform physical demands associated with daily operational functions, property management, and client interactions, such as standing, bending, lifting, participation in physical activities, facility cleaning (interior and exterior) and maintenance, cooking, shopping, supplies inventory, and other rotating assignments.
- Have the ability to comprehend and produce accurate program documentation, including, but not limited to, client treatment plans, progress summaries, manage financial/budget tasks, and community correspondence.
- Have the ability to communicate professionally with consumers, including, but not limited to, parents, colleagues, and community service providers.
- Have the ability to provide on-going visual and physical proximity supervision of clients.
- Have the ability to participate in recreational activities with clients, including, but not limited to, arts, athletics, and outdoor activities.
- Have the ability to drive a 12-passenger van to transport clients.
- Have the ability to drive for agency related events during the day or night.
- Regular attendance at primary worksite and agency related events.
- Have the ability to work overtime.

Employment Status: Non-exempt

IV. Evaluation and Program Effectiveness

The primary function of the Assessment Center is to provide comprehensive assessments that lead to workable and successful individualized service plans for youth. Licensed Clinical Case Managers will use evidence-based instruments to produce quality assessments that lead to actionable service plans. This program is not a treatment service for youth.

In addition to the use of formal assessment tools, the Assessment Center staff will utilize its core treatment model that is grounded in cognitive/behavioral principles that will offer insight into the youth's current interpersonal and social skills. Assessment data gathered from reliable and valid assessment tools and staff observations of youth during structured assessment activities will be included in the final Assessment and Service Plan documents.

A. A defined protocol for program services and delivery.

MHC will adapt its standard evidence-based core treatment model to provide skilled caregivers of youth in the short-term residential Assessment Center. MHC's manualized approach will shape the model to ensure the Assessment Center staff effectively monitor, serve and interact with youth in this program.

MHC implements a Primary Service of Assessment services with supplemental services of Family Crisis Counseling and Intensive Social Skills Training. MHC uses this combination of daily program delivery for juvenile offenders.

B. Staff Training.

Core Training for Staff

MHC invests heavily in quality training. All staff receive a two week pre-service workshop that includes a written test, a behavior rehearsal assessment, and an overall evaluation for competency. MHC's Director of Training is a Master's level educator with 23 years of experience in human services and a specialty in Residential Programming. The training meets all the state licensing requirements as well as provides intensive skill building in cognitive behavioral techniques. All staff receive the training regardless of positions.

MHC offers a comprehensive core training curriculum that includes a rigorous training program. Core Training for all Assessment Center staff occurs prior to their employment in the Assessment Center program. Staff members also receive training before beginning their job duties to ensure the successful operation of the program. Core training lasts for two weeks, and includes the cognitive behavioral treatment components, individualized service planning, skills curriculum, safety practices, motivation systems, focused interactions, behavior management, CPR, First Aid, and physical restraint training. Lecture, discussion and role-play formats are incorporated throughout the curriculum.

Trainees are assessed throughout the two weeks of training for skill acquisition, professionalism, ability to receive and implement feedback, criteria-based role plays, and comprehensive knowledge. A written test is administered at the end of the first week and a final trainee assessment is provided at the conclusion of Core Training. With the trainee, the Director of Training reviews the assessment of the individual's performance during the training workshop. This assessment is forwarded to the individual's supervisor to incorporate identified strengths and needs into the employee's Staff Development Plan. Ongoing in-service trainings occur regularly on-site at each program. Additionally, in-service trainings for Assessment

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Center staff are scheduled throughout the year. All training and sessions are documented and maintained in the KaleidaCare Solutions database.

C. Program Evaluation, Monitoring, and Corrective Action.

Quality is also assured through management oversight. The Teaching-Family Association maintains strict standards that ensure the fidelity of programs. MHC is assessed in the following areas: Integrated Systems, Facilitative Management, Training, Consultation, Evaluation, and Staff Certification. All managers are trained in the techniques and observation skills necessary to coach and mentor staff to ensure that the most effective treatment is provided. All staff have individualized staff development plans and meet regularly with their supervisor to discuss goals, progress, and areas needing improvement. Managers attend a three (3) day supervision and management training provided by the MHC leadership team. Quality Improvement staff also provide an outside look at residential programs by performing program assessments. Quality Improvement staff also conduct consumer and staff surveys are a regular part of ensuring quality and meeting Teaching-Family standards.

MHC's continued commitment to quality programming includes an integrated system of routine monitoring activities conducted not only by program staff, but also by additional administrative staff across the agency. These activities include client documentation audits, youth rights interviews, staff practices interviews, fidelity assessments, and director's assessments. Agency staff conducting these activities identify program components that are implemented according to agency standards, as well as areas for improvement that require written corrective action plans. Agency staff continue to follow-up on corrective action plan implementation. This activity is part of the on-going process of service delivery and documenting all activities related to its program evaluation and monitoring program.

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MHC implements a leading-edge data collection system KaleidaCare Solutions. Implementation began in January of 2011; this system allows us to standardize our data collection, and it allows for real-time case record maintenance by staff in the field. Case record data can be accessed by authorized treatment and management staff at any time. This database also enables the collection of both aggregate and individual measurements of progress and outcome tracking. This investment has moved MHC toward even greater efficiency, accuracy, and security. Through a grant from The Duke Endowment, MHC will continue to work to design and implement a framework for making data-driven decisions, recording effective practices, and monitoring progress toward long-term goals. All measurable objectives and quality standards will be supported by the beliefs, vision, and mission of MHC.

D. Staff Evaluation.

Assessment Counselor Supervisors work with their staff to identify strengths and needs. Initially, much of their development/consultation feedback is driven by their training assessment. During the employee's introductory period, the Assessment Counselor Supervisors and the employee develop a Staff Development Plan that guides the employee's training. As staff members demonstrate continued growth, the Staff Development Plan is reviewed and the employee's growth is documented. On an annual basis, each employee is formally evaluated through the agency's Performance Evaluation process.

Assessment Counselor Supervisors conduct monthly on-site observations, telephone consultation, fidelity reviews, and direct observation of youth interactions as some of their tools to evaluate an employee's performance. Assessment Counselor Supervisors reinforce the employee's strength and provide feedback and develop specific strategies to enhance the staff member's ability to be consistent and effective.

Lighthouse Certification

Assessment Counselor Supervisors, Assessment Counselors, and Clinical Case Managers will be assessed through a rigorous certification process called the Lighthouse Certification Program. The intent of the Lighthouse Certification Program is to formally recognize the professional achievements of staff as they seek to provide effective, quality services to youth and families. A staff member certified through the Lighthouse Program is easily identified as someone who demonstrates a high degree of performance within the MHC. Lighthouse Certification is contingent upon an evaluation of: Professionalism, Skills Curriculum, Therapeutic Interactions, Motivation Systems, Learning Theory, Documentation, Feedback, Counseling Skills, Diversity, Working with Families, Crisis Management, and Individualization of Treatment.

Employees must demonstrate both written and behavioral competencies in the model of care to obtain this certification. The achievement of this certification promotes professional leadership within the agency and allows the certified staff to participate in training new employees and represent the agency at conferences. As part of the Teaching-Family Association Accreditation review, the Lighthouse Certification program is recognized as an international professional certification.

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Cost Proposal -- Assessment Center Program 12 month and Start-Up Budget

	Annual
Salaries —allocations to cover the cost of 17.5 FTE Positions	\$ 633,013
FICA Tax —calculated at \$633,013 X 7.65% to cover FICA expenses	\$ 48,426
Retirement —calculated @ \$1,013 X 17.5 FTE to cover retirement expenses	\$ 17,728
Employee Insurance —calculated at 17.5 FTE Positions X \$6,179 to cover health and dental insurance	\$ 108,133
Office Supplies and Postage —cost for pens, pencils, paper, program materials estimated at \$3,000 annually	\$ 3,000
Computer Supplies and Service —cost for computer equipment, supplies, and internet estimated at \$483.33 per month X 12 months	\$ 5,800
Travel —cost for staff travel estimated at \$2,500 annually	\$ 2,500
Vehicle Expenses —cost for vehicle maintenance and fuel estimated at \$2,083.33 per month X 12 months	\$ 25,000
Telephone —cost for telephones estimated at \$416.67 per month X 12 months	\$ 5,000
Building Repairs and Supplies —cost for minor repairs estimated at \$2,000 annually	\$ 2,000
Insurance-Buildings and Contents —cost for insurance policies for facility estimated at \$400 annually	\$ 400
Household Supplies —cost to buy cleaning items and household supplies estimated at \$375 per month X 12 months	\$ 4,500
Food-Home Prepared —cost for food supplies for the facility estimated at \$2,250 per month X 12 months	\$ 27,000
Allowance, Clothes, Other Assistance —cost for youth allowance, clothing, and other assistance estimated at \$416.67 per month X 12 months	\$ 5,000
Entertainment & Recreation —cost for entertainment and recreation activities in the facility and community estimated at \$2,000 annually	\$ 2,000
Educational Expense —cost for educational and vocational expenses estimated at \$5,000 annually	\$ 5,000
Training —cost for required staff training and staff development activities estimated at \$5,000 annually	\$ 5,000
Miscellaneous —cost for miscellaneous program costs estimated at \$500 annually	\$ 500
Direct Program Cost	\$ 900,000