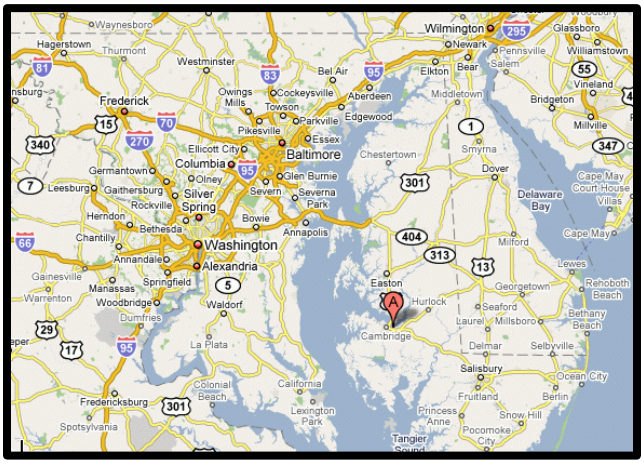
WOODBOURNE CENTER
A NEXUS FAMILY MEMBER | YOUTH AND FAMILY SOLUTIONS

Certificate of Need Application
Woodbourne Center, Inc.
Cambridge, Maryland



THE JOINT COMMISSION
NATIONAL QUALITY APPROVAL

WOODBOURNE CENTER
A NEXUS FAMILY MEMBER | YOUTH AND FAMILY SOLUTIONS

Application submitted by:

Tony Wilson, Executive Director
twilson@woodbourne.org

Steven Schreiber, Operations Director
sschreiber@woodbourne.org

September 26, 2017

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WOODBOURNE CENTER
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PROJECT IDENTIFICATION AND GENERAL INFORMATION

MARYLAND HEALTH CARE COMMISSION

_____
MATTER/DOCKET NO.

_____
DATE DOCKETED

ADAPTED RTC APPLICATION FOR CERTIFICATE OF NEED (CON)

1. Facility

Name of Facility: **Woodbourne Center**

Address:

1301 Woodbourne Avenue	**Baltimore**	**MD**	**21239**
Street	City	Zip	County

2. Name of Owner: Woodbourne Center, Inc.

Woodbourne Center Inc. Board of Directors

First Name	Last Name	Location/Role
Perry	Bacon	Baltimore
Jack	Ewing	Nexus, VP of Business Development
Brock	Wolff	Nexus, CEO
William	Spotts	Baltimore
Rachel	Ndungu	Baltimore
Hilke	Riechardt-Martinez	Nexus, CFO
Michelle	Murray	Nexus, VP of Clinical Services
Jennifer	McIntosh	Nexus, VP of Human Resources

3. Applicant

Address:

1301 Woodbourne Avenue	**Baltimore**	**21239**	**MD**	
Street	City	Zip	State	County

Telephone: **410-433-1000**

Legal Name of Project Applicant (Licensee or Proposed Licensee)

4. Name of Licensee or Proposed Licensee, if different from the applicant:

N/a

5. Legal Structure of Applicant

Check ☑ or fill in applicable information below and attach an organizational chart showing the owners of applicant (and licensee, if different).

A.	Governmental	☐	
B.	Corporation		
	(1) Non-profit	☒	
	(2) For-profit	☐	
	(3) Close	☐	State & Date of Incorporation
C.	Partnership		
	General	☐	
	Limited	☐	
	Limited Liability Partnership	☐	
	Limited Liability Limited Partnership	☐	
	Other (Specify):		
D.	Limited Liability Company	☐	
E.	Other (Specify):		
	To be formed:	☐	
	Existing:	☐	

6. Persons to Whom Questions About the Project Should Be Directed

A. Lead or primary contact:

Name and Title: Steven Schreiber, Operations Director

Company Name Woodbourne Center, Inc.

Mailing Address:

1301 Woodbourne Avenue **Baltimore** **21239** **MD**

Street City Zip State

Telephone: 410-433-1000 x2265

E-mail Address (required): sschreiber@woodbourne.org

Fax: 410-433-5834

If company name is different than applicant briefly describe the relationship N/a

B. Additional or alternate contact:

Name and Title: Tony Wilson

Company Name Woodbourne Center, Inc.

Mailing Address:

1301 Woodbourne Avenue	**Baltimore**	**21239**	**MD**
Street	City	Zip	State

Telephone: 410-433-1000
E-mail Address (required): twilson@woodbourne.org

Fax:

If company name is different than applicant briefly describe the relationship N/a

7. Type of Project

The following list includes all project categories that require a CON pursuant to COMAR 10.24.01.02(A). Please mark all that apply in the list below.

If approved, this CON would result in (check as many as apply):

(1) A new health care facility built, developed, or established ☒
(2) An existing health care facility moved to another site ☐
(3) A change in the bed capacity of a health care facility ☐
(4) A change in the type or scope of any health care service offered by a health care facility ☐
(5) A health care facility making a capital expenditure that exceeds the current threshold for capital expenditures found at: http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/con_capital_threshold_20140301.pdf ☐

Executive Summary of the Project

The mission of the Woodbourne Center, as an affiliate of Nexus Inc., is to strengthen lives, families, and communities through our cornerstone values. Our cornerstone values are honesty, responsibility, courage, and care and concern. In following with this mission, it is our aim to meet the needs of the surrounding community and the State of Maryland by providing the highest quality treatment services and growth opportunities.

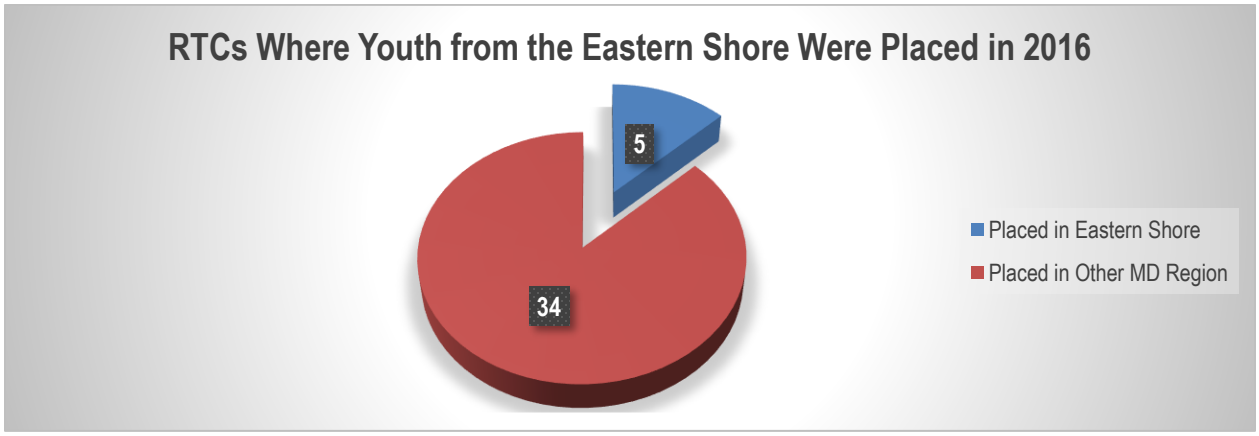


Figure 1

The need for residential treatment center (RTC) services in Maryland is high, especially on the Eastern Shore. The most recent State Resource Plan for out-of-home placements issued from the Maryland Governor's Office for Children[1] indicates that in 2016, on any given day, there are 39 youth from the Eastern Shore placed in RTCs in Maryland (Figure 1). Of these, 87% (34 of 39) are placed in programs located in other Maryland regions. Furthermore, the RTC Coalition has reported that there is under a 3% vacancy rate of operational beds among the RTCs in Maryland. State agencies have been mandated to reduce or eliminate the number of placements to out-of-State facilities and have expressed a high need for services targeted to girls, youth with developmental disabilities, and transition-age youth and young adults.

For this reason, the Woodbourne Center is applying for a certificate of need to start a 40-bed RTC in Cambridge, Maryland on the Eastern Shore. We plan to provide treatment for males and females, ages 12 through 21, with co-occurring psychiatric and developmental diagnoses. The proposed site was leased by Adventist Behavioral Health until 2016. The facility includes twenty-one bedrooms, classroom and school space, kitchen and dining facilities, and an indoor gym. Over seven acres of ample outdoor space surround the building for

[1] FY2016 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, December 15, 2016.

recreational opportunities including a basketball court, baseball field, and a pond. The total cost of the project including renovations and working capital startup costs is estimated to be around $2.6 million.

Cambridge in Dorchester County is about halfway between the northern and southeastern borders of the Eastern Shore. It is connected to the urban centers of Easton and Salisbury through Highway 50. The accessibility of Cambridge to the various towns and cities along the Eastern Shore makes it an ideal location to serve the region.

Since its founding in 1801, Woodbourne has served children and families from all jurisdictions in Maryland. In addition to serving youth whose psychiatric issues meet the Medical Necessity Criteria for the RTC level of care, we also serve youth through our Treatment Foster Care program and are actively pursuing other community-based services. Our RTC specializes in serving youth who have engaged in sexually inappropriate behaviors and youth with profound trauma histories. We have also been very flexible in our ability to serve youth who have the Autism Spectrum Disorder as a part of their diagnostic profile. Woodbourne's RTC contracts with the Department of Human Resources, Department of Juvenile Services, Core Service Agencies, and the District of Columbia Department of Youth and Family Services.

Our organization, in collaboration with the several sites of our parent company, Nexus, has an extensive history of serving youth and families with an array of behavioral and mental health needs. We strive to provide care that is focused on outcomes, resulting in long-term relational, educational, mental health, and community-integration successes. We believe that our experience and outcomes demonstrate our unique qualifications to best serve youth who are at-risk.

Comprehensive Project Description

The property is located at 821 Fieldcrest Road, Cambridge, MD 21613. The property is centrally located in the town of Cambridge, MD, approximately half a mile from Route 50. The area is in an industrial-like setting, with warehouses and large open spaces surrounding the location. It has recently been approved as a development-zone in Dorchester County. See Exhibit 1 Site Description for more information about the site.

The building was erected in 1999. It is constructed of brick and masonry, with reinforced concrete footers (Table C Construction Characteristics). The property is one floor with a crawl space above the main common area. The roof is regular asphalt shingle and is in the style of mansard. There is parking to accommodate approximately 106 vehicle spaces and the lot is well lit with wall mounted exterior lighting also surrounding the property.

The property is on 7.7 acres and has no risk of any large trees falling on the building in the event of a hurricane or storm surge. In such circumstances, the most likely event to cause property damage would be potential flooding from the nearby pond.

The landscaping of this property is neat, manicured, and visually appealing. It has a fenced-in recreational area with basketball courts and swing set. There are three large storage sheds and a fenced-in dumpster area.

The main entrance to the building has a large reception area and a smaller reception office off the main area. Restrooms are also accessible in the main entrance area. Access to the roof is through a storage room off of the gymnasium and consists of at least a 30' ladder leading to an access hatch. The gymnasium is situated in the hallway between the residential units and the School classrooms.

Following the hallway from the main entrance is the School area with 11 classrooms in a well-lit and wide hallway. There are two bathrooms in the School area with failsafe fixtures and accessories. There is a utility closet in this area with a slop sink and storage for housekeeping supplies.

Each residential unit wing (wings A, B, and C as represented on Figure 2) has seven bedrooms that are suitable for two or three beds, although only two beds will be placed to each room. Six of the seven bedrooms are about 17.5 feet by 12.5 feet for a total square footage of 218.75. One bedroom per unit wing is smaller, about 17.5 feet by 9.5 feet, totaling 166.25 square feet (see Table A Physical Bed Capacity Before and After Project).

All interior windows are covered with plexi glass, thus minimizing the chance of windows being broken. There are fire safe doorways in the hallways that will automatically close in the event of a fire alarm being tripped not only in the school section of the building but also in the residential sections of the building.

The unit hallways are wide and bedrooms are large. Windowed nursing stations are centrally located with visual access to each unit. There are two such stations in the building. Outside of the nursing stations are two activity rooms that will be converted into sensory rooms.

The dining hall is a large room with floor to ceiling windows. The kitchen just off the dining hall, with an impressive layout that allows staff and clients to prepare, serve, and clean equipment in a professional environment. The kitchen has a separate fire suppression system that is adequate for the space. The area also has two walk-in freezers and two large industrial style refrigerators.

The clinical and administrative offices have plenty of windows and office space. In general, the offices will need new furniture, IT equipment, and paint. Adjacent to this area is the main sprinkler feed for the building. This sprinkler feed and components appear to be up to code and professionally maintained.

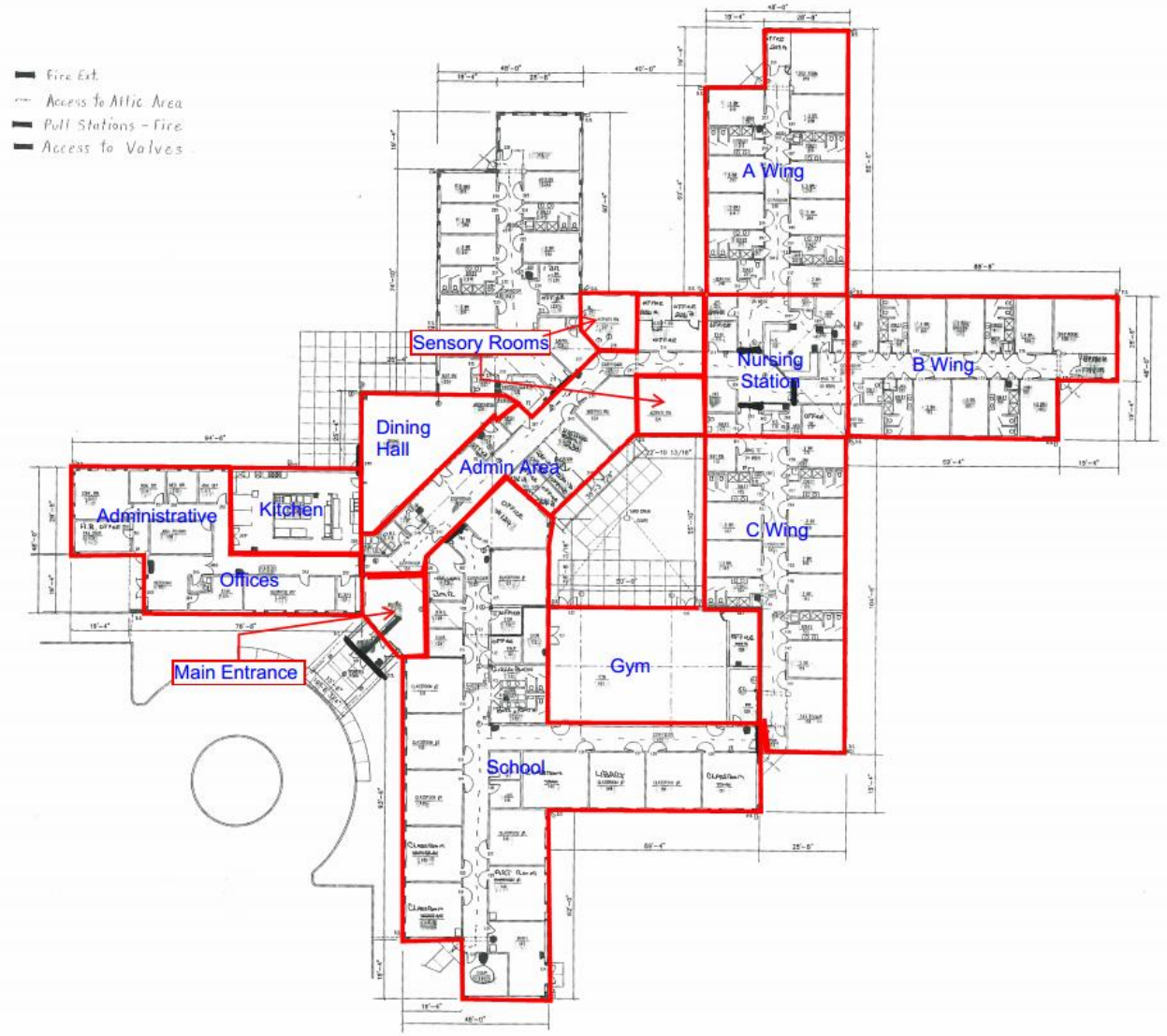

Fire Ext.
Access to Attic Area
Pull Stations - Fire
Access to Valves
A Wing
Sensory Rooms
Nursing Station
B Wing
Dining Hall
Admin Area
Administrative
Kitchen
C Wing
Offices
Main Entrance
Gym
School

Figure 2

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

Before the Project							After Project Completion						
			Based on Physical Capacity						Based on Physical Capacity				
			Room Count			Bed Count			Room Count			Bed Count	
ACUTE CARE							**ACUTE CARE**						
General Medical/ Surgical*					0	0	**General Medical/ Surgical***				0	0	
SUBTOTAL Gen. Med/Surg*							**SUBTOTAL Gen. Med/Surg***						
ICU/CCU					0	0	**ICU/CCU**				0	0	
TOTAL MSGA							**TOTAL MSGA**						
Obstetrics					0	0	**Obstetrics**				0	0	
Pediatrics					0	0	**Pediatrics**				0	0	
Psychiatric		**0**	0	0	0	0	**Psychiatric**		0	21	21	42	
TOTAL ACUTE		**0**	**0**	**0**	**0**	**0**	**TOTAL ACUTE**		**0**	**21**	**21**	**42**	
NON-ACUTE CARE							**NON-ACUTE CARE**						
Dedicated Observation**					0	0	**Dedicated Observation****				0	0	
Rehabilitation					0	0	**Rehabilitation**				0	0	
Comprehensive Care					0	0	**Comprehensive Care**				0	0	
Other *(Specify/add rows as needed)*					0	0	**Other** *(Specify/add rows as needed)*				0	0	
TOTAL NON-ACUTE							**TOTAL NON-ACUTE**						
HOSPITAL TOTAL		**0**	**0**	**0**	**0**	**0**	**HOSPITAL TOTAL**		**0**	**21**	**21**	**42**	

Table A Physical Bed Capacity Before and After Project

Current Capacity and Proposed Changes

Service	Unit Description	Currently Licensed/ Certified	Units to be Added or Reduced	Total Units if Project is Approved
ICF-MR	Beds	____/____		
ICF-C/D	Beds	____/____		
Residential Treatment	Beds	0 / 40		
	Operating Rooms			
	Procedure Rooms			
Home Health Agency	Counties	____/____		
Hospice Program	Counties	____/____		
Other (Specify)				
TOTAL		0 / 40		

Required Approvals and Site Control

A. Site size: 7.7 acres

B. Have all necessary State and local land use and environmental approvals, including zoning and site plan, for the project as proposed been obtained? YES X NO _____ (If NO, describe below the current status and timetable for receiving each of the necessary approvals.)

C. Form of Site Control (Respond to the one that applies. If more than one, explain.):

(1) Owned by: THE BAPTIST FAMILY, LLC, et al, DANIEL MASON BAPTIST, JR., TRUSTEE

(2) Options to purchase held by: _____
Please provide a copy of the purchase option as an attachment.

(3) Land Lease held by: _____
Please provide a copy of the land lease as an attachment.

(4) Option to lease held by: _____
Please provide a copy of the option to lease as an attachment.

(5) Other: _____

Project Schedule

Project Implementation Target Dates

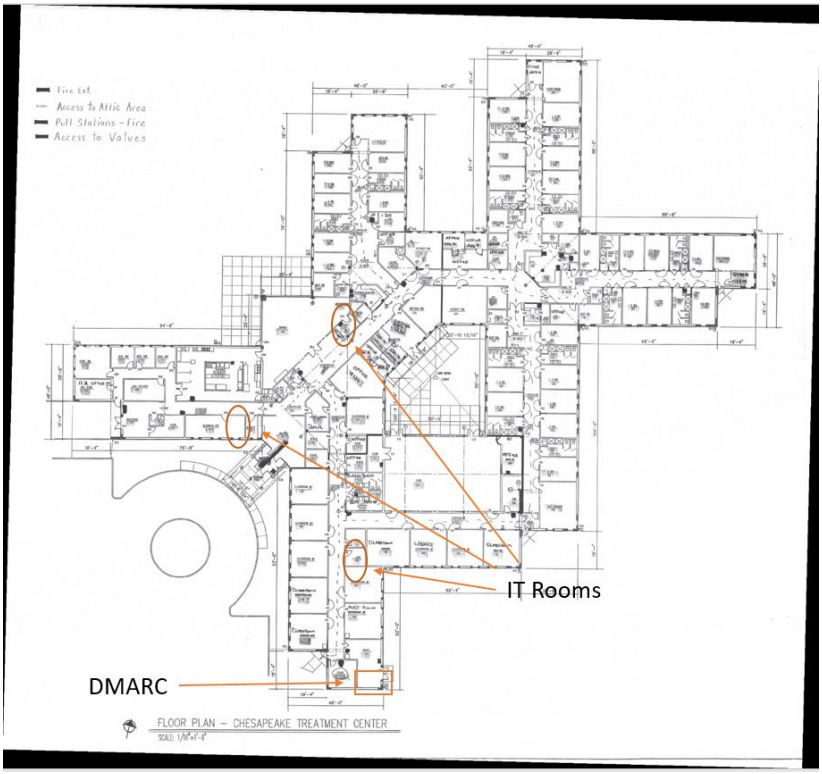
A. Obligation of Capital Expenditure _6_ months from approval date.
B. Beginning Construction _____6_____ months from capital obligation.
C. Pre-Licensure/First Use _____12_____ months from capital obligation.
D. Full Utilization _____10_____ months from first use.

Features of Project Renovation

Information Technology Systems

Physical Layout

The facility has adequate space/rooms for the technology requirements for a standalone site. There are rooms/offices/secure space to house the technology required to operate the facility. The site is currently configured with three securable locations to house any servers or storage requirements in order to operate. The rooms that have been previously used for technology are noted on the map below.



The rooms are clean and clear, however, cooling capabilities in the rooms are unknown. If core services are provided out of the Woodbourne facility in Baltimore, then the equipment required at this facility would be reduced. There is also a generator on site and the cable from the generator to the building appears to be directed to the building's main feed, indicating that the generator has the ability to power the entire building.

Cabling

There is CAT3, CAT5, and coax cables throughout the facility. The CAT3 cables throughout the facility were used for their telephone system. The coax cable in place was used for the camera system. The CAT5 cabling is used for the voice and data systems that were in place. All cables are run in the attic space then down the walls through some Panduit (wall face) or in conduit (wall interior). Most of the walls appear to be concrete block, thus all new drops would be run down the wall face in some Panduit. In addition, the cable is not tagged on either end.

The cabling is run from one room to another along the floor in the attic. There does not appear to be a cable organization system such as raceway, trough, or J-hooks. As such, the cabling presents a safety issue should work need to be done in the attic. When the cables go from one section to another or pass through a wall, they appear to utilize penetrations for other services such as electrical, fire suppression, or other penetration and not through a separate wall penetration with sufficient fire-stopping.

At a minimum, the cabling should be traced and labeled if not removed and new cabling installed with a cable management system and separate wall penetrations/conduit installed appropriately. This would provide for a digital security camera system as well as allow us to modify the area where the technology resides.

Services

Network: There are data providers in the area. The data requirements would require a data connection between 25 and 50 Mbps. This is close to what Woodbourne currently has (50 Mbps). The requirements for the Local Area Network (LAN) and Wide Area Network (WAN) include, Firewall, Router, Core Switch, Distribution Switch, Access Switches, Content Filtering, Wireless Controller, and Wireless Access Points (WAP).

Telephony: The telephone system for the facility would be an extension of the current provider at Woodbourne. The provider is City Hosted. Cell phones would be added to Woodbourne's existing contract with the same monthly plan and associated costs.

Email and Accounts: Email and account access would be provided from the Woodbourne center utilizing Woodbourne's domain and technology.

Printing: Copiers and Printers would be phased in as appropriate based on the need and the size of the initial footprint and grown based on occupancy and requirement.

Video: The security cameras in place are providing adequate coverage, however, they are analog and a new camera system (server and storage) would be required. The recommendation would be to replace the existing cameras with digital cameras and corresponding server/storage.

There are also satellite dishes on the roof for television service in each of the wings. New dishes and cabling would be appropriate if that service was implemented throughout the facility.

Door Control: The facility is key controlled. Locks would be replaced with an electronic Maglock system.

Classroom Technology: The classrooms were outfitted previously with multimedia projectors and computers. There does not appear to be any wiring left in place to connect to the projector.

The rewiring of the facility estimation is approximately $26,000, however, could fluctuate based on actual bids and the availability of contractors in the area.

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ITEMS IN NEED	Unit Price	Quantity	Price	Manufacturer	Store
Cameras (indoor)	$ 215.00	60	$ 12,900.00	Samsung QNV-7030R 4MP	wlanmall
Camera License	$ 125.00	72	$ 9,000.00	Xprotect	wlanmall
Cat5 Drops	$ 350.00	72	$ 25,200.00	If We Re-wire	
Xprotect Software	$ 399.99	1	$ 399.99	Xprotect Professional	wlanmall
Conduit	$ 10.16	63	$ 640.08	10 ft. Metallic Wire Channel	Home Depot
Cameras (outdoor)	$ 1,149.00	12	$ 13,788.00	Axis P1357-E 5MP	wlanmall
Wifi Access Points	$ 350.00	6	$ 2,100.00	Unifi HD Pro	CDW/wlanmall
Main Switches	$ 8,500.00	1	$ 8,500.00	HP Core Switch	CDW
Phone System ATA Box	$ 45.00	5	$ 225.00		CDW
Phone System Main	$ 174.00	30	$ 5,220.00	Astra 6867i	Woodbourne
TVs 60 inch	$ 1,000.00	2	$ 2,000.00	Samsung	CDW
TV 42inch	$ 199.99	12	$ 2,399.88	Samsung	CDW/BestBuy
DVD Player	$ 24.99	2	$ 49.98	Insignia	Best Buy
Roku Stick	$ 49.99	10	$ 499.90	Streaming Stick For Clients	Best Buy
CPUs	$ 500.00	30	$ 15,000.00	Dell OptiPlex 3040 MT	Dell
Monitors	$ 179.99	30	$ 5,399.70	Dell 22 Monitor P2217H	Dell
Windows 10	$ 115.00	50	$ 5,750.00	Microsoft 10 Ent	Microsoft
Office 365	$ 76.99	50	$ 3,849.50	Office	Microsoft
Ubiquiti Access Switch	$ 1,000.00	4	$ 4,000.00	Ubiquiti	wlanmall
Firewall	$ 14,147.00	1	$ 14,147.00	M500 Watchguard	CDW
DVR Server (DELL)	$ 16,000.00	1	$ 16,000.00	Dell	DELL
Games	$ 1,200.00	3	$ 3,600.00	Playstations Xbox and Games Based on 3 units	
UPS for Server	$ 7,000.00	1	$ 7,000.00	Backup Battery	DELL
Racks	$ 400.00	5	$ 2,000.00	To Secure/Lock the Access Switches	DELL
Server Rack	$ 1,500.00	1	$ 1,500.00	For the Server Room	DELL
Power Distribution Surge	$ 107.00	5	$ 535.00	Power for Switches	DELL
UPS For Switch	$ 1,500.00	5	$ 7,500.00	Back up for switches	DELL
Total			$ 169,204.03		

ITEMS IN NEED	Unit Price	Quantity	Price	Manufacturer	Store
SERVICES/Monthly					
Phone	$ 20.00	35	$ 700.00	City Hosted	
Network	$ 400.00	6 ips + 30x30	$ 400.00	Bay Communications	
TV	included	1	Included	Bay Communications	
comcast or verizon backup	$ 70.00	1	$ 70.00	Verizon or Comcast	
School Copier	$ 310.75	1	$ 310.75	Advance	
Admin Copier	$ 261.87	1	$ 261.87	Advance	

Movable Equipment	$28,949
Fixed Equipment	$140,255

Figure 3

Physical Plant Renovations and Furnishings

The total square footage of the facility to be used for the RTC is 34,489 (Figure 4). Of that total, an area of about 25,634 square feet will need to be renovated in some way (see Table B Departmental Gross Square Feet Affected by Proposed Project).

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
School classrooms, offices, maintenance closet, and corridors	8,560		4,990	3,570	8,560
Residential Units - A Wing	3,688		3,688		3,688
Residential Units - B Wing	3,688		3,688		3,688
Residential Units - C Wing	4,074		4,074		4,074
Nursing Station and Offices	2,304		2,304		2,304
Gym	2,639			2,639	2,639
Administrative Offices	2,921		2,921		2,921
Dining Hall	1,296		1,296		1,296
Main Entrance	451		451		451
Sensory Rooms	722		722		722
Admin Area	2,984		1,500	1,484	2,984
Kitchen	1,162			1,162	1,162
Total	34,489	0	25,634	8,855	34,489

Table B Departmental Gross Square Feet Affected by Proposed Project

There are four air conditioning units on the roof (residential A/C units) that may need replacing. The units need to be tested but they are original to the building and are approaching the end of their lifespan. Each unit would cost about $3,000 for a total of $12,000 to replace all units. Adding labor, the total cost will likely be around $50,000.

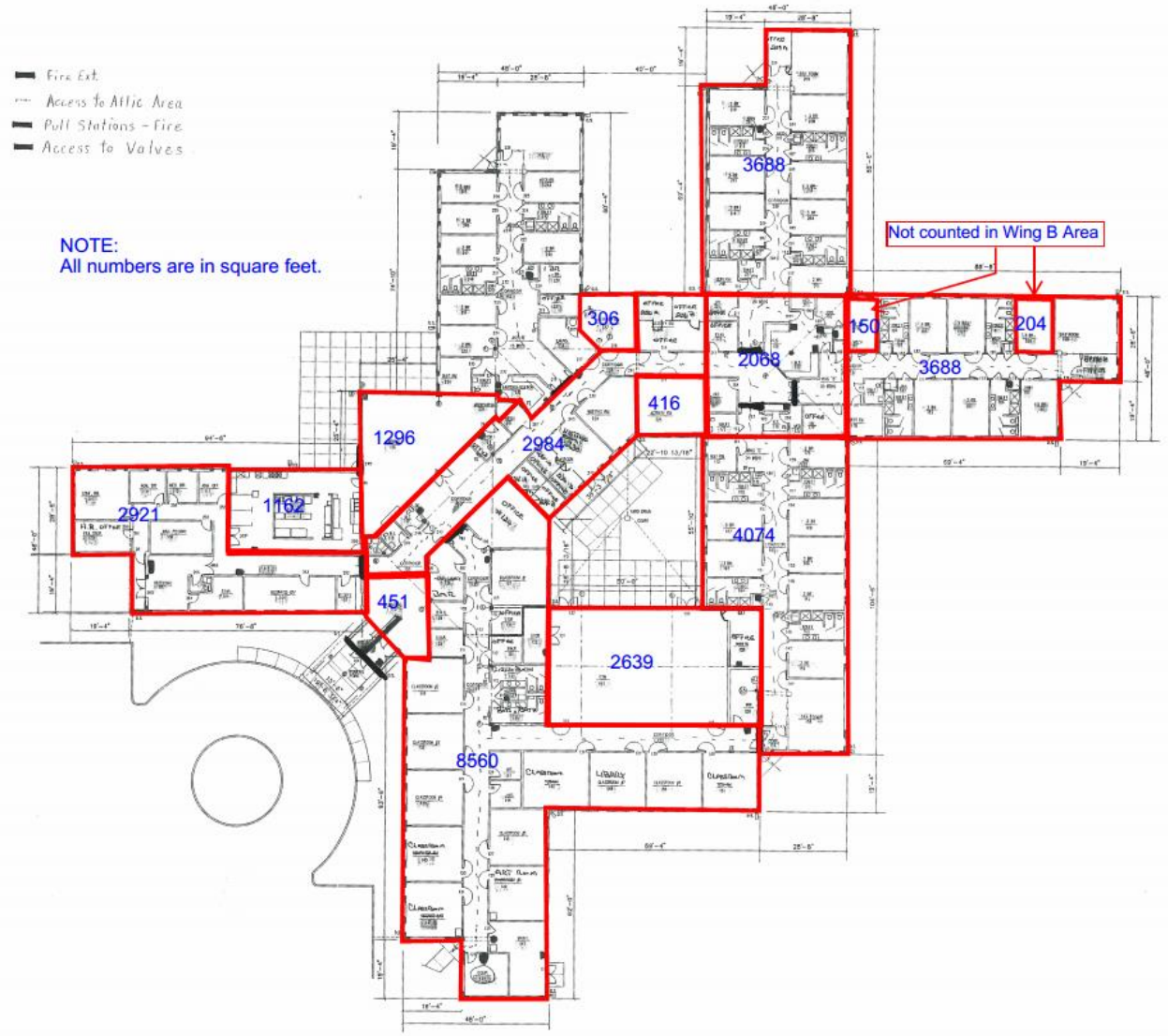


Figure 4

There is evidence a leak in the hallway leading to the gymnasium where the sheetrock ceiling is cracked. It appears there had been an attempt to repair the ceiling with joint compound that was not effective in sealing the area. A patch work has been placed in different areas of the rubber-laid roof that indicates past leaks. In one area, there is a tarp that is surrounded by cinder blocks to prevent leakage. This area is a 6' x15' section where the roof appears to be torn underneath. Some sections are in adequate shape, but the roof may need to be replaced instead of the patch renovations that have been made historically. The cost to replace the roof would be approximately $200,000. The asphalt shingles are in good shape and I did not see any reason for replacement. Some of the flashing around the roof of the building needs some attention and could be around $5,000.

The outside generator has been sitting for some time and is in good shape but will need to be tuned up and serviced for a cost of $3,000.

Drainage can be an issue at the facility due to its low elevation and proximity to a nearby pond on the property. This can be remedied with some new drainage lines pouring away from the building that may cost around $3,000. There are exterior windows by the dining hall that have sand bags on the outside to protect against water from leaking in. Water running from the roof may be intruding onto the patio and water may be pooling in this area and penetrating the windows.

There are ten outside residential A/C units are located on the perimeter of the building. These appear to have not been attended to as evidenced by overgrowth of weeds and grass growing in and around the units. If these required replacement, they would most likely cost about $4,000 for a total cost of $40,000, with labor $50,000.

The system and hardware used to lock the doors inside and outside of the facility are called “Maglocks” because they are locked with high-power magnets that are wired to ID badge-readers. Maglocks for the front door, the school hallway, and each wing of the building will cost around $48,000. All of the seclusion room doors will also need replacing as they are only locked using dead bolts now. This will cost about $3,000 for each door, bringing the total to about $15,000 for five doors.

Most of the flooring is VCT Tile and those appear to be in good shape. Some carpet in the administrative offices the building need to be replaced, however, which will cost about $15,000 for industrial style carpet. The classrooms need cosmetic renovations including repair of some flooring and fresh paint. Vinyl flooring would be added to some rooms that are already carpeted, such as the bedrooms at a cost of $50,000.

One of the eleven classrooms, Classroom 148, would be converted into a culinary arts room, with four rows of countertops, electric stoves, ovens, and sinks. In order to change the room in this way, new plumbing and electric lines would need to be run to the classroom along the walls. The classroom is located along the perimeter of the facility and is close to the main electric panel. If the panel does not have the capacity to provide enough power to the classroom with the additional stoves and ovens then the panel will need to be replaced. The total cost could be about $80,000 to convert the classroom and add the necessary equipment and furnishings.

Two activity rooms located outside the Nursing Station will be converted into Sensory Rooms to provide a more therapeutic and appropriate environment for youth with developmental disabilities and neurocognitive disabilities. The rooms will be a calming place with pictures, muted colors, sensory objects and furniture like rocking chairs and bean bags, white boards for drawing, and other materials. The total cost of the renovations to carpeting, painting, and materials will be around $30,000.

The nursing stations in the middle of the units need repairs, mainly of the carpentry, including cabinets, shelving, and window frames, which should be about $10,000. The air handler units that are in each hallway are most likely original and at the end of their life expectancy and replacing these would be an estimated $20,000 expense.

For a census of 40 clients and potentially 10 or more day school students, we expect to need four fleet vehicles. Two vehicles would be 12-passenger vans for trips with a greater number of clients and two SUVs. If these vehicles were purchased used, then the cost would likely be around $70,000.

New furniture will need to be purchased for the administrative offices, school classrooms, dining hall, and client bedrooms. The cost for administrative desks, chairs, filing cabinets, conference tables, and furniture for the reception and lounge area will be around $40,000. School desks and teachers' desks will likely be about $30,000. Bedroom furniture including bed sets, dressers, and miscellaneous furnishings like couches, tables, and cosmetic features for the client lounge areas will cost around $100,000. Dining hall tables and chairs may be around $15,000.

The total cost of the facilities renovations, equipment, and services is an estimated $824,000 (Figure 5).

Item/Service	Price/Unit	Quantity	Total Item Cost	Labor	Total Cost
Roof Residential A/C Units	$3,000	4	$12,000	$38,000	$50,000
Roof	$200,000	1	$200,000		$200,000
Roof Flashing	$5,000	1	$5,000		$5,000
Generator Tune-Up				$3,000	$3,000
Additional Drainage				$3,000	$3,000
Outside A/C Units	$4,000	10	$40,000	$10,000	$50,000
Door Maglocks	$2,000	16	$32,000	$16,000	$48,000
Seclusion Door Maglocks	$3,000	5	$15,000	$5,000	$20,000
Industrial Style Carpet				$15,000	$15,000
Vinyl Flooring				$50,000	$50,000
Nursing Station Carpentry				$10,000	$10,000
Culinary Arts Room				$80,000	$80,000
Sensory Rooms				$30,000	$30,000
Air Handler Units	$4,000	4	$16,000	$4,000	$20,000
12-Passenger Vans	$20,000	2	$40,000		$40,000
SUVs	$15,000	2	$30,000		$30,000
Administrative Office Furniture	$40,000	1	$40,000		$40,000
School Furniture	$30,000	1	$30,000		$30,000
Bedroom/Unit Furniture	$100,000	1	$100,000		$100,000
				Total:	$824,000

Movable Equipment	$240,000
Fixed Equipment	$100,000
Building Upgrade	$484,000

Figure 5

TABLE C. CONSTRUCTION CHARACTERISTICS		
	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	**Check if applicable**	
Class of Construction (for renovations the class of the building being renovated)*		
Class A		
Class B		X
Class C		

TABLE C. CONSTRUCTION CHARACTERISTICS		
	NEW CONSTRUCTION	RENOVATION
Class D		
Type of Construction/Renovation*		
Low		
Average		
Good		X
Excellent		
Number of Stories		
*As defined by Marshall Valuation Service		
PROJECT SPACE	**List Number of Feet, if applicable**	
Total Square Footage	**Total Square Feet**	
Basement		
First Floor		25,634
Second Floor		
Third Floor		
Fourth Floor		
Average Square Feet	**0**	**25,634**
Perimeter in Linear Feet	**Linear Feet**	
Basement		
First Floor		1,309
Second Floor		
Third Floor		
Fourth Floor		
Total Linear Feet	**0**	**1,309**
Average Linear Feet	**0**	**1,309**
Wall Height (floor to eaves)	**Feet**	
Basement		
First Floor		10
Second Floor		
Third Floor		
Fourth Floor		
Average Wall Height		**10**
OTHER COMPONENTS		
Elevators	**List Number**	
Passenger		0
Freight		0
Sprinklers	**Square Feet Covered**	
Wet System		34,489
Dry System		
Other	**Describe Type**	
Type of HVAC System for proposed project	Electric fired heat pumps	
Type of Exterior Walls for proposed project	Brick and concrete block	

Table C Construction Characteristics

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation		$993,204
Utilities from Structure to Lot Line		
Subtotal included in Marshall Valuation Costs		**$993,204**
Site Demolition Costs		
Storm Drains		
Rough Grading		
Hillside Foundation		
Paving		
Exterior Signs		
Landscaping		
Walls		
Yard Lighting		
Other *(Specify/add rows if needed)*		
Subtotal On-Site excluded from Marshall Valuation Costs		**$0**
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees		
Other *(Specify/add rows if needed)*		
Subtotal Off-Site excluded from Marshall Valuation Costs		**$0**
TOTAL Estimated On-Site and Off-Site Costs not included in Marshall Valuation Costs	**$0**	**$993,204**
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	**$0**	**$993,204**

*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.

Table D Onsite and Offsite Costs Included and Excluded in Marshall Valuation Costs

PROJECT BUDGET

TABLE E. PROJECT BUDGET

			Hospital Building	Other Structure	Total
A.	**USE OF FUNDS**				
	1.	**CAPITAL COSTS**			
	a.	**New Construction**			
	(1)	Building			$0
	(2)	Fixed Equipment			$0
	(3)	Site and Infrastructure			$0
	(4)	Architect/Engineering Fees			$0
	(5)	Permits (Building, Utilities, Etc.)			$0
		SUBTOTAL	**$0**	**$0**	**$0**
	b.	**Renovations**			
	(1)	Building		$484,000	$484,000
	(2)	Fixed Equipment (not included in construction)		$240,255	$240,255
	(3)	Architect/Engineering Fees			$0
	(4)	Permits (Building, Utilities, Etc.)			$0
		SUBTOTAL	**$0**	**$724,255**	**$724,255**
	c.	**Other Capital Costs**			
	(1)	Movable Equipment		$268,949	$268,949
	(2)	Contingency Allowance			$0
	(3)	Gross interest during construction period			$0
	(4)	Other *(Specify/add rows if needed)*			$0
		SUBTOTAL	***$0***	***$268,949***	**$268,949**
		TOTAL CURRENT CAPITAL COSTS	**$0**	**$993,204**	**$993,204**
	d.	***Land Purchase***			
	e.	**Inflation Allowance**			$0
		TOTAL CAPITAL COSTS	**$0**	**$993,204**	**$993,204**
	2.	**Financing Cost and Other Cash Requirements**			
	a.	Loan Placement Fees			$0
	b.	Bond Discount			$0
	c	CON Application Assistance			
		c1. Legal Fees			$0
		c2. Other (Specify/add rows if needed)			
	d.	Non-CON Consulting Fees			
		d1. Legal Fees			$0
		d2. Other (Specify/add rows if needed)			$0
	e.	Debt Service Reserve Fund			$0
	f	Other *(Specify/add rows if needed)*			$0
		SUBTOTAL	***$0***	***$0***	**$0**
	3.	**Working Capital Startup Costs**		$1,648,069	$1,648,069
		TOTAL USES OF FUNDS	***$0***	***$2,641,273***	***$2,641,273***
B.	**Sources of Funds**				
	1.	**Cash**		**$1,000,000**	**$1,000,000**
	2.	**Philanthropy (to date and expected)**		$200,000	$200,000
	3.	**Authorized Bonds**		**$400,000**	$400,000
	4.	**Interest Income from bond proceeds listed in #3**			$0

TABLE E. PROJECT BUDGET

		Hospital Building	Other Structure	Total
5.	Mortgage			$0
6.	Working Capital Loans		$541,273	$541,273
7.	Grants or Appropriations			
a.	Federal		$500,000	$500,000
b.	State			$0
c.	Local			$0
8.	Other *(Specify/add rows if needed)*			$0
	TOTAL SOURCES OF FUNDS		*$2,641,273*	*$2,641,273*
		Hospital Building	Other Structure	Total
Annual Lease Costs (if applicable)				
1.	Land			$0
2.	Building		$699,600	$699,600
3.	Major Movable Equipment			$0
4.	Minor Movable Equipment			$0
5.	Other *(Specify/add rows if needed)*			$0

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

Table E Project Budget

A.1.b. and c. – Renovations and Other Capital Costs

The costs for each of these sections are described in Figure 3 and Figure 5 in the Features of Project Renovation section. Movable equipment from the Facilities capital costs includes such items as vehicles and office furniture. IT capital costs are similar, encapsulating TVs, computers, and monitors – all other IT costs are for fixed equipment. Fixed equipment for Facilities renovations includes both types of units for the HVAC system. All other Facilities costs are for renovations to the building as described in the Project Renovation section.

A.3. – Working Capital Startup Funds

The Project Timeline projects that renovations may take six months to complete. One of the assumptions in determining the total cost of working capital startup funds is that the facility lease will need to be paid for six months prior to first use, which means that the lease price of approximately $58,300 per month (based on a $7.2 million offer price and spread over 7 years, as described in Exhibit 1 Site Description) will be paid up to nearly $700,000 before first use.

This projection is also based on the combined Human Resource, Program, Client, Occupancy, Transportation, and other direct expenses (such as depreciation) for two months prior to reimbursements being collected for RTC Medicaid and school revenue. One month of Human Resource and utilities expenses are also added to account for recruiting and training staff.

B.1. – Cash

Nexus Inc. is based in Plymouth, Minnesota and has offices in Minnesota, Illinois, North Dakota, and Idaho, in addition to Maryland. The total operating budget for Nexus Inc. is over $100 million annually. In addition, Nexus maintains a fund called "Nexus Diversified", which is has drawn from in the past to help fund new development projects such as the one proposed for the Eastern Shore.

B.2. – Philanthropy

The Woodbourne Center employs a Development and Fundraising Department, which receives support and consultation from the Development and Communications Office at Nexus, Inc. Over each of the last three years, they have raised over $300,000 on average. Year to date as of the end of August, the Development Department has raised over $90,000 to the operating budget. During much of this time, the Development Department has worked with our State and local government partners, various donors, and foundations to raise funds for a $1.5 million vocational center, which has been raised or committed within two years of the start of fundraising. Although some operating donations will still be diverted to the Woodbourne Center in Baltimore, with the addition of another Development Coordinator, our fundraising capabilities will meet or exceed previous years' projections.

B.3. – Authorized Bonds

The Woodbourne Center plans to work with our partners to request funding through a bond bill or the Governor's budget to assist with funding the project. This has been a successful strategy while raising funds for other major projects in the past and given the substantial investment the Woodbourne Center and Nexus plan to make in the Eastern Shore region, the potential for economic growth, and the need for residential treatment services in the area, we believe it would be a worthwhile investment.

B.6. – Working Capital Loans

A working capital loan will be requested for whatever funding cannot be covered by the other sources of funds listed. Based on these estimates, a working capital loan would be requested for over $500,000. A term of five years with 5% interest would be dispersed over the yearly projected expenses.

B.7.a. – Federal Grants or Appropriations

The United States Department of Agriculture issues competitive grants to towns, non-profits, and other institutions that employ over 50 people and generate at least $1 million in gross revenue.[2] Grants can be as high as $500,000 and can be used for community economic development as well as enterprise activities. The site in Cambridge, Maryland qualifies for the Rural Business Development Grant, as shown in Figure 6 from the USDA website.

[2] USDA Rural Business Development Grants: https://www.rd.usda.gov/programs-services/rural-business-development-grants


Lecompte Bay
Lloyds
Dorchester Horn Point Airport
Hudson Rd
Bolingbroke Creek
Goose Creek
Secretary
Gluckheim
White Hall Creek
Cambridge
821 Fieldcrest Rd Cambridge MD 21613
This address IS located in an eligible area.
Ocean Gateway
Race St
16
Dailsville
Christs Rock
Thompson
50
Airey
Fishing Creek
Church Creek
Woolford
Church Creek
335
Maple Dam Rd
Bucktown Rd
Indianbone
Drawbridge Rd

Figure 6

WOODBOURNE CENTER
A NEXUS FAMILY MEMBER
YOUTH AND FAMILY SOLUTIONS

APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION FOR RELEASE OF INFORMATION, AND SIGNATURE

The Woodbourne Center Inc. is the entity responsible for the implementation of the proposed project. Representing the Woodbourne Center as applicants are Tony Wilson, Executive Director, and Steven Schreiber, Operations Director. The Woodbourne Center, Inc. currently owns and operates a residential treatment center at:

1301 Woodbourne Avenue
Baltimore, MD 21239

The applicants attest that the license for the RTC at this facility has never been suspended or revoked, nor has the Woodbourne Center been subject to any disciplinary actions such as a ban on admissions in the last five years.

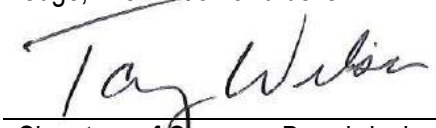
The applicants also attest that the Woodbourne Center and those representing the Woodbourne Center as applicants have not received inquiries from any State or federal authority or from the Joint Commission regarding possible non-compliance with regulations or accreditation standards for the provision of, the quality of, or the payment for health care services, that have resulted in the possibility of penalties, admissions bans, probationary bans, or any other sanctions and neither have the facilities with which those applicants have in the past been involved.

The applicants also attest that the applicants and Board members of the Woodbourne Center have never pled guilty to or been convicted of a criminal offense in any way connected with the ownership, development or management of the Woodbourne Center or of any health care facilities owned, developed, or managed by the applicants and Board members.

The undersigned is authorized to sign and act for the Woodbourne Center concerning the projection that is the subject of this application.

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.

9/25/2017
Date


Signature of Owner or Board-designated Official

Executive Director
Position/Title

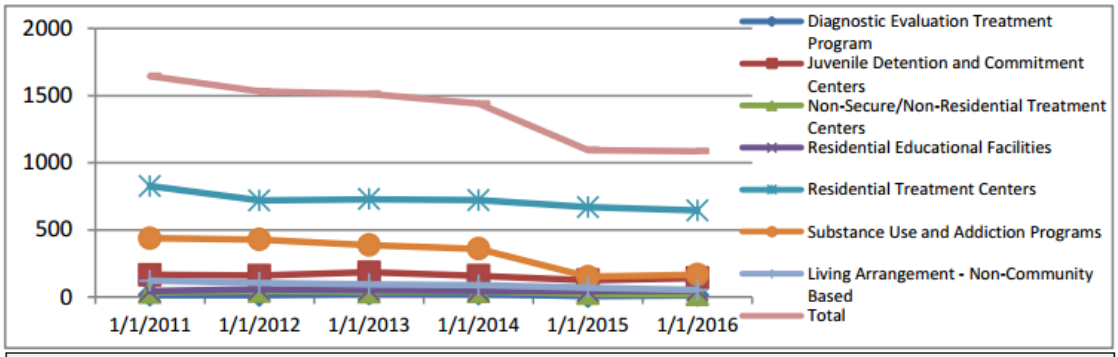
Tony Wilson
Printed Name

CONSISTENCY WITH GENERAL REVIEW CRITERIA

10.24.01.08G(3)(b). Need

The need for additional residential treatment center (RTC) services is demonstrated by a sharp decrease in the availability of RTC beds from 2016 to 2017, the effort to reduce out-of-State placements despite a historical inability to fully meet the needs of this hard-to-serve population in-State, and the regional gap for services in the Eastern Shore area.

RTC placements have decreased in recent years, along with the Statewide trend for all placements. The average change over the last six years for the number of youth in RTC placement has decreased by 4.69%, although only 3.59% in the most recent year (as seen in Figure 7).[3] Since the time when this data was last collected (January 2016), the member organizations of the RTC Coalition in Maryland have shared reports on the census and number of vacant beds in their facilities. The data collected between August 2016 and June 2017 show that the both the census and number of vacancies have decreased by 31.5% and 63.6%, respectively (as seen in Figure 8).



Statewide Non-Community-Based Settings Placement Trends

Subcategory	1/31/2011	1/31/2012	1/31/2013	1/31/2014	1/31/2015	1/31/2016	Average Change	Last Year Change
Diagnostic Evaluation Treatment Program	15	14	25	24	6	13	21.91%	116.67%
Juvenile Detention and Commitment Centers	166	160	185	159	125	142	-1.97%	13.60%
Non-Secure/Non-Residential Treatment Center	35	45	39	41	27	18	-9.42%	-33.33%
Residential Educational Facilities	44	58	53	47	45	49	3.30%	8.89%
Residential Treatment Centers	826	719	729	722	669	645	-4.69%	-3.59%
Substance Abuse and Addiction Programs	438	429	387	359	152	167	-13.37%	9.87%
Living Arrangement - Non-Community Based	122	106	96	89	71	52	-15.37%	-26.76%
Total	1,646	1,531	1,514	1,441	1,095	1,086	-7.55%	-0.82%

Figure 7

[3] FY2016 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, December 15, 2016, page 24, table 13. The one-day census information that this data is based on represents "a snapshot in time that demonstrates how many children may be in placement on a specific date" as stated on page 10 of the report.

The accelerated decrease in census and vacancies as reported by the RTC Coalition in just the last year far exceeds the pace reflected in Statewide data over the past six years. This is likely due to the closure of three RTCs (Adventist Behavioral Heath – Eastern Shore, Adventist Behavioral Health – Rockville, and Good Shepherd) in the last year. As of August, these three programs had been serving 98 youth total. Unsurprisingly, the collective census of the RTC Coalition member organizations decreased by 94 youth from August 2016 through June 2017 (Figure 8). By June 2017, there were 27 total vacancies among the remaining seven RTCs with only 16 vacancies expected in the coming months as reported on the June 2017 report. Such a sparse amount of vacant beds with a total Statewide census of nearly 300 (roughly 5% expected vacant) does not allow enough room for the variability needed in specialized services and location when selecting the most appropriate RTC.

Census and Vacancies Reported by Member Organizations of the RTC Coalition of Maryland

	August 2016	October 2016	November 2016	January 2017	June 2017	August to June Difference	Average % Change
Total Census	391	382	378	349	297	-94	- 31.5%
Total Vacancy	69	49	53	60	27	-42	- 63.6%

Figure 8

When compared with data on the number of out-of-State placements and the State's efforts to place all youth with in-State providers, the shortfall in vacant beds is only exacerbated. Data provided in the State Resource Plan shows that 95 youth were placed in out-of-State non-community-based programs on January 31, 2016 (Figure 9).[4] Although the number of out-of-State placements has also decreased in recent years, non-community based placements, which are primarily RTCs, remain the most-utilized type of out-of-State placement.

Out-Of-State Placements by Agency on 1/31/2016						
	Community-Based Placements	Family Home	Hospitalization	Non-Community-Based Placements	Other	All Placements
Department of Human Resources	54	86	11	13	2[5]	166
Department of Juvenile Services	0	0	0	52	0	52
Developmental Disabilities Administration	0	0	0	0	0	0
Behavioral Health Administration	0	0	0	16	0	16
Maryland State Department of Education	0	0	0	14	0	14
Total	54	86	11	95	2	248

Figure 9

[4] Ibid, page 20.

The Maryland State Resource Plan provides detailed information regarding the characteristics of some of the youth who are sent to out-of-State residential treatment centers. Maryland's Department of Human Services (DHS, formerly referred to as the Department of Human Resources) summarized the RTC out-of-State population and the need for in-State RTC capacity to serve this population as follows:

"A key factor in determining whether a child will be placed out-of-State is the need of the child. It is important to note that the historical lack of adequate services and facilities within the state has made it difficult to keep these children in Maryland. Children placed in these types of residential treatment centers and group home facilities out-of-State present with physical, mental, psychiatric, and educational needs. Of these children, many of them are on multiple psychotropic medications, have diagnoses of one or more developmental disorders including but not limited to: autism, developmental disabilities, mental health issues, emotional disturbances, and/or learning disabilities. It is common for children placed in these settings to lack verbal skills or to possess IQs below the moderate range.

"Residential treatment centers and group homes with expertly trained staff who are equipped and experienced in treating acute medical issues, developmental disabilities, and sex offenders have not existed in Maryland. Therefore, when Human Resources' foster children and youth present with these intensive needs, an out-of-State placement has been the most reasonable and appropriate."[5]

The Behavioral Health Administration (BHA) of the Department of Health (MDH, formerly the Department of Health and Mental Hygiene) described the population of youth who were placed in out-of-State RTCs to have histories of "longstanding, severe behavioral health problems, often with severe abuse and co-occurring medical problems…. Most have histories of many psychiatric hospitalizations and treatment in multiple Maryland residential treatment centers."[6] According to BHA, youth's ages "ranges from 15 to 19" and "[all] youth had a history of aggressive behavior". Of the available RTCs in Maryland, the analysis stated:

"In addition, all but one of Maryland residential treatment centers are 'staff secure' settings, meaning staff supervision of youth movement. Some juvenile courts order a youth placed in 'secure confinement' setting (staff supervision plus hardware such as locks, bars and fences), which can preclude an admission to in-state residential treatment centers."

Besides the available vacancies left to existing Maryland RTCs to serve youth who are recommended for residential treatment, it appears that RTCs may lack the services needed for these youth who are placed out-of-State. This has been the analysis of the States agencies that place these youth.

Recently, the average daily population of youth committed by the Department of Juvenile Services (DJS) to out-of-State programs has increased from around 30 youth in October 2016 to over 40 in March 2017 (Figure 10).[7] To put this figure into context, the out-of-State committed population increased significantly for the first time in over three years at the month when the first of three RTCs in Maryland closed. The average daily population continued to increase while another RTC closed but the most recent data from DJS does not take into account any changes to the number of committed youth placed out-of-State after the closure of Good Shepherd, which served the highest number of youth.

[5] Ibid, page 35.
[6] Ibid, page 86.
[7] Department of Juvenile Services Performance Report, dated April 25, 2017, page 2.

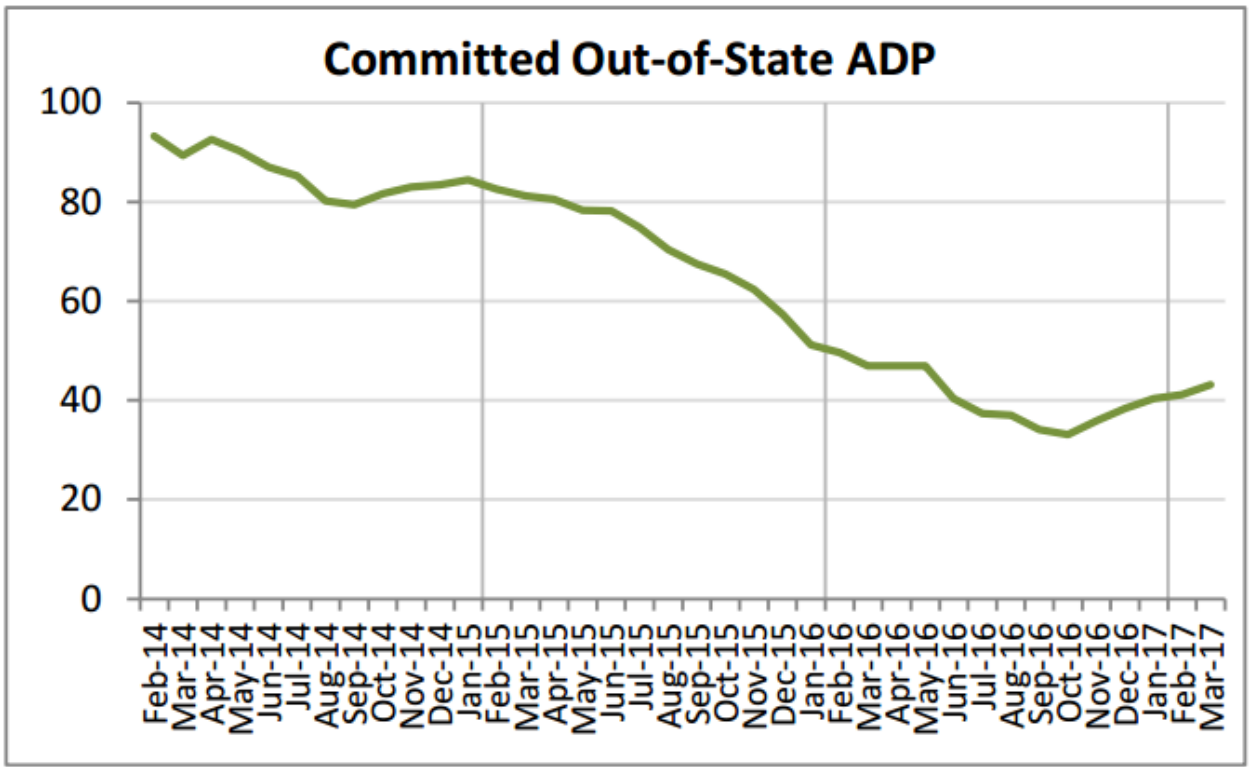


Figure 10

In addition to the efforts to reduce out-of-State placements, DJS has also focused on reducing the number of youth in detention who are awaiting placement and their length of stay. Over the last three years the number of youth who are detained and pending placement has fluctuated between roughly 75 and 50 per month and the average length of stay has been between 20 and just over 30 days (Figure 11).[8] Youth in detention who are awaiting disposition are generally unable to access the full range of services needed to help treat the mental, substance, and behavioral issues that contributed to their detention. For this reason, it is widely accepted that youth should be in detention for as short a time as possible. Greater availability of placement resources would help reduce the time that youth spend waiting for placement in an appropriate treatment setting.

[8] Ibid, page 1.

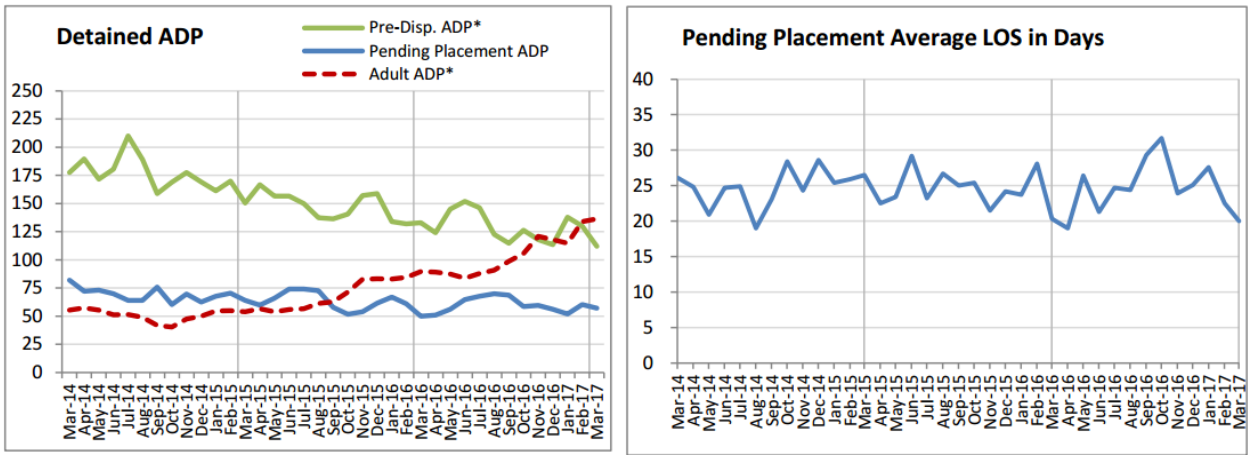


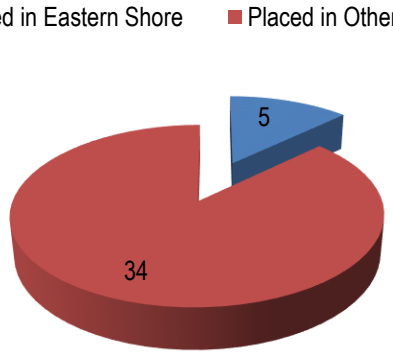
Figure 11

RTCs typically serve Maryland youth from all across the State because of the diversity in the services offered at each facility and the limited number of facilities in the State. However, it has also been a priority among the State agencies, particularly given the Department of Human Services' (DHS) "Place Matters" initiative, to serve youth in the jurisdiction or region where they reside.[9] The benefits of placing a youth close to their home are supported by the increased access they have to their guardians, family members, and natural supports as well as services such as visitation and family therapy.

Of the 39 youth who are from the Eastern Shore region in Maryland, only five of those youth were actually placed on the Eastern Shore, according to data from the State Resource Plan (Figure 12, based on data from Exhibit 2 Placement by Jurisdiction Table).[10] Based on this data, the Eastern Shore is the region with the most youth in residential treatment centers who are placed away from home. As crucial as family involvement is to youth who are in placement, especially non-community-based placement, developing a geographically closer resource to serve these youth is an imperative.

[9] FY2016 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, December 15, 2016, page 38. Listed among the Department of Human Resources' strategies for the upcoming fiscal year is the "Continuation of Family-Centered Practice and Place Matters initiatives, which focus on child, youth, and family involvement, natural and community supports, and keeping children in their homes and communities whenever safe and possible."
[10] Ibid, page 126.

RTCs Where Youth from the Eastern Shore Were Placed in 2016



Maryland Residential Treatment Center One-Day Census Data for FY 2016						
	Where Youth Are From					
Where Youth Are Placed	Capital	Central	Eastern	Southern	Western	
Capital	16	17	6	3	8	50
Central	35	99	28	15	5	182
Eastern	0	0	5	0	0	5
Southern	0	0	0	0	0	0
Western	0	0	0	0	1	1
	51	116	39	18	14	238

Figure 12[11]

[11] Data is based on "Placement by Jurisdiction" table from the State of Maryland Out-of-Home Placement and Family Preservation Resource Plan.

Statistical Projections – Proposed Project

	Projected Years						
	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025
TOTAL DISCHARGES	*27*	*41*	*41*	*41*	*41*	*41*	*41*
TOTAL PATIENT DAYS	*8,760*	*13,140*	*13,140*	*13,140*	*13,140*	*13,140*	*13,140*
TOTAL AVERAGE LENGTH OF STAY	*324.4*	*320.5*	*320.5*	*320.5*	*320.5*	*320.5*	*320.5*
TOTAL LICENSED BEDS	*40*	*40*	*40*	*40*	*40*	*40*	*40*
TOTAL OCCUPANCY %	60.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

Table F New Facility Service Stats

Projected discharges for Table F New Facility Service Stats are estimated based on the average number of annual discharges from the current facility by a percentage of the projected average daily census (ADC) for the new facility versus the average daily census of the current facility.

$$[\text{Avg. Current Discharges}] \quad X \quad \left(\frac{[\text{Projected New Facility ADC}]}{[\text{Current Facility ADC}]} \right)$$

The number of discharges in FY 2016 was 41 and 57 in FY 2017, averaging 49 discharges (see Figure 13 Discharges, FY 2016 through FY 2017). The ADC for those fiscal years was 42 and 43.7, respectively. The average length of stay during the two fiscal years was 8.9 months (see Figure 14 Average Length of Stay, FY 2016 through FY 2017).

We believe that the average length of stay will be roughly the same as the average length of stay for current clients of the Woodbourne Center because the severity of youth's needs will likely be similar. The Woodbourne Center currently serves youth who are transitioning to adulthood, who have histories of sexually inappropriate behavior, and who are adjudicated due to extreme aggressive behaviors. The population needing placement on the Eastern Shore will have similar characteristics with the exception of youth needing placement who have developmental disabilities. The average length of stay for youth with developmental disabilities may be longer than the average for youth who are currently served by the Woodbourne Center. However, this will lead to an increase in census projections and, therefore, assuming the length of stay will remain roughly the same, these census projections are more conservative.

The census growth reflects the Woodbourne Center's average number of monthly admissions (4.33 since the beginning of FY 2015 – see Figure 15 Admissions, FY 2015 through FY 2016). The census increase is projected to cap at 36, which is 90% of total licensed capacity. Therefore, the ADC in the first year is projected to be 24, while remaining 36 each following year.

Based on a projected ADC of 24 clients for the first year of the proposed facility, the new facility will have 56% the ADC of Woodbourne's current RTC. This means, based on the formula above with 49 average discharges from the current RTC, that the new facility is projected to have 27 discharges in its first year and 41 discharges with an ADC of 36 for each following year.

Years	Discharge Date	Successful - Placement objectives completed	Unsuccessful - Placement objectives not completed	Grand Total
2015	May	2	3	5
	Jun	3	1	4
	Jul		3	3
	Aug	1		1
	Sep	1	2	3
	Oct	3	2	5
	Nov	1	1	2
	Dec	3	2	5
2016	Jan	3		3
	Feb	1		1
	Mar	3		3
	Apr	4	2	6
	May	1		1
	Jun	6	2	8
	Jul	4		4
	Aug	8		8
	Sep		2	2
	Oct	3	2	5
	Nov	3	1	4
	Dec	1		1
2017	Jan	3	1	4
	Feb	5	1	6
	Mar	4		4
	Apr	2	2	4
	May	1	1	2
	Jun	6	1	7
Grand Total		72	29	101

Figure 13 Discharges, FY 2016 through FY 2017

Years	Discharge Date	Successful - Placement objectives completed	Unsuccessful - Placement objectives not completed	Grand Total
2015	May	7.84	7.10	7.47
	Jun	11.63	7.56	10.27
	Jul		6.06	6.06
	Aug	11.04		11.04
	Sep	8.02	6.54	7.28
	Oct	6.18	2.10	5.16
	Nov	17.54	3.84	10.69
	Dec		7.06	7.06
2016	Feb	6.51		6.51
	Mar	11.30		11.30
	Apr	10.33	6.31	8.99
	Jun	10.15	10.55	10.23
	Jul	11.14		11.14
	Aug	8.61		8.61
	Sep		3.06	3.06
	Oct	9.20	19.35	11.74
	Dec	10.45		10.45
2017	Jan	17.62		17.62
	Feb	9.96		9.96
	Mar	10.14		10.14
	Apr	6.16	3.79	4.98

Years	Discharge Date	Successful - Placement objectives completed	Unsuccessful - Placement objectives not completed	Grand Total
	May		0.85	0.85
	Jun	9.89	2.99	8.90
Grand Total		10.13	5.96	8.93

Figure 14 Average Length of Stay, FY 2016 through FY 2017

Year	Date	Number of RTC Admissions
	Jul	3
	Aug	3
	Sep	3
	Oct	3
	Nov	6
	Dec	4
	Jan	4
	Feb	3
	Mar	6
	Apr	5
	May	6
	Jun	5
	Jul	6
	Aug	8
	Sep	6
	Oct	4
	Nov	2
	Dec	2
	Jan	3
	Feb	6
	Mar	3
	Apr	2
	May	5
	Jun	3
	Jul	4
	Aug	6
	Sep	4
	Oct	5
	Nov	8
	Dec	3
	Jan	4
	Feb	3
	Mar	4
	Apr	5
	May	2
	Jun	7
	Average	4.33

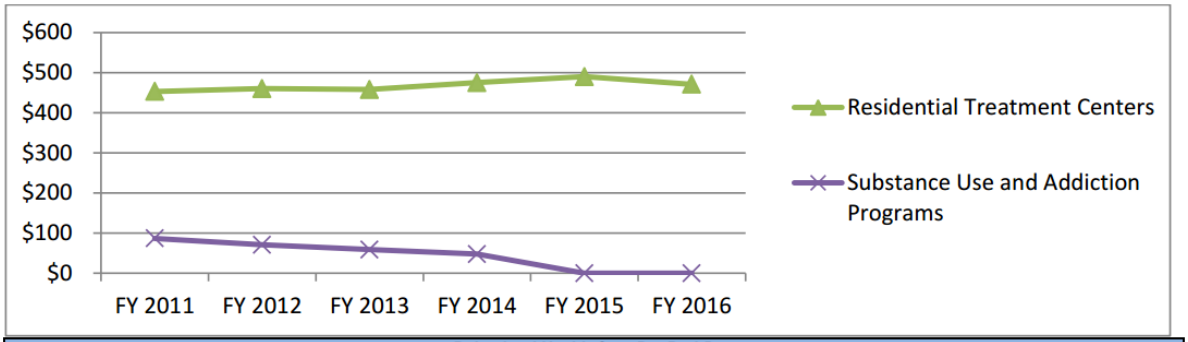
Figure 15 Admissions, FY 2015 through FY 2016

10.24.01.08G(3)(c). Availability of More Cost-Effective Alternatives

After the closure of three RTC facilities in Maryland between August 2016 and April 2017, the Woodbourne Center began evaluating the capacity of existing in-State RTC facilities versus the widening need for services from youth placed out-of-State who are seeking in-State resources. The dwindling number of open beds amongst the other RTCs, as well as Woodbourne's full capacity, indicated that an additional facility may be necessary.

In Maryland's continuum of placement options, RTCs are one of the most expensive because of the intensive and vast array of clinical and psychiatric services that must be provided to youth who exhibit the need for such services. Given the oversight that is involved in certifying a youth for RTC-level of care, it may be safe to assume that lower levels of care would not be appropriate for this population. Not only does the youth require a Certificate of Need including a psychiatric evaluation recommending RTC care, but placement also requires prior approval from the youth's Core Service Agency and any placements that are funded by Medicaid require pre-authorization and continuing re-authorization from the Administrative Services Organization, Beacon Health Options, to confirm the need for continued stay. Youth have periodic reviews of their treatment plans at least once every 30 days, including input from their families, caseworker, therapist, psychiatrist, advocates, and other facility staff. Considering how thorough the process is to ensure that RTC-level care is appropriate for each individual youth, it may be sufficient to extrapolate from the trends in RTC placement that more viable placement alternatives are not available to treat the psychiatric needs of youth placed in RTCs.

The costs for RTC placement are shown to be about $498 per bed-day, on average, in FY 2016.[12] Of course, the per diem for RTC services is higher, reflecting the intensity of services and needs of the youth who are placed in these settings though half of the cost is reimbursed by the federal government through Medicaid. Recently, some youth in Maryland have been diverted to DDA group homes to manage the current need for placement with the low availability of open RTC beds and services at RTCs to treat youth with co-occurring developmental disabilities.

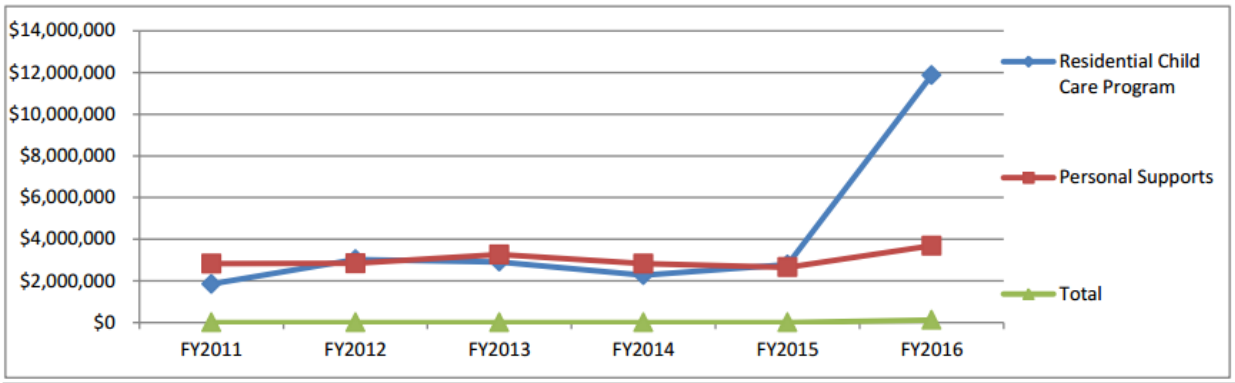


Behavioral Health Cost Per Bed-Day								
Subcategory	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	Average Change	Last Year Change
Residential Treatment Centers	$453	$460	$458	$475	$490	$498	0.6%	-3.9%
Substance Use and Addiction Programs	$87	$71	$59	$48	NA	$278	NA	NA

Figure 16

[12] FY2016 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, December 15, 2016, page 85.

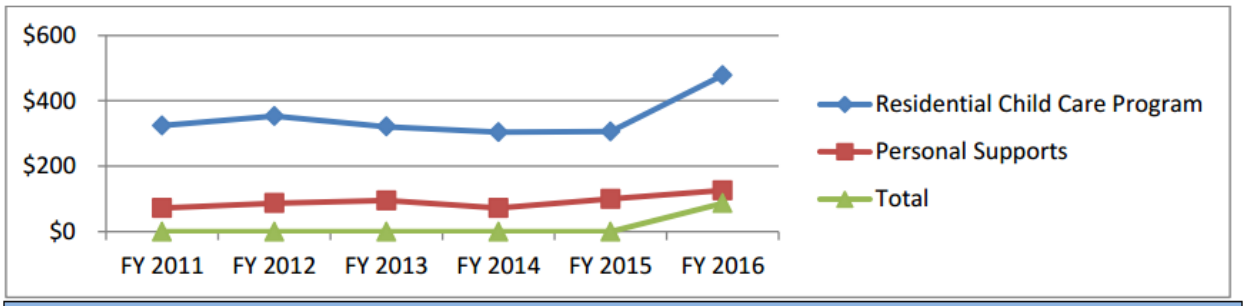
As we have seen in the last year, the costs for services at DDA-licensed group homes have increased dramatically (Figure 17). As reported by DDA in the State Resource Plan, "The total costs of Developmental Disabilities Administration out-of-home placements have increased dramatically over the past year. This is influenced by the increase in the cost per bed day for Personal Supports and Residential Services as well as the increase in the number of children placed in Developmental Disabilities Administration funded services."[13]



Developmental Disabilities Administration Total Cost								
Subcategory	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	Average Change	Last Year Change
Residential Child Care Program	$1,848,389	$3,029,693	$2,908,846	$2,272,657	$2,779,521	$11,865,376	77.4%	326.9%
Personal Supports	$2,823,561	$2,843,317	$3,259,484	$2,823,561	$2,655,439	$3,681,542	6.9%	38.6%
Treatment Foster Care	$0	$0	$0	$0	$0	$126,757	NA	NA
Total	$4,671,950	$5,873,011	$6,168,330	$5,096,218	$5,434,960	$15,673,676	41.7%	188.4%

Figure 17

As shown in Figure 18, the average per diem cost of services for youth in DDA group homes was most recently $478, only $20 less than the per diem for RTC. The increase was only seen in the most recent fiscal year but with an even greater reliance on DDA group homes since the closures of three RTCs in Maryland, this number may increase even more.



Developmental Disabilities Administration Cost Per Bed Day								
Subcategory	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	Average Change	Last Year Change
Residential Child Care Program	$324	$353	$321	$304	$306	$478	10.3%	56.2%
Personal Supports	$72	$87	$95	$72	$100	$126	14.2%	26.1%
Treatment Foster Care	N/A	N/A	N/A	N/A	N/A	$87	N/A	N/A
Total	$105	$142	$142	$188	$153	$691	80.1%	351.6%

Figure 18

[13] Ibid, page 74.

10.24.01.08G(3)(d). Viability of the Proposal

TABLE G. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

Indicate CY or FY	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
1. REVENUE						
a. Inpatient Services	$ 4,747,680	$ 6,570,000	$ 6,701,400	$ 6,835,428	$ 6,972,137	$ 7,111,579
b. Outpatient Services						
Gross Patient Service Revenues	***$ 4,747,680***	***$ 6,570,000***	***$ 6,701,400***	***$ 6,835,428***	***$ 6,972,137***	***$ 7,111,579***
c. Allowance For Bad Debt						
d. Contractual Allowance						
e. Charity Care						
Net Patient Services Revenue	***$ 4,747,680***	***$ 6,570,000***	***$ 6,701,400***	***$ 6,835,428***	***$ 6,972,137***	***$ 7,111,579***
f. Other Operating Revenues - Education	$ 1,655,500	$ 2,639,250	$ 2,692,035	$ 2,745,876	$ 2,800,793	$ 2,856,809
NET OPERATING REVENUE	***$ 6,403,180***	***$ 9,209,250***	***$ 9,393,435***	***$ 9,581,304***	***$ 9,772,930***	***$ 9,968,388***
2. EXPENSES						
a. Salaries & Wages (including benefits)	$ 4,861,121	$ 5,901,192	$ 6,019,216	$ 6,139,600	$ 6,262,392	$ 6,387,640
b. Contractual Services						
c. Interest on Current Debt						
d. Project Debt + Interest	$ 132,386	$ 126,974	$ 121,561	$ 116,148	$ 110,735	$ -
e. Current Depreciation						
f. Project Depreciation						
g. Current Amortization						
h. Project Amortization						
i. Supplies						
j. Program Expenses	$ 217,396	$ 259,738	$ 264,933	$ 270,231	$ 275,636	$ 281,149
k. Client Expenses	$ 209,768	$ 314,464	$ 320,753	$ 327,169	$ 333,712	$ 340,386
l. Transportation	$ 37,697	$ 45,041	$ 45,942	$ 46,861	$ 47,798	$ 48,754
m. Occupancy	$ 1,168,938	$ 1,261,233	$ 1,286,457	$ 1,312,187	$ 1,338,430	$ 1,365,199
n. Other Direct Expenses	$ 785,534	$ 895,134	$ 913,036	$ 931,297	$ 949,923	$ 968,921
TOTAL OPERATING EXPENSES	***$ 7,412,840***	***$ 8,803,775***	***$ 8,971,899***	***$ 9,143,493***	***$ 9,318,627***	***$ 9,392,049***
3. INCOME						
a. Income From Operation	**$ (1,009,660)**	**$ 405,475**	**$ 421,536**	**$ 437,811**	**$ 454,303**	**$ 576,339**
b. Non-Operating Income						
SUBTOTAL	***$ (1,009,660)***	***$ 405,475***	***$ 421,536***	***$ 437,811***	***$ 454,303***	***$ 576,339***

TABLE G. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

Indicate CY or FY	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
c. Income Taxes						
NET INCOME (LOSS)	***$ (1,009,660)***	***$ 405,475***	***$ 421,536***	***$ 437,811***	***$ 454,303***	***$ 576,339***
4. PATIENT MIX						
a. Percent of Total Revenue						
1) Medicare						
2) Medicaid	74.1%	71.3%	71.3%	71.3%	71.3%	71.3%
3) Blue Cross						
4) Commercial Insurance						
5) Self-pay						
6) Other	25.9%	28.7%	28.7%	28.7%	28.7%	28.7%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days						
Total MSGA						
1) Medicare						
2) Medicaid	57.0%	56.0%	56.0%	56.0%	56.0%	56.0%
3) Blue Cross						
4) Commercial Insurance						
5) Self-pay						
6) Other	43.0%	44.0%	44.0%	44.0%	44.0%	44.0%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

Table G Revenues and Expenses, Inflated

Based on Table G Revenues and Expenses, Inflated, the proposed facility is projected to gain a net positive income in its second full year of operation. As addressed in the Statistical Projections of this application (Table F New Facility Service Stats) that is with an average daily census of 24 youth for the first year, followed by 36 in each year following, operating at 90% capacity.

In its first year, to recoup some start-up costs, the revenue is based on a per diem of $540. In the second year, that figure drops to $500 and then grows 2% each year, consistent with the average RTC annual rate increase. The educational reimbursement per school day is $250 and each projected year this rate also increases 2%.

Salaries and wages are further described below in Table H Workforce Information. Salaries and benefits are averaged based on historical data gathered from the Woodbourne Center's Human Resources budget. Benefits are included in the salaries and wages data, also from an average of benefits taken by employees, and include the employer contributions for 401k, insurance plans, worker's compensation, paid time off, FICA, and SUTA.

TABLE H. WORKFORCE INFORMATION

	PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			*OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)*			*PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) **	
Job Category	**FTEs**	**Average Salary per FTE**	**Total Cost** *(should be consistent with projections in Table G, if submitted).*	**FTEs**	**Average Salary per FTE**	**Total Cost**	**FTEs**	**Total Cost** *(should be consistent with projections in Table G)*
1. Regular Employees								
Administration *(List general categories, add rows if needed)*								
Accounting Specialist AP/AR	2.0	$39,499	$94,412			$0	2.0	$94,412
Admin Assistant 1	1.0	$31,013	$79,789			$0	1.0	$79,789
Admissions Coordinator - WC	1.0	$45,760	$59,946			$0	1.0	$59,946
Facilities Supervisor	1.0	$66,286	$84,890				1.0	$84,890
Facilities Tech I	1.0	$32,136	$38,145				1.0	$38,145
Facilities Tech II	1.0	$45,469	$66,649				1.0	$66,649
Housekeeper	2.0	$25,667	$71,477				2.0	$71,477
HR Generalist	1.0	$33,168	$40,275				1.0	$40,275
HR Specialist	1.0	$38,563	$46,398				1.0	$46,398
IT Technician	1.0	$45,760	$57,384				1.0	$57,384
Quality Improvement Coordinator	1.0	$41,330	$52,091				1.0	$52,091
Admin Assistant-Nursing	0.5	$31,013	$17,064				0.5	$17,064
Clinical Director - WC	1	$88,219	$104,721				1.0	$104,721
Records Assistant	1	$34,112	$40,690				1.0	$40,690
Total Administration			$853,932			$0	15.5	$853,932

TABLE H. WORKFORCE INFORMATION

	PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			*OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)*			*PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) **	
Job Category	**FTEs**	**Average Salary per FTE**	**Total Cost** *(should be consistent with projections in Table G, if submitted).*	**FTEs**	**Average Salary per FTE**	**Total Cost**	**FTEs**	**Total Cost** *(should be consistent with projections in Table G)*
Direct Care Staff *(List general categories, add rows if needed)*								
Dietitian	0.5	$93,600	$55,198			$0	0.5	$55,198
Medical Director	0.8	$301,253	$306,759				0.8	$306,759
Nurse LPN	2.0	$46,426	$118,186				2.0	$118,186
Nurse RN	1.0	$66,581	$91,361				1.0	$91,361
Nurse RN BA	4.0	$66,206	$353,425				4.0	$353,425
Nursing Supervisor	1.0	$71,560	$98,295				1.0	$98,295
Psychiatrist	0.6	$312,000	$208,050				0.6	$208,050
Therapist	5	$48,838	$309,906				5.0	$309,906
Unit Coordinator	3.0	$39,263	$158,845				3.0	$158,845
Direct Care Professional	35.4	$27,123	$1,229,470				35.4	$1,229,470
Total Direct Care			$2,929,494			$0	53.3	$2,929,494
Support Staff *(List general categories, add rows if needed)*								
Kitchen Staff	3.0	$24,960	$103,334			$0	3.0	$103,334
Kitchen Supervisor	1.0	$37,440	$51,344			$0	1.0	$51,344
Recreation Specialist	1	$29,224	$42,589				1.0	$42,589
Behavior Spec/Intervention BA	1	$34,840	$48,261				1.0	$48,261
Nurse LPN - School	0.75	$53,352	$56,399				0.8	$56,399
Principal WC	1	$71,125	$100,706				1.0	$100,706
School Compliance Specialist	1	$46,904	$52,675				1.0	$52,675
School Therapist	1.5	$50,064	$88,805				1.5	$88,805
Teacher	15	$51,277	$1,087,094				15.0	$1,087,094
Teacher Substitute-WC	1	$26,000	$36,071				1.0	$36,071
Teaching Assistant	3	$26,326	$105,222				3.0	$105,222
Total Support			$1,772,499			$0	29.3	$1,772,499
REGULAR EMPLOYEES TOTAL			$5,555,925			$0	98.1	$5,555,925

Table H Workforce Information

All other expenses are derived from a percentage of the Woodbourne Center's operating expenses based on the number of clients or staff (whichever cost is applicable) estimated at any point in time in the projected operating years. Program expenses include: supplies, printing, postage, recreational, food service, office, and building equipment, staff development such as training, new hire activities like drug tests and background checks, professional liability insurance, tuition reimbursement and employee welfare

activities. Client expenses include: food, clothing, household supplies, consulting for medical care, personal items, recreation, and testing. Transportation encapsulates the expenses related to fleet management, client travel, staff travel, and conferences. Occupancy includes the building lease, maintenance, telephone, computer communications, electricity, waste control, water and sewer, real estate taxes, and building furnishings. Other direct expenses include: accounting fees, stop loss insurance, depreciation of the facility and vehicles, and administrative fees.

Audits of the Woodbourne Center's finances for the last two fiscal years are included in Exhibit 3 Woodbourne Center Financial Audits, FY 2015 and FY 2016.

The funding for the project is described in the Project Budget section of the application. State and community support will be integral to helping with the startup costs of the project implementation. Over the past year as the Woodbourne Center has explored this opportunity, a litany of various stakeholders have given their support and recommendation for Woodbourne to open an RTC on the Eastern Shore.

Among the most notable supporters are the members of the RTC Coalition (excluding the State-owned RICA facilities), based on the current need for additional beds and the Woodbourne Center's reputation within the State of Maryland and the health care community (see Exhibit 4 RTC Coalition Letter of Support).

In January 2017 Tony Wilson met with Maryland Senator Adelaide C. (Addie) Eckhardt (pictured right - Republican, representing District 37, Caroline, Dorchester, Talbot, and Wicomico Counties – all Eastern Shore Counties; member of Senate since January 14, 2015; member, Joint Committee on Children, Youth and Families, 2015; member, Budget and Taxation Committee, 2015) to discuss our plans to potentially open a new facility in place of the closed Adventist Behavioral Health site. Senator Eckhardt voiced her full-throated support of the project and stated she would do all she could to assist us (see Exhibit 5 Letters of Recommendation and Reference) and has been a strong supporter of having Woodbourne Center on the Eastern Shore ever since.

Additionally, William Christopher (left), Executive Director of the Dorchester Chamber of Commerce, and Ricky Travers (right), President of the Dorchester County Council, also presented letters support for this project (see Exhibit 5 Letters of Recommendation and Reference). Susan Banks of Dorchester County Economic Development discussed with us the possible financial incentives that could be available for new businesses.

Patricia Flanigan, Director of the Resource Office, and Dr. Michael Ito, DJS Director of the Office of Behavioral Health, both expressed that there is a need for services on the Eastern Shore for DJS youth. Corey Finke, DJS Regional Director for the Eastern Shore, and Joe Gravitz, DJS Supervisor (Eastern Shore), reiterated the need for services in that area, as most of the youth from that area are now receiving services in the Baltimore area.

Tony and Luke Tourtlotte, Woodbourne Center School Principal, also met with Cynthia Amirault, then Section Chief of Nonpublic Special Education/Early Intervention for MSDE, in January 2017 to discuss the needs for special education services on the Eastern Shore. Ms. Amirault explained to the team that there is a huge deficit in that area of schools that can accommodate the needs of special education students, which usually results in them having to travel across the Bay Bridge daily for school. The Eastern Shore Educational Consortium has also spoken of their need for additional educational services on the Eastern Shore and suggested that the new site could provide an opportunity for partnership. This consortium includes school administrators from Talbot County, Kent County, Dorchester County, Caroline County and Wicomico County.

10.24.01.08G(3)(e). Compliance with Conditions of Previous Certificates of Need

Sex Specific Programs

The facility will be split into separate segments, based on sex and diagnostic needs. At least one unit with a capacity of 14 residential beds will be allocated to adolescent girls and one unit with a capacity of 14 residential beds will be allocated to adolescent boys. A third unit of males or females will be opened when the census on either unit has reached capacity. Depending on the need at any given time, the third unit may be switched as necessary.

Special Clinical Needs

The Woodbourne Center has a history of serving boys and girls ages 12 through 21 who are diagnosed with:

- General psychiatric disorders;
- Cognitive functioning deficits;
- Parasuicidal behaviors;
- Self-injurious behaviors;
- At risk behaviors in the home, school, and community;
- Social isolation;
- Anxiety and depression;
- Emotional dysregulation;
- Problems with managing anger;
- Psychosocial deficits;
- Poor decision making;
- Sexuality and identity development issues;
- Victimization of sex trafficking;
- Loss/grief/attachment problems; and
- Complex trauma histories.

Current and past youth have had histories of placement in detention, hospitalization, and out-of-State facilities. We plan to offer additional programming for youth who are in need of services that are not widely available in appropriate settings in Maryland.

Youth with Developmental Disabilities

Treatment services to youth with developmental disabilities must be specifically catered to the neurological, social, and intellectual functioning of each individual. This entails a strategic re-thinking of the therapeutic environment and the various components of the program.

The following services provide examples of how the Woodbourne Center's treatment program will meet the specific needs of youth with developmental disabilities.

Residential Milieu: The residential environment will provide quiet spaces, low stimulation, and sensory prompts to assist youth with transitions in their activities of daily living. Residential staff will all receive training on how to provide support and supervision for youth with developmental disabilities, on best practices related to subjects ranging from crisis management to step-by-step instructional protocols. The environment will include a sensory room as an intervention to assist youth who would like an area away from the unit and other peers to relax and focus. Daily schedules will be structured and staff will use pre-teaching techniques to carefully assist youth through transitions.

Assessment: Youth will receive the regular schedule of assessments but will also receive referrals for neuropsychological testing if necessary and will be scored using the developmental module of the CANS assessment. All youth will develop individualized behavior intervention plans to reduce the risk of unsafe behaviors and the need for crisis interventions. Behavioral plans will specify replacement behaviors, teaching strategies, short-term rewards, and will be reviewed by the therapist and youth weekly, as well as by the treatment team.

Therapy: Group therapy will be replaced by group activities designed to enhance social skills. Youth will learn pro-social behaviors through pre-teaching, rehearsal, and coaching. Individual therapy will have more of a focus on learning within the social environment to build connections between the youth's knowledge of his or her functioning needs and how the youth practices the behavior in the residential environment. Providing this kind of in-the-moment coaching to youth who share similar deficits in the residential milieu can ultimately increase youth's understanding of their needs and normalize their participation in treatment.

Problematic Sexual Behavior Problems and Offense Specific Programming

We offer specialized programming for youth with sexual behavior problems and offending patterns. Residents range in age from 12 to 21 and are referred by Maryland's Department of Juvenile Services and/or Department of Social Services. Woodbourne is primarily committed to the prevention of sexual abuse and victimization. Community safety is of paramount importance. The focus in treatment for juvenile youth who engage in high-risk sex abuse behaviors is to mitigate and reduce current risk factors and the likelihood of re-offenses, while also increasing adaptive functioning and well -being through use of a positive peer culture environment. Our offense-specific treatment program is comprehensive and designed to address multiple areas of functioning. Components of programming include understanding personal patterns of maladaptive abuse behaviors, victim empathy and impact, healthy sexuality and relationships,

affective regulation, social and communication skills development, victim clarification work, and safety planning/relapse prevention (see Exhibit 6 Clinical Treatment for more information).

The basic treatment goals of the program are:

1. Accept responsibility for ALL your choices and your behavior, without minimizing, excusing, justifying or blaming someone or something else for your actions.
2. Be HONEST about the things you have done that were harmful, hurtful and wrong, including your sexually abusive and inappropriate behaviors.
3. Identify your high risk THOUGHTS, FEELINGS, and BEHAVIORS that contribute to your negative and abusive acting out cycles (behavioral and sexual offense cycles).
4. Understand your own PERSONAL HISTORY and how this impacted the ways you think, feel and behave on a day to day basis as well as during your sexual offending or sexually inappropriate behavior cycles.
5. Understand and CHOOSE adaptive and healthy intimate and personal relationships and appropriate sexual behaviors instead of behaviors that make new victims of others or yourself.
6. Identify, control and prevent deviant and inappropriate sexual thoughts, urges, fantasies and arousal patterns.
7. Learn how to use adaptive, safe and healthy positive COPING SKILLS to deal with life's frustrations, issues, concerns and daily challenges.
8. Develop and DEMONSTRATE awareness, empathy, sensitivity and concern for others, including victims of your sexual offense or inappropriate sexual behaviors.
9. Stay OPEN, HONEST, and AWARE of sexually abusive and sexually inappropriate thoughts, feelings, urges and behaviors in your daily life.
10. Develop a VIGILANCE and AWARENESS of all HIGH RISK SITUATIONS that might trigger you to engage in future negative behaviors including sexually abusive/inappropriate behaviors, drug and alcohol use and abuse, selfish and irresponsible behaviors, delinquent and/or criminal activities etc.
11. Develop and USE a safe behavior and relapse prevention plan to maintain safety in the home, school, and community upon discharge.

Youth who receive sex offense program services are assessed first by their therapist using a Psychosocial Assessment including sexual history and a J-SOAP or ERASOR assessment at admission and every six months until discharge. The information gathered through assessment allows the treatment team to provide better recommendations for treatment.

Risk levels are used to help evaluate a youth's likelihood of re-offense, and if the youth re-offends, the extent to which the offense is likely to be traumatic to potential victims. Based on these determinations, the youth is assigned a risk level consistent with his/her relative threat to others. Youth with problematic sexual behaviors who exhibit fewer offenses, less violence, less denial, a willingness to engage in treatment, no/few collateral issues (e.g., substance abuse, cognitive deficits, learning disabilities, neurological deficits, and use of weapons) are considered lower risk than those whose profile reflects more offenses, greater violence, and so on. Risk level is changeable, depending on behaviors exhibited within a treatment program. Disclosures of additional, previously unknown offenses or behaviors may also alter the offender's assessed level of risk.

Due to various developmental and contextual considerations with juvenile populations, the "no cure model" applied to adults is not appropriate or accurate. The evaluation and assessment of juveniles who commit sexual offenses is best seen as a process. Ongoing evaluation and assessment must constantly consider changes in the juvenile, family, and community. Furthermore, ongoing assessment should form the basis for decisions concerning restrictions and intensity of supervision, placement, treatment, and levels of care. More importantly, "a juvenile's level of risk should not be based solely on the sexual offense", but rather on ongoing data and knowledge regarding the "history, extent, type of sexual offending, and other factors" is needed before risk of re-offense and risk to community safety can be adequately determined. These guidelines and attitudes towards juvenile sexual offending are very important and helpful in determining appropriate risk and treatment considerations, and also in deterring the harmful effects of labeling an adolescent as a "sex offender". (These considerations are taken from the Colorado Juvenile Sex Offense Specific Management Board J-SOMB guidelines).

The treatment team consists of the youth's therapist and psychiatrist at Woodbourne, a DJS or DSS case worker, parents/guardians for the youth, and a victim's advocate/therapist when applicable. Other individuals close to the youth can also complete our Informed Supervision Curriculum, allowing them to supervise the youth in the community in circumstances when the youth may have contact with other youth or younger children. The informed supervisor must be approved by the DJS/DSS case workers and then becomes a member of the support/containment team, as they are responsible for all supervisory considerations involving safety for the youth and the community.

Minimum Services

Assessments

The Woodbourne Center uses an assortment of assessments designed to help with diagnosis, treatment planning, and risk evaluation and management. Some assessments are given to all youth in Woodbourne's care and others are used based on the youth's history and presenting issues. Below is a list of the types of assessments conducted by therapists and clinicians at the Woodbourne Center, as well as a detailed description of some of those assessments in the section that follows.

Form/Event	When Due	Completed by
Confirmation of Admission	Admission Day	Admissions
Preliminary Treatment Plan	Admission Day	Admissions
Family Intake Collaboration Report	Admission Day (48 hours)	Clinical Supervisor/Family Intake Coordinator
Periodic Review Schedule	24 hours	Clinical Supervisor
Admission Risk Factor Assessment	24 hours	Therapist
Suicide Screening for Adolescents (history/presentation of suicidal ideation, intent or plan)	24 hours	Therapist
Psychosocial	Within 14 days of admission	Therapist
Admission CANS- Child and Adolescent Needs and Strengths Assessment	Within first 30 days of Admission, every 60 days after and at Discharge	Therapist
CASII assessments	As needed and at Discharge for intensity of service assessment	Therapist

Form/Event	When Due	Completed by
JSOAP/ERASOR- Sexual Offense Specific Programming	At intake, every 6 months and discharge	Therapist/Clinical Supervisor
Periodic Review Meeting	Every 28 days after initial date determined at admission	Therapist/Clinical Supervisor
Initial Treatment Plan	Within 72 hours of admission	Therapist
Master Treatment Plan	Every 2 weeks for first 8 weeks Every month after, usually within 2 weeks of meeting. Need to be updated before next Beacon Health review.	Therapist
Individualized Behavior Plan (FAB-functional assessment when indicated)	Not sufficient behavioral progress at 3 months or 2 consecutive weeks of multiple physical interventions	Therapist/Treatment Team
Off-grounds Contract	Before first off-grounds activity with staff	Therapist/Unit Coordinator/SIC staff
Family Pass/Chaperone Information and Contract Form	Before first off-grounds pass with family/guardian	Therapist
Beacon Health Continued Stay Form	To be completed and submitted with each Beacon Health review	Therapist
Clinical/Group/Family/Contact Notes	Due preferably within 1 week of session	Therapist
Beacon Health Review	Variable, usually every 60 days	Therapist
Preliminary Discharge Summary/Letter	Upon Request Before Resident Discharge	Therapist
Clinical Discharge Summary	Within 30 days of discharge	Therapist
Discharge Tracking Form	Day of Discharge	Therapist

Psychiatric Evaluation

A psychiatric evaluation is completed for each client by our staff psychiatrist within two weeks of admission (see Exhibit 7 Psychiatric Evaluation). This includes questions pertaining to the client's past psychiatric history and presenting problems at admission, current and past medications, a detailed history of the client's social, developmental, sexual, legal, educational, family, and applicable trauma, abuse, or substance use past. A current mental status exam is also included in the evaluation.

Child and Adolescent Needs and Strengths

Assessments are an integral part of our treatment planning process. The cornerstone of the treatment plan for youth is the Child and Adolescent Needs and Strengths (CANS). The CANS gathers information on both child and caregiver needs and strengths. Needs areas are those that require help and or serious intervention while strengths involve those child and family assets, interests, and areas that are going well and can be utilized as part of treatment planning.

The CANS assesses various functional domains in a youth's life such as trauma exposure and adjustment, specific emotional or behavioral concerns, risk behaviors, family beliefs and preferences, and general family concerns. These domains are number rated in order to help the provider understand exactly where

intensive or immediate action or intervention is needed. Developmental and cultural factors are always considered before establishing action levels.

Because it is so closely aligned with our practice model principals, the CANS assessment was selected as a way for the Woodbourne Center and all other Nexus sites to assess, track, and communicate data across systems. To facilitate outcomes measurement, the CANS is completed at intake and then quarterly and at discharge.

Its primary purpose is communication in order to support care planning and level of care decision making, to facilitate quality improvement, and allow for monitoring of outcomes. The online system that was developed for our organization allows clinicians to easily pull reports on the history of a youth's needs and how they change during treatment (Figure 19). The visualization helps youth, families, and supportive resources to better understand what progress has been made and what areas should remain a focus for treatment.

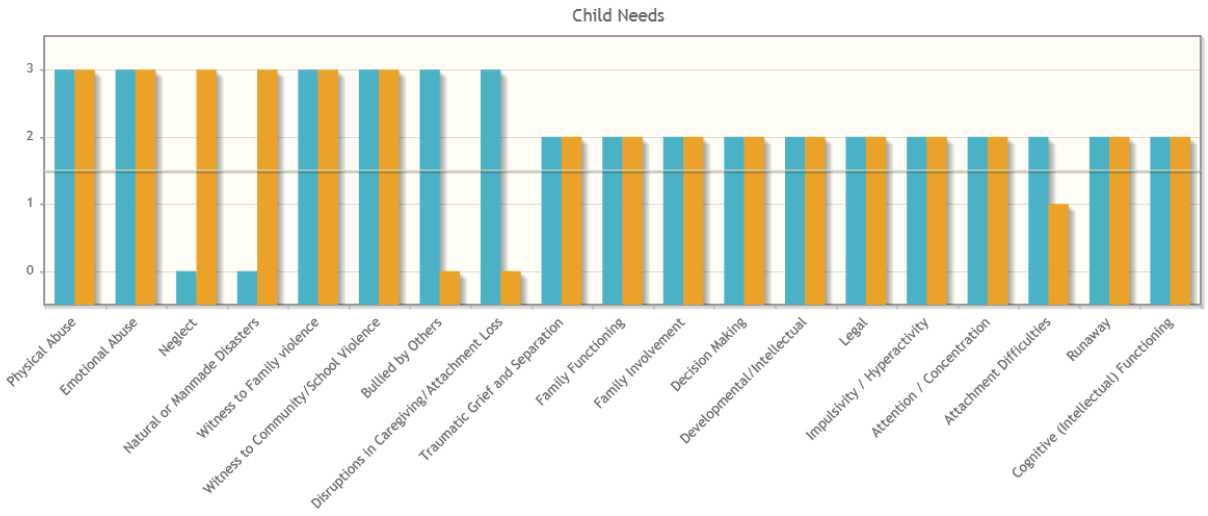


Figure 19

On an individual level, the CANS is most useful for contextualizing and planning treatment. Needs can be categorized as they contribute to overall functional outcomes and progress can be tracked by eventual improvement in those domains. Strengths are incorporated into each goal of the treatment plan as well as the youth's and family's understandings about their priorities (Figure 20) in order to create a structured plan linked to reasonable objectives and activities (Figure 21).

Shared Understanding of the Problem and Goals (conceptualization)	**What:** What are the functional problems? What are the symptoms associated with the functional problems? **Why:** Why are the problems occurring? Are there reasons in the individual's or family's history? Triggers in the present? **How:** How will the family's functioning improve?
Background Needs	What are the background factors -- predisposing events (past) and precipitating stressors (present) – to the current problems? *List associated CANS items and ratings (e.g., Trauma Exposures)*
Functional Outcome (Goal)	What area of functioning of the individual's life will change as a result of the treatment? If the treatment targets are addressed, what functioning areas will improve? *List associated CANS items, ratings and anticipated change (e.g., Family Functioning '2' to '1')*
Treatment Target Needs (Objectives)	What must be addressed to improve functioning? What will be targeted in the treatment? *List associated CANS items and ratings ('2' or '3')*
Useful Strengths	What strengths have been helpful in the past and present? *List associated CANS items identified as strengths ('0' or '1').*
Strengths to Build	Are there strengths that would help the treatment and better achieve the goals but need development or building? *List associated CANS strengths that are appropriate to build ('2' or '3').*

Figure 20

Functional Outcome (Goal)	Tx Target Needs /Steps to the Goal (Objectives)	Activities and Interventions
	A. Improve communication between Mike and his grandparents.	1. Family Therapy: Support Mike and grandparents in surfacing issues. Provide opportunities for grandparents to show their understanding of Mike. Develop communication strategy allowing Mike and grandparents to address issues.
	B. Improve Mike's participation with the family, including adhering to the rules of the house.	1. Family Therapy: Identify ways in which Mike can use his connections to his grandparents, aunt and cousins as way of coping with his struggles. Develop a plan with Mike and his grandparents that outlines family behavioral expectations, rules and rationale. Plan will include clear consequences for breaking rules.

Figure 21

Risk Assessment

The Risk Assessment is completed at admission and is used in collaboration with each youth, family, and caseworker contacts to determine whether there are any immediate or potential safety concerns that staff should address following intake. Risks like suicidality and self-harm, elopement, and aggression toward others are noted here. If risks are identified, then a plan is put in place to ensure that each youth has the environmental and staff support they need to mitigate risks and enhance their factors for resiliency.

Behavioral Management Assessment and Agreement

The Behavioral Management Assessment and Agreement works as the youth's safe environment plan, also developed on the day of admission. It serves as way for youth to communicate about their safety needs, what makes them feel unsafe, and what staff can do to help them stay safe. Factors that may trigger aggressive or unsafe behaviors from the youth are noted here, as well as interventions that the staff can offer. This information is communicated to the youth's staff and is re-evaluated at each review of the treatment plan or plan of care. The form also informs the youth and their family about procedures that Woodbourne staff may need to use if the youth is not able to control their behavior and allows the staff to note possible medical or psychological concerns regarding the use of certain restrictive procedures.

Behavior Intervention Plan

The Behavior Intervention Plan may be initiated for a youth who has either not made sufficient behavioral progress since their last plan of care or who has had multiple safety or risk-related incidents in a given timeframe. The quality improvement and clinical staff work together to constantly assess the status of youth who exhibit frequent safety concerns like fighting, behaviors leading to restraint, property damage, and elopement. The therapist works with the youth, direct care staff, and family to determine what behaviors they will attempt to deter and what the function of the youth's behavior is – what are they trying to get? This allows the team to develop replacement behaviors for that youth and in consultation with the staff team who will implement the plan. When the team is on the same page, they work together to develop the teaching strategies they will use to help the youth buy-in to the Behavior Intervention Plan.

Recreation

The Woodbourne Center provides a diverse assortment of activities designed to engage adolescents with a range of interests and to encourage healthy group participation. The Recreation Specialist works diligently with the residents who participate in Youth Council meetings, takes anonymous surveys of residents, and monitors documentation on interests, talents, and coping mechanisms of residents to develop an activity schedule that is representative of all residents at the Woodbourne Center. The following is a list of just some of the types of recreational activities available to residents:

Athletics: Our youth participate in competitive sports activities with other Level 5 schools in Maryland to include basketball, softball, football and volleyball teams. By maintaining good attendance and achievement in school along with safe behaviors on the milieu, during each sports season, youth attend afterschool practices on campus and participate in staff supervised games both on and off our campus.

Strength & Resiliency Training "Boot Camp": The power of the mind-body connection is absolutely instrumental to attaining health goals. Our youth participate in physical fitness activities and mindfulness practices to help reduce stress, improve teamwork and communication, boost morale and camaraderie and stay in shape!

Woodworking: Students have access to a woodshop with wood-crafting and engraving tools. A certified instructor shows the students how to make shelves, plaques, stools, chairs, and many other aesthetic and functional pieces. Some wood projects are used for display in the School or around campus, for students to present to their families, or for recognition awards and gifts for special guests.

Yoga & Mindfulness Classes: Trauma sensitive yoga (gentle breath work, movement and mindfulness work) can offer our youth another means to understand and develop a positive and adaptive relationship with their bodies and mitigate/ease many of the symptoms associated with complex trauma and adverse childhood experiences. Helping highly dysregulated youth obtain a sense of safety and mastery over their bodies by incorporating somatically-oriented therapy is viewed as an additional intervention strongly aligned with Woodbourne's Choice Theory practice principles and our individualized, strengths-based, and trauma-informed intervention model.

Recreation Room Activities: Youth have access after school, evenings and weekends to our Recreation Room whereby they can participate in various extracurricular activities to include playing video games, ping-pong, cards, board games, arts and crafts, bingo tournaments, and more.

Off Campus Staff Monitored Activities: Youth who maintain safety and compliance behaviors earn privileges for myriad staff supervised off grounds activities such as bowling, skating, movies, shopping, sporting and festival events, outdoor activities such as hiking and fishing and more. We plan Spring Break, summer, and Holiday events and outings year round where kids can go to amusement parks, museums, and other seasonal and cultural events.

Culture and Spirituality: Youth and families are supported to express and participate in their cultural and spiritual values, beliefs, identities and traditions. Woodbourne makes cultural and spiritual experiences available and our programs create cultural recognition events, learning opportunities, and activities that support the education of diverse cultures.

Tutoring

The Woodbourne School will provide tutoring daily on an as needed basis from 3:15pm-4:15pm. In addition, staff responsible for care and supervision beyond the school day will set aside a period in their daily schedule for supervised homework and will monitor the completion of homework assignments checking frequently with teachers to ensure that students are completing assignments.

Afterschool Activities

Youth Council: The residents who are members of the Youth Council are voted to their positions in the Council among their peers from each unit and represent their peers on matters of interest to the resident body. The Council meets monthly and decides what will be on the agenda to discuss. All matters that require follow up are reported back to the Council. The Youth Council provides an opportunity for residents to have a more formal impact on the environment and operations of the Woodbourne Center.

Chess Club: Several students each year take part in the School Chess Club, where students learn chess strategies from a special instructor, practice in timed games, and compete for championships in front of an audience of teachers and their peers.

Music and Video Production: Students may elect to take courses in music and video production at the Woodbourne School but special projects for each often extend beyond the classroom in afterschool club activities. Performances are organized for Woodbourne Center ceremonies and special events like graduations, academic awards, career and vocational days, and health fair and cultural activities.

Arts & Crafts: Art as an expressive language provides an entrée into a relationship with teenagers by tapping into their creativity and offering a form of communication that is nonthreatening and over which the adolescent has control.

The Club for Young Gentlemen: A psycho-educational curriculum to begin a young adult "Group for Gentlemen" to help expose youth to healthy and adaptive role models in developing heathy masculinity, relationship building and independent living skills.

Therapeutic Services

Implementation of our established practice principles (see Exhibit 8 Nexus Practice Principles) including a relationship and strengths based model, a family driven and trauma informed approach that are designed to ensure positive outcomes of safety, permanency and well- being upon return to youths' homes, schools and communities.

We take pride in creating strengths-based, individualized treatment plans to address youth-specific behavioral problems and implementing these plans across disciplines with great success. Youth learn to respect authority, rules and structure. They work on developing social maturity and consciousness (self-awareness, self-efficacy and confidence and self- control) and responsibility to learn to care for themselves and others. Pro-social values and behaviors are developed and practiced that help compete with and prevent harmful acting out behaviors.

Woodbourne utilizes many different types of therapeutic modalities to access underlying issues. Every person is different and responds differently to various types of therapy. Each modality is designed to uncover vital information to provide different angles and pathways into one's self. Individualized treatment plans are created for each resident. Although many people have the misperception that Cognitive Behavioral Therapy (CBT) is all head work, emotions are a critical piece in helping people deal with their thoughts, attitudes, and beliefs about themselves and the world around them and the behaviors that follow. Woodbourne utilizes CBT in conjunction with other therapies that best meet the needs of each resident. CBT is built largely on the principles of cognitive therapy and incorporating ideas and techniques of behavioral therapy (models of behavioral reinforcement). It is a proactive and enabling intervention with a strong emphasis on the therapeutic alliance and the interaction between the resident and the therapist. The cognitive behavioral process helps the resident to become a better observer and more accurate interpreter of self and incoming information, teaching stress management and social skills, as well as learning to apply various self-help skills.

Individual Therapy

Individual therapy is comprised of individual time with a primary licensed clinician for at least one hour per week. Youth have weekly one-on-one time scheduled throughout their treatment stay to process individual issues and discuss treatment objectives, goals, and plans. The focus in therapy is to build resilience and diminish vulnerability through teaching required skills, attitudes, and emotional capacities, thus restructuring cognitions by engaging their cognitive processes and implementing adaptive behavioral strategies and interventions.

Group Therapy

Group therapy is offered at least three times weekly for all youth. The group process provides a forum for defining and labeling body language and affect, challenging non-empathic responses, sharing perceptions, and defining painful emotions such as embarrassment, sadness, shame, humiliation, and powerlessness. The overall goal is to help the youth identify the role of his emotions in triggering and/or reinforcing negative and abusive behaviors, while at the same time developing tools for intervening and learning more adaptive and healthy ways to experience and cope with emotions.

The cognitive work helps build the skill of describing thoughts separate from the associated situations, feelings and behaviors, and then understanding the interactions of all these in the youth's maladaptive functioning. The denials, minimizations, justifications, rationalizations that are characteristic of youth who offend are cognitive processes. Cycle work helps to confront and challenge these high risk thought patterns.

Treatment works towards self-monitoring and self-control, and the cycle is a tool in long term risk management. As the youth identifies experiences (past and present) and personalizes elements of his cycle, he is developing increased awareness of self that will allow him to identify red flags in the future that alert him to the need to use a tool to interrupt the cycle. When a youth identifies triggers and reinforcers, their role in the cycle can then be illustrated relative to both their sexual abuse and other day-to-day problem behaviors as well.

Family Therapy

Family therapy is important to strengthen the child and family unit as a whole and ensure family members can provide the support and supervision to defend against relapses and recidivism. If a youth has a family member who is involved as a long-term resource for that youth, then our clinicians will provide two sessions of family therapy with the youth and their family each month. As a potential reunification may be nearing, clinicians will often accompany the youth to their homes to have sessions in their home and community environments.

Our program helps families understand how their beliefs and values have influenced their child negatively. Families work to enhance family bonding and relationships through parent supportiveness, communication, and involvement. Clinicians create opportunities with youth and families to first reduce negativity and blame and then build a climate of trust, alliance, and responsibility in the change process. Families must learn how patterned family emotional, cognitive, and behavioral scripts may have contributed to the enactment of high risk maladaptive behaviors, including sexual offending behaviors in a child. Family meetings, family psychotherapy, and family psycho-education are all utilized to provide information, clarify and explain programming, define expectations and requirements, and discover maladaptive family dynamics.

Expressive Therapies

Residents are helped with expressing difficult and negative thoughts and feelings through various mediums including art, sand tray, music, and physical therapies. We provide a comprehensive expressive therapy program that offers music therapy- group and individual, a theater arts program, cultural enrichment activities, and three competitive sports teams (softball, volley ball and basketball) who compete with other RTC and non-public school teams.

We also provide trauma-sensitive yoga on campus. Gentle breathing exercises, movement, and mindfulness work can offer our youth another means to understand and develop a positive and adaptive relationship with their bodies. Youth are then able to ease many of the symptoms associated with complex trauma and adverse childhood experiences. Woodbourne's Choice Theory practice principals are strongly aligned with helping highly dysregulated youth obtain a sense of safety and mastery over their bodies by incorporating somatically-oriented therapy.

These types of therapies help individuals experience the issues they are dealing with through role-playing, guided imagery, projecting, and the use of props. By physically, emotionally, and mentally expressing one's self, individuals are assisted in unlocking hidden issues and in working through them.

Trauma/Grief/Spirituality

Recovery from dependencies and other self-defeating behaviors involves recognizing that grieving – i.e., that process by which all humans adjust to loss and change – has been a significant and frequently under-acknowledged dynamic in our lives. Youth are educated in the normal and natural process that leads to resolution of loss and trauma. Youth learn how this process has been interrupted by the use of mood-altering substances, compulsive behaviors, offending behaviors, trauma, or dysfunctional family roles. Outcomes of grief/trauma work frequently include increased self-esteem, reduction in reported depression and self-harm, and dramatic emergence of energy for life and the tasks of recovery. Emotional access is further encouraged as the bridge to personal spiritual discovery. The ability to identify, experience, and express all emotions appropriately is the conduit to authenticity, values clarification, and healthy and adaptive connections with self and others.

Medication Management

Woodbourne staff also consults with onsite medical and psychiatric personnel to help determine appropriate treatment recommendations and disposition plans. The appropriate use of medications for individuals suffering from severe depression, bipolar disorder, panic disorder, or other disorders can be extremely helpful in furthering rehabilitation and recovery. This is a process of balance, because the inappropriate use of medications can be a major cause of relapse and suffering. Youth receive a thorough evaluation prior to being prescribed any medication. We also talk with youth before considering a medication to learn about their perspective on medications. Prescribing medications to a youth who is not willing to take them only invites non-compliance and failure. Nursing and Medical staff offer educational sessions on medications in several of our didactic lectures.

Psycho-Educational

Psycho-educational instruction is a process of imparting knowledge about diseases, therapies, medications, communication styles, etc. through participative lecture. This educational method is used in conjunction with all programs at Woodbourne. Psycho-educational curriculums include Affective Regulation, Anger Management, Positive Peer Culture and Social Responsibility, Social Skills Development and Problem Solving, Assertive Communication Skills, Drug and Alcohol Abuse Prevention, Healthy Sexuality, Relationship Building and Sex Education.

Treatment Planning and Family Involvement

Family-Driven and Collaborative Treatment Planning

Collaboration with the youth and family as part of the treatment team begins at intake. The family collaborative intake meeting is conducted on the day of admission with the youth, involved family members and supports, agency workers, and members of the Woodbourne treatment team. The goal is to introduce the youth and family to their treatment team members, introduce our program practice principles, and engage with them to begin identifying strengths and needs for the development of an individualized treatment plan. We immediately discuss length of stay and discharge planning considerations so that all members are aligned and on the same page with this very important goal. We also discuss historical and/or current high risk behaviors and safety concerns that are of concern and in need of monitoring for further consideration. The parent/caregiver receives a Family Handbook and the youth receives a Unit Handbook with comprehensive information regarding programming, policy, and procedure (as seen in Exhibit 9 Client Handbook). All parties receive a detailed handout with Woodbourne treatment team members' names, roles, and contact information. From this admission process, a preliminary plan of care is put in place to allow staff to orient toward the youth's goals for treatment and to help the youth acclimate to the expectations of the program.

Following admission, the youth and their team of family members, caseworkers, supportive services, and Woodbourne clinical, medical, and educational staff develop the youth's treatment plan or plan of care. This plan is fully developed by the first month from admission and then reviewed every three months thereafter. Treatment teams review the progress made on the goals and objectives set since the last plan period, in addition to residential, clinical, medication, and educational data to support those insights.

Trauma-Informed

Many of the youth in our systems of care are multiply-traumatized, having experienced various and numerous forms of psychological trauma, often in the context of negative conditions such as poverty, deprivation, abandonment, abuse and social discrimination. These socially-marginalized youth suffer greatly from these sustained invalidating social environments and cumulative effects of repeated maltreatment. It is a general finding that those with lower social status are more likely to be victimized. Common factors for many of the youth we serve include sexual and physical abuse, gang or community violence, "drive-by" shootings, robbery, sexual exploitation through prostitution, witnessing violence, and loss, death, murder of family members or friends. Perhaps nothing underscores our failure to reach and rehabilitate at-risk youth more than their vulnerability to an early violent death.[14]

[14] Teplin, L.A., McClelland, G.M., Abram, K.M., & Mileusnic, D., 2005.

The impact of such complex trauma of an ongoing and interpersonal nature includes: anxiety; depression; dissociation problems; identity, relational, and affective regulation difficulties; disturbed cognitive patterns; externalizing/somatization behaviors; substance abuse; and conduct problems. It is our attention to these complex trauma issues for youth that helps us individualize assessments and treatment planning, using multiple treatment modalities, so that we can address important mental health issues including post-traumatic stress, attachment disturbances, behavioral and affect dysregulation, interpersonal difficulties, and identity disturbances.

Collaborative Problem-Solving

Collaborative problem-solving is an evidence-based, non-punitive, non-adversarial, trauma-informed model of working with challenging youth. The philosophy behind the model is that youth do well when they can and want to do well. The challenging behaviors occur when expectations are being placed on a youth that exceed their skillset. Instead of imposing adult control on problems (although this is not completely removed by the model), problems are solved collaboratively. By solving problems collaboratively, adults are fostering a sense of intrinsic motivation from the youth.

Youth are thought to have both lagging skills and unsolved problems. This is the first area to examine before attempting to solve a problem collaboratively with a youth. An example of a lagging skill would be mental flexibility (e.g., being able to consider multiple solutions to a problem). An example of an unsolved problem would be when a youth has difficulty transitioning from math class to science class (e.g., they refuse and walk out of school). Unsolved problems are to be as specific as possible. In this process, the adult is giving more power to the youth, but solutions are never to be agreed upon unless both the adult and youth agree.

Permanency Planning

The entire treatment team is responsible for the relapse prevention and continuing care planning. Youth attend Relapse Prevention Groups regularly, with specific meetings dedicated to continuing care each week. This prompts youth to delve into the meaning and importance of continuing care and think about what their discharge plan might look like. They learn about the various options available, including resources at home, extended care, transitional living, and intensive outpatient programs. Youth then begin to outline individual needs and goals and other sources for continued recovery in family/primary relationships, spirituality, social/recreational, medical/ physical/ fitness/ nutrition, vocational/ educational, financial, or legal areas.

Education

The purpose of Woodbourne School is to provide therapeutic, educational programs and support services through a sequential curriculum of studies. The School on the Eastern Shore will utilize the Dorchester County Public School Curriculum and the Maryland State Curriculum (Common Core). Our staff seeks to develop the potential of each student in the areas of cognitive, social, emotional and physical development. We strive to help each student develop these skills in order to return the student to a less restrictive environment in the community. Each member of the school team works together to ensure the provision of quality special education services consistent with each student's IEP.

The Woodbourne School in Baltimore is MSDE approved as a Type I and Type II general education and special education school. This requires all content area teachers to be dual certified in both the content they are teaching and special education. This dual certification qualifies them to teach students both with and without IEP's. The school on the Eastern Shore will meet the same standards and be accredited as a middle school and high school (grades six through twelve) providing full day and partial day Special Education, related services for students with emotional disturbances, and a general education school program for students in grades six through twelve.

Educational services on the Eastern Shore will be provided in the same facility where the residential units are located. The youth will be able to go from the unit to the classroom while remaining within the same building. This is especially helpful in providing a safe space for students who may have trouble transitioning from the residence to the classroom and may need added staff assistance throughout the day. However, the facility has ample space outside for students to change their setting, if necessary.

Woodbourne School will enter into agreements with the Local Education Agencies (LEAs) for the education of every student whom they refer (see Exhibit 11 Educational Services Letter Example).

Placement Decision

1. Referral materials received by the Admissions Department will be reviewed and forwarded to the school so an appropriate admission decision can be made. Any significant concerns will discussed before the student is admitted/enrolled.

2. The referring worker and/or family will be contacted by the Admissions Representative to address these concerns and/or to request relevant missing school documentation.

3. Any required educational documents that are not received prior to an admission will be requested by the Director of Special Education /IEP Manager or designee within five days of the student's placement.

4. At least three diligent attempts will be made to obtain the previous school record within five days of placement. These attempts to obtain this information will be made and documented in the student's school record.

Curriculum

The Woodbourne School (Eastern Shore) will provide therapeutic, educational programs, and support services through a sequential curriculum of studies, utilizing the Dorchester County Public School and the Maryland State Curriculum. Curriculum guides are organized by subject and course content and are available to teachers at all times. The Woodbourne School (Eastern Shore) maintains a wide variety of instructional materials and equipment of an appropriate range to meet the various needs of its students. A written inventory of instructional materials and equipment is organized by subject for each age/age grouping or grade or instructional program or any combination of these, depending on the program. The Woodbourne School (Eastern Shore) will offer two curriculum tracks, high school diploma track and certificate of completion track, and students will be placed in the track that is in accordance with their IEP.

1. This program of instruction includes the following: English language arts, mathematics, science,

social studies, and other curricular areas as appropriate.
2. Students are also instructed through the use of specially adapted materials provided by their teachers. Teachers will modify curricula to the extent required to meet the specific needs of each student as identified on their IEP.
3. The Woodbourne School (Eastern Shore) will offer completer pathway programs in the both Pre-Engineering, using the Project Lead the Way Pathway, and in Career and Research Development.

Tracks

Maryland High School Diploma

Students pursuing a Maryland High School Diploma shall complete the requirements for graduation, including enrollment, credits, services, additional local requirements, if applicable, and assessments. *[COMAR 13A.03.02.09B]*

Maryland High School Certificate of Program Completion

This certificate shall be awarded only to students with disabilities who cannot meet the requirements for a diploma but who meet the following standards:

- The student is enrolled in an education program for at least 4 years beyond grade 8 or the age equivalent, and is determined by an IEP team, with the agreement of the parents of the student with disabilities, to have developed appropriate skills for the individual to enter the world of work, act responsibly as a citizen, and enjoy a fulfilling life, including but not limited to:
    - Gainful employment;
    - Work activity centers;
    - Sheltered workshops; and
    - Supported employment; or
- The student has been enrolled in an education program for 4 years beyond grade 8 or its age equivalent and will have reached age 21 by the end of the student's current school year. [COMAR 13A.03.02.09D]

Instruction

The Woodbourne School employs special and general education teachers, a Behavioral Specialist, Teacher's Assistants (TA), and related services clinicians in its program. Our staff seeks to develop the potential of each student in the areas of cognitive, social, emotional and physical development. We strive to help each student develop these skills in order to return the student to a less restrictive environment in the community.

1. Once a student is admitted to the Woodbourne School we will immediately implement the incoming student's IEP at time of admission. If, at any time, members of the students' treatment team believe that the IEP needs to be modified, revised, or changed prior to the annual review date, the Director of Special Education/IEP Manager, or Director of Education/Principal, or designee, will notify the Local School System (LSS) by phone, where the parent/guardian or custodial agent of the student resides, and request an IEP team meeting. A follow-up letter is sent by the Woodbourne School's Director of Special Education/IEP Manager, Director of Education/Principal, or designee, to the LSS.

2. In addition, a student's current IEP is available in the classroom of each student as a ready reference for the teacher to assist in ensuring that the IEP is implemented. Students without IEP's are provided with PEP's in accordance with COMAR Regulations.

3. Special education and related services are provided consistent with the number of hours of special education, and the kind of related services (e.g., counseling services, speech/language services, and occupational therapy services) and amount of related services specified on the IEP of each student enrolled. The staff of Woodbourne School provides ongoing monitoring of the IEP. Progress on the IEP goals will be reviewed with the student at the end of each school-grading period (at a minimum).

4. Documentation by teachers of the student's progress is done on the IEP and is also reflected on the student's IEP report card. Documentation of the student's progress by those providing related services will be done on the Related Service Provider Record forms at the conclusion of each session with the student, as well as the IEP and will be distributed on a quarterly basis.

Vocational Programming

The Woodbourne Center provides an array of vocational opportunities to youth who are consistent with their treatment objectives and nearing transition back into the community environment or completion of high school. Opportunities range from culinary, to landscaping, to general maintenance help and housekeeping. Youth involved in the program build positive relationships with members of the Woodbourne Center staff who mentor them in their trade and help them learn general employment skills that will benefit them throughout their entire careers.

The Student Employee Work Program (as described in Exhibit 12 Student Employee Work Program Handbook) provides students the ability to learn how to apply for a job by writing a cover letter, interviewing skills, and practical on-the-job work experience in one of the domains of their choosing.

In addition, the Woodbourne School will offer certified Career Technology Education curricula to students to allow them to explore new pathways that could lead to future vocational success. The intent is to provide readiness programming that will be of greatest benefit to the students who are referred to the Woodbourne School on the Eastern Shore.

Career Research and Development

Students will have the ability to create a career plan with consultation from a classroom learning coordinator and in cooperation with a local employer. The program also helps students develop a resume and research fields that may be interesting to them. The exposure that students get to different types of jobs can be both empowering and inspiring.

Culinary Arts

Students in the culinary arts program will get hands-on experience with food production, professional cooking, baking, nutrition, and sanitation. These pre-vocational skills can be used to gain acceptance into

an accredited post-secondary culinary program or to enhance a youth's ability to earn a job working in a restaurant, catering, bakery, or cafeteria. The students will learn safe preparation skills in a high-tech classroom environment, equipped with stoves, ovens, sinks, and countertops, enough to suit up to twelve students in one class.

Interactive Media Production

Interactive Media Production gives students a foundation in using applications like Adobe Creative Suite, Microsoft Suite, and website development tools. Students will gain graphic design skills as they navigate the most up-to-date classroom computer technologies. The program includes a capstone project that allows students to build a lasting portfolio.

Medical Assistance

The Woodbourne medical staff are committed to providing timely, high quality, appropriate care to youth and their families in coordination with consulting medical practitioners and emergency referrals. The Woodbourne Center on the Eastern Shore will work to establish a health program that meets the requirements of the "Maryland Healthy Kids Program" for Early and Periodic Screening, Diagnosis, and Treatment.

A thorough nursing assessment is performed on admission with a careful review of history and medications. Collateral information will also be obtained in addition to gathering existing medical records to ensure accuracy of information.

Nursing will continue to provide necessary medical care, education and coordinate referrals with outpatient providers or for emergency medical and or psychiatric services as needed during their stay. They will coordinate and ensure completion of annual physical exams, outpatient, vision, dental and consultation appointments. They will implement the administration of medications and closely monitor for compliance and side effects.

Nursing staff will encourage each individual to take an active role in managing their illness and build a positive working relationship with their families. Nurturing good health by emphasizing diet and exercise and education of youth on risks of alcohol, drug use as well as benefits and side effects of medications will be ongoing.

Twenty-four/seven medical care will be provided by nursing staff to include at least one Registered Nurse at all times. Nurses will evaluate youth and make decisions in consultation with an on-call staff physician or psychiatrist for emergency department referral, need for urgent assessment, or liaison with primary care or outpatient psychiatry provider for non-emergencies.

Written authorization will be obtained upon admission from parent, legal guardian for emergency and nonemergency medical, dental, vision or mental health care. Hence, when a consultation is needed emergently, there will not be any delay to the youth receiving treatment and efforts will be made to inform legal guardian of concerns and the need for referral as well.

Access to Health Care

The Woodbourne medical staff will develop a comprehensive health care plan to ensure that each adolescent's medical, dental, vision and mental health needs are met adequately and promptly.

Medical staff will obtain documentation of each resident's last physical examination upon admission and will ensure prompt follow-up with any issues identified in the documentation or chronic and recurring medical needs. Additionally, a staff pediatrician will provide a physical exam within 30 days of admission to all new clients. At a minimum, each resident will receive annual physical examinations and continuous monitoring by the medical staff. Each resident is seen by an ophthalmologist annually or more frequently in cases of acute visual problems. Residents are seen by a dentist every six months or more frequently. If acute dental problems occur, the residents are sent to an emergency dentist that is located in the area. Upon admission, the residents' immunizations, past medical/surgical history, family history, and current and past medications are reviewed. The pediatrician works closely with the primary care provider to review the medications and make adjustments if needed.

Supervision of Health Care Needs

Somatic health care is covered and maintained by a licensed physician by The State of Maryland. The residents receive prompt treatment and diagnosis of acute illnesses. If chronic illness occurs, the resident is referred by the physician for outside consultation (Podiatry, Cardiology, etc.). Residents who are being treated for communicable illnesses and infections are isolated in order to prevent the spread of infection while the necessary laboratory and diagnostic tests are completed. In severe infection cases, the residents are sent to the emergency department. All staff are educated about standard precautions and blood borne pathogens to maintain the prevention of communicable disease. Each staff member is educated yearly by the medical team.

The Registered Nurse carefully evaluates the resident in potentially life threatening emergencies such as when a resident verbalizes suicidal ideation or a plan or attempts to harm him or herself or any homicidal behavior. The nurse's assessment is communicated to the physician and the physician may order a precaution for suicide, which means that their room is searched and all potential objects that can cause the residents harm are removed. Items that could be used for self-harm like shoelaces, belts, and pens are taken and replaced with safer alternatives. Identification of urgency and referral for hospitalization for acute safety intervention will be orchestrated if indicated.

In cases of medical emergencies, the nurse on duty assesses the resident and reports the findings to the physician. From there the resident is referred to the emergency room in cases that need prompt treatment. A staff member that is trained to transport the residents is assigned to take the resident to the emergency room. The guardian, the licensing agency, and the caseworker are notified immediately when the resident is sent to the emergency room and they are notified when the resident returns, giving them a full, detailed report of what the discharge paperwork states, the follow-up recommendations, and if there is medication that was prescribed. The facility's physician is also made aware upon their return and assessed by the physician either the same day or the as soon as can be arranged depending on the acuity.

Mental Health Services

The nursing staff will provide 24-hour supervision and also identify and ensure youth at risk for acute inpatient psychiatric care or medical care are referred appropriately for prompt treatment. Nursing will ensure comprehensive assessment are completed within 24 hours of admission and the information is to. Within 24 hours of admission, a registered nurse will complete a comprehensive assessment of each

resident's medical and mental health history with the resident include a biopsychosocial history, current psychiatric evaluation and treatment summary, medication history, social and behavioral needs, and a review of the youth's admission medical records. A risk assessment is completed upon admission to identify adolescents at risk of self-harm, elopement, and aggression towards others. A comprehensive history of use of prescription, nonprescription drugs, alcohol, inhalant or substance use, drug allergies, dietary information as well as medical history and review of all systems is included in initial assessment.

Psychotropic medications can make a contribution to the treatment of youths' social and emotional disturbances. Medications are administered and monitored by nursing as part of comprehensive integrated treatment and medications are administered per policies that comply with all relevant state statutes and regulations. On admission, nursing completes medication reconciliation and that the adolescent has the necessary amount of medication, confirms doses with medical documents received, consults with the youth's psychiatrist who prescribes the medications as necessary.

Written informed consent on medications and restrictive procedures are obtained on admission from the legal guardian and the youth. Education of youth and families about medications, including the intended outcomes, possible side-effects, and possible effects of not using medication will be ongoing. Nursing will also provide education and support to direct care staff on administration of medication procedures and on monitoring for any side effects.

Nursing also ensures storage of medications as specified by policies. All information is recorded regarding the administration of medications is recorded in an electronic medication administration record. Side effects of psychotropic medications and any side effects or issues related to noncompliance will be documented and reported immediately to professionals involved in treatment including the primary care physician, psychiatrist, and the legal guardian. When medication is refused by the child, specific efforts will be made to offer education and to address concerns. Medication doses and changes are clearly identified and noted during the youth's stay.

Nursing also conducts individual and group guidance for youth and staff on health and safety-related issues. Nursing provides education and supervision to ensure that staff not utilize any physical behavior intervention that may be contraindicated in the youth's medical plan. Nursing shall notify the legal guardian and agency of any occurrence related to injury, illness or accident as well as acute hospitalization for self-harm, aggressive behaviors or stabilization. The appropriate agency will also be notified of any reportable disease and necessary precautions taken.

Nursing will continue to implement agencies medical policies in consultation with the Medical Director to ensure quality services and maintain overall responsibility for medical and mental health needs of the adolescent.

Nutrition

A staff dietitian will assess each youth within a month of admission, using assessment information gathered from nursing and the youth's pediatrician, as well as interview with the youth. Information about dietary restrictions, allergies, and nutrition planning are shared with medical, residential, and food service staff.

The Woodbourne Center will ensure that the nutritional needs for youth are met, and that the food service staff or vendor complies with all applicable policies and procedures in accordance with standards established by the Woodbourne Center, Nexus Treatment Program and all regulatory agencies.
The Director of Food Services or current vendor will provide food services to ensure that:

- Policies and procedures which govern all aspects of food services are developed, communicated and implemented.
- Meals and snacks are provided to residents in accordance with all standards, medically prescribed diets, and religion as appropriate.
- Staff are trained and supervised regarding the various standards, rules and regulations as appropriate.
- Compliance to standards and regulations established by the Woodbourne Center, Nexus Treatment Program and various regulatory agencies are met.
- All required documents are maintained for the various reviews and audits.

Staff Training

Training and staff development at Woodbourne is considered a continuous process and integral to the quality of our services. All Woodbourne Center employees, contractors, and volunteers receive training according to the philosophy and mission of Woodbourne and the general responsibilities of their positions. The orientation program has been developed over the years to be compliant with Joint Commission accreditation standards and to provide the best information and assessment possible to ensure that all employees are prepared to fulfill their responsibilities (see Exhibit 13 General Orientation Schedule).

Orientation includes instruction on:

- Philosophy, values, and mission of the organization;
- General key safety content, including:
    - Emergency preparedness,
    - Fire safety, and
    - Infection control and bloodborne pathogens;
- Sensitivity to cultural diversity;
- Resident rights and grievance procedures; and
- Policies and procedures related to job duties and responsibilities.
- Resident-focused key safety content, including:
    - CPR and First Aid training leading to certification, and
    - The behavioral management training, Safe Crisis Management;
- Developmental milestones of children; and
- Needs of the populations served, including:
    - Resident rights,
    - Child abuse and neglect reporting,
    - Professional boundaries,
    - Choice theory,
    - Trauma-informed care, and
    - Suicide risk assessment and prevention.

Employees, according to their roles and responsibilities, are required to complete additional, department-specific trainings (see Exhibit 14 Department-Specific Orientations). Initial orientation trainings are also required to be repeated at least annually, although employees have access to a range of other trainings and professional development activities throughout the year.

One of the main trainings used to prepare employees who work with youth is the Safe Crisis Management[15] curriculum. At least ten employees, supervisors, and directors at the Woodbourne Center are certified as instructors of this curriculum, which includes material on:

- Childhood development
- Theories on learning and behavior
- Universal Principles and Practices
    - Professional Boundaries
    - Communication
    - Environmental Awareness
    - Self-Management
- Prevention Strategies
    - Program Organization
    - Structured Environment
    - Relationships
- De-escalation Strategies
    - Non-verbal Interventions
    - Verbal Interventions
    - Intervention Judgment
- Function-Based Behavior Support Planning
- After-Incident Procedures
    - Physical and Mental Health Assessment
    - Debriefing with Staff, Family, and Youth
    - Documenting the Incident
- Use of Emergency Safety Interventions (Physical Restraints)

The Human Resources department collects proof of course completion from trainers at the end of every training and enters the information into a database. Using the database, Human Resources is able to track and automate letter reminders to staff when their annual trainings are due.

The online training system GROVO is used as a resource to provide meaningful and accessible trainings to staff in an office environment, at home, or on their phones. Trainings can be assigned to certain staff types, departments, or individuals and the system provides reports for easy monitoring. The content of the trainings in the system matches the duties and needs of staff in health and human services, as well as a variety of other courses related to dealing with conflict, teamwork, time management, using office technologies, and more.

Employees receive formal performance appraisals annually, which include an evaluation of their ability to fulfill job responsibilities and skills in teamwork, communication, reliability, attendance, and commitment to

[15] Copyright JKM Training, Inc.

the Woodbourne Center's mission. In addition to these annual appraisals, supervisors meet with their staff monthly, or more often depending on need, to discuss the employee's performance, new policies and procedures, and to address any questions or issues the employee might be having.

Staffing

Direct care staff will have line-of-sight supervision of the residential treatment youth at all times while maintaining at least a one-to-four, staff-to-youth ratio during all waking hours (see Exhibit 10 Residential Staffing Plan). Staff will assist with providing support and counseling of the youth, monitoring and assisting with daily activities, managing the groups during transitions, overseeing visitation from families and agency resources, and implementing special behavior plans (behavior intervention plans) in the residential milieu. During weekdays and some weekends, a Unit Coordinator and Clinical Supervisor will be present to provide supervision, support, and accountability for staff.

At least one registered nurse will always be available during waking and sleeping times to assist with medication management and medical emergencies. Woodbourne employs psychiatrists who participate in each youth's treatment team and maintain 24/7 on-call schedules to provide medical orders for emergencies. There will be a maximum one to eight ratio of therapists to clients, and all therapists are licensed by the State of Maryland to provide individual, group, and family counseling (LGPC, LGSW, or above).

For 40 youth, the following staff will be employed for the RTC:

- 1 FTE Clinical Director
- 5 FTE Therapists
- 3 FTE Unit Coordinators
- 1 FTE Recreation Specialist
- 12.6 FTE direct care staff assigned to the morning shift (6:00 am to 2:30 pm) – 3 staff covering at all times per unit
- 16.8 FTE direct care staff assigned to the evening shift (2:00 pm to 10:30 pm) – 4 staff covering at all times per unit
- 5.4 FTE direct care staff assigned to the overnight shift (10:00 pm to 6:30 am) – 2 staff covering at all times per unit
- .8 FTE Medical Director
- .6 FTE Psychiatrist
- 5 FTE Registered Nurses – at least 1 RN covering at all times
- 2 FTE LPN
- .5 FTE Dietitian
- .2 FTE Physician

The Woodbourne Center has sufficient trained and qualified staff to offer support and supervision among its other operations and residential services as emergency needs arise. On-call direct care staff and registered nurses will be available to respond in the event there are call-outs, staff on leave, or vacancies among those staff who supervise the residents in their activities of daily living. The Woodbourne Center currently employs about 20 such on-call staff and more would be hired to assist with the RTC. If on-call

staff are not available to fill open shifts or a last-minute call out occurs, the direct care staff who are on shift would be mandated to stay until their post could be relieved.

In addition to RTC clinical, medical, and residential staff, the Woodbourne Center on the Eastern Shore will employ administrative staff in the Human Resources, Finance, Quality Improvement, and Information Technology departments. Operations will be supported by Woodbourne Center Baltimore City administrative staff, especially at the outset of services to offset the proportion of services to necessary overhead costs.

Staff Qualifications

Clinical Director
Responsibilities:

- Provide program management and administration on site and within the organization.
- Direct the development and ongoing enhancement of individual treatment units consistent with Woodbourne Center treatment philosophies.
- Participate in and support the ongoing selection, evaluation and professional development of staff.

Qualifications:

- Master's degree in related discipline with 5 years' experience in related field; 5 years supervisory experience required, preferably in a residential setting.
- LCSW, LCSW-C, LCPC or doctorate-level licensure required.

Medical Director
Responsibilities:

- Direct the development, implementation, and maintenance of treatment services, ensuring the overall the quality of care provided meets standards set by Woodbourne Center treatment facility in conjunction with relevant governing bodies.
- Oversee the staffing, training, development, and performance management of clinical staff, ensuring competent and quality treatment services are provided to the clients and families of the Woodbourne Center treatment facility.
- Coordinate activities and integrate services by working closely with other departments to provide comprehensive services.
- Ensure that documentation is made for all clinical examinations, including the psychiatric examination and progress notes.
- Guide the treatment team and implement the treatment plan for each client for whom the Medical Director is the treating psychiatrist.
- Respond to emergencies in the absence of staff psychiatrists assigned to the case.

Qualifications:

- M.D. degree and Maryland Board-certified in Child Psychiatry.
- Minimum of 5 years' experience treating adolescent psychiatric disorders and 3 years' experience as a supervisor.

Psychiatrist
Responsibilities:

- Guide the treatment team and implement the treatment plan for each client for whom the Psychiatrist is the treating psychiatrist.
- Respond to emergencies in the absence of staff psychiatrists assigned to the case.
- Ensure that documentation is made for all clinical examinations, including the psychiatric examination, and progress notes.

Qualifications:

- M.D. degree and Maryland Board-certified in Child Psychiatry.

Clinical Supervisor

Responsibilities:

- Manage the development, implementation and maintenance of all components of the treatment program.
- Participate as a multi-disciplinary team member in developing and implementing resident treatment plans and strategies and provide direct resident services to maximize therapeutic effectiveness.
- Participate in the selection, training, ongoing development and performance evaluation of program staff.
- Manage and monitor the program milieu and collaborate with coworkers to ensure an emotionally and physically safe environment for residents and one that is also positive, respectful, clean and therapeutic.
- Participate in the annual budget development process and manage the current program budget.

Qualifications:

- Must be licensed as LCSW or LCPC in the State of Maryland.
- Must be a certified Program Administrator under Health Occupations Article, Title 20, Annotated Code of Maryland.
- Minimum of 5 years in adolescent counseling and/or residential experience required, plus 2 years supervisory experience preferred.
- Valid driver's license. Must meet state regulating agency and Corporate driving requirements.

Therapist

Responsibilities:

- Provide assessments for evaluation and treatment planning.
- Provide family and individual therapy services to residents and their families.
- Participate in resident discharge.
- Communicate with legal systems, schools and social service agencies and provide court testimony when necessary.
- Ensure compliance with governing agency and Nexus reporting requirements.
- Educate staff about family treatment integration theory and technique and its application to residents.

Qualifications:

- Must be licensed to provide therapy in the State of Maryland (LGSW, LCSW, LGPC, LCPC).
- Two years of work experience with youth in a residential or treatment setting preferred.
- Valid driver's license. Must meet state regulating agency and Corporate driving requirements.

Unit Coordinator

Responsibilities:

- Provide structure and supervision of the daily operations of the program/unit to ensure successful coordination and implementation of each resident's daily treatment services.
- Participate as a multi-disciplinary team member in developing and implementing resident treatment plans and strategies.
- Assist the Clinical Supervisor in the selection, training, ongoing professional development and performance evaluation of staff/team members.
- Manage and monitor the program milieu and collaborate with coworkers to ensure an emotionally and physically safe environment for residents and one that is also positive, respectful, clean and therapeutic.

Qualifications:

- Bachelor's degree required, preferably in a social work, psychology or clinically-related field.
- Minimum of 3 years job related experience in adolescent counseling and/or residential treatment program experience required, plus 1 year supervisory experience preferred.

Recreation Specialist

Responsibilities:

- Develop, coordinate and implement physical education and leisure activity programs for residents while maintaining the safety of residents, staff and the community.
- Participate with coworkers as a team on implementation of treatment plans and therapeutic services.
- Ensure residents' emotional and physical safety, as well as the safety of staff and the community, and collaborate with co-workers to maintain an environment that is positive, respectful, clean, strengths-based and therapeutic.

Qualifications:

- Bachelor's degree in Recreation, Physical Education or related field required.
- Minimum of two (2) years demonstrated experience in a residential treatment setting required, preferably in the provision of recreational activities/programs with youth.
- Experience working with families and trauma-exposed children and adolescents preferred.
- Valid driver's license. Must meet licensing agency driving requirements and comply with corporate driving policy.

Direct Care Staff

Responsibilities:

- Provide mentorship and supervision of resident daily activities and behavior according to established guidelines and procedures.
- Participate with coworkers as a team on implementation of treatment plans and therapeutic services.
- Ensure resident safety and collaborate with coworkers to maintain an environment that is positive, respectful, clean and therapeutic.
- Plan and participate in off-campus resident activities and assist in the transportation of resident for home visits, doctor appointments, planned recreational activities, etc.

Qualifications:

- High school or GED required.
- One year of experience working with youth in a residential or treatment setting preferred.

- Minimum of 21 years of age.

Registered Nurse (RN)
Responsibilities:

- Coordinate the delivery of medical care to residents.
- Coordinate medical aspects of admissions and ensure completion of annual physical exams. Make necessary follow-up appointments and/or referrals.
- Coordinate special needs appointments with external physicians and clinics.
- Collect and assess residents' medical data in a systematic and ongoing basis, ensuring the medical records are always current.
- Collaborate with members of the treatment team to develop Individual Treatment Plans.
- Coordinate staff training in CPR, First Aid, medication administration and infection control.
- Administer bi-annual TB tests and provide Hepatitis and flu vaccines for staff, if applicable.
- Implement, monitor and coordinate the administration of medications.

Qualifications:

- Graduate of an accredited school of nursing.
- Valid Registered Nurse license.
- Minimum of 1 year related experience, preferably in a residential setting.
- First Aid, CPR, and Infection Control certification.

Licensed Practical Nurse (LPN)
Responsibilities:

- Coordinate medical and dental related care for residents.
- Assist in providing employee health services and training.
- Maintain internal and external communication regarding resident medical issues.

Qualifications:

- Graduate of an accredited school of Practical Nursing.
- Minimum of 2 years' experience in a clinic and/or hospital environment.
- First Aid, CPR, and Medication Administration certification.

Dietitian
Responsibilities:

- Formulate plans of nutritional care based on assessment and ensure follow-through with plans.
- Ensure the Woodbourne Center's compliance with regulatory requirements.
- Review correspondence, updates, and directives from regulatory agencies to ensure that pertinent staff are knowledgeable of changes, training, and resources available.

Qualifications:

- Must be a licensed Dietitian in Maryland.
- Two years' experience working in a hospital or residential treatment setting with youth preferred.

Physician
Responsibilities:

- Oversee the delivery of medical care to residents.
- Manage the medical department including providing training and supervision to nurses.

- Provide medical exams to residents for regular scheduled evaluations and as-needed.
- Refer residents for specialists and further medical care as-needed.
- Collect and assess residents' medical data in a systematic and ongoing basis, ensuring the medical records are always current.
- Collaborate with members of the treatment team to develop Individual Treatment Plans.
- Coordinate staff training in CPR, First Aid, medication administration and infection control.
- Administer bi-annual TB tests and provide Hepatitis and flu vaccines for staff, if applicable.
- Implement, monitor and coordinate the administration of medications.

Qualifications:

- Must be a licensed Physician in Maryland.
- Minimum of 3 years related experience, preferably in a residential setting and in supervising a medical department.

Compliance with Regulations

The Woodbourne Center is currently fully accredited by the Joint Commission, having successfully completed its reaccreditation survey on December 23, 2016 (see Exhibit 15 Joint Commission Accreditation Letter). Woodbourne is also licensed by the Maryland Department of Health (formerly Department of Health and Mental Hygiene) as a Residential Treatment Center (see Exhibit 16 Maryland Residential Treatment Center License). The Woodbourne School is accredited by the Maryland State Department of Education (MSDE) to provide Type I full and partial day Special Education and related services to students from grades 6 through 12.

Woodbourne has structured its operations and services based on the requirements set forth in Joint Commission standards, State statute, federal regulations, and the Code of Maryland Regulations for residential treatment centers, as well as best practices and the core values and guiding philosophy of our organization. We commit to continuing in this path and are confident in our ability to do so given the institutional knowledge and practices we have cultivated during our long history.

To ensure compliance with standards, the Woodbourne Center employs an innovative Continuous Quality Improvement (CQI) program, which focuses on collaborative problem-solving, rigorous evaluation based on robust and efficient data collection processes, and sustainable system implementation with long-term outcomes at its core (see . The CQI program utilizes the Plan-Do-Study-Adjust (PDSA) cycle in carrying out its various responsibilities related to risk management, customer satisfaction, and child and family outcomes.

Quality Improvement at the Woodbourne Center informs all aspects of care and operations, serving as the fourth crucial function in the organizational system (as shown in the Evaluation stage in Figure 22).

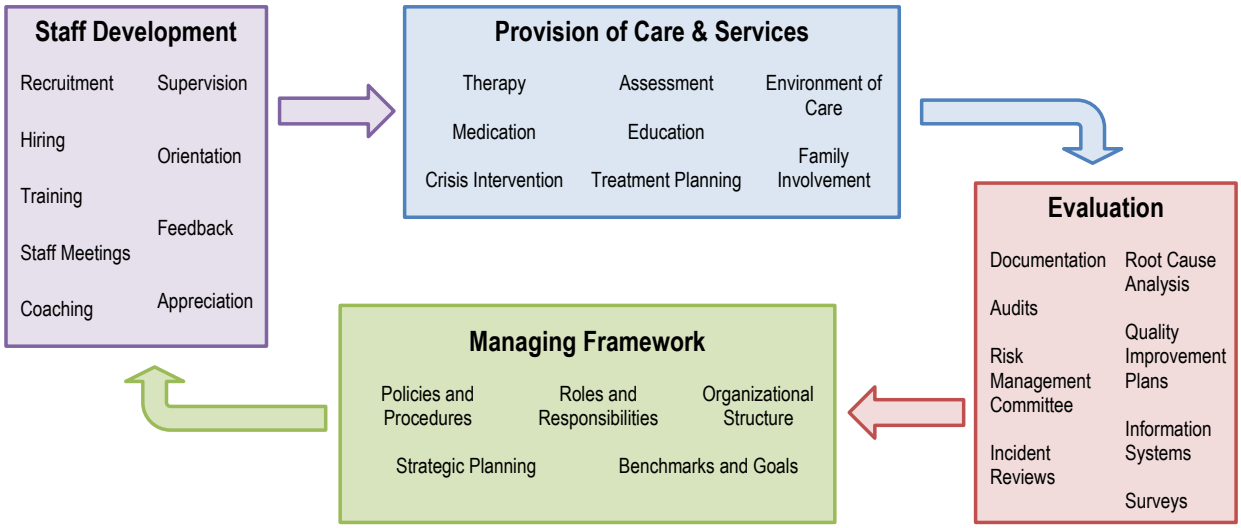


Figure 22

The vast wealth of information and data that the Woodbourne Center's departments collect are evaluated through recurring processes and committees that turn the information into actionable plans for improvement. Examples of such organizational units are monthly Risk Management Committee meetings, monthly Departmental Quality Improvement Committee meetings, incident review meetings (held twice weekly), monthly audits, and root cause analyses (see Figure 23 below).

Figure 23

Risk Management Committee

The Risk Management Committee brings together the managers and staff of inter-related departments such as Residential Services, Medical and Nursing, Facilities, Quality Improvement, Human Resources, and Executive Operations. The Committee uses a formalized process to identify, analyze, and prioritize

potential and perceived risks. Risk-handling measures are then invoked to prevent and minimize the effects of adverse events and ensure the safety of our youth and staff.

The following reports, at minimum, are presented to the Risk Management Committee:

- Environmental Rounds Checklist;
- Facilities safety issues and unscheduled maintenance due to misuse;
- Youth high-risk incidents and sentinel events;
- Census information;
- Medication errors;
- Infection control issues;
- Medical, clinical, educational, and HR file audits;
- Youth rights and privacy issues;
- Financial risks and conflicts of interest;
- Personnel, hiring, and retention risks;
- New hazardous materials for purchase; and
- Records of disaster and fire drills.

The leadership has responsibility for the evaluation and follow-up regarding risk information. Action plans are discussed and agreed-upon in this forum, which include an analysis of the problem, steps taken so far, action steps to be implemented by the next meeting (or along a specified timeline), and whether the issue is flagged for further review by the Policy Reconciliation Committee or for root cause analysis.

Quality Improvement Committee

The Woodbourne Center's quality improvement process is a framework for organizational problem-solving and collaboration. Woodbourne Center Leadership is responsible for creating a culture of inclusion where goals can be established by diverse teams and for ensuring that these goals achieve the outcomes outlined in the Quality Improvement Plan policy. Managers involve their staff and youth in the process of quality improvement and ensure that, through such partnership, plans are monitored, evaluated, and modified to reach the goals set by the team, department, or organization. Managers also ensure the accuracy and timeliness of data reporting for performance measures and assist with collection and analysis of data wherever possible. All staff must be involved in planning and evaluating the effectiveness of quality improvement plans and follow through with their respective roles in quality improvement plans with fidelity. The Quality Improvement Department is responsible for facilitating the quality improvement planning process, overseeing the continuous evaluation of quality improvement plans, and ensuring that data reporting processes are functioning efficiently and with validity to the performance they are used to measure.

The quality improvement plans of the Woodbourne Center's departments are based on goals that achieve the following:

- Youth outcomes including measures of:
    - Safety;
    - Satisfaction;
    - Well-being, and
    - Permanency;
- Process outcomes including measures of:

  - Quantity and timeliness of service provision;
  - Completeness of records; and
  - Fidelity to program service models;
- Staff outcomes including measures of:
  - Development;
  - Retention; and
  - Satisfaction; and
- Facility management outcomes including measures of:
  - Environment of care safety and risks;
  - Financial sustainability; and
  - Accuracy and completeness of record-keeping.

Outcome-Based Evaluation

The Woodbourne Center uses a variety of evaluation methods to ensure continuous quality improvement in its operations and services. The outcomes that are expected based on residential treatment services are identified in the following logic model (see Figure 24) and stem from the goals, assumptions, inputs, activities, and outputs listed.

Residential Treatment Services Logic Model

Goals	Assumptions	Inputs	Activities	Outputs	Outcomes
1. Ensure that all youth are discharged successfully, to either be reunified with family or to transition to a lesser restrictive, more home-like environment 2. Sustain positive discharge outcomes for at least a year following discharge from placement 3. Reduce the length of stay – time between admission and discharge 4. Prepare youth for educational and vocational success after placement 5. Youth should build a network of relationships with people who can encourage them to excel	1. Our services are predicated on the expectation that youth will complete treatment and treatment will mitigate risk factors that necessitated placement 2. We are responsible for breaking the cycle of adjudication, recidivism, and hospitalization by preparing the youth to function in the real world 3. Placement is designed to be an intervention, not a long-term setting 4. Youth are more likely to maintain positive outcomes as successful, engaged citizens when they are enrolled in an appropriate educational or vocational program or employed 5. The relationships necessary to ensure lasting success must not be interrupted	1. Family 2. Therapists 3. Psychiatrist 4. Nurses 5. Medication 6. Staff training 7. Residential facilities 8. School 9. Recreational equipment 10. Administrative staff 11. Information systems (EMR, databases) 12. Regulations 13. Referral sources 14. Documentation 15. Community resources (universities, religious institutions, civic organizations, parks, businesses) 16. Advocacy organizations	1. Engage family resources early into treatment and discharge planning 2. Plan treatment outcomes based on family and youth's ideals, goals, and preferences 3. Assess the youth to better determine scope of treatment needs and potential high risks 4. Provide staff with appropriate training to best cultivate a safe and supportive environment 5. Manage health needs through continuous evaluation and follow-up 6. Engage family and community supports in treatment to establish deeper connections between the youth and his or her network 7. Develop a system of job duties, application, reference, performance evaluation, and accountability for work-study	1. A common mission and goals, 2. Family involvement/ engagement 3. Therapy (group, family, individual) 4. IEP service coordination 5. Assessments (medical, clinical, educational) 6. Treatment planning 7. Discharge planning 8. Milieu programming 9. Plans of Action 10. Work study opportunities 11. Safe environment 12. Medication management 13. Physical exams 14. Home passes 15. Crisis management 16. Recreational activities 17. Surveys (family, referral agent, post-discharge)	1. Successful discharge from placement as measured by completion of treatment goals and reunification or step-down to less restrictive, more home-like setting 2. Sustain positive outcomes for at least one year following discharge as measured by permanency, continuing educational attainment, improvement in family relationships, and community involvement 3. Shorter average length of stay in residential placement

Figure 24

We collect data not only on our outcomes but also on each individual output and multiple youth characteristics to provide a fuller picture as to how and why we achieve the outcomes we do. Our analysis of incidents, for example, yields information about what incidents occur, who they involve, when and where they occur. Figure 24 illustrates the usefulness of this detailed approach in providing context in an accessible way to program administrators, supervisors, and direct care staff.

Times of Aggression Incidents from 3/2017 through 3/2017								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Early Morning	0	1	0	2	0	3	0	6
Late Morning	0	0	0	0	1	0	0	1
Early Afternoon	1	0	0	0	1	2	0	4
Late Afternoon	2	1	4	0	1	2	0	10
Evening	0	0	0	2	0	1	0	3
Night	0	0	0	0	0	1	0	1
Late Night	0	0	0	0	0	0	0	0
Total	3	2	4	4	3	9	0	25

Figure 25

Such analyses are based on data that is collected using our electronic medical record, which are exported to spreadsheet templates that generate multiple flexible reports in a matter of minutes. This information is used by treatment teams, by supervisors and staff in regular weekly meetings, by committees like Risk Management and Quality Improvement, and external stakeholders as necessary. Outcomes evaluation can be targeted enough to inform and support the work of a youth's therapist and staff and can be broadly interpreted to aid in the implementation of new program initiatives and policies.

Outcomes data regarding youth well-being, safety, and permanency is brought to various teams and solutions are generated using the Plan-Do-Study-Adjust (PDSA) cycle. Teams are encouraged to evaluate the data, taking into consideration multiple possible contributing factors and variables that can be analyzed in real-time and interventions that have already been introduced to mitigate risks or improve quality, and to problem-solve together by forming plans or making adjustments that can be implemented with consistency and sustainability.

Accreditation and Certification

As soon as permissible, the Woodbourne Center will apply for Joint Commission accreditation as required by COMAR residential treatment center licensing regulations and will be jointly licensed as a Special Hospital-Psychiatric Facility and a Residential Treatment Center.

Criminal Background Investigation

Woodbourne Center Human Resources conducts background checks on all new employees, as well as interns, volunteers, and contractors who may work with youth including:

(1) A State and federal criminal background check through CJIS;
(2) Office of Inspector General (OIG) Report;

(3) Driving record check; and
(4) Child Protective Services clearance.

Background checks are conducted before the employee or staff begins work for the Woodbourne Center. Additional background checks may be conducted on any applicant or for an employee who had not previously received a background check but who subsequently moves into another position involving significant exposure to agency financial assets, property, or security responsibility. Background checks are kept in a file separate from the personnel record.

Once a month, an OIG report is conducted on all current employees to verify that no employees have been identified as having been involved with Medicaid or Medicare fraud.

The Woodbourne Center adheres to the standards for Residential Child Care Programs set forth in the Code of Maryland Regulations 14.31.06.05 as they pertain to those convictions that would prohibit a person from working in an environment where they have access to youth. Those requirements are:

A. The organization shall not employ any employee or utilize the services of any volunteer, intern, or contractor with unsupervised access to children any individual who:
   (1) Refuses to submit to:
      (a) A criminal background check in accordance with State law, including Family Law Article, §§5-560—5-568, Annotated Code of Maryland; or
      (b) A Child Protective Services clearance;
   (2) Has an indicated child abuse or neglect finding; or
   (3) Has a conviction for:
      (a) Child abuse or neglect;
      (b) Spousal abuse;
      (c) Rape;
      (d) Sexual assault;
      (e) Homicide; or
      (f) Any crime against children;
   (4) Has a conviction within 5 years of applying for a job with the program for assault or a drug-related offense;
   (5) Has conviction within 5 years for a violation of the Courts and Judicial Proceedings Article, §3-838 or 3-8A-30, Annotated Code of Maryland; or
   (6) Is identified on the OIG report as being excluded from providing Medicaid or Medicare services.
B. The organization shall refrain from hiring practices that may result in conflicts of interest, including the concurrent employment of staff persons employed by:
   (1) A licensing agency;
   (2) Local departments of social services;
   (3) A placing agency; or
   (4) The State Department of Education.

Additionally, the Woodbourne Center requires all staff to receive pre-employment health screenings, including a physical examination, drug test, and tuberculosis test. The purpose of this is to ensure that

individuals are physically able to perform the duties for which they are employed and are free from the risk of spreading tuberculosis.

Reference checks are conducted on all new staff. The Woodbourne Center requires three reference checks from non-family members of a new employee, prior to an offer being made to that individual.

All employees, staff, and visitors are required to display an identification badge or visitor's badge to ensure that no one is able to access clients or clinical information without the appropriate authorization. Staff badges are given after all background checks have been completed and are revoked or altered if the staff's status changes through an electronic badge management system. Visitor's badges are only given at the front desk to visitors who have checked-in, presented identification, and expressed a need to be at the Center. Doors into the facility and the school, residential units, and other staff-sensitive areas of the campus are equipped with badge-readers, which are programmed to allow access only to those staff whose credentials make it necessary to have passage into each area.

The information technology systems work similarly; access is given only to authorized staff based on their need to have access to that information to fulfill their job responsibilities. The network requires a secure password that must be changed every 90 days, as does the electronic medical record. All staff receive orientation and annual training on HIPAA and how to safeguard protected health information at our organization.

Meeting Special Needs

This is addressed in the Special Clinical Needs section above.

Community-Based Services

The Woodbourne Center operates a Treatment Foster Care program, licensed by the Maryland Department of Human Services. We have provided community-based services through this program for over 40 years and have an experienced staff of social workers, including a foster parent recruiter who has successfully recruited eight foster parents in the last six months. Woodbourne would explore opportunities to grow treatment foster care on the Eastern Shore, based out of the available offices in the new facility.

Woodbourne is also actively pursuing opportunities for licenses to provide other community-based services, such as through a Psychiatric Rehabilitation Program (PRP) for youth and young adults. We have completed a review and been approved by the Department of Health to be licensed as a PRP provider for youth, pending final submission of a business plan. The policies, procedures, documentation, and preparations made to garner this license at our Baltimore location would give our organization a jump start at being licensed to provide such services on the Eastern Shore. Implementing PRP services would allow youth who are transitioning from RTC into the surrounding community to have funded aftercare resources and case management to ensure their long-term success and reduce the risk of recidivism.

Additionally, Woodbourne is open to providing other types of residential services at the Eastern Shore. Based on the floor plan and the area of use, there is still one wing of the facility that could be used for approximately 12 more beds. The Woodbourne Center has expressed interest to the Department of Human Resources in opening a high intensity group home and is awaiting a possible request for proposals to grant licenses for that type of program. This, too, would provide a much needed resource for youth who

have completed their goals in residential treatment and are ready for discharge but who would still benefit from the structure that a less intensive residential facility would offer.

10.24.01.08G(3)(f). Impact on Existing Providers and the Health Care Delivery System

As demonstrated in the Needs Assessment of this application, the proposed addition of an RTC facility on the Eastern Shore would benefit consumers of the health care system by providing greater availability to necessary treatment services.

Volume and Service of Other Health Care Providers

As detailed in the Needs Assessment of this application, the need for RTC services and services for developmentally disabled youth is outpacing the current operational bed capacity in the State. This is the reason why both State agencies, local departments, and the members of the RTC Coalition have all voiced their support for having a new RTC on the Eastern Shore and the recommendation that the Woodbourne Center provide these services.

Impact on Payer Mix for Health Care Providers

As Medicaid is the primary source of funding for youth in residential treatment, the impact on the payer mix would be negligible.

Costs to the Health Care Delivery System

The health care system would benefit from having more space for youth who may be awaiting disposition or at risk of being sent out of State due to the current capacity of Maryland's existing RTCs. When youth who are in need of services are placed in inappropriate settings, the overall impact to consumers, providers, and the State can be highly detrimental. Recidivism is the product of an inefficient health system, which can be mitigated through the development of a carefully balanced network of resources. It results in long-term negative outcomes for individuals, families, and communities and the repeated use of resources to resolve problems that could potentially have been allayed earlier.

Exhibits

Exhibit 1 Site Description

NAIKLNB
Global Solutions. Local Expertise.

For Sale

Single-Story Building

Cambridge, Maryland

Exclusively Offered by:

NAIKLNB
Global Solutions. Local Expertise.

David J. Fritz, CCIM, SIOR

+1 443 574 1410
dfritz@klnb.com

6011 University Boulevard
Suite 350
Ellicott City, MD 21043
+1 410 290 1110
naiklnb.com

Confidentiality & Disclaimer

The material contained herein is confidential and is presented strictly as background information for exclusive use of the prospective purchaser. Acceptance of this offering constitutes on agreement not to divulge, share or distribute the information to any other party, except purchaser's legal counsel and financial advisors, without the specific written authorization of NAI KLNB.

Prior to submitting an offer to purchase the Behavioral Healthcare building, located at 821 Fieldcrest Road, Cambridge, MD, interested parties should perform their own investigations, analysis, estimates and projections and otherwise satisfy any concerns regarding material aspects of the proposed transaction, including, but not affecting the property. No broker or agent, other than NAI KLNB, or its designated agent in the state of Maryland, is authorized to present this investment opportunity.

All offers or requests for further information should be directed to NAI KLNB or its designated agent.

David J. Fritz, CCIM, SIOR
NAI KLNB
6011 University Blvd
Suite 350
Ellicott City, MD 21043
Phone: 443 574 1410
dfritz@klnb.com

The owner reserves the right to continue to solicit proposals prior to the execution of a binding contract for the purchase of the Behavioral Healthcare building.

All information contained herein is from sources deemed reliable and is submitted for information only without any representation or warranty, expressed or implied. This document is submitted subject to errors, omissions, change of price, market or other conditions and withdrawal without notice.

Table of Contents

6011 University Boulevard
Suite 350
Ellicott City, MD 21043
+1 410 290 1110
naiklnb.com

I. Executive Summary

NAIKLNB
Commercial Real Estate Services, Worldwide.

Section I
Executive Summary

Overview

The 821 Fieldcrest Road building is a 40,180 square foot, single-story masonry detached, institutional type building, with a total capacity of 75 beds, licensed for 59. The building was constructed in 1999. It was previously occupied in its entirety to Adventist HealthCare, Inc./ Adventist Behavioral Health System, an acute care and residential mental health resource for children and adolescents.

The property is located on Fieldcrest Road, in the Fifth Ward, City of Cambridge, Cambridge Election District, Dorchester County, Maryland. According to MSA, subject is tract 9704.

II. Property Description

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Section II

Property Description

Single-story masonry detached, institutional type building containing 40,180 square feet and a total capacity of 75 beds, licensed for 59. Facility is used as a juvenile rehabilitation and treatment center and non-public school, located on Maryland's Eastern Shore in the town of Cambridge, Maryland.

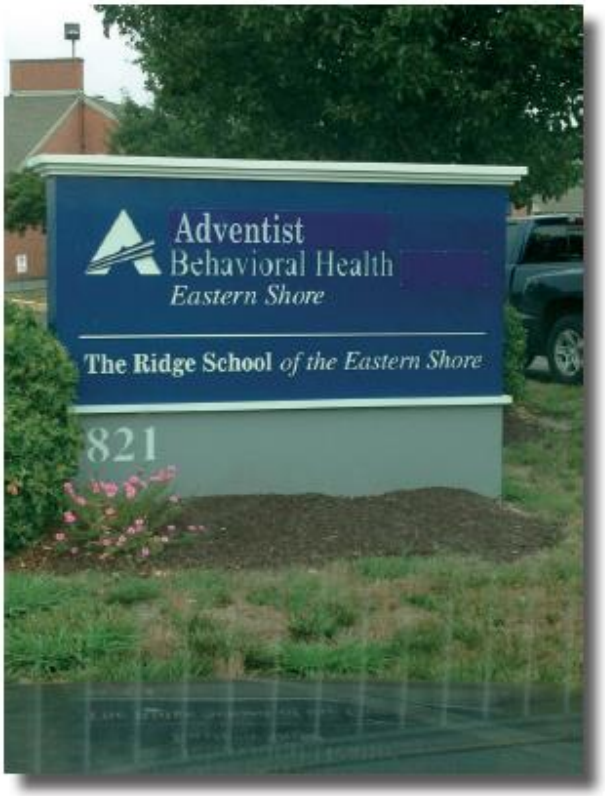
BUILDING SF:	40,180
OFFERING PRICE:	$7,200,000 - Sale
TERM:	Minimum 7 years
LOCATION:	821 Fieldcrest Road Cambridge, MD 21613 75 Miles from Baltimore / 87 Miles from DC
YEAR BUILT:	1999
PARKING:	106 spaces
LAND AREA:	7.749 acres
FOUNDATION:	Reinforced concrete footers
UTILITIES:	480v 600+ amp electric service
ZONING:	I-1 Special Use
BUILDING/FRAME:	Masonry
EXTERIOR WALLS:	Brick and concrete block
ROOF:	Built up and mansard shingle
HVAC:	Electric fired heat pumps
PAVING:	Bituminous asphalt surface
TOPOGRAPHY:	Topography in the vicinity of the Property is level
INGRESS/EGRESS:	Property is accessed from Eastern Shore Public Service Right of Way, 100' wide adjacent to Fieldcrest Road

III. Property Photographs

NAIKLNB
Commercial Real Estate Services, Worldwide.

Section III

Property Photographs



Section III
Property Photographs

IV. Survey

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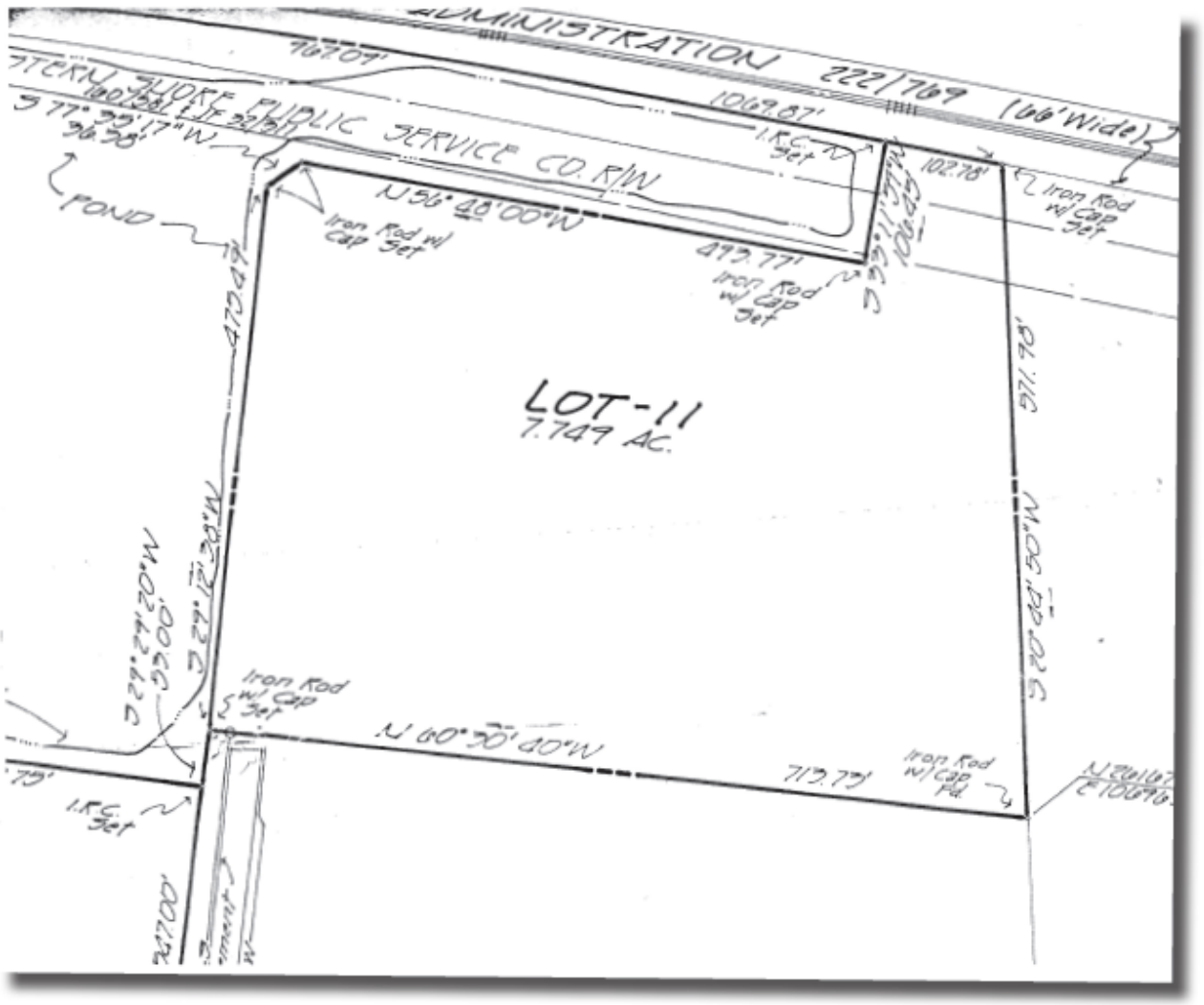
Section IV
Survey



V. Site Plan

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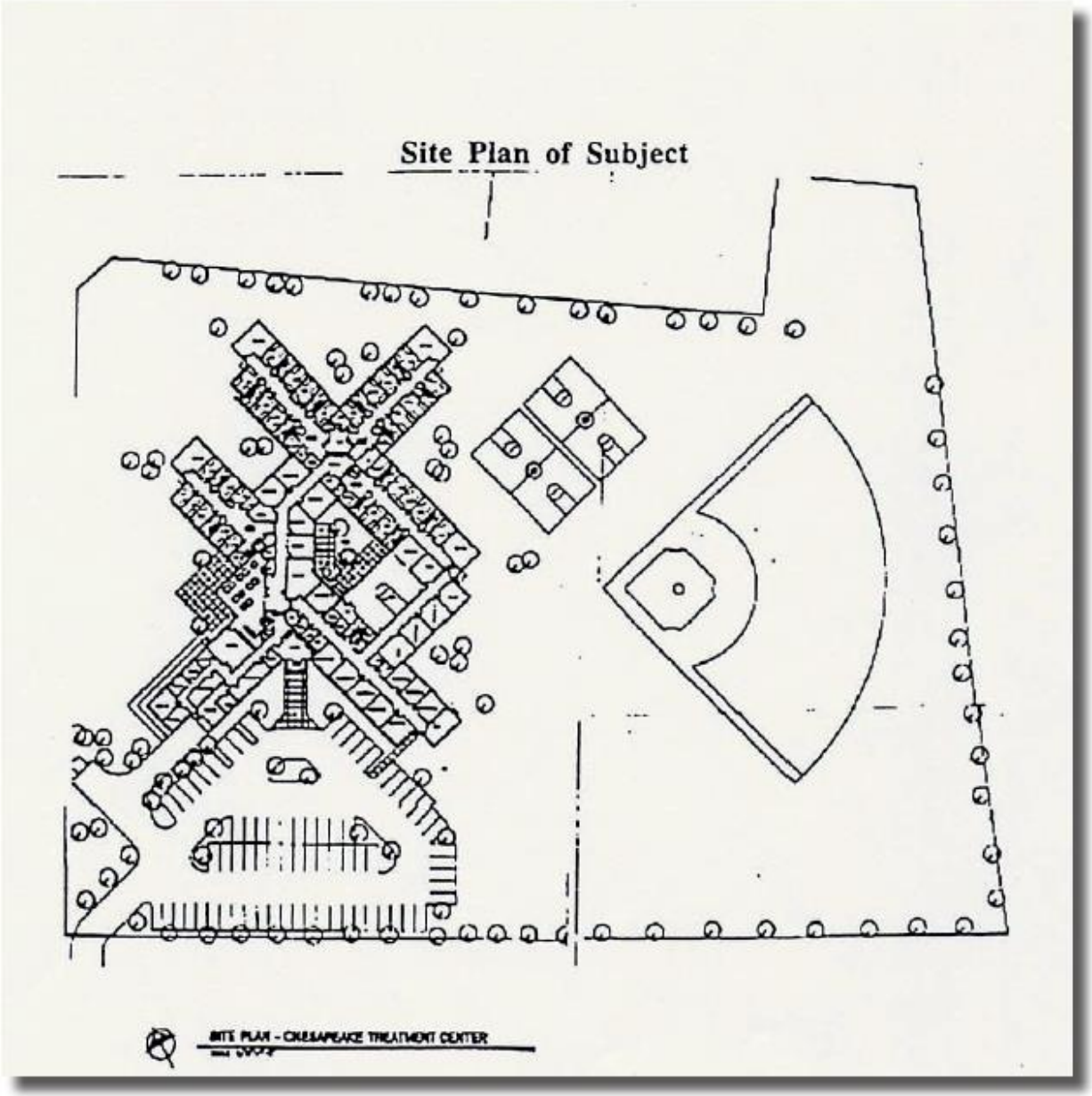
Commercial Real Estate Services, Worldwide.

Section V
Site Plan



VI. Floor Plan

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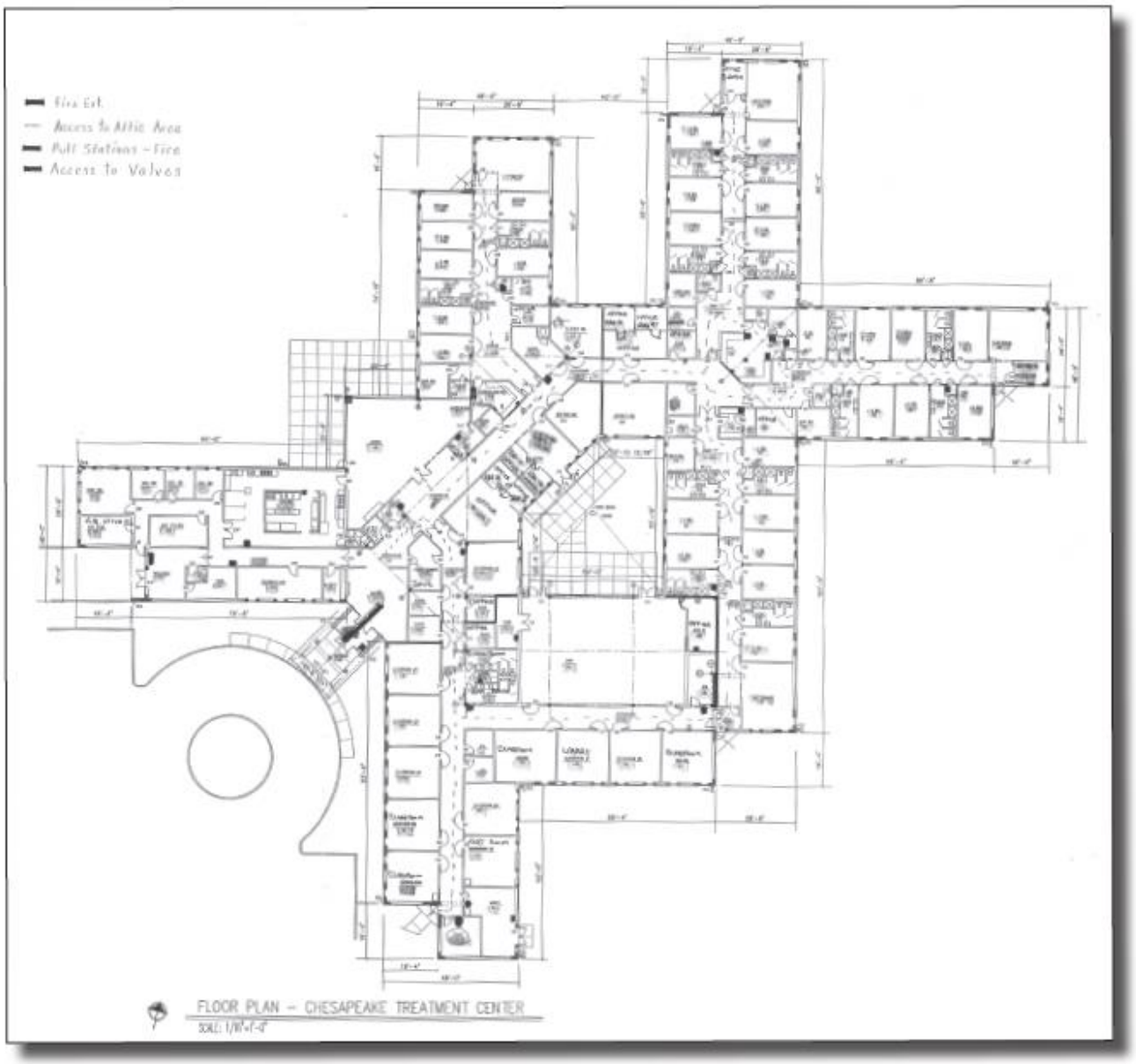
Section VI
Floor Plan



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Commercial Real Estate Services, Worldwide.

VII. Aerial Photographs

NAIKLNB
Commercial Real Estate Services, Worldwide.

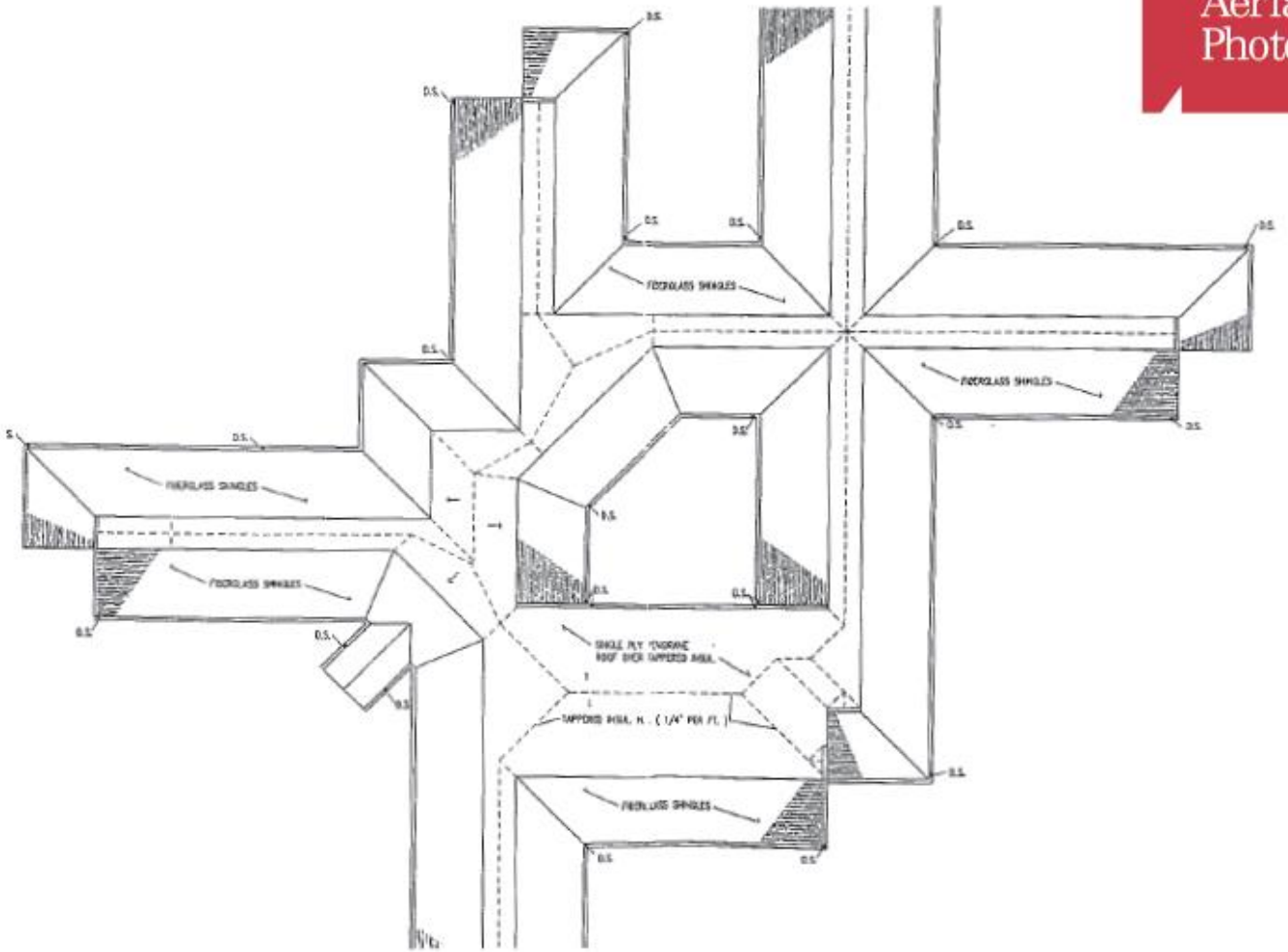
Section VII

Aerial Photographs

NAI KLNB
Commercial Real Estate Services, Worldwide.

Section VII

Aerial Photographs



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Section VII

Aerial Photographs

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WOODBOURNE CENTER
A NEXUS FAMILY MEMBER | YOUTH AND FAMILY SOLUTIONS

Exhibit 2 Placement by Jurisdiction Table

Non-Community, Residential Treatment Center

			Jurisdiction Where Children were Placed																										
Home Jurisdiction of Children	# children from jurisdiction in placement	% of children Statewide in placements from jurisdiction	Allegany	Anne Arundel	Baltimore	Baltimore City	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	Out-of-State	Unknown
Allegany	3	1.1%	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Anne Arundel	20	7.0%	0	0	7	10	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Baltimore	36	12.7%	0	0	16	12	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	4	1
Baltimore City	49	17.3%	0	0	34	7	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	1
Calvert	5	1.8%	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Caroline	2	0.7%	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	7	2.5%	0	0	2	2	0	0	0	0	0	0	2	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
Cecil	9	3.2%	0	0	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Charles	10	3.5%	0	0	7	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Dorchester	8	2.8%	0	0	3	0	0	0	0	0	0	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Frederick	10	3.5%	0	0	6	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Garrett	1	0.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Harford	14	4.9%	0	0	5	1	0	0	0	0	0	0	2	0	0	0	0	3	0	0	0	0	0	0	0	0	0	2	0
Howard	6	2.1%	0	0	3	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
Kent	1	0.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Montgomery	26	9.2%	0	0	6	6	0	0	0	0	0	0	4	0	0	0	0	5	0	0	0	0	0	0	0	0	0	3	0
Prince George's	27	9.5%	0	0	13	2	0	0	0	0	0	0	2	0	0	0	0	5	0	0	0	0	0	0	0	0	0	4	0
Queen Anne's	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somerset	3	1.1%	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
St. Mary's	4	1.4%	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Talbot	3	1.1%	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	14	4.9%	0	0	3	0	0	0	0	0	0	0	6	0	0	0	0	1	0	0	0	0	0	0	1	0	0	2	0
Wicomico	18	6.3%	0	0	9	4	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3	0
Worcester	2	0.7%	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out-of-State	6	2.1%	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Unknown	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	284	100.0%	0	0	130	56	0	0	0	0	0	5	25	0	0	0	0	25	0	0	0	0	0	1	0	0	32	3	
% of children from jurisdiction			0.0%	0.0%	44.4%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	37.5%	0.0%	0.0%	0.0%	0.0%	0.0%	19.2%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	0.0%	33.3%	0.0%	
% children Statewide in all			0.0%	0.0%	45.8%	19.7%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	8.8%	0.0%	0.0%	0.0%	0.0%	8.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	11.3%	1.1%	

Exhibit 3 Woodbourne Center Financial Audits, FY 2015 and FY 2016

WOODBOURNE CENTER, INC.

CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2015

WOODBOURNE CENTER, INC.

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Larry E. Messerli, CPA
Chris M. Schadow, CPA

Andrea R. Kulig, CPA
Cora E. Leland, CPA
Kathrine S. Simonson, CPA

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Certified Public Accountants

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Minneapolis, MN 55435
Phone 952-927-8350
Fax 952-927-8489
larry@messerli-schadow.com
chris@messerli-schadow.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Woodbourne Center, Inc., a Nexus affiliate
Plymouth, MN

We have audited the accompanying consolidated financial statements of Woodbourne Center, Inc., a Nexus affiliate, and Woodbourne Center Charitable Trust (both nonprofit organizations) which are comprised of the consolidated statement of financial position as of June 30, 2015, and the related consolidated statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Woodbourne Center, Inc., a Nexus affiliate, and Woodbourne Center Charitable Trust as of June 30, 2015, and the changes in its net assets and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Messerli & Schadow, PLLP

MESSERLI & SCHADOW, PLLP
Certified Public Accountants

Minneapolis, Minnesota
February 9, 2016

WOODBOURNE CENTER, INC.
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
JUNE 30, 2015

ASSETS

CURRENT ASSETS		
Cash and cash equivalents	$	803,690
Investments		588,428
Accounts receivable - net		1,420,510
Receivable - State Agencies		1,397,031
Other receivables		18,408
Prepaid expenses		12,698
TOTAL CURRENT ASSETS		4,240,765
NON CURRENT ASSETS		
Fixed assets		9,629,872
Accumulated depreciation		(6,273,839)
		3,356,033
Future interest		4,355,238
TOTAL NON CURRENT ASSETS		7,711,271
TOTAL ASSETS	$	11,952,036

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Current portion of long term note payable	$	37,256
Accounts payable		145,351
Accrued salaries		277,593
Accrued vacation		221,289
Due to affiliates		856,152
Other accrued expenses		38,498
TOTAL CURRENT LIABILITIES		1,576,139
NON CURRENT LIABILITES		
Long term note payable - net of current portion		402,172
TOTAL LIABILITIES		1,978,311
NET ASSETS		
Unrestricted		4,712,483
Temporarily restricted		5,261,242
TOTAL NET ASSETS		9,973,725
TOTAL LIABILITIES AND NET ASSETS	$	11,952,036

The accompanying notes to the consolidated financial statements are an integral part of these statements.

WOODBOURNE CENTER, INC.
CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2015

	Unrestricted	Temporarily Restricted	Total
REVENUE, GAINS AND OTHER SUPPORT			
Per diem revenue	$ 7,607,608	$ -	$ 7,607,608
Other	132,176	-	132,176
School revenue	1,803,307	-	1,803,307
Grant revenue	45,834	-	45,834
School food revenue	78,280	-	78,280
Donations	341,330	1,250	342,580
Investment income	(1,768)	18,836	17,068
Income from future interest	-	195,759	195,759
Net assets released from restrictions	442,914	(442,914)	-
Total Revenue and Other Support	10,449,681	(227,069)	10,222,612
FUNCTIONAL EXPENSES			
Program	8,091,567	-	8,091,567
General and administrative	2,789,304	-	2,789,304
Fundraising	174,593	-	174,593
Total Functional Expenses	11,055,464	-	11,055,464
CHANGE IN NET ASSETS	(605,783)	(227,069)	(832,852)
NET ASSETS			
Beginning of year	5,318,266	5,488,311	10,806,577
End of year	$ 4,712,483	$ 5,261,242	$ 9,973,725

The accompanying notes to the consolidated financial statements are an integral part of these statements.

WOODBOURNE CENTER, INC.
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2015

	Program	General and Administrative	Fundraising	Total
Administrative fees	$ -	$ 657,870	$ -	$ 657,870
Audit/Accounting	26,341	88,160	3,787	118,288
Auto and travel	35,465	42,971	5,602	84,038
Bad debts	-	62,424	-	62,424
Books & Subscriptions	21,398	8	-	21,406
Community Services	2,971	6,490	2,482	11,943
Consulting	-	26,145	-	26,145
Contract labor	507,773	87,225	-	594,998
Depreciation	233,380	94,849	234	328,463
Development	-	361	-	361
Employee benefits	998,125	209,086	29,274	1,236,484
Food	423,538	3,233	-	426,772
Foster Care Payments	765,354	-	-	765,354
Insurance	31,935	82,353	1,380	115,668
Interest	34,865	-	-	34,865
License/Dues/Fees	20,188	69,372	2,913	92,473
Maintenance	155,505	98,179	-	253,684
New hire expense	88,505	15,863	-	104,368
Office expense	69,107	62,501	5,037	136,645
Recreational expense	67,440	-	-	67,440
Rent expense	-	7,388	-	7,388
Resident supplies	101,653	-	-	101,653
Salaries and wages	4,281,261	1,094,220	122,369	5,497,851
School expenses	6,203	-	-	6,203
Staff development	29,266	5,245	68	34,580
Testing & evaluation	6,064	-	-	6,064
Utilities	185,229	75,360	1,447	262,035
	$ 8,091,567	$ 2,789,304	$ 174,593	$ 11,055,464

The accompanying notes to the consolidated financial statements are an integral part of these statements.

WOODBOURNE CENTER, INC.
CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2015

CASH FLOWS FROM OPERATING ACTIVITIES:	
Change in net assets	$ (832,852)
Adjustments to reconcile change in net assets to net cash generated by operating activities:	
Bad debts	62,424
Depreciation	328,462
Net change in value of future interest	(18,836)
Increase (decrease) in cash from change in:	
Accounts receivable	(80,260)
Receivable - State Agencies	(286,338)
Other receivables	(2,165)
Prepaid insurance	29,985
Prepaid expenses	(12,698)
Accounts payable	(72,235)
Accrued salaries	(21,074)
Accrued vacation	(27,361)
Other accrued expenses	(25,078)
	(958,026)
CASH FLOWS FROM INVESTING ACTIVITIES:	
Purchase of fixed assets	(215,611)
Purchase of investments	(370,703)
Proceeds from sale of investments	674,207
	87,893
CASH FLOWS FROM FINANCING ACTIVITIES:	
Proceeds of loans from affiliates - net	410,197
Payments on long term note payable	(34,506)
	375,691
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(494,445)
CASH AND CASH EQUIVALENTS - BEGINNING OF PERIOD	1,298,135
CASH AND CASH EQUIVALENTS - END OF PERIOD	$ 803,690
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:	
Interest paid	$ 34,865
Income taxes	$ -

The accompanying notes to the consolidated financial statements are an integral part of these statements.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ORGANIZATION
Woodbourne Center, Inc. (Center) and the Woodbourne Center Charitable Trust (Trust) are nonprofit Maryland corporations, other than a private foundation. The Center and Trust are collectively referred to as the Organization. The Organization is exempt from federal income taxes under code section 501(c)(3) and is licensed by the State of Maryland.

MISSION
The mission of Woodbourne Center, Inc. is changing lives through our cornerstone values - honesty, responsibility, courage, care and concern. Their residential treatment programs, located in Baltimore, Maryland, provide a continuum of specialized services to children and adolescents. Additionally, the Center provides foster care, family based therapy for children not in foster care and adoption placement services and counseling for foster care and adoptive families in Maryland.

The Trust provides public relations, communications, volunteer program development and related support to the Center. The Trust also raises funds for the Center.

CONSOLIDATED FINANCIAL STATEMENTS
The Center's financial statements have been consolidated with the Trust's financial statements at book value. The Trust is organized for the exclusive benefit of Woodbourne Center, Inc. All significant intracompany balances and financial transactions have been eliminated in consolidation.

AFFILIATED GROUP
Woodbourne Center, Inc. and the Woodbourne Center Charitable Trust are part of an affiliated nonprofit group that shares common management through affiliation agreements and agreements for administrative services. Members of this affiliated nonprofit group are: Nexus, Gerard, Nexus Diversified Community Services and Kindred Family Focus. These entities have been audited separately with a qualified report dated April 1, 2015. These financial statements should be read in conjunction with that report.

BASIS OF ACCOUNTING
The consolidated financial statements contained herein have been prepared on the accrual basis of accounting. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted net assets - Net assets that are not subject to donor-imposed stipulations.

Temporarily restricted net assets – Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported as net assets released from restrictions in the consolidated statement of activities and changes in net assets.

Permanently restricted net assets – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes.

Temporarily restricted net assets at June 30, 2015 are detailed in Note 11. Currently, the Organization has no permanently restricted net assets.

CASH AND CASH EQUIVALENTS
The Organization considers all liquid cash accounts and certificates of deposit with maturities of ninety days or less to be cash and cash equivalents.

INVESTMENTS
Investments in marketable securities with readily determined fair values and investments in debt securities are reported at their fair values in the consolidated statement of financial position. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion and disclosures related to fair value measurements.

Investment income includes the Organization's gains and losses on investments bought and sold as well as held during the year. Investment income and gains on investments are reported as increases in unrestricted net assets unless there are donor restrictions in which case it would be classified as temporarily or permanently restricted until the restrictions are met either by passage of time or by use. Purchases and sales of securities are reflected on a trade date basis. Interest income is recognized when earned.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

ACCOUNTS RECEIVABLE

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to allowance for doubtful accounts based on its assessment of the current status of individual accounts. The Organization uses the accrual basis of accounting for accounts receivable. The Organization does not charge interest on the accounts receivable balances.

The Organization considers all trade receivables outstanding ninety days or more to be past due. As of June 30, 2015 the Organization had $529,843 in past due trade receivables. Balances which are still outstanding after management has used reasonable collection efforts are written off through a charge to expense or the allowance for doubtful accounts and a credit to the applicable accounts receivable. The allowance for doubtful accounts was $81,694 as of June 30, 2015 and is netted from accounts receivable in the accompanying consolidated statement of financial position. Bad debt expense was $62,424 for the year ended June 30, 2015.

FIXED ASSETS

Fixed assets are stated at cost when purchased and fair market value when donated. The Organization follows the practice of capitalizing all expenditures for property, improvements, and equipment in excess of $500; the fair value of donated fixed assets is similarly capitalized.

Depreciation has been reported in the accompanying consolidated financial statements on a straight-line basis as follows:

	Value	Useful Life
Land	$ 33,057	N/A
Building & improvements	8,468,713	10-30 years
Equipment	1,019,617	3-20 years
Vehicles	108,485	4-5 years
Total fixed assets	$ 9,629,872	

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

USE OF ESTIMATES

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

FUNCTIONAL ALLOCATION OF EXPENSES

Certain expenses are common to program, administrative and fundraising functions. These items are allocated based upon estimated usage.

DATE OF MANAGEMENT'S REVIEW

In preparing these consolidated financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through February 9, 2016, which is the date the financial statements were available to be issued.

NOTE 2. FUTURE INTEREST

During the year ended June 30, 2004, the Organization received an irrevocable beneficial interest in an estate which is held by a third-party trustee. The assets of the estate consist principally of marketable securities. The beneficial interest entitles the Organization to a distribution of 5% of the value of the estate each year until August 2024, when the Organization will receive its portion of the value of the estate. Based upon the value of the underlying securities, the Organization estimated the present value of this asset, using a 5% growth rate and a 5% discount rate.

NOTE 3. CONCENTRATION OF INVESTMENT RISK

The estimated present value of the future interest is calculated from the value of the underlying financial instruments which consist of publicly traded stocks and mutual funds. The Organization also invests in various investment securities. Investment instruments and securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment instruments and securities, it is at least reasonably possible that changes in their values will occur in the near term and that such a change could materially affect the amounts reported in the consolidated statement of financial position.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 4. FAIR VALUE OF INVESTMENTS

The fair value measurements and levels within the fair value hierarchy of those measurements for the investments reported at fair value on a recurring basis at June 30, 2015 are as follows:

	Fair Value	Unadjusted Market Inputs(Level 1)	Significant Observable Inputs(Level 2)
Money Market funds	$ 247,715	$ 247,715	$ --
Mutual funds:			
Equity	66,573	66,573	--
Income	142,689	142,689	--
Value	25,469	25,469	--
Bond	57,228	57,228	--
Growth	41,024	41,024	--
Blend	3,926	3,926	--
Real Estate	3,804	3,804	--
Total mutual funds	340,713	340,713	--
Total Investments	588,428	588,428	--
Future Interest	4,355,238	--	4,355,238
Total	$ 4,943,666	$ 588,428	$ 4,355,238

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2015.

Level 1 Fair Value Measurements
The fair value of the money market and mutual funds held by the Organization are based on quoted market prices.

Level 2 Fair Value Measurements
The fair value of the future interest is valued at the present value of the Organization's share of the underlying assets as reported by the third party trustee using a 5% growth rate and a 5% discount rate. The underlying investments are valued at the closing price reported in an active market in which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 4. FAIR VALUE OF INVESTMENTS (Continued)

The Organization recognizes transfers into and out of levels at the end of the reporting period. There were no transfers between levels in the year ended June 30, 2015.

Gains and losses (realized and unrealized) are reported as a component of investment income.

Dividend income	$ 979
Interest Income	556
Gains (losses)	15,533
	$ 17,068

Investment fees of $1,011 are included in Audit/Accounting expense on the consolidated statement of functional expenses.

NOTE 5. NOTE PAYABLE

This note payable requires monthly installments of $6,122 including principal and interest at 7.6% per annum beginning February, 1994 until February, 2024, at which point all remaining principal and accrued interest is due. This loan is secured by property at the Center's Maryland facility.

Five-year maturities of this liability are as follows:

Year Ending	Amount
June 30, 2016	$ 37,256
June 30, 2017	40,188
June 30, 2018	43,351
June 30, 2019	46,763
June 30, 2020	50,444
Thereafter	221,426
	$ 439,428

NOTE 6. MAJOR CUSTOMERS

A major portion of the Organization's business is dependent upon three large customers. The loss of these customers would have a material adverse effect on the Organization. During the year ended June 30, 2015, these customers accounted for approximately 95% of per diem revenue. Additionally, these customers accounted for $1,434,120 or 95% of accounts receivable as of June 30, 2015.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 7. RECEIVABLE – STATE AGENCIES

Each year, the Organization enters into contracts or renews previous contracts with various government agencies setting forth the amount of reimbursement to be received per client per day. Some of the contracts provide that the grantor agency can retroactively adjust these rates if actual cost per client per day for the period is more or less than anticipated in the original agreement. The Organization has recorded an estimated receivable of $1,397,031 in anticipation of additional funding under the conditions identified above. This receivable covers anticipated additional funding from the grantor agencies for the fiscal years ending June 30, 2012, 2013, 2014 and 2015. This additional revenue has been recorded to the appropriate year where the costs were in excess of the estimated amounts. The additional revenue recorded for the year ending June 30, 2015 was $390,000. The grantor agency's review of these costs lags significantly behind the submission dates. Due to the complexity of this estimate, it is reasonably possible that the amount noted above could change significantly when actually calculated by the grantor agencies. The amount of the change is not determinable at this time.

NOTE 8. RETIREMENT PLANS

As of March 1, 2013, employees that met minimum required service hours and length of service requirements were eligible to enter into the Nexus Retirement Plan. The Nexus Retirement Plan is a qualified retirement plan with a deferred arrangement under Section 401(k) of the Internal Revenue Code. The Organization provides a matching contribution of 100% of the employees' elective deferral for the first 1% of wages. For the employees' elective contribution of the next 2% through 6% of wages, the Organization provides a matching contribution of 50%. For employee's elective contributions above 6%, no match is provided. Participants are immediately vested in their deferral and rollover contributions and the earnings thereon. Participants become 100% vested in the matching contributions after 2 full years of continuous service. The Organization contributed $96,386 to the plan for the year ended June 30, 2015. The expense is included in employee benefits in the accompanying consolidated statement of functional expenses.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 9. LEASES

The Organization has lease commitments that extend beyond one year from June 30, 2015 as follows:

Operating leases Description	Term	Annual Payments	Expense
Office equipment	through–3/31/2017	$15,234	$5,492

Five year maturities of lease payments for leases listed above at June 30, 2015 are as follows:

Year Ending	
June 30, 2016	$ 15,234
June 30, 2017	4,254
	$ 19,488

NOTE 10. TRANSACTIONS WITH RELATED ENTITIES

The Center and the Trust had the following transactions with its related entities (Nexus and Nexus Diversified Community Services) during the year ended June 30, 2015:

Beginning balance due (to) from affiliates	$ (445,955)
Expenses paid on behalf of affiliates	107,532
Charges for various operational expenses	(837,077)
Charges for management services provided by Nexus Diversified Community Service	(657,870)
Payments	977,218
Due (to) from Affiliates	$ (856,152)

In addition to the transactions above, the Organization received unrestricted cash contributions from affiliates of $105,772.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 11. NET ASSETS

Temporarily restricted net assets at June 30, 2015 consist of the following:

Woodbourne Center, Inc.:	
Treatment Foster Care	$ 524,838
Residential Treatment Center – Education	375,310
	$ 900,148
Woodbourne Center Charitable Trust:	
Milton Roberts Trust - time restriction	4,355,238
Other	5,857
	$ 5,261,243

NOTE 12. CASH AND CREDIT CONCENTRATIONS

The Organization has the majority of its accounts receivable with various governmental entities. The amount of loss the Organization would incur should this group of governmental entities default is not determinable. The Organization requires contracts be executed with its primary governmental funders to minimize the risk of this credit concentration. The Organization does not require collateral for the extension of credit.

The Organization maintains cash balances at various financial institutions. A portion of these balances exceed the financial institution's $250,000 of FDIC insurance coverage.

NOTE 13. INCOME TAXES

The Organization follows FASB ASC 740-10 "Accounting for Uncertainty in Income Taxes". The Organization's management evaluates all tax positions and makes a determination regarding their likelihood of being upheld under review. As of June 30, 2015, the Organization did not have any uncertain tax positions for which it recorded a tax liability. The Organization recognizes potential accrued interest and penalties pertaining to income tax related issues, if any, as income tax expense. During the year ended June 30, 2015, no penalties or interest were recorded.

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Andrea R. Kulig, CPA
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INDEPENDENT AUDITOR'S REPORT ON ADDITIONAL FINANCIAL INFORMATION

To the Board of Directors
Woodbourne Center, Inc., a Nexus affiliate
Plymouth, MN

We have audited the consolidated financial statements of Woodbourne Center, Inc., a Nexus affiliate, and Woodbourne Center Charitable Trust, as of June 30, 2015, and for the year then ended. Our report thereon dated February 9, 2016 contained an unmodified opinion on those consolidated financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole.

The additional financial information of Woodbourne Center, Inc., a Nexus affiliate, is presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

The information marked "unaudited" has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

Messerli & Schadow, PLLP

MESSERLI & SCHADOW, PLLP
Certified Public Accountants

Minneapolis, Minnesota
February 9, 2016

WOODBOURNE CENTER, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2015

ASSETS

CURRENT ASSETS		
Cash and cash equivalents	$	803,690
Investments		13,624
Accounts receivable		1,420,510
Receivable - State Agencies		1,397,031
Other receivables		18,408
Prepaid expenses		12,698
TOTAL CURRENT ASSETS		3,665,961
NON CURRENT ASSETS		
Fixed assets		9,628,120
Accumulated depreciation		(6,272,087)
TOTAL NON CURRENT ASSETS		3,356,033
TOTAL ASSETS	$	7,021,994

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Current portion of long term note payable	$	37,256
Accounts payable		145,351
Accrued salaries		277,593
Accrued vacation		221,289
Due to affiliates		1,498,178
Other accrued expenses		35,498
TOTAL CURRENT LIABILITIES		2,215,165
NON CURRENT LIABILITES		
Long term note payable - net of current portion		402,172
TOTAL LIABILITIES		2,617,337
NET ASSETS		
Unrestricted		3,504,509
Temporarily restricted		900,148
TOTAL NET ASSETS		4,404,657
TOTAL LIABILITIES AND NET ASSETS	$	7,021,994

See independent auditor's report on additional financial information.

WOODBOURNE CENTER, INC.
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2015

	Unrestricted	Temporarily Restricted	Total
REVENUE, GAINS AND OTHER SUPPORT			
Per diem revenue	$ 7,607,608	$ -	$ 7,607,608
Other	132,176	-	132,176
School revenue	1,803,307	-	1,803,307
Grant revenue	45,834	-	45,834
School food revenue	78,280	-	78,280
Donations	530,224	1,250	531,474
Investment income	134	-	134
Net assets released from restrictions	247,154	(247,154)	-
Total Revenue and Other Support	10,444,717	(245,904)	10,198,813
FUNCTIONAL EXPENSES			
Program	8,091,567	-	8,091,567
General and administrative	2,789,304	-	2,789,304
Fundraising	171,393		171,393
Total Functional Expenses	11,052,264	-	11,052,264
CHANGE IN NET ASSETS	(607,547)	(245,904)	(853,451)
NET ASSETS			
Beginning of year	4,112,056	1,146,052	5,258,108
End of year	$ 3,504,509	$ 900,148	$ 4,404,657

See independent auditor's report on additional financial information.

WOODBOURNE CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2015

	Program	General and Administrative	Fundraising	Total
Administrative fees	$ -	$ 657,870	$ -	$ 657,870
Audit/Accounting	26,341	88,160	821	115,322
Auto and travel	35,465	42,971	5,602	84,038
Bad Debts	-	62,424	-	62,424
Books & Subscriptions	21,398	8	-	21,406
Community Services	2,971	6,490	2,482	11,943
Consulting	-	26,145	-	26,145
Contract labor	507,773	87,225	-	594,998
Depreciation	233,380	94,849	-	328,229
Development	-	361	-	361
Employee benefits	998,125	209,086	29,274	1,236,484
Food	423,538	3,233	-	426,772
Foster Care Payments	765,354	-	-	765,354
Insurance	31,935	82,353	1,380	115,668
Interest	34,865	-	-	34,865
License/Dues/Fees	20,188	69,372	2,913	92,473
Maintenance	155,505	98,179	-	253,684
New hire expense	88,505	15,863	-	104,368
Office expense	69,107	62,501	5,037	136,645
Recreational expense	67,440	-	-	67,440
Rent expense	-	7,388	-	7,388
Resident supplies	101,653	-	-	101,653
Salaries and wages	4,281,261	1,094,220	122,369	5,497,851
School expenses	6,203	-	-	6,203
Staff development	29,266	5,245	68	34,580
Testing & evaluation	6,064	-	-	6,064
Utilities	185,229	75,360	1,447	262,035
	$ 8,091,567	$ 2,789,304	$ 171,393	$ 11,052,264

See independent auditor's report on additional financial information.

WOODBOURNE CENTER, INC
SCHEDULE OF DEPARMENTAL REVENUES AND EXPENSES
For the Year Ended June 30, 2015

	Treatment Foster Care (1)	Adolescent Diagnostic Treatment Center	Children's Diagnostic Treatment Center	Residential Treatment Center Education	Type 3 School	Other	Total
REVENUE AND OTHER SUPPORT:							
Private Grants and Contributions	$ 5,318	$ 74,307	$ 3,972	$ -	$ -	$ 370,794	$ 454,391
Governmental Agencies	1,496,937	5,889,858.84	220,813	1,796,910.89	6,396.39	-	9,410,916
Interest & Investment Income	-	-	-	-	-	134	134
Income from Charitable Trust	-	-	-	-	-	195,759	195,759
In-Kind Contribution	-	5,437	-	-	-	-	5,437
Other Income	-	30.05	474	-	-	131,672	132,176
Total Revenues and Other Support	1,502,255	5,969,634	225,259	1,796,911	6,396	698,359	10,198,813
EXPENSES:							
Salaries and Wages	239,057	2,976,501	145,079	887,206	18,787	14,632	4,281,262
Employee Benefits and Payroll Taxes	59,542	684,352	43,586	203,392	3,360	6,724	1,000,955
Professional Fees and Contract Labor	111,471	348,370	47,188	23,390	220	-	530,640
Direct Child Care and Educational Expenses	767,346	556,190	3,500	18,176	9	10,872	1,356,093
Office Support and Publications	7,388	31,754	3,582	24,508	-	26,797	94,029
Communications and Postage	12,014	-	594	1,599	-	1,373	15,580
Occupancy	9,391	208,412	12,384	90,144	-	537	320,868
Equipment Rental and Maintenance	3,239	-	6,173	-	-	-	9,413
Travel, Conferences and Vehicle Expense	9,319	15,509	2,215	1,743	15	9,542	38,343
Miscellaneous	7,916	115,805	11,323	41,139	(228)	185	176,140
Depreciation	4,054	160,778	10,977	57,572	-	-	233,380
Interest Expense	-	34,865	-	-	-	-	34,865
Total Program Services	1,230,737	5,132,536	286,601	1,348,869	22,163	70,662	8,091,567
General and Administrative	106,744	2,011,596	117,617	454,762	8,023	90,561	2,789,304
Fundraising	-	-	-	-	-	171,393	171,393
Total Expenses	1,337,481	7,144,132	404,218	1,803,631	30,186	332,616	11,052,264
Operating Change in Net Assets	$ 164,774	$ (1,174,499)	$ (178,959)	$ (6,720)	$ (23,790)	$ 365,743	$ (853,451)

(1) Pursuant to Sections 6.1 and 6.2 of the DHR contract, the Organization allocated $113,444 of retained earnings from the fiscal year ended June 30, 2014 to defray operating costs of the program in fiscal 2015 and other future years, including any expansion of services due to licensing requirements and escalation in per-client cost rate increases.

See independent auditor's report on additional financial information.

WOODBOURNE CENER, INC
SCHEDULE OF DEPARTMENTAL REVENUES BY SOURCE
For the Year Ended June 30, 2015

	Treatment Foster Care	Adolescent Diagnostic Treatment Center	Children's Diagnostic Treatment Center	Residential Treatment Center Education	Children's Diagnostic Type 3 School	Management and General	Total
Department of Human Resources (DHR)	$ 1,344,816	$ -	$ -	$ 320,788	$ -	$ -	$ 1,665,604
Department of Juvenile Services (DJS)	147,571	29,579	221,318	1,178,214	-	-	1,576,682
Medical Assistance (MA)	-	5,530,391	-	-	-	-	5,530,391
SSI Deduction - Current Year	-	(26,619)	-	-	-	-	(26,619)
Revenue Adjustments Current Year	(1,026)	356,509	(506)	-	-	-	354,978
Out-of-State Revenue	5,576	-	-	-	-	-	5,576
DJS Type 3	-	-	-	-	6,396	-	6,396
Various Boards of Education	-	-	-	264,053	-	-	264,053
One on One Advocacy	-	-	-	29,944	-	-	29,944
Speech Pathology	-	-	-	3,912	-	-	3,912
Donations and Contributions	5,318	-	-	-	-	324,959	330,278
In-Kind Contributions	-	5,437	-	-	-	-	5,437
Grant Revenue	-	74,307	3,972	-	-	45,834	124,114
Income from Charitable Trust	-	-	-	-	-	195,759	195,759
Interest & Investment Income	-	-	-	-	-	134	134
Other Income	-	30	474	-	-	131,672	132,175
Total Revenue and Other Support	$ 1,502,255	$ 5,969,634	$ 225,258	$ 1,796,911	$ 6,396	$ 698,359	$ 10,198,813
Billable Days by All Sources (Unaudited)	13,701	14,098	736	8,266	231		

See independent auditor's report on additional financial information.

WOODBOURNE CENTER, INC
SCHEDULE OF ACTUAL EXPENSES TO APPROVED INTERAGENCY RATE COMMITTEE (IRC) BUDGETED EXPENSES
For the Year Ended June 30, 2015

	Treatment Foster Care (TFC)	TFC IRC Budget (unaudited)	Children's Diagnostic Treatment Center (CDTC)	CDTC IRC Budget (unaudited)	Children's Diagnostic Type 3 Education (CDTC-E)	CDTC-E IRC Budget (unaudited)
Salaries	$ 282,266	$ 763,668	$ 193,683	$ 961,890	$ 21,986	$ 56,921
Contract Labor	110,119	-	33,058	32,502	255	22,880
Payroll Taxes	20,750	60,807	16,774	82,380	1,572	2,944
Fringe Benefits	49,593	110,930	33,941	140,523	2,522	5,643
Staff Development	1,563	35,547	1,299	18,852	15	359
Contracted Services	1,033	8,887	17,254	7,017	76	-
Foster Parents	765,354	1,210,415	-	-	-	-
Publicity	256	5,081	288	138	19	-
Food	141	245	144	113,394	9	-
Clothing	572	813	72	14,023	-	-
Recreation	1,851	2,134	3,357	10,624	-	1,999
Personal Needs	20	-	5,249	7,052	-	-
Rent	292	20,074	328	3,253	22	-
Utilities	12,367	8,457	15,732	27,061	220	-
Repair and Maintenance	7,116	24,745	10,495	50,692	287	877
Insurance and Taxes	3,252	23,445	3,658	14,833	241	-
Supplies	5,923	17,369	2,785	21,564	-	4,900
Depreciation	5,079	14,560	14,696	13,007	261	148
Equipment Rental	-	741	39	979	-	-
Print and Copy	1,466	6,736	797	2,048	-	58
Telephone	12,014	17,045	594	10,714	-	645
Postage	-	2,064	-	704	-	36
Dues & Fees	30,775	3,826	31,135	1,639	2,144	43
Conferences	2,351	6,561	157	5,909	-	-
Travel	7,101	30,844	2,667	5,371	126	-
Other	16,974	93,803	16,857	111,028	487	659
Total IRC Allowable Expenses	1,338,228	$ 2,468,797	$ 405,059	$ 1,657,197	30,243	$ 98,112
IRC Disallowed General and Administrative Expenses	(746)	-	(840)	-	(55)	-
Total Expenses	$ 1,337,482	$ 2,468,797	$ 404,219	$ 1,657,197	$ 30,187	$ 98,112
Average Budgeted Census		61.2		14.4		14.4 *
Average Actual Census - DHR (Unaudited)	33.8				-	
Average Actual Census - BMHS (Unaudited)	-				-	
Average Actual Census - DJS (Unaudited)	3.7		4.8		2.5 **	

* Based on 180 days
** Based on 91 days

See independent auditor's report on additional financial information.

WOODBOURNE CENTER, INC.

CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2016

WOODBOURNE CENTER, INC.

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Larry E. Messerli, CPA
Chris M. Schadow, CPA

Andrea R. Kulig, CPA
Cora E. Leland, CPA
Kathrine S. Simonson, CPA

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Woodbourne Center, Inc., a Nexus affiliate
Plymouth, MN

We have audited the accompanying consolidated financial statements of Woodbourne Center, Inc., a Nexus affiliate, and Woodbourne Center Charitable Trust (both nonprofit organizations) which are comprised of the consolidated statement of financial position as of June 30, 2016, and the related consolidated statement of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Woodbourne Center, Inc., a Nexus affiliate, and Woodbourne Center Charitable Trust as of June 30, 2016, and the changes in their net assets and their cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Messerli & Schadow, PLLP

MESSERLI & SCHADOW, PLLP
Certified Public Accountants

Minneapolis, Minnesota
February 24, 2017

WOODBOURNE CENTER, INC.
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
JUNE 30, 2016

ASSETS

CURRENT ASSETS		
Cash and cash equivalents	$	576,478
Investments		578,979
Accounts receivable - net		1,464,345
Receivable - State Agencies		613,768
Other receivables		236,046
Prepaid insurance		94,001
Prepaid expenses		11,050
TOTAL CURRENT ASSETS		3,574,667
NON CURRENT ASSETS		
Fixed assets		9,986,209
Accumulated depreciation		(6,604,041)
		3,382,168
Future interest		4,228,625
TOTAL NON CURRENT ASSETS		7,610,793
TOTAL ASSETS	$	11,185,460

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Current portion of long term note payable	$	40,188
Accounts payable		131,053
Accrued salaries		605,064
Accrued vacation		255,511
Due to affiliates		390,544
Other accrued expenses		56,383
TOTAL CURRENT LIABILITIES		1,478,743
NON CURRENT LIABILITES		
Long term note payable - net of current portion		361,951
TOTAL LIABILITIES		1,840,694
NET ASSETS		
Unrestricted		4,308,646
Temporarily restricted		5,036,120
TOTAL NET ASSETS		9,344,766
TOTAL LIABILITIES AND NET ASSETS	$	11,185,460

The accompanying notes to the consolidated financial statements are an integral part of these statements.

WOODBOURNE CENTER, INC.
CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2016

	Unrestricted	Temporarily Restricted	Total
REVENUE, GAINS AND OTHER SUPPORT			
Per diem revenue	$ 8,060,103	$ -	$ 8,060,103
Other	168,031	-	168,031
School revenue	2,057,791	-	2,057,791
School food revenue	85,950	-	85,950
Donations	324,631	99,424	424,056
Interest income	26	-	26
Investment income	(4,117)	(126,613)	(130,729)
Income from future interest	-	208,042	208,042
Gain (Loss) on asset disposition	(1,477)	-	(1,477)
Net assets released from restrictions	405,976	(405,976)	-
Total Revenue and Other Support	11,096,914	(225,122)	10,871,792
FUNCTIONAL EXPENSES			
Program	7,862,475	-	7,862,475
General and administrative	2,812,020	-	2,812,020
Fundraising	206,589	-	206,589
Total Functional Expenses	10,881,084	-	10,881,084
CHANGE IN NET ASSETS	215,830	(225,122)	(9,292)
NET ASSETS			
Beginning of year	4,712,483	5,261,242	9,973,725
Prior period adjustment	(619,667)	-	(619,667)
Balance at beginning of year, as adjusted	4,092,816	5,261,242	9,354,058
End of year	$ 4,308,646	$ 5,036,120	$ 9,344,766

The accompanying notes to the consolidated financial statements are an integral part of these statements.

WOODBOURNE CENTER, INC.
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2016

	Program	General and Administrative	Fundraising	Total
Administrative fees	$ -	$ 732,071	$ -	$ 732,071
Audit/Accounting	26,351	76,020	3,589	105,960
Auto and travel	25,953	39,650	5,782	71,385
Bad debts	-	371,147	-	371,147
Books & Subscriptions	4,949	-	4,102	9,051
Community Services	-	13,630	100	13,730
Consulting	-	48,772	-	48,772
Contract labor	159,967	28,243	160	188,370
Depreciation	235,358	108,946	-	344,304
Donation Expense	-	-	534	534
Employee benefits	1,085,695	204,118	38,790	1,328,603
Food	312,445	-	-	312,445
Foster Care Payments	686,965	-	-	686,965
Insurance	39,739	74,851	1,627	116,217
Interest	32,081	-	-	32,081
License/Dues/Fees	34,555	59,584	1,817	95,956
Maintenance	55,735	61,975	-	117,710
New hire expense	65,314	10,474	153	75,941
Office expense	34,500	41,695	2,486	78,681
Recreational expense	64,628	-	-	64,628
Rent expense	-	1,818	-	1,818
Resident supplies	81,784	-	-	81,784
Salaries and wages	4,693,577	848,538	146,651	5,688,766
School expenses	2,848	-	-	2,848
Staff development	20,354	3,312	141	23,807
Testing & evaluation	11,550	-	-	11,550
Utilities	188,127	87,176	657	275,960
	$ 7,862,475	$ 2,812,020	$ 206,589	$ 10,881,084

The accompanying notes to the consolidated financial statements are an integral part of these statements.

WOODBOURNE CENTER, INC.
CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2016

CASH FLOWS FROM OPERATING ACTIVITIES:	
Change in net assets	$ (9,292)
Adjustments to reconcile change in net assets	
to net cash generated by operating activities:	
Bad debts	371,147
Depreciation	344,304
(Gain) loss on disposition of assets	1,477
(Gain) loss on investments	137,450
Increase (decrease) in cash from change in:	
Accounts receivable	(1,034,649)
Receivable - State Agencies	783,263
Other receivables	(217,638)
Prepaid insurance	(94,001)
Prepaid expenses	1,648
Accounts payable	(14,298)
Accrued salaries	327,471
Accrued vacation	34,222
Other accrued expenses	17,885
	648,989
CASH FLOWS FROM INVESTING ACTIVITIES:	
Purchase of fixed assets	(371,916)
Purchase of investments	(6,716)
Proceeds from sale of investments	5,331
	(373,301)
CASH FLOWS FROM FINANCING ACTIVITIES:	
Payments on loans from affiliates - net	(465,608)
Payments on long term note payable	(37,289)
	(502,897)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(227,212)
CASH AND CASH EQUIVALENTS - BEGINNING OF PERIOD	803,690
CASH AND CASH EQUIVALENTS - END OF PERIOD	$ 576,478
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:	
Interest paid	$ 32,081
Income taxes	$ -

The accompanying notes to the consolidated financial statements are an integral part of these statements.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ORGANIZATION
Woodbourne Center, Inc. (Center) and the Woodbourne Center Charitable Trust (Trust) are nonprofit Maryland corporations, other than a private foundation. The Center and Trust are collectively referred to as the Organization. The Organization is exempt from federal income taxes under code section 501(c)(3) and is licensed by the State of Maryland.

MISSION
The mission of Woodbourne Center, Inc. is changing lives through our cornerstone values - honesty, responsibility, courage, care and concern. Their residential treatment programs, located in Baltimore, Maryland, provide a continuum of specialized services to children and adolescents. Additionally, the Center provides foster care, family based therapy for children not in foster care and adoption placement services and counseling for foster care and adoptive families in Maryland.

The Trust provides public relations, communications, volunteer program development and related support to the Center. The Trust also raises funds for the Center.

CONSOLIDATED FINANCIAL STATEMENTS
The Center's financial statements have been consolidated with the Trust's financial statements at book value. The Trust is organized for the exclusive benefit of Woodbourne Center, Inc. All significant intracompany balances and financial transactions have been eliminated in consolidation.

AFFILIATED GROUP
Woodbourne Center, Inc. and the Woodbourne Center Charitable Trust are part of an affiliated nonprofit group that shares common management through affiliation agreements and agreements for administrative services. Members of this affiliated nonprofit group are: Nexus, Gerard, Nexus Diversified Community Services and Kindred Family Focus. These entities have been audited separately with a qualified report dated April 6, 2016. These financial statements should be read in conjunction with that report.

BASIS OF ACCOUNTING
The consolidated financial statements contained herein have been prepared on the accrual basis of accounting. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

BASIS OF ACCOUNTING (Continued)
Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted net assets - Net assets that are not subject to donor-imposed stipulations.

Temporarily restricted net assets – Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported as net assets released from restrictions in the consolidated statement of activities and changes in net assets.

Permanently restricted net assets – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes.

CASH AND CASH EQUIVALENTS
The Organization considers all liquid cash accounts and certificates of deposit with maturities of ninety days or less to be cash and cash equivalents.

INVESTMENTS
Investments in marketable securities with readily determined fair values and investments in debt securities are reported at their fair values in the consolidated statement of financial position. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Investment income includes the Organization's gains and losses on investments bought and sold as well as held during the year. Investment income and gains on investments are reported as increases in unrestricted net assets unless there are donor restrictions in which case it would be classified as temporarily or permanently restricted until the restrictions are met either by passage of time or by use. Purchases and sales of securities are reflected on a trade date basis. Interest income is recognized when earned.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

ACCOUNTS RECEIVABLE

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to allowance for doubtful accounts based on its assessment of the current status of individual accounts. The Organization uses the accrual basis of accounting for accounts receivable. The Organization does not charge interest on the accounts receivable balances.

The Organization considers all trade receivables outstanding ninety days or more to be past due. As of June 30, 2016, the Organization had $672,876 in past due trade receivables. Balances which are still outstanding after management has used reasonable collection efforts are written off through a charge to expense or the allowance for doubtful accounts and a credit to the applicable accounts receivable. The allowance for doubtful accounts was $420,771 as of June 30, 2016 and is netted from accounts receivable in the accompanying consolidated statement of financial position. Bad debt expense was $371,147 for the year ended June 30, 2016.

FIXED ASSETS

Fixed assets are stated at cost when purchased and fair market value when donated. The Organization follows the practice of capitalizing all expenditures for property, improvements, and equipment in excess of $500; the fair value of donated fixed assets is similarly capitalized.

Depreciation has been reported in the accompanying consolidated financial statements on a straight-line basis as follows:

	Value	Useful Life
Land	$ 37,057	N/A
Building & improvements	8,827,590	10-30 years
Equipment	1,013,077	3-20 years
Vehicles	108,485	4-5 years
Total fixed assets	$ 9,986,209	

Included in the assets above is $10,387 of construction in progress which will not be depreciated until placed in service.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

DONATED MATERIALS AND SERVICES

Donated materials and services are recorded at fair market value as of the date of the gift. The Organization determines fair market value of donated materials and services based upon comparable market information. Such donations are reported as increases in unrestricted net assets unless the donor has restricted the donation to a specific purpose. Donated materials and services that improve or enhance a fixed asset are capitalized and depreciated per the Organization's policies. The amount of donated services within the building improvements are not determinable.

Building improvements	$ 230,979
Gift cards for residents	3,000
Donated materials and services included in unrestricted donations	$ 233,979

USE OF ESTIMATES

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

FUNCTIONAL ALLOCATION OF EXPENSES

Certain expenses are common to program, administrative and fundraising functions. These items are allocated based upon estimated usage.

DATE OF MANAGEMENT'S REVIEW

In preparing these consolidated financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through February 24, 2017, which is the date the financial statements were available to be issued.

NOTE 2. FUTURE INTEREST

During the year ended June 30, 2004, the Organization received an irrevocable beneficial interest in an estate which is held by a third-party trustee. The assets of the estate consist principally of marketable securities. The beneficial interest entitles the Organization to a distribution of 5% of the value of the estate each year until August 2024, when the Organization will receive its portion of the value of the estate. Based upon the value of the underlying securities, the Organization estimated the present value of this asset, using a 5% growth rate and a 5% discount rate.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 3. CONCENTRATION OF INVESTMENT RISK

The estimated present value of the future interest is calculated from the value of the underlying financial instruments which consist of publicly traded stocks and mutual funds. The Organization also invests in various investment securities. Investment instruments and securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment instruments and securities, it is at least reasonably possible that changes in their values will occur in the near term and that such a change could materially affect the amounts reported in the consolidated statement of financial position.

NOTE 4. FAIR VALUE OF INVESTMENTS

The fair value measurements and levels within the fair value hierarchy of those measurements for the investments reported at fair value on a recurring basis at June 30, 2016 are as follows:

	Fair Value	Unadjusted Market Inputs(Level 1)	Significant Observable Inputs(Level 2)
Money Market funds	$ 221,117	$ 221,117	$ --
Mutual funds:			
Equity	66,985	66,985	--
Income	150,022	150,022	--
Value	23,575	23,575	--
Bond	60,501	60,501	--
Growth	44,000	44,000	--
Blend	6,077	6,077	--
Real Estate	6,702	6,702	--
Total mutual funds	357,862	357,862	--
Total Investments	578,979	578,979	--
Future Interest	4,228,625	--	4,228,625
Total	$ 4,807,604	$ 578,979	$ 4,228,625

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the year ended June 30, 2016.

Level 1 Fair Value Measurements
The fair value of the money market and mutual funds held by the Organization are based on quoted market prices.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 4. FAIR VALUE OF INVESTMENTS (Continued)

Level 2 Fair Value Measurements
The fair value of the future interest is valued at the present value of the Organization's share of the underlying assets as reported by the third party trustee using a 5% growth rate and a 5% discount rate. The underlying investments are valued at the closing price reported in an active market in which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The Organization recognizes transfers into and out of levels at the end of the reporting period. There were no transfers between levels in the year ended June 30, 2016.

Gains and losses (realized and unrealized) are reported as a component of investment income.

Dividend income	$ 6,721
Gains (losses)	(137,450)
	$ (130,729)

Investment fees of $5,366 are included in Audit/Accounting expense on the consolidated statement of functional expenses.

NOTE 5. NOTE PAYABLE

This note payable requires monthly installments of $6,122 including principal and interest at 7.6% per annum beginning February, 1994 until February, 2024, at which point all remaining principal and accrued interest is due. This loan is secured by property at the Center's Maryland facility.

Five-year maturities of this liability are as follows:

Year Ending	Amount
June 30, 2017	$ 40,188
June 30, 2018	43,351
June 30, 2019	46,764
June 30, 2020	50,444
June 30, 2021	54,414
Thereafter	166,978
	$ 402,139

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 6. MAJOR CUSTOMERS

A major portion of the Organization's business is dependent upon three large customers. The loss of these customers would have a material adverse effect on the Organization. During the year ended June 30, 2016, these customers accounted for approximately 80% of per diem revenue. Additionally, these customers accounted for $1,507,295 or 80% of accounts receivable before the allowance for doubtful accounts as of June 30, 2016.

NOTE 7. RECEIVABLE – STATE AGENCIES

Each year, the Organization enters into contracts or renews previous contracts with various government agencies setting forth the amount of reimbursement to be received per client per day. Some of the contracts provide that the grantor agency can retroactively adjust these rates if actual cost per client per day for the period is more or less than anticipated in the original agreement. The Organization has recorded an estimated receivable of $613,768 in anticipation of additional funding under the conditions identified above. This receivable covers anticipated additional funding from the grantor agencies for the fiscal years ending June 30, 2015 and 2016. Additional revenue has been recorded where the collections were in excess of the accrued amounts. The additional revenue recorded for the year ending June 30, 2016 was $73,262 and is included in Other Revenue. The grantor agency's review of these costs lags significantly behind the submission dates. Due to the complexity of this estimate, it is reasonably possible that the amount noted above could change significantly when actually calculated by the grantor agencies. The amount of the change is not determinable at this time.

NOTE 8. PRIOR PERIOD ADJUSTMENT

During the year ended June 30, 2016, Woodbourne Center, Inc. discovered significant uncollectible accounts receivable from services rendered prior to the June 30, 2016 fiscal year. This was a result of various billing process errors. A prior period adjustment of $619,667 was made to correct this issue. The beginning balance of unrestricted net assets and the beginning balance of accounts receivable were reduced by this amount. This adjustment would have reduced consolidated change in unrestricted net assets for the year ended June 30, 2015 by $619,667.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 9. RETIREMENT PLANS

As of March 1, 2013, employees that met minimum required service hours and length of service requirements were eligible to enter into the Nexus Retirement Plan. The Nexus Retirement Plan is a qualified retirement plan with a deferred arrangement under Section 401(k) of the Internal Revenue Code. The Organization provides a matching contribution of 100% of the employees' elective deferral for the first 1% of wages. For the employees' elective contribution of the next 2% through 6% of wages, the Organization provides a matching contribution of 50%. For employees' elective contributions above 6%, no match is provided. Participants are immediately vested in their deferral and rollover contributions and the earnings thereon. Participants become 100% vested in the matching contributions after 2 full years of continuous service. The Organization contributed $96,755 to the plan for the year ended June 30, 2016. The expense is included in employee benefits in the accompanying consolidated statement of functional expenses.

NOTE 10. TRANSACTIONS WITH RELATED ENTITIES

The Center and the Trust had the following transactions with its related entities (Nexus and Nexus Diversified Community Services) during the year ended June 30, 2016:

Beginning balance due (to) from affiliates	$ (856,152)
Expenses paid on behalf of affiliates	94,017
Charges for various operational expenses	(853,198)
Charges for management services provided by Nexus Diversified Community Service	(732,071)
Payments	1,956,860
Due (to) from affiliates	$ (390,544)

In addition to the transactions above, the Organization received unrestricted cash contributions from affiliates of $60,290.

WOODBOURNE CENTER, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2016

NOTE 11. NET ASSETS

Temporarily restricted net assets at June 30, 2016 consist of the following:

Woodbourne Center, Inc.:	
Treatment Foster Care	$ 524,837
Residential Treatment Center – Education	264,929
Other	11,872
	801,638
Woodbourne Center Charitable Trust:	
Milton Roberts Trust - time restriction	4,228,625
Other	5,857
	$ 5,036,120

NOTE 12. CASH AND CREDIT CONCENTRATIONS

The Organization has the majority of its accounts receivable with various governmental entities. The amount of loss the Organization would incur should this group of governmental entities default is not determinable. The Organization requires contracts be executed with its primary governmental funders to minimize the risk of this credit concentration. The Organization does not require collateral for the extension of credit.

The Organization maintains cash balances at various financial institutions. A portion of these balances exceed the financial institution's $250,000 of FDIC insurance coverage.

NOTE 13. LABOR CONCENTRATION

Approximately 33.7% of Woodbourne employees are subject to a collective bargaining agreement with the United Food and Commercial Workers Union, Local 27. The agreement will expire on December 31, 2017 and is subject to renewal negotiations starting in November 2017.

NOTE 14. INCOME TAXES

The Organization follows FASB ASC 740-10 "Accounting for Uncertainty in Income Taxes". The Organization's management evaluates all tax positions and makes a determination regarding their likelihood of being upheld under review. As of June 30, 2016, the Organization did not have any uncertain tax positions for which it recorded a tax liability. The Organization recognizes potential accrued interest and penalties pertaining to income tax related issues, if any, as income tax expense. During the year ended June 30, 2016, no penalties or interest were recorded.

Larry E. Messerli, CPA
Chris M. Schadow, CPA

Andrea R. Kulig, CPA
Cora E. Leland, CPA
Kathrine S. Simonson, CPA

MESSERLI & SCHADOW PLLP
Certified Public Accountants

Suite 517
6550 York Avenue South
Minneapolis, MN 55435
Phone 952-927-8350
Fax 952-927-8489
larry@messerli-schadow.com
chris@messerli-schadow.com

INDEPENDENT AUDITOR'S REPORT ON ADDITIONAL FINANCIAL INFORMATION

To the Board of Directors
Woodbourne Center, Inc., a Nexus affiliate
Plymouth, MN

We have audited the consolidated financial statements of Woodbourne Center, Inc., a Nexus affiliate, and Woodbourne Center Charitable Trust, as of and for the year ended June 30, 2016, and have issued our report thereon dated February 24, 2017, which contained an unmodified opinion on those consolidated financial statements. Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole.

The additional financial information of Woodbourne Center, Inc., a Nexus affiliate, is presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

The information marked "unaudited" has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

Messerli & Schadow, PLLP

MESSERLI & SCHADOW, PLLP
Certified Public Accountants

Minneapolis, Minnesota
February 24, 2017

WOODBOURNE CENTER, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2016

ASSETS

CURRENT ASSETS		
Cash and cash equivalents	$	576,478
Investments		10,997
Accounts receivable		1,464,345
Receivable - State Agencies		613,768
Other receivables		236,046
Prepaid insurance		94,001
Prepaid expenses		11,050
TOTAL CURRENT ASSETS		3,006,685
NON CURRENT ASSETS		
Fixed assets		9,984,457
Accumulated depreciation		(6,602,289)
TOTAL NON CURRENT ASSETS		3,382,168.00
TOTAL ASSETS	$	6,388,853

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Current portion of long term note payable	$	40,188
Accounts payable		131,053
Accrued salaries		605,064
Accrued vacation		255,511
Due to affiliates		1,033,570
Other accrued expenses		53,383
TOTAL CURRENT LIABILITIES		2,118,769
NON CURRENT LIABILITES		
Long term note payable - net of current portion		361,951
TOTAL LIABILITIES		2,480,720
NET ASSETS		
Unrestricted		3,106,495
Temporarily restricted		801,638
TOTAL NET ASSETS		3,908,133
TOTAL LIABILITIES AND NET ASSETS	$	6,388,853

See independent auditor's report on additional financial information.

WOODBOURNE CENTER, INC.
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2016

	Unrestricted	Temporarily Restricted	Total
REVENUE, GAINS AND OTHER SUPPORT			
Per diem revenue	$ 8,060,103	$ -	$ 8,060,103
Other	168,031	-	168,031
School revenue	2,057,791	-	2,057,791
School food revenue	85,950	-	85,950
Donations	531,673	99,424	631,097
Interest income	26	-	26
Investment income	11	-	11
Gain (Loss) on asset disposition	(1,477)	-	(1,477)
Net assets released from restrictions	197,934	(197,934)	-
Total Revenue and Other Support	11,100,041	(98,509)	11,001,532
FUNCTIONAL EXPENSES			
Program	7,862,475	-	7,862,475
General and administrative	2,812,020	-	2,812,020
Fundraising	203,895	-	203,895
Total Functional Expenses	10,878,390	-	10,878,390
CHANGE IN NET ASSETS	221,652	(98,509)	123,142
NET ASSETS			
Beginning of year	3,504,509	900,148	4,404,657
Prior period adjustment	(619,667)	-	(619,667)
Balance at beginning of year, as adjusted	2,884,843	900,148	3,784,990
End of year	$ 3,106,495	$ 801,638	$ 3,908,133

See independent auditor's report on additional financial information.

WOODBOURNE CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2016

	Program	General and Administrative	Fundraising	Total
Administrative fees	$ -	$ 732,071	$ -	$ 732,071
Audit/Accounting	26,351	76,020	895	103,266
Auto and travel	25,953	39,650	5,782	71,385
Bad Debts	-	371,147	-	371,147
Books & Subscriptions	4,949	-	4,102	9,051
Community Services	-	13,630	100	13,730
Consulting	-	48,772	-	48,772
Contract labor	159,967	28,243	160	188,370
Depreciation	235,358	108,946	-	344,304
Donation Expense	-	-	534	534
Employee benefits	1,085,695	204,118	38,790	1,328,603
Food	312,445	-	-	312,445
Foster Care Payments	686,965	-	-	686,965
Insurance	39,739	74,851	1,627	116,217
Interest	32,081	-	-	32,081
License/Dues/Fees	34,555	59,584	1,817	95,956
Maintenance	55,735	61,975	-	117,710
New hire expense	65,314	10,474	153	75,941
Office expense	34,500	41,695	2,486	78,681
Recreational expense	64,628	-	-	64,628
Rent expense	-	1,818	-	1,818
Resident supplies	81,784	-	-	81,784
Salaries and wages	4,693,577	848,538	146,651	5,688,766
School expenses	2,848	-	-	2,848
Staff development	20,354	3,312	141	23,807
Testing & evaluation	11,550	-	-	11,550
Utilities	188,127	87,176	657	275,960
	$ 7,862,475	$ 2,812,020	$ 203,895	$ 10,878,390

See independent auditor's report on additional financial information.

WOODBOURNE CENTER, INC
SCHEDULE OF DEPARTMENTAL REVENUES AND EXPENSES
For the Year Ended June 30, 2016

	Treatment Foster Care (1)	Adolescent Diagnostic Treatment Center	Residential Treatment Center Education	Other	Total
REVENUE AND OTHER SUPPORT:					
Private Grants and Contributions	$ 7,054	$ 85,950	$ 1,370	$ 414,240	$ 508,614
Governmental Agencies	1,315,724	6,744,379	2,057,791	-	10,117,894
Interest & Investment Income	-	-	-	37	37
Income from Charitable Trust	-	-	-	209,042	209,042
Other Income	-	1,046	-	164,899	165,945
Total Revenues and Other Support	1,322,778	6,831,374	2,059,161	788,218	11,001,532
EXPENSES:					
Salaries and Wages	325,451	3,414,414	953,712	-	4,693,577
Employee Benefits and Payroll Taxes	88,123	765,373	235,291	-	1,088,787
Professional Fees and Contract Labor	8,063	115,891	72,691	-	196,645
Direct Child Care and Educational Expenses	687,301	447,115	19,401	400	1,154,217
Office Support and Publications	8,306	17,858	18,597	-	44,761
Communications and Postage	6,095	-	-	-	6,095
Occupancy	7,932	151,977	75,981	-	235,890
Equipment Rental and Maintenance	1,878	-	-	-	1,878
Travel, Conferences and Vehicle Expense	14,713	8,778	2,881	13	26,385
Miscellaneous	9,281	105,604	31,763	153	146,801
Depreciation	4,254	170,838	60,266	-	235,358
Interest Expense	-	32,081	-	-	32,081
Total Program Services	1,161,397	5,229,929	1,470,583	566	7,862,475
General and Administrative	117,460	2,078,512	503,036	113,012	2,812,020
Fundraising	-	-	-	203,895	203,895
Total Expenses	1,278,857	7,308,441	1,973,619	317,473	10,878,390
Operating Change in Net Assets	$ 43,921	$ (477,066)	$ 85,542	$ 470,745	$ 123,142

(1) Pursuant to Sections 6.1 and 6.2 of the DHR contract, the Organization allocated $133,975 of retained earnings from the fiscal year ended June 30, 2015 to defray operating costs of the program in fiscal 2016 and other future years, including any expansion of services due to licensing requirements and escalation in per-client cost rate increases.

See independent auditor's report on additional financial information.

WOODBOURNE CENTER, INC
SCHEDULE OF DEPARTMENTAL REVENUES BY SOURCE
For the Year Ended June 30, 2016

	Treatment Foster Care	Adolescent Diagnostic Treatment Center	Residential Treatment Center Education	Management and General	Total
Department of Human Resources (DHR)	$ 1,224,566	$ -	$ 437,031	$ -	$ 1,661,597
Department of Juvenile Services (DJS)	86,429	176,197	924,612	-	1,187,238
Medical Assistance (MA)	-	6,267,279	-	-	6,267,279
SSI Deduction - Current Year	-	(39,404)	-	-	(39,404)
Revenue Adjustments Current Year	(426)	229,671	-	-	229,246
Out-of-State Revenue	5,155	110,635	35,406	-	151,196
Various Boards of Education	-	-	588,254	-	588,254
One on One Advocacy	-	-	70,740	-	70,740
Speech Pathology	-	-	1,748	-	1,748
Donations and Contributions	7,054	-	1,370	414,240	422,665
Grant Revenue	-	85,950	-	-	85,950
Income from Charitable Trust	-	-	-	209,042	209,042
Interest & Investment Income	-	-	-	37	37
Gain on Sale of Vehicle	-	-	-	(1,477)	(1,477)
Other Income	-	1,045	-	166,376	167,422
Total Revenue and Other Support	$ 1,322,778	$ 6,831,374	$ 2,059,161	$ 788,218	$ 11,001,532
Billable Days by All Sources (Unaudited)	12,198	15,995	9,308		

See independent auditor's report on additional financial information.

WOODBOURNE CENTER, INC
SCHEDULE OF ACTUAL EXPENSES TO APPROVED INTERAGENCY RATE COMMITTEE (IRC) BUDGETED EXPENSES
For the Year Ended June 30, 2016

	Treatment Foster Care (TFC)	TFC IRC Budget (unaudited)
Salaries	$ 360,529	$ 1,087,162
Contract Labor	1,543	5,962
Payroll Taxes	27,436	163,074
Fringe Benefits	73,787	71,865
Staff Development	433	269
Contracted Services	2,016	-
Foster Parents	686,965	1,271,710
Publicity	563	-
Food	-	49
Clothing	-	259
Recreation	336	5,125
Personal Needs	-	1,400
Rent	75	-
Utilities	11,535	10,767
Repair and Maintenance	4,440	11,859
Insurance and Taxes	3,084	2,538
Supplies	6,191	8,912
Depreciation	5,309	311,455
Equipment Rental	-	2,400
Print and Copy	2,115	16,977
Telephone	6,095	17,812
Postage	-	1,338
Dues & Fees	37,951	-
Conferences	3,965	6,874
Travel	11,955	11,896
Other	17,181	10,782
Total IRC Allowable Expenses	1,263,514	$ 3,020,485
IRC Disallowed General and Administrative Expenses	15,343	-
Total Expenses	$ 1,278,857	$ 3,020,485
Average Budgeted Census		61.2
Average Actual Census - DHR (Unaudited)	30.8	
Average Actual Census - BMHS (Unaudited)	-	
Average Actual Census - DJS (Unaudited)	2.2	

See independent auditor's report on additional financial information.

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WOODBOURNE CENTER
A NEXUS FAMILY MEMBER
YOUTH AND FAMILY SOLUTIONS

Exhibit 4 RTC Coalition Letter of Support

CATHOLIC CHARITIES
CHERISHING THE DIVINE WITHIN ALL

September 22, 2017

Kevin McDonald
Chief - Certificate of Need Division
Center for Health Care Facilities Planning & Development
Maryland Health Care Commission
4160 Patterson Ave.
Baltimore, MD 21215

Re: Woodbourne Center's Application for a Certificate of Need

Dear Mr. McDonald:

On behalf of the non-public members of the Maryland Residential Treatment Center Coalition, I would like to offer strong support for Woodbourne Center's application for a Certificate of Need to open a residential treatment center (RTC) on the eastern shore.

During the past year, three of Maryland's ten RTCs have closed, causing a reduction in operational capacity of nearly 32%. Especially with the recent closing of Good Shepherd Services, the current system of care is unable to provide adequate in-state care and treatment for all youth with intensive mental health needs. This is evidenced by the lack of vacancies within hospital psychiatric units and the number of youth who needed to be placed out-of-state when Good Shepherd Services closed. Additionally, when Adventist Health Care closed their RTC on the eastern shore last year, a gaping hole was created for the eastern shore counties as that was the only RTC on that side of the state. Youth who require an RTC level of care on the eastern shore now need to be placed a significant distance from their families, reducing the family involvement which has been shown to improve outcomes among children in residential care.

Woodbourne Center is particularly well suited to open and operate a second RTC within the State. As a valued and highly respected member of the RTC Coalition for many years - and for many years before the Coalition came into existence - Woodbourne Center has played an integral role in helping to shape the system of care for youth with intensive needs. The organization has modified its RTC program, as needed, through the years to ensure that they continue to meet the evolving needs of youth within the State. Their flexibility, willingness to take very challenging youth, and positive outcomes have contributed to the excellent reputation they have cultivated among the State's referring agencies. Additionally, since Woodbourne Center's affiliation with Nexus five years ago, the program has become even stronger through its access to the larger organization's supports and management system.

2600 Pot Spring Road | Timonium, MD 21093 | 667 600 3000 | FAX 410 561 8109 | cc-md.org

WOODBOURNE CENTER
A NEXUS FAMILY MEMBER
YOUTH AND FAMILY SOLUTIONS

CATHOLIC CHARITIES
CHERISHING THE DIVINE WITHIN ALL

RTCs continue to provide a critical role within Maryland's system of care for children, youth and their families. In order to successfully fill this role for residents of the eastern shore, and for the State of Maryland as a whole, the non-public members of the Maryland RTC Coalition wholeheartedly endorse Woodbourne Center's application to open an RTC on the eastern shore of Maryland.

Thank you for your consideration of this letter.
Sincerely,

Jonathan L. Hackbarth
Director of Centralized Services, Catholic Charities Family Services Division
Chairperson, Maryland RTC Coalition

Copy: Ezra Buchdahl, St. Vincent's Villa
Tess Carpenter, Mann Residential Treatment Center
Maureen McGuire, The Jefferson School
Sandra Whitney, Chesapeake Treatment Center

Exhibit 5 Letters of Recommendation and Reference

MARYLAND Department of Juvenile Services
Successful Youth • Strong Leaders • Safer Communities

One Center Plaza
120 West Fayette Street
Baltimore, MD 21201

Boyd K. Rutherford
Lt. Governor

Larry Hogan
Governor

Sam Abed
Secretary

September 20, 2017

To Whom It May Concern:

This letter is to inform you that Woodbourne Center, Inc. has been contracted by the Maryland Department of Juvenile Services (the Department) for over twenty (20) years, and is currently in good standing with the Department. Woodbourne Center, Inc. has a current contract with the Department to provide residential services through June 30, 2022.

Additionally, the Department currently has Eastern Shore youth placed at residential treatment centers (RTC) throughout Maryland. To facilitate youth being placed near their families, the Department would likely refer appropriate youth should Woodbourne open a facility with RTC beds on the Eastern Shore.

Should you have any questions regarding the content of this letter, please do not hesitate to contact Ms. Poag via e-mail at candace.poag@maryland.gov, or via telephone at 410-230-3169.

Sincerely,

Michael DiBattista
Chief Financial Officer

cc: Ms. Patricia Flanigan, Director of Resources
Ms. Candace Poag, Contract Management
Contract File

Phone: 410-230-3333 Toll Free: 1-888-639-7499 TDD: 1-800-735-2258

WOODBOURNE CENTER
A NEXUS FAMILY MEMBER | YOUTH AND FAMILY SOLUTIONS

DORCHESTER CHAMBER OF COMMERCE, INC.

528 Poplar Street, Cambridge, MD 21613
Phone-410-228-3575 Fax-410-228-6848
Info@dorchesterchamber.org
www.dorchesterchamber.org

December 19, 2016

To whom it may concern:

The Dorchester Chamber of Commerce is pleased to express full support for Woodbourne Center, a Nexus family member who provides mental health treatment for youth. It is Woodbourne's intent to serve a larger population of young people, specifically those who live in or around the Eastern Shore. Woodbourne will achieve this by utilizing the building that previously housed Adventist Behavioral Health's Eastern Shore branch, located at 821 Fieldcrest Road in Cambridge, Maryland.

Woodbourne Center has accreditation from The Joint Commission, and has offered services for youth throughout the state of Maryland for over 200 years. Currently, Woodbourne's continuum of care includes psychiatric residential treatment for male youth, ages 12-18, treatment foster care for boys and girls, from birth-age 21, and a specialized school.

By serving youth in the Eastern Shore, Woodbourne Center will continue to help fulfill the increasing need for mental health treatment offerings for youth, especially after the closing of the Adventist branch. Adventist's closing of the Eastern Shore branch has also left a need for employment opportunities in Dorchester County. The Eastern Shore branch of Adventist employed a staff of 100, many of whom are now looking for employment opportunities. With an Eastern shore presence, Woodbourne/Nexus will also potentially be able to hire other qualified individuals from the Eastern Shore and the city of Cambridge.

We look forward to partnering with the Woodbourne Center. Thank you in advance for your consideration and feel free to contact me with any questions at 410-228-3575 or email at bill@dorchesterchamber.org.

Sincerely,

William A. Christopher
Executive Director

WOODBOURNE CENTER
A NEXUS FAMILY MEMBER | YOUTH AND FAMILY SOLUTIONS

COUNTY COUNCIL OF DORCHESTER COUNTY
COUNTY OFFICE BUILDING
P.O. BOX 26
CAMBRIDGE, MARYLAND 21613
PHONE: (410) 228-1700
FAX: (410) 228-9641

RICKY C. TRAVERS, PRESIDENT
TOM C. BRADSHAW, VICE PRESIDENT
WILLIAM V. NICHOLS
RICK M. PRICE
DON B. SATTERFIELD

JEREMY D. GOLDMAN
COUNTY MANAGER
E. THOMAS MERRYWEATHER
COUNTY ATTORNEY

December 9, 2016

To Whom It May Concern:

On behalf of the Dorchester County Council is pleased to express full support for Woodbourne Center, a Nexus family member who provides mental health treatment for youth. It is Woodbourne's intent to serve a larger population of young people, specifically those who live in or around the Eastern Shore. Woodbourne will achieve this by utilizing the building that previously housed Adventist Behavioral Health's Eastern Shore branch, located at 821 Fieldcrest Road in Cambridge, Maryland.

Woodbourne Center has accreditation from The Joint Commission, and has offered services for youth throughout the state of Maryland for over 200 years. Currently, Woodbourne's continuum of care includes psychiatric residential treatment for male youth, ages 12-18, treatment foster care for boys and girls, from birth-age 21, and a specialized school.

By serving youth in the Eastern Shore, Woodbourne Center will continue to help fulfill the increasing need for mental health treatment offerings for youth, especially after the closing of the Adventist branch. Adventist's closing of the Eastern Shore branch has also left a need for employment opportunities in Dorchester County. The Eastern Shore branch of Adventist employed a staff of 100, many of whom are now looking for employment opportunities. With an Eastern shore presence, Woodbourne/Nexus will also potentially be able to hire other qualified individuals from the Eastern Shore and the city of Cambridge.

Thank you for your consideration of this letter of support. If you have any questions, please contact the Council's Office at (410) 228-17000.

Sincerely,

DORCHESTER COUNTY COUNCIL

Ricky C. Travers
President

rct/dl
cc: Susan Banks, Economic Development Director

WOODBOURNE CENTER
A NEXUS FAMILY MEMBER | YOUTH AND FAMILY SOLUTIONS

ADDIE C. ECKARDT
Legislative District 37
Caroline, Dorchester, Talbot,
and Wicomico Counties

Budget and Taxation Committee

Health and Human Services
Subcommittee

Joint Committees
Administrative, Executive,
and Legislative Review

Audit

Children, Youth, and Families

Fair Practices and
State Personnel Oversight

Pensions

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Annapolis Office
James Senate Office Building
11 Bladen Street, Room 322
Annapolis, Maryland 21401
410-841-3590 · 301-858-3590
800-492-7122 *Ext.* 3590
Fax 410-841-3087 · 301-858-3087
Adelaide.Eckardt@senate.state.md.us

District Office
601 Locust Street, Suite 202
Cambridge, Maryland 21613
410-221-6561

December 16, 2016

David Fritz, CCIM, SIOR
Principal, NAI KLNB
6011 University Blvd, suite 350
Ellicott City, MD 21043

To Whom It May Concern:

I am pleased to express full support for Woodbourne Center, a Nexus family member who provides mental health treatment for youth. It is Woodbourne's intent to serve a larger population of young people, specifically those who live in or around the Eastern Shore. Woodbourne will achieve this by utilizing the building that previously housed Adventist Healthcare Behavioral Health and Wellness Services located in Cambridge, Maryland.

Woodbourne Center has accreditation from The Joint Commission, and has offered services for youth throughout the state of Maryland for over 200 years. Currently, Woodbourne's continuum of care includes psychiatric residential treatment for male youth, ages 12-18, treatment foster care for boys and girls, from birth-age 21, and a specialized school.

By serving youth in the Eastern Shore, Woodbourne Center will continue to help fulfill the increasing need for mental health treatment offerings for youth, especially after the closing of the Adventist branch. These services are essential in the delivery of health care to our families on the Eastern Shore. Adventist's closing of their Eastern Shore services has also left a need for employment opportunities in Dorchester County. Adventist employed a staff of 100, many of whom are now looking for employment opportunities. With an Eastern shore presence, Woodbourne/Nexus will also potentially be able to hire other qualified individuals from the Eastern Shore and the city of Cambridge.

I eagerly anticipate partnering with the Woodbourne Center on this project and I am available to talk further if necessary. Thank you in advance for your time. If you have any questions,, you may contact me at (410) 841-3590.

Best Regards,

Addie Eckardt

Senator Addie Eckardt

Five Clinical Treatment Projects in Therapy

1. Life History/Autobiography

Clients will complete and present an approved **Personal Life History/Autobiography** in their individual, group and family therapies to express and better understand family of origin and history. Clients can utilize genograms, art, music, poetry or various other expressive means as a tool to help depict their personal developmental and social histories.

Depending on treatment goals, many clients will begin work on a **Relational, Intimate & Sexual History Packet** to help gain a greater understanding of their developmental sexual history. The purpose of the sexual history disclosure is to help you get rid of maladaptive, high risk and unhealthy secrets, thoughts, memories, and behaviors that have interfered with your adaptive development of a healthy self esteem, sexuality, and lifestyle. Patients will process this packet with their Primary Therapist and in Family therapy.

2. Disclosure/Accountability

The purpose of your **Disclosure/Accountability Assignment** is to help you get rid of any unhealthy or maladaptive secrets, thoughts, memories, and behaviors (including index offenses) that have interfered with the adaptive development of a healthy self-esteem and lifestyle. It is important that you be as open, honest and thorough as possible so you can assume responsibility and become accountable for everything that you can while you are in treatment at Woodbourne. Honesty and thoroughness will help you become more appropriately uncomfortable with any deviant, dangerous, inappropriate and high risk/harmful acting out behaviors. This process of disclosure will also help you succeed in treatment as you begin to build a healthier ego without having to hold on to toxic feelings of shame through secret keeping about your past harmful acting out behaviors.

3. High Risk Behavioral Cycles

Clients will work to complete their **individual behavioral maintenance cycles** and **sexual and/or delinquent offense specific cycles** to better understand and adaptively respond to the underlying high risk thoughts and feelings (internal and external triggers) that influence their negative and harmful acting out decisions. They will present their cycles in their individual, group and family therapies. In this manner, youth will work to develop improved affective stability through increased assertive communication and expression of thoughts and feelings to meet individual needs, increased ability to tolerate frustration through identification of triggers, increased problem solving abilities, and increased social skills/behaviors to include listening, giving and receiving feedback and/or criticism, demonstrating increased perspective taking and empathy, and impulse control.

Dysfunctional Response Cycle
(Maladaptive Patterns of Thoughts, Feelings, & Behaviors)

HISTORY

Early life Experience perceived as Helplessness/Lack of Control

- **Lack of empathic nurturing, Parental Loss/Betrayal**
- **Trauma: Physical, Sexual, Emotional Abuse**
- **Medical/Psychiatric History**
- **Developmental History**

TRIGGERS

) High Sexual Urges in General
2) Rejection by others
3) Memories of past abuse and
4) In a position of
5) Hi/Low levels of Self Esteem

DYSFUNCTIONAL RESPONSE STYLE
The Poor Me Syndrome/Victim Stance
Poor Self Image/ "I'm No Good"

PROMISES TO SELF/OTHERS
T: I'll never do it again
F: Anxious, Shame, Guilt
B: Attention Seeking

EXPECTING SOMETHING BAD
T: I'm fat,ugly. No one will love me.
F: Anxious, Lonely, Rejected, Hopeless
B: Poor Physical Boundaries, Attn. Seek

FALSE REMORSE
T: I'm so ashamed
F: Shame, Fear, Anxiety
B: Pretending Normal

ISOLATION/WITHDRAW
T: I can't deal with this.
F: Frustration, entitled, anger
B: Not expressing self, isolating self

NEGATIVE ACTING OUT
T: I deserve this, it feels good, they like it
F: Powerful, aroused, excited, in control
B: Frottage, Fondling, Grooming, Sex

ANGER
T: No one is paying attention to me
F: More angered, empowered, entitled
B: Defiant, Disrespectful, denying

PLANNING (Decide it)
T: How can I get away with this
I won't get caught, How can I manipulate
F: Hyper-arousal, excited, anxious, determined
B: Sexual Talk, Flirting, Extreme Secrecy in Grooming, Hyperactivity

THOUGHTS/FANTASY (Think It)
T: Who Can I Groom, Who is vulnerable
It will feel good, He won't tell
F: Aroused, Hyper, Happy, Excited
B: Dressing Provocatively, Laughing and Attention Seeking,

4. Victim Impact, Understanding and Empathy Development

Each client will write a **victim impact / clarification letter** acknowledging high risk thoughts, feelings and decisions for harmful acting out behaviors and clarifying harm done without any levels of minimizing, justifying or blame. They will present this letter in their individual, group and family therapies for process and feedback. A Victim Clarification Session will occur when clinically indicated and with ongoing consultation with victim's advocates. **WHEN APPLICABLE**: Family Reintegration Work (See WB Guidelines for Victim Contact and Reunification) will focus on safely reintegrating the youth back into the home through structured home passes starting with hourly unsupervised passes in the community with family members and moving up to overnights and weekends when clinically indicated. Identified family members/support persons will complete our **Informed Supervision Curriculum** to better understand risk, monitoring and supervision needs.

5. Safety Planning

Clients will create and present their **Safety and After Care Plans** focusing on strategies to reduce/mitigate all high risk/harmful acting out behaviors. They will present this plan for process and feedback during individual, group and family therapies. Clients will identify and develop appropriate **Transition and Independent Living Skills** as part of their re-integration phase into the community. **Safety Plans** for all outings and passes will be required as practice for full reintegration. Clients will work to develop **Healthy Relationship Plans** as part of the Healthy Sexuality Curriculum. Clients will need to demonstrate an understanding of all inappropriate, harmful acting out related dynamics on a **day to day basis** through increased testing of their ability to appropriately regulate affect and maintain community safety while participating in community transitional phases.

Family Informed Supervision & Sex Offense Education Group- 10 Week Program **(this curriculum is currently being modified)**

Week 1:
Sign all Consent and HIPPA forms: Group Guidelines
Introductions/Outpatient Treatment Program: (Handout on *Program Description)*
Educational Component: **What is Informed Supervision? What is Juvenile Sex Offending**?(Handouts & Discussion)
Homework Assignment #1: *Getting Started*

Week 2:
Go Over Homework Assignment: *Getting Started*
Educational Component: **Understanding Sexual Aggression: Why and How Do Youth Sexually Offend?** (Handouts: *Typology, Risk Factors, Routes to Offending* and *Sexual Contact Form and Grooming Behaviors:* Discussion)
Homework Assignment # 2: *Youth Disclosure* to Family Member

Week 3:
Go Over Homework Assignment: *Youth Disclosure* (Parents Identify Grooming Behaviors and Process Offenses in Group)

Educational Component: **Dealing with Denial** (Handouts on *Types of Denial* and *Strategies for Dealing with* Denial, Group Discussion).
Homework Assignment # 3: *Understanding Denial*

Week 4:
Go Over Homework Assignment: *Understanding Denial*
Educational Component: **Risk Assessment and Sex Offense Specific Treatment: (Assessments inform Conceptualizations to help Develop Treatment Plans)**
Handouts: *J-SOAP, Sex Offense Specific Terms* and *Group Curriculum* (Discussion)
Homework Assignment # 4: Read Journal Article: *Cognitive-Behavioral Treatment for Adolescents Who Sexually Offend and Their Families: Individual and Family Applications in a Collaborative Outpatient Program.*

Week 5:
Discuss Journal Article: *Cognitive-Behavioral Treatment for Adolescents Who Sexually Offend and Their Families: Individual and Family Applications in a Collaborative Outpatient Program.*
Educational Component: **How We Measure Treatment Progress: Disposition and Discharge Planning**. (*SSOTR* Handout and Discussion)
Homework Assignment: *Complete a SSOTR with Youth*

Week 6:
Go Over *SSOTRs*
Educational Component: **Cycle Work: Understanding Our Underlying Patterns of Thoughts, Feelings, and Behaviors** (Handout *Dysfunctional Behavior Cycle and Thinking* Errors. Discussion)
Homework Assignment: *Accountability Assignment*: *Understanding Our Behaviors*

Week 7:
Go Over Homework Assignment: *Accountability Assignment: Understanding Our Behaviors*
Educational Component: **Patterns of Inappropriate/Deviant Sexual Interest, Arousal and Masturbation**. Discussion
Homework Assignment: *Fantasy Log* work with Youth.

Week 8:
Go Over Homework Assignment: *Fantasy Logs*
Educational Component: **Empathy, Victim Impact and Clarification Work** (Handout and Discussion: *What is Empathy Packet)*
Homework Assignment: *Donnie's Brother Remembers (pgs. 36 – 39)*

Week 9:
Go Over Homework Assignment: *Donnie's Brother Remembers (pgs. 36 – 39)*
Educational Component: **Safety Planning & Family Re-unification** (Handouts: *Sexually Abusive Youth In Home Safety Contract* and *Safety Planning Outline)*
Homework Assignment: Complete an *In Home Safety Contract* and Read Journal Article *Working with Parents to Reduce Juvenile Sex Offender Recidivism*

Week 10:
Go Over Homework Assignments and Discuss Journal Article.
Educational Component: **After Care Planning** (Handouts: *For Families Packet, Safety Tools, Components of a Relapse Prevention Plan.*
Distribute Certificates of Completion
Homework Assignment: On Your Own….Complete the *For Families* Packet with Youth

Congratulations. Please continue to work with your multidisciplinary team members to ensure safety and treatment progress in your youth's program at CTC. Thank you for your participation.

Woodbourne Center
Problematic Sexual Behaviors

Guidelines for Initiating the Continuum of Offender/Victim Contacts with Goal towards Family Re-unification

For any type of offender/victim contact to occur, all members of the multidisciplinary team must agree to all necessary conditions. It is a widely accepted standard to organize and plan any type of offender/victim contact around the victim's wishes and readiness. It is Woodbourne's policy that in almost all cases, no offender/contact work shall be done without ongoing and deliberate collaboration with the victim's therapist and parent/guardian. In the event that an identified victim is no longer in therapy or wanting of personal therapy, but indicating a desire for offender contact, the victim's age will be taken into consideration and steps will be taken with the parent/guardian to asses for safety and readiness.

The following types of contact can occur along the continuum of Offender/Victim Contact.

1. Therapeutic Contacts
2. Responsibility/Clarification Session
3. Conjoint Therapy Sessions
4. Supervised Visitation
5. Family Reunification

Each of these types of contacts have different objectives and goals and normally build on each other to ultimately reach family re-unification.

Therapeutic Contacts

The idea of **therapeutic contacts** or visits was developed in response to a number of incidents whereby victims indicated that they were feeling penalized in some way in not being able to see the offender. Generally speaking, responsibility work by the offender needed to be completed before any type of offender/victim contact could occur. The purpose of therapeutic contacts then

is to empower identified victims in providing a choice for contact yet under very limited, and carefully structured conditions. It is imperative that team members understand that therapeutic contact/visits are NOT designed to meet the needs of the offender, family members, or victims under pressure from families. Requests for therapeutic contacts will ONLY be considered when generated by a victim's therapist. During therapeutic contacts, the offender agrees to certain rules: No discussion of the abuse and/or disclosure details. No gift giving or exchanging of material items. Strict adherence to set time limit for contact. No offender initiated physical contact. No whispering or horseplay with the victim. Contact is supervised by both the offender and victim therapist. (1995,, Zuskin & Debye)

Responsibility Sessions

The **responsibility/clarification session** is a very structured and strategic therapeutic intervention and serves as an important part of the victim's process of recovery and healing. The main objective is for the offender to take full responsibility for the abuse and to provide an opportunity for the victim to hear that the abuse was in no way the result of anything he/she did or did not do, and to also hear that there was nothing he/she could have done to stop the abuse. The victim also gets to hear that only their disclosure of the abuse could have stopped more abuse from occurring, and that any changes that happened in the family after the disclosure were not their fault. The victim gets to hear that their disclosure of the abuse was the only way for the family to get better. The offender also takes responsibility for the harmful effects of the abuse. Preparatory therapy sessions with the offender and the responsibility session itself are very useful ways in fostering empathy for the victim, and in getting offenders in touch with their feelings of shame and guilt. The responsibility session is a FORMAL part of the coordinated and collaborative efforts in treatment. It is not a brief, informal meeting that allows for a quick apology and then the family can "bury" the past and move on. The involvement of BOTH the offender and victim's therapist in planning, preparing for and implementing the session is critical.

The responsibility session is when the victim and offender discuss the abuse for the first time since the disclosure. The session should be at the office of the victim's session and never at the offender's therapist's office. There are steps in preparing for such a session.

A. **Accountability**: In therapy, we have to compare the victim's version of abuse to that of the offender, examining for differences and similarities with regard to the onset, frequency, duration, nature of abuse, aspects of manipulation, coercion, threats, etc. Discrepancies in accounting for any of these issues should be addressed individually in therapy and plans to resolve such discrepancies must be determined. Most offenders enter treatment with some level or type of denial, perhaps minimizing and justifying aspects of the abuse, others placing blame on their victims. Offenders may take anywhere from 6 months to over a year's time to complete a full and honest disclosure of their offending behaviors. It is important that offender's achieve high levels of accountability prior to engaging in responsibility/clarification work with the identified victim.

B. **Readiness**: This concept applies to the victim, the offender, and also the parents/guardians. The victim should have worked in therapy to understand the nature of

the victim role, and he/she should have some awareness of the range of feelings about the abuse and towards the offender. Victims should be empowered to the degree that they can emotionally and psychologically tolerate a face to face encounter with the offender. A trusting and therapeutic alliance with the victim's therapist is necessary. The victim, in working with their therapist, generally would have developed some questions, concerns or expressions that he/she would like to address with the offender. The offender on the other hand, should have progressed enough in treatment to fully assume responsibility for their "choice" to sexually offend. This includes acknowledging the cognitive and perceptual distortions related to the dynamics of their grooming, planning, and abuse behaviors. The offender should have worked through their defenses such as minimization, justification, denial, blame and excuse making for their offending actions. Regarding the parent's readiness, generally speaking, the responsibility session is conducted in the victim's therapist office without the mother (or parent/guardian) present. Parents should provide consent for the responsibility session. It's important to review the parent's thoughts, fears, concerns about the session.

C. **Preparation:** This concept also applies to the victim, offender and parent/guardians.

The victim's therapist will collaborate with the team members and decide on matters regarding "readiness" with any identified victims. Again, ongoing collaboration is paramount between providers so as minimize any possible re-traumatizing or harm to the victim.

The offender should have progressed in his treatment to the point that he/she has assumed full responsibility for the sexually abusive grooming, planning, and acting out behaviors. Preparation for the actual responsibility session should proceed after the offender has completed his accountability work. A common task in helping both the victim and the offender prepare for the responsibility session is the process of the offender writing a clarification letter. In these letters, youth offenders will assume full responsibility for their sexual abuse actions, clarify all grooming and offense behaviors, recognize harm to victims and eliminate all justification and excuse making. The letter must express absolute responsibility for the abuse. It should NOT contain an apology as this implies a request for forgiveness from the victim. The granting of forgiveness is viewed as important. However, within the context of the previous relationship between the offender and victim, it is imperative that the dynamics of the abuse not be repeated. In this case, the victim should not be expected to comply with the offender's requests or demands, as this is similar to the abuse dynamics.

The letter is re-drafted several times and presented in individual, group and even family therapies. The victim's therapist must also read the letter and provide feedback to the offender youth's therapist. Review of the letter helps to make sure it does not contain distortions, minimizations, justifications, blaming, suggestions of any kind, or explicit or implicit requests for anything from the victim. The offender youth can also prepare by brainstorming possible questions that the victim would like answered, by role playing the actual responsibility session and reading the clarification letter and rehearsing in his therapy. This can all be helpful in

anticipating difficult situations or feelings, and in developing safe and adaptive response strategies. An important element to rehearse for both offender and victim will be how either will signal discomfort or distress. Again, during this preparation, the victim and offender therapists must remain in close communication. It is a good idea to have the victim, victim's therapist, and offender's therapist meet ahead of time at the session site (usually the victim's therapist's office or some other neutral site). The three can then review and plan the structure for the session, deciding who will sit where, who will talk first, and identify and discuss any concerns.

The respective therapists need to discuss and delineate their roles and responsibilities during the session. The offender's therapist should NOT take an active role in the interview, especially in regards to the victim. The offender's therapist should not make question the victim or offer interpretations of any kind. This is not a therapy session. The offender's therapist's role is primarily to support, coach, and confront the offender with the goal in helping them claim full responsibility for the abuse.

Conducting the Responsibility Session:
The responsibility session is a goal-specific, highly structured, and time-limited meeting designed to assist the offender in assuming full responsibility for the sexual abuse and allow the victim to diminish/eliminate any questions or concerns regarding personal responsibility for causing the abuse, for reporting the abuse, or for any negative consequences that occurred following the disclosure. The structure for the session is derived from the planning involved and incorporates the reading of letters or questions that have been prepared for this session. The victim is in control of the session and it must be clear that the victim's therapist is the conductor for the session. The session should be clearly limited in time to help maintain structure and focus. As the session starts, the victim's therapist clearly states the purpose for the meeting, clarifying that the session is a therapeutic intervention to aid in the victim's recovery process. Conducting this particular session DOES NOT imply that further meetings, sessions, or family re-unification will occur. Ground rules are reviewed and can include the following:

1. The victim can STOP the session or request to take a break at any time
2. The victim can repeat questions or ask for clarification of the offender's responses until she/he has full understanding.
3. There will be no gift exchanges permitted.
4. No physical contact is allowed. If the victim initiates contact, contact is allowed. These issues should be considered prior to the meeting so as to prepare both the victim and offender for possible contact. The offender can not suggest, offer or request any physical contact.
5. There should not be any discussion of the "next" meeting or further steps to family re-unification in this meeting. Careful planning is involved in the process of restructuring the relationship between offender and victim. They will need time to process and debrief after this session.

6. Parents of the victim should generally not attend this session. It may be impossible at times to do so and in that case, careful attention to the purpose, motivation, and goals for this request should be considered. At times, parents have their own therapists as well, and collaboration with these individuals will be important. The role of the parent in any responsibility session is to passively support the victim. The parent's presence must not hinder or inhibit the victim's participation in any way. If the parent's presence increased the victim's discomfort, the parent's involvement is not considered therapeutic.

Conjoint Therapy Sessions

Following the completion of the Responsibility Session, the treatment team members will then decide on the need for **conjoint therapy sessions** that can include ongoing dyadic (offender/victim), triadic (parent/offender/victim), or family therapy. These sessions may involve another care provider to allow for objectivity in the assessment of family dynamics. Considerable collaboration between all providers again remains a priority. These conjoint sessions will focus on any issues raised in the Responsibility Session, will help guide the family towards supervised visitations, and prepare them for ultimate re-unification. At this point of the process, there is no victim-offender contact outside of the therapy office.

Supervised Visitation

Supervised visitation occurs in the context of conjoint therapy and it is when the offender and child are gradually allowed to have face to face contact while being supervised by an Informed Supervisor. All members of the multi-disciplinary team must agree to supervised visitations which usually occur in the community, is time limited and very structured, as to provide predictability for the victim and offender. CTC has a 10 week Curriculum for parents and guardians to work towards becoming informed supervisors for their offender youth in the community. As part of preparation for readiness, parents/ guardians of our youth offenders must participate in our 10 week **INFORMED SUPERVISION** curriculum. Juveniles who are known to have committed a sexual offense should have what is called **informed supervision**, and most juvenile offenders will also require some type of *therapeutic care* until they have successfully completed sexual offense specific treatment. Parents and guardians of high risk youth (juveniles who sexually offend) must provide supervision of the youth in the community. This supervision helps to protect others as well as the youth offender. Parents/guardians are "informed" to the degree that they know about and understand the full range of their youth's offending patterns of high risk thoughts, feelings, and behaviors. Parents/guardians who struggle with accepting the very difficult reality of sexual offense behaviors in their youth are often times less capable of providing adequate informed supervision in the community. In order to provide "Informed Supervision", parents and guardians must KNOW WHAT THE PROBLEM IS! They must learn and understand the problem of juvenile sexual offending and apply this knowledge to understanding their own high risk youth.

This program prepares parents/ guardians of adjudicated youth to become informed supervisors for the youth. Participants will accomplish the following objectives.

1. Become Informed Supervisors of the adjudicated youth within the community
2. Develop a greater understanding of the youth's sex offense specific behaviors

3. Assist the youth in developing and obtaining treatment goals relative to daily behavior management, education, and healthy sexual development
4. Learn to effectively work with a multidisciplinary team (i.e., probation officer, therapist, resource coordinator) in assuring compliance with treatment and probation rules and regulations
5. Develop an understanding of how to monitor the youth in the home and community while holding him accountable for potential high risk thoughts, feelings, and behaviors
6. Learn how to assume responsibility for assessing the emotional and physical safety of potential victims while supervising the youth in the community
7. Participate in developing and maintaining a safety plan for the youth within the home and community during treatment and after discharge

Following the completion of this program curriculum, the parent/guardians must meet several times individual with the offender youth and therapist to review the following information more specifically:

A. Disclosure (offense and sexual history): The purpose of a sexual history disclosure is to help offender's get rid of deviant and unhealthy secrets, thoughts, memories, and behaviors that have interfered with their adaptive development of a healthy self esteem, sexuality, and lifestyle. It is important that they be as thorough and honest as they can so they can be accountable for everything while in treatment at CTC. Honesty and thoroughness will help them become more appropriately uncomfortable with inappropriate and abusive sexual behavior. This process will also help then begin to building a healthier self-esteem without having to hold on to shameful and deviant secrets. Keeping secrets about your past sexual behavior will prevent them from being honest and from succeeding in treatment. Parents are coached in helping create a safe environment for their offending youth to disclose very personal, intimate, and shameful information about their sexual abuse behaviors and history.

B. Abuse Cycle: Informed supervisors must have an understanding of the underlying patterns of high risk thoughts, feelings, and behaviors that underlie their youth's negative acting out behaviors. They must be able to illustrate their youth's day to day negative acting out cycle with examples. They must be able to identify their youth's specific triggers or risk factors for re-offense.

C. Victim Clarification Letter: The youth offender must present his clarification letter to the informed supervisor for process and feedback.

D. Relapse Prevention Plan and Safety Planning: Every contact must be planned in advance through meetings with the youth, therapist and parent. It will need to include specific information regarding the structure for the visit.

Important components to successful supervised visits include; the informed supervisor's ability to supervise appropriately, to communicate openly, honestly and effectively, and to cooperate with the multi-disciplinary team members. Open communication between all parties is essential

for the protection of the children involved. Visits typically are in a neutral location prior to moving back into the home. Ongoing therapy between visitations allows for the necessary assessments of the quality of the visits and the relationships between family members. All information gathered is used to assess the ongoing safety of children in the home, the risk levels of the offender, and any needed medications to the safety plan that is required. Increased time during visitations is not guaranteed, rather this depends on the offender's continued progress, approval by team, readiness of victim, as well as assessment of the quality of the relationships between all parties involved. If the family has moved to the level of living together, they can expect to remain in treatment for six months or longer to allow continued contact and monitoring.

Family Re-unification

Family re-unification is the process by which the offender moves towards living back in the home with the victim and family. This process occurs in the context of ongoing and/or successfully terminated conjoint therapies. Successful graduated supervised visitations are prerequisites for full time residency. The decision for family re-unification requires support and consensus from all members of the treatment team. Appropriate modification or removal of any legal sanctions should be considered. The offender will have completed his offense specific treatment requirements including a comprehensive Relapse Prevention Plan. The family will have worked together to create a Safety Plan for the home. The safety plan is the backbone of the visitation and family re-unification process. This plan outlines the boundaries and interventions to be used when having contact. The boundaries should include emotional, psychological, and physical. The plan should demonstrate that the offender has thought of potential difficulties he may encounter during the visitation, and the tools/interventions that will be used to cope. The family must have considered all issues regarding such topics as physical boundaries in the home, sleeping arrangements, bathroom accessibility, need for locks on bed room doors, motion censors, curfews, rules regarding contact, rules regarding showering, and any other relevant issues. The more exhaustive the considerations are, the more prepared the family will be for the many unforeseen occurrences that could arise. For example, one offender youth asked what his response should be if his sister, previous victim, who was now in her teens, asked for advise about her personal relationships. Or what about the offender's interactions with her friends when they are over at the house and swimming in the pool? There are so many considerations to think about and the safety plan is always changing and adapting to new information coming in and dynamics observed in the family.

Woodbourne Center

SAFETY PLAN/CONTRACT
Client Name
Location:
Parents/Guardians/Victim Names

CLIENT

Areas of Risk to Consider:

Crossing Personal/Physical/Emotional Boundaries with Victim:

-Client will never be alone in the house with his sister.
-Client will not enter into his sister's room.
-Client will never be in the bathroom alone with his sister.
-Client will make sure he is appropriately clothed at all times when around his sister.
-Client will respect sister's boundaries physically and her personal items.
-Client will not discuss sexual issues, concerns with his sister.
- Client will not befriend his sister's friends or companions.
- Client will not engage in horseplay with his sister or any of her friends.
-Client will not be placed in a caretaker role or authority position of his sister

Manipulating/Trying to Control Others:

- When frustrated Client will talk about his feelings and acknowledge his risk to attempt to meet his needs through manipulation and control
- Client will not engage in splitting behaviors between his mother and grandparents in trying to meet his needs
- Client needs to acknowledge feelings of entitlement and anger that place him at risk to meet his needs in selfish and manipulate ways.
- When given a directive by mother/step father Client will follow the directions without arguing and attempting to control/manipulate to meet his needs
- Client will follow all state and federal laws.
- Client will abide by all terms and conditions of his probation
- Client will respect decisions made by those in positions of authority.
- Client will follow all house rules to include:
  a. Client will not use drugs or alcohol in the home or community
  b. Client will attend all therapy and probation required meetings.
  c. Client will maintain employment in the community.

d. Client will financially contribute to the home when economically stable.
e. Client will participate in assigned chores in the home.
f. Client will get permission from parents as to when, where, and which friends can be in the home.
g. Client will abide by the curfew set by his parents.
h. During sleeping hours, Client will keep his door closed.
i. Client will never leave the house in the middle of night.
j. Client will need to wear appropriate attire in the home at all times.
k. Client, if out of the home, will call home first and see if an adult is home prior to coming back to the home.

Deviant/Inappropriate Sexual Thoughts and Risk Behaviors:

-Client will refrain from calling chat lines on the phone
- Client will not access pornography at any time in the home
- The computer for Client should be in a common area in the house and the block on the computer should remain on it. He will not have a computer in his room.
-Client will not view pornography on television, video, internet, or in magazines
- Client will not objectify females or engage in sexualized conversations with his friends or companions while in the home or in the presence of any family members
- Client will discuss any concerning deviant or inappropriate sexual thoughts, feelings of behaviors in his therapy
- Client will not engage in sexual activity with anyone while in the home

*Keeping Secrets**:***

-Client will not lie or keep important information from his parents or support persons regarding any high risk behaviors.
- Client will admit to and take accountability for any lapses in his relapse and recovery plans. This includes both sexual issues and substance use/abuse behaviors.
- Client will not collude in any secret keeping with his sister at any time
- Client will engage in open and honest communication of thoughts, feelings, and behaviors within the context of all intimate and interpersonal relationships

High Risk Environment/Contacts:

-Client will not associate with delinquent peer group.
-Client will not associate with active substance users/abusers.
- Client will follow after care plan regarding D&A treatment/AA groups.
- Client will engage in healthy, age appropriate, consenting intimate and sexual relationships.
- Client should not befriend or hang around peers age 17 or under.

INFORMED SUPERVISION

- Guardian

Having successfully completed the Informed Supervision/Family Curriculum at the Woodbourne Center, Client's guardian will be responsible for supervision of Client upon transition into the home.

Responsibilities and Considerations for Informed Supervisors:

1. The Parent/Guardian/Caretaker (PGC) for the youth must assess for environmental considerations and safeguards (i.e. sleeping arrangement, common areas, bath time). The offender youth shall not share sleeping areas with the victim or any other potential victims.

2. PGC must be responsible for EYES ON supervision of the offender youth whenever they are around minor children or potential victims.

3. PGC is responsible for supervision at all times and must keep constant vigilance and awareness of the offender's whereabouts.

4. PGC must have full knowledge of the offense behaviors, specific risks, and supervision needs. PGC must be prepared to report any inappropriate behaviors such as use of pornography or drugs, sexual abuse (re-offense), or any other violation of probation by the offender youth.

5. PGC cannot keep children and other potential victims safe whenever they:
   a. Do not understand all the ways the abuser manipulates and controls.
   b. Do not know the abuser's abuse cycle and relapse prevention plan.
   c. Do not understand all the ways the abused child has been affected, and possible traumatized, by the abuse.
   d. Are not willing to look at whether and how they may have played a part in making a family atmosphere in which one family member could abuse another.
   e. Are not prepared to make needed changes to keep children safe in the future.
   f. Feel more supportive of the offender than they do of the abused child.
   g. Continue to blame the abused child for the abuse or the consequences of making a disclosure
   h. Are not able to recognize warning sings of the abuser taking control.
   i. Are not able to recognize warning signs inside themselves that they are giving up control and feeling manipulated or powerless.

Specific Responsibilities for Informed Supervisors:

- PGC will follow up to make sure Client is attending therapeutic appointments, narcotics anonymous, and work.

-Client's PGC will monitor Client around sibling and make sure that Client is not alone with him or her.

-If having any concerns about Client's behaviors, PGC will contact the Department of Juvenile Services and the Department of Social Services to voice concerns.

- PGC will need to monitor Client when any children are in the home or when sibling's friends are in the home

- PGC will monitor Client around his sibling when they are in the community.
- PGC will establish the house rules and consequences for Client.
- PGC will monitor Client's interaction with sibling and will act as an intermediary when they are frustrated with each other.
- PGC will contact the Department of Juvenile Services and the Department of Social Services if there are any drugs or alcohol in the home.
- PGC will approve who Client could spend time with at the home.

RISK PREVENTION PLAN:
Attached to this document is copy of Client's risk prevention plan which details high risk thoughts, feelings, and behaviors, as well as high risk situations that Client needs to avoid in the community. This plan also highlights various tools and coping skills that he could use to manage high risk thoughts and feelings and mitigate risk behaviors.

Therapist Signature_____

Clinical Director Signature _____

Client Signature_____

Parent Signature_____

DJS Signature _____

DJS Signature_____

DSS Signature_____

DSS Signature_____

Exhibit 7 Psychiatric Evaluation

WOODBOURNE CENTER
A NEXUS FAMILY MEMBER

Psychiatric Evaluation

Client Name: Jon A. Doe
DOB: 1/1/2000
Date/Time of Evaluation: 12:00 pm

Identifying Information:

Sources of Information: ☐ Patient ☐ Parent ☐ Guardian ☐ Agency

Admission Medications:
None

Chief Complaint:

Presenting Problem:

Past Psychiatric History:

Medical History:

Acute or chronic illnesses:	☐ Yes ☐ No ☐ Unk
History of Somatic Hospitalizations:	☐ Yes ☐ No ☐ Unk
Surgeries:	☐ Yes ☐ No ☐ Unk
History of Head Injuries:	☐ Yes ☐ No ☐ Unk
Seizures:	☐ Yes ☐ No ☐ Unk
Allergies:	☐ Yes ☐ No ☐ Unk
Other:	
Somatic Medications:	☐ None ☐ Issue Exists
	Comments:

Developmental History:
Pregnancy:

Birth and Perinatal Course:

Infancy and Temperament:

Developmental Milestones:

Social History:

History of Abuse, Neglect, Trauma:

Substance Abuse History:

Sexual History:

Legal History:

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Education History:

Family Psychiatric/Substance Abuse History:

Family Medical History:

None

Mental Status Exam:

Somatic Complaints:

Appearance:

☐ Neat ☐ Clean ☐ Disheveled ☐ Obese ☐ Emaciated ☐ Bizarre

Alert & Oriented:

☐ Person ☐ Place ☐ Time

Eye Contact:

☐ Good ☐ Fair ☐ Intermittent ☐ Limited ☐ Poor

Movements:

☐ Tics ☐ Stereotypies ☐ Cogwheeling ☐ Dystonia ☐ Mannerisms ☐ Ataxia ☐ Low Tone

Speech:

☐ Normal	☐ Pressured	☐ Mute
☐ Poverty	☐ Loud	☐ Soft
☐ Poor Prosody	☐ Processing Difficulty	☐ Dysarthric
☐ Rapid		

Behavior:

☐ Normal	☐ Cooperative	☐ Agitated
☐ Overactive/Fidgety	☐ Aggressive	☐ Anxious
☐ Tense	☐ Provocative	☐ Seductive
☐ Slowed	☐ Distracted	

Thoughts:

☐ Normal	☐ Looseness of Associations	☐ Flight of Ideas
☐ Tangentially	☐ Perseveration	☐ Disorganized
☐ Thought Insertion	☐ Thought Withdrawal	☐ Thought Blocking
☐ Neologisms	☐ Obsessions	☐ Cognitive Distortions
☐ Flashbacks		

Cognitive:

☐ Average ☐ Below Average ☐ Above Average ☐ Confused ☐ Delirious

Mood:

☐ Euthymic ☐ Happy ☐ Sad/Depressed ☐ Anxious/Worried ☐ Angry ☐ Agitated ☐ Frustrated

Scale: (choose...)

Affect:

☐ Full Range	☐ Bright	☐ Flat
☐ Blunted	☐ Guarded	☐ Bizarre
☐ Anxious	☐ Irritable	☐ Euphoric

Suicidal:

☐ None ☐ Commits to Safety ☐ Passive ☐ Active ☐ Intent

Plan:

Self-Injury:

☐ None ☐ Ideation ☐ Active Self-Injury

Plan:

Homicidal:

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☐ None ☐ Ideation, No Plan ☐ Active ☐ Intent
Plan:

Thoughts of Harming Others:
☐ No ☐ Yes
Plan:

Psychosis:
☐ None ☐ Auditory/Visual Hallucinations

Delusions:
☐ None ☐ Paranoid ☐ Grandiose

Attention Span:
☐ Normal ☐ Inattentive ☐ Distracted

Impulsive:
☐ None ☐ Yes

Sleep:
☐ Normal ☐ Difficulty Falling Asleep ☐ Middle Awakenings
☐ Early Morning Awakening ☐ Difficulty waking in the morning ☐ Daytime sleepiness
☐ Nightmares

Appetite:
☐ Normal ☐ Increased ☐ Decreased ☐ Weight Change ☐ Body Distortion

Insight/Judgement:
☐ Good ☐ Fair ☐ Limited ☐ Poor ☐ Very Impaired

Diagnostic Formulation:

Admission Diagnoses: (DSM-5)

DSM 5:

Initial Treatment Recommendations:

Board Certified Child and Adolescent Psychiatrist Date

Exhibit 8 Nexus Practice Principles

NEXUS

Practice Principles

VALUES-ORIENTED
Nexus considers the demonstration and integration of values to be foundational to how we relate to the youth, families, and communities we serve. We believe that choices are better influenced by values than rules, and that integrating values into daily living leads to emotional, behavioral, and relational growth.

RELATIONSHIP-BASED
Nexus recognizes that positive change can only be achieved with relationships that are built on consistent engagement, trust, unconditional respect, and a willingness to listen and learn. Healthy relationships lead to effective partnerships and lay the foundation for successful outcomes.

INDIVIDUALIZED AND STRENGTHS-FOCUSED
Nexus' practices and service delivery builds upon each youth and family's skills, resources, and needs. Interventions, approaches and goals are individualized and strengths-focused to promote and utilize the resiliency of those we serve.

CULTURALLY RESPONSIVE
Nexus continually endeavors to enhance our capacity to better understand those we work with and serve, and to integrate their values and cultural practices. We seek to recognize, affirm, and respond respectfully to youth, families, staff, and community partners of all races, ethnic backgrounds, socio-economic status, sexual orientations, gender expressions, and faiths.

TRAUMA-INFORMED
Nexus understands that many of those we serve have a history of trauma. Our staff and foster caregivers are committed to creating safe environments that are sensitive to trauma reactions. We recognize, assess, and respond to the needs of those we serve by providing trauma-informed interventions and education that helps manage related symptoms and supports youth and families' recovery from traumatic experiences.

FAMILY-DRIVEN
Nexus places a high priority on a family's needs, circumstances, and preferences in practice and policy decisions. Families are engaged as equal partners in the care of their children. They are recognized as experts in identifying the needs of their child and family.

YOUTH-GUIDED
Nexus staff and foster caregivers involve youth in developing their goals and support plans. Youths' voices and choices are at the heart of Nexus practices and decision-making; we value youths' preferences and requests about daily care and interventions.

SKILL AND COMPETENCY-BASED
Nexus invests time and resources to build the skills and competencies of youth, families, foster caregivers, and staff. We collaborate with those we serve to develop their social skills, emotional capacities, cognitive functioning, and problem-solving abilities so they can achieve sustainable success in school, community, and life.

EVIDENCE-INFORMED
Nexus uses internal data as well as the best available research and practices to mold our services. We use evidence to inform decision-making at all levels of the organization so we have the highest likelihood of supporting youth and families' long-term success.

OUTCOMES-DRIVEN
Nexus recognizes that the ultimate purpose of the organization is to improve the safety, permanency, and well-being outcomes of the youth and families we serve. Our services and programs are guided by measurable goals and objectives that are transparent, consistent, and attainable so we may continually assess progress and inform improvement strategies.

Courage

Honesty

Responsibility

Care & Concern

"Life is a Journey, not a destination"

Table of Contents

"The Game of Life!"

The game of Life was America's first parlor game. This game takes you on a journey through life by making choices about your future. One key aspect of this game is to teach you about how your choices can affect the paths that you are on and those around you. We encourage integrity and positive choices, no matter what life "throws" your way. This game provides an understanding of your growing responsibilities as you begin to mature into young men. You have choices to make about your future career, finances, insurance, family, etc. The journey through life takes you from a child to a successful adult, with numerous adventures throughout, such as college, marriage, children, and retiring happy. As a member of the Game Changers unit, you will be guided through your journey with a support team of staff, peers, teachers, and therapists. As we build our "Game Changers" team, every member of the team will be treated with the utmost of respect. Never forget that we are all individuals and travel through life at a different pace. It is not a race but a journey filled with learning moments to build your strengths. In order for you to continue your journey to a healthier and happier you, we need your concentration and total effort.

Remember Game Changers, with preparation, commitment to improvement, a positive attitude, a willingness to learn, and the proper teaching/support, you can achieve great things. Success takes hard work. And as in all things in life, there will be some setbacks. But through utilizing our **cornerstone values** of **Honesty**, **Courage**, **Responsibility**, **Care and Concern**, and **Growth**, your journey through life can be enjoyed and fun!

Cornerstone Values

The Woodbourne Center is built on Cornerstone Values of Honesty, Courage, Responsibility, Care and Concern, and Growth. We learn by living by these values is the key to success. An example of how we have personalized our Cornerstone Values to the Game Changers player is symbols in each of the five areas as follows:

- **Bankers Pad symbolizes Honesty**
- **Spinner Wheel symbolizes Courage**
- **Insurance/Stock symbolizes Responsibility**
- **Car symbolizes Care and Concern**
- **Board Game symbolizes Growth**

These are values in which Staff and Clients are to live by in the words and actions towards themselves and others.

Game Changers Program Pledge

The Gam Changers Pledge is said in full family (ALL Game Changers team members and staff) before all goal groups. There is one peer leader who stands before full family and leads the team. All members are expected to respectfully stand when requested in a non-verbal manner. The pledge is as follows:

"I am a Game Changer.
I try to practice HONESTY at all times.
I utilize COURAGE daily in facing my challenges.
I take RESPONSIBILITY for all my actions.
I demonstrate CARE and CONCERN for others
And I will continue to strive for the GROWTH of myself and those around me.
I am a **Game Changer**.
Let the Journey Begin!"

The Six Ultimate Rules

The Silver Sluggers' behavior management system reflects a respect for the difference between rules and expectations. Rules are the basic foundations for safety on the program. They are referred to as the Six Ultimate Rules**. All clients and staff should show respect for themselves and others, therefore the following of the Ultimate Rules are the most important guide for our behavior.**

1. NO violence, threats of violence, property destruction, or possession of a weapon.

2. NO use or possession of drugs or alcohol.

3. NO stealing.

4. NO leaving the supervision of staff or an assigned responsible adult without permission.

5. NO sexual activity on the premises or with other clients.

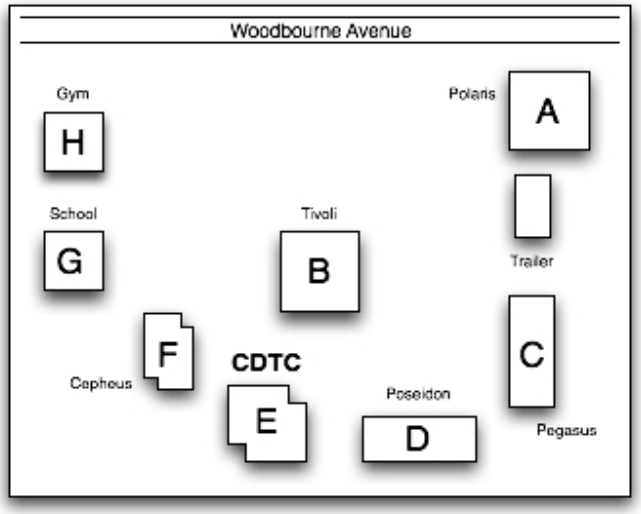
6. NO gang activity (including wearing/displaying colors, flashing gang signs, gang-related slang, or gang related writing).

Using This Handbook

We know that coming into a new place can be confusing and hard at times. This book will give you an overview of basic information about residential treatment at Woodbourne. This first section is the "Big Picture" which contains basic information and an overview of things. There more detailed sections of the book related to your treatment, the unit, and school. Use the table of contents in the front to find out more about a special issue. If you want to look up a particular word in the handbook, turn to the index at the end of the book. While this handbook contains a lot of information about how things work at Woodbourne, information is always changing. **If you can't find the answer to your question, be sure to ask a staff person.** Don't stop asking until you get the answer to your question!

The Big Picture and General Information

Map of Woodbourne Campus



(A) Adolescent Diagnostic Treatment Service Building /Lynx Unit
Lynx Unit, Middle School Classroom, Nurses' Station, Doctor's Examination Rooms, Therapists' Offices

(B) Tivoli – Administration Building (B)
Reception Office, Dining Area, Office of the President/CEO, Admissions Office Medical Records Manager, Office of the RTC Director, Office of the Senior Director for Programs, Office for Quality, Research, and Evaluation

(C) Silver Sluggers Unit
(D) Game Changers Unit

(E) Conrad Building
CDTC Program (**Red Tail Squadron Units**)
Health Suite, Middle School Classroom, Laundry Facility, Merit Store
Staff & Guest Restrooms, Therapists Offices, Recreation Specialist Office
Silver Sluggers and Game Changers Units Conference Room

(F) Free Agents Unit
(G) Woodbourne School
(H) Gymnasium

Mailing Address, Phone Numbers and Important Names

RTC Mailing Address

Woodbourne Center, Inc.
1301 Woodbourne Avenue
Unit: (Lynx, **Game Changers**, Silver Sluggers and Free Agents)
Baltimore, Maryland 21239

Telephone Numbers:

Main Telephone Number: (410) 433 – 1000

Silver Sluggers Unit.....Ext. 2214
Game Changers Unit.....**Ext. 2215**
Free Agents Unit.....Ext. 2217
Lynx Unit.....Ext. 2283 or 2284

Important Names to Know and Remember:

My Therapist: _____

My Psychiatrist: _____

My Primary DCP(s): _____

My Unit Coordinators: _____

My Clinical Coordinator: _____

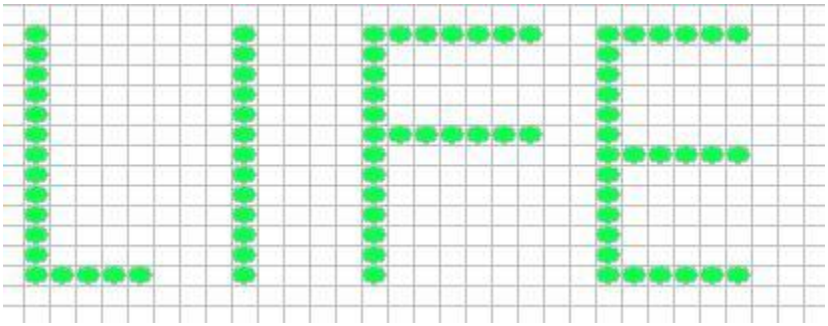
My Residential Supervisor: _____

The Big Picture and General Information (Cont)

What Is Residential Treatment?

A residence is someplace where you live. Treatment is helping you heal from traumatic or difficult events in your life and change behaviors you have that keep getting you into trouble. So residential treatment means that you are getting treatment at the place where you live. It means that everything that happens during the day can be part of treatment, or helping to work through reasons that you are here. Residential treatment is a kind of extra concentrated treatment or therapy. In the community you might have gone to see a counselor once or twice a week for an hour. In residential treatment, you are getting help 24/7.

We know that many clients who come to Woodbourne do not choose to leave their families and friends to come here. We want you to know that our hope for you is that we can help you to feel better, and to feel better about yourself. We want to help you and your family, teachers or friends get along better and to help you learn ways of getting what you need from life without hurting yourself or other people. At the Woodbourne RTC, clients are given the opportunity to look at how their past has affected their current situations. They learn new behaviors that can help them feel better and stay out of trouble. They practice those new behaviors with the help of staff, teachers, family and friends.



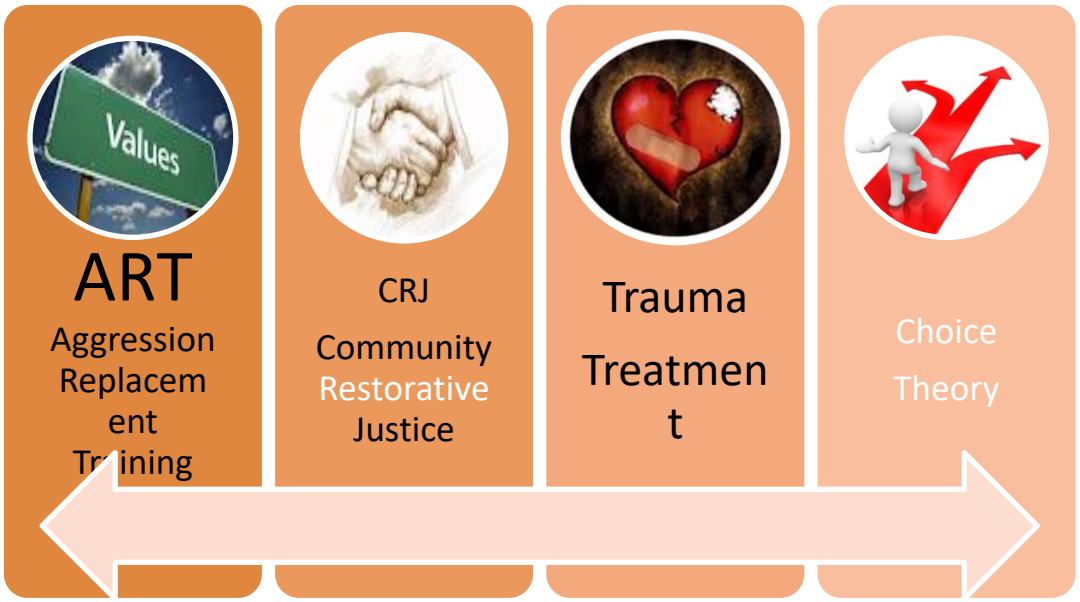
Woodbourne's Philosophy and Mission

Woodbourne's philosophy is Changing Lives through our Cornerstone Values of Honesty, Responsibility, Courage, Care and Concern

* Honesty- Be truthful and genuine with self and others.
* Responsibility- Step up and do the right thing.
* Courage- Face fear and take action. Make the right decision, regardless of the outcome.
* Care and Concern- Demonstrate genuine interest, compassion, and support.

Woodbourne's official mission is to **"provide quality, safe and cost effective mental health and educational services to children and their families."**

How we do that is through *Restorative Healing*.



Restorative Healing

Aggression Replacement Training (ART)

Many, if not most, of the clients who come to Woodbourne have had problems with anger and aggression. They have tried to get their emotional needs met by behaving aggressively towards themselves and others. Aggression Replacement Training, or ART, is both a philosophy and a collection of lessons that give clients and their families' new ways to handle difficult feelings and relate to others in a peaceful way. ART is practiced in every area of Woodbourne –on the residential units, in counseling and therapy, and in the school. These skills and core values are very important in keeping us out of trouble and being able to enjoy our relationships with others.

Major components of ART include: 1) Character education, 2) social skills, 3) anger management, 4) empathy and 5) family empowerment.

Character education - The ART course is built on a foundation of 14 character traits that have been found to help people get along with each other, be successful in life, and feel at peace. The 14 character traits are: ***Goal Setting, Courage, Responsibility, Integrity, Honesty, Cooperation, Patience, Perseverance, Humanity, Caring, Self-Esteem, Service, Respect, and Self-Control.***

At Woodbourne we learn what it means to have character and how character helps us to achieve our goals. The first character trait in the list --"Goal Setting"-- is especially important. At Woodbourne you will be learning to set goals in many different areas of your life.

Social Skills and Anger Management - Sometimes we mean to do the right thing, to stay out of trouble, to avoid hurting ourselves and others, but we don't know the right thing to do. Just like you have to learn certain skills in order to play a sport, a game, or a musical instrument, you need to learn certain skills in order to get along with other people. You will learn new social skills and anger management skills that will increase your confidence and help you be successful.

Empathy - When you use sympathy, you see the happiness or pain on another's face and feel the echo of that feeling within yourself. Almost everyone can feel sympathy for a family member, friend, or a pet. **Empathy is being able to walk in someone else's shoes**, to use our imagination or memory to imagine how someone else might feel or think in a particular situation. Empathy prevents us from hurting other people impulsively.

Family Empowerment - Your family is an important part of your life. There are many different kinds of families. Your family may consist of many different people --parents, foster parents, adoptive parents, aunts, uncles, grandparents, brothers, sisters, godchildren and more. We want your family - the people who are important in your life - to be part of your treatment in many ways. Parent-Family Empowerment is where you can show your family what you are learning about getting along with others. It is also a chance for you to spend some time with family members, practice some of your new skills and just have fun.

Community Restorative Justice (CRJ)

Have you ever done something that you were ashamed of doing? And even though you received a consequence or punishment, you still felt ashamed and guilty afterwards, like something was broken inside of you?

Have you ever been hurt by someone in some way, and even though that person may have been caught and punished, you felt like the person who hurt you never understood how badly you felt, how you felt like something was broken inside of you?

Community Restorative Justice (CRJ) is based on the idea of healing both the person who hurts someone (the perpetrator), and the person who was harmed (the victim). If both people are healed, the perpetrator can stop thinking of himself as someone who always hurts people, who is powerless to change. And the victim can stop thinking that they are powerless, someone who will always be hurt.

In restorative healing circles, victims and perpetrators come together with support to hash things out so that both feel supported and free from the burden of the original offense. At Woodbourne when people act in a careless or aggressive way that causes harm, restorative healing is used to restore the people involved to wholeness.

Trauma Treatment

Many people experience upsetting or difficult events in their lives. This can include witnessing violence, being placed away from family, the death of someone you love, being abused or hurt by another person, or other disturbing events. These "traumas" usually affect how you think, feel and behave. Sometimes these things can affect you without you even realizing it. It is important to talk about and receive treatment for these traumatic events so you are able to better cope with and heal from the pain and hurt these things cause.

Choice Theory Program

As all great teams know, it takes work to win games. Game Changers has implemented a "**Work before Play**" mentality. The players must complete their daily expectations in the program (hygiene, chores, homework, etc.) prior to being able to engage in free time/leisure activities. Choice theory suggests that as humans, we are internally motivated, not externally motivated. Our motivations are made up of five basic needs: Power (to achieve a sense of competence and personal power), Survival (to survive), Fun (to experience joy and fun), Freedom (to act with a degree of freedom and autonomy), and Love and Belonging (to be loving and connected to others).

In order to satisfy these needs, a player must behave by acting, thinking, feeling and experiencing physiology (sweating, headaching). When gamers do not feel that their needs are being met in any given relationship they tend to innately choose to act in a way to satisfy their needs. The gamers learn that the only person they can control in the game is themselves. As such, the highway patrollers help the gamers learn to take responsibility and accountability for the choices they make as a means to assist the gamers in meeting their needs in a more effective manner. One way this is encouraged is through setting weekly goals which help each gamer self-evaluate. The gamers receive a Plan of Action in order to help them process unhealthy/inappropriate choices and problem-solve ways and actions to make healthier choices and rectify situations/relationships which were affect by their choices.

Our Team!!!

Who's on The Game Changers Team?

"Gamers" (Clients) – This is you! Your "job" is to join the team, work hard every day on the goals you establish with the coaching staff, and strive to become a better player as you prepare yourself for the "game of life".

"Highway Patrollers" (Direct Care Professionals) – are the people who you spend the most time with on the unit. They have training in providing direct care -- helping you to get through your day in many ways from the time you wake up until the time you go to bed.

"Banker" (Unit Coordinator) - manages many of the daily operations of the unit (primarily in the evenings). He or she supervises and assists the DCPs and other staff to help you with your behavior on campus, especially on the units. Your Unit Coordinator is an important person to talk with if you have a complaint or grievance.

"Investors" (Therapist) – is the person who is primarily responsible for providing you with treatment (therapy) and coordinating many aspects of your treatment while you are here. They help to keep track of all the people who will be involved with your stay here such as family members, outside social workers, probation officers, etc.

"Bank Manager" (Residential Supervisor) - manages many of the daily/overall operations of the unit (primarily in the mornings). He or she supervises and assists the DCPs and other staff to help you with your behavior on campus, especially on the units. Your Residential is an important person to talk with if you have a complaint or grievance as well as getting your needs met in regards to clothing, items for the unit, or other daily living items.

"Chief Financial Officer" (Clinical Supervisor) – is your therapist's/Unit Coordinator's/Residential Supervisor's supervisor and is the person who helps therapists and other team members organize the many treatment-related services you will receive at Woodbourne.

"Debt Consolidation Officer" (Substance Abuse Counselor) – is a therapist who specializes in helping people who have gotten into trouble with alcohol or other kinds of drugs. He or she may see you in individual sessions. You might be required to attend a 12-Step Meeting about drugs and alcohol as part of your treatment.

"Team Medical Staff" (Nurses) – are medical professional with training in many aspects of health care. They give residents their medications, provide first aid, and monitor overall health in many ways. They help you if you become sick or injured, and may become involved to help you in a crisis.
"Lead Team Physician" (Psychiatrist) – is a doctor with special training to treat problems with thinking, feeling, and behaving. The psychiatrist is the leader of the treatment team and is able to prescribe medications if needed.
"Assistant Team Physician" (Pediatrician)- a doctor who specializes in treating children and adolescents --to make sure that you stay in good health while you are here.
"Instructional Officers" (Teachers)– are the people who teach you different subjects and lessons during the school day. They also monitor your behavior and complete your school merit sheets to reflect any positive or negative behavior you had in class.

Life as a member of the Game Changers team

Why so many RULES? You might wonder what kind of things you will do on the unit and what living there will be like. In many ways, living on the unit is like living in the dormitory of a private school or college. But because Woodbourne is a secure facility and a residential treatment center, there are a lot of rules here. Learning all the rules can take time and be very frustrating, but "the highway patrollers" will help you to get up to speed as quickly as possible.

There are rules about how you dress and store your personal belongings. There are rules about making telephone calls, having visitors, rules about every aspect of your life in the RTC. **Our rules are tied into the Game Changers Values of respect, boundaries, safety, and becoming healthier**. These rules were created by Woodbourne administration and treatment staff from their years of experience in creating a safe, fair, and supportive treatment environment for residents. Many of these rules are listed in this handbook.

Remember, rules are an important part of structure. Structure and nurturing are two things that every human being needs. Structure is important so that people know what to expect from other people --parents, peers, and authority figures in the community. Rules are one way in which structure is provided for us. When we learn rules and make them part of our everyday life, we know what to expect from other people and ourselves. We can begin to trust that we will do things that are helpful, not harmful.

Game Changers General Unit Rules

Here are some of the basic rules for living on the unit that you will need to know right away:

1. Before you can come out of your "house" (room) and move freely throughout the unit, you have to say "coming out" and wait for a "highway patroller" (staff) to answer and give you permission to leave your room **out of respect for others' space and safety**. You are not allowed to leave your assigned area without a Highway Patroller's permission and you should avoid standing in the doorways.
2. **Stay in your assigned area out of respect**. Gamers are not allowed to be in the Highway Patroller's office/record room.
3. Gamers should only eat food in the dining area **for sanitation and cleanliness**. NO FOOD OR DRINK SHOULD BE TAKEN INTO YOUR HOUSE.
4. Gamers house doors should be left open at all times, unless you are changing clothes. It should be left open at least 11 inches --the length of a standard piece of paper-- at all times (except quiet time) **for safety precautions**.
5. Gamers should speak respectfully and appropriately to all Highway Patrollers and fellow gamers. Gamers should avoid profanity --cursing and cussing-- at all times.
6. Only Highway Patrollers or DESIGNATED gamers are allowed to turn on or adjust the TV and DVD/VCR. TV and radio playing is allowed only at approved times. Radios should be played at a normal volume or you may be asked to turn it off. Please be considerate of other people around you.
7. Lending and borrowing between gamers is not allowed.
8. **You are only allowed in your own house as a safety measure and demonstrating respect for others boundaries**. Gamers are not permitted to be in each other's homes.
9. Cigarette smoking is not allowed. Woodbourne is a smoke free environment. Nor are you allowed to be in possession of street, prescription, or over-the-counter drugs, or paraphernalia.
10. Respect the personal space and property of Highway Patrollers and other gamers.
11. All gamers are responsible for cleanliness of their house and the common areas of the unit. **All cleansers and cleaning materials are to be dispensed and handled by the Highway Patrollers only.**
12. Gamers should let Highway Patrollers handle any crisis situation that might develop by backing up and remaining at a safe distance. Therefore, gamers should go into their homes at the beginning of a crisis.
13. Gamers can only rest in bed at times authorized by the daily schedule or Highway Patrollers.
14. Gamers should sit on chairs/sofas properly, with your feet on the floor **out of manners and respect**.
15. Walk, don't run, on the unit and other areas for safety reasons and to avoid accidents/injures.

16. Gamers are not allowed to wear earrings (hoops & studs) neck chains, or jewelry of any kind. Gamers are allowed to wear a watch.
17. The bathroom can be used by only one gamer at a time and you must let a Highway Patroller know when you enter and exit for safety and boundaries.

It takes time to learn all the rules at an RTC and to recognize all the people who will be working with you. Please be patient with yourself and with us as we get to know you. If you have any questions about the program or your treatment, feel free to ask any Highway Patroller. They will point you in the direction of the person who is best equipped to answer your question.

Safety is Important

Because of our focus on healing and helping, we have a zero tolerance policy for players participating in gang-related behaviors while at Woodbourne --the wearing of gang colors and paraphernalia, the flashing of gang signs, the use of written gang symbols, sayings, and graffiti, or the issuing of insults based on gang affiliation. We understand that in your community, belonging to, or being affiliated with a gang may have provided you with a sense of safety, a feeling of family and brought you a measure of respect and admiration from your peers. While you are at Woodbourne, we ask you to make your gang affiliation part of those thoughts, feelings, and experiences that you consider private --something you share to explain who you are and where you have been, not something you use to take away from another peer's sense of safety or self-esteem.

The bottom line is that at Woodbourne we want you to feel **safe** at all times. When people feel safe, they tend not to strike out. They find it easier to talk about the things that bother them and to begin to trust other people. At Woodbourne we try our best to create an atmosphere where you will feel safe around both peers and staff. Part of your job is to let someone know if anyone around you is making you feel unsafe by threatening you, putting you down, getting into your physical space. This is not “snitching”; this is learning to take care of yourself without doing harm to others. Taking care of yourself is YOUR business and is your most important responsibility, and asking for what you need to take care of yourself emotionally and physically is never snitching, regardless of what anyone else tells you.

When your behavior is disrespectful, threatening, or harmful, you will be given the chance to regain control over your own behavior. If your behavior could harm **yourself or someone else** and you cannot regain control of your behavior quickly enough on your own, the staffing team will take steps to make sure that you, and everyone else around you, remains safe. They may ask you to go to your house, or ask you to go to the time-out room. If you refuse to change your behavior and also refuse to go to your house or time-out as requested --and the staffing team believes that your behavior could cause harm to yourself, staff, or fellow gamers-- you may be placed in a therapeutic restraint, escorted to a time-out room, and/or placed in seclusion.

Game Changers Daily Schedule of Activities

The schedules below are for each day of the week. These schedules may change during the summer months, at holidays, or other times during the year. The coaching staff will tell you in advance if there is to be a schedule change. Some periods of this schedule may be different according to unit.

Weekday Schedule

6:15 AM	Wake-Up/Hygiene/Medication/Morning Chores
7:30 – 8:00 AM	Breakfast
8:00 – 8:15 AM	Huddle
8:30 AM	School Day Begins
11:30-12:00PM	Lunch
12:00PM	Huddle #1 (Goal Review)
3:10 PM	School Ends/Afternoon Snack
3:15 PM	Clinical Group
4:15 PM	Huddle #2 (Goal Review)
4:30 PM	Free Time
5:15 – 5:45 PM	Dinner
5:45 PM	Recreational/Structured Activities/Phone Calls Begin
6:45 PM	Start Evening Hygiene
7:30PM	Early Bed
8:00 PM	Snack/Phone Calls End
8:00-8:30 PM	Study Time (Gamers may remain at desk or common areas/may watch the news on TV when finished homework).
8:30 PM	Unit Chores
8:45 PM	Huddle #3 (Goal Review)
9:00 PM	Weekday Bed Time
9:30 PM	86% Gamers (V3 Status) Bed Time
9:45 PM	90% Gamers (V4 Status) Bed Time

Weekend Schedule /Holiday Schedule

8:15 AM	Wake-Up/Hygiene/Medication
9:15 AM	Breakfast
9:45 AM	Huddle
10:00-11:00 AM	Religious Services/House Clean-Up/Visitation for Families Start
11:00 AM	Free Time
11:30 AM	Lunch
12:00PM	Huddle #1 (Goal Review)
12:15-2:00 PM	Afternoon Activities/Phone Calls Allowed
1:45 PM	Snack
2:00 PM	Quiet Time
2:30 PM	Free Time/Phone Calls Allowed
4:00 PM	Huddle #2 (Goal Review)
4:15 PM	Free Time/Phone Calls Allowed
5:15-5:45 PM	Dinner
5:45-8:15 PM	Recreational/Structured Activities/Phone Calls Allowed
6:45 PM	Start Evening Hygiene
7:00 PM	Visiting Hours for Families End
7:30 PM	Early Bed
8:00 PM	Snack/Phone Calls End
8:15 PM	Unit Chores
8:30 PM	Huddle #3 (Goal Review)
9:00 PM	Bed Time
9:30 PM	86% Gamers (V3 Status) Bed Time
9:45 PM	90% Gamers (V4 Status) Bed Time

“Gamer” (Client) Rights

1. Clients at Woodbourne are guaranteed humane, courteous and respectful care.
2. Treatment and care shall be respectful of the individual’s privacy, dignity, strengths and needs.
3. Treatment shall be available regardless of race, sex, color, national origin, sexual orientation, and religious or political opinions or affiliations.
4. Privileged, credentialed and competent staff shall see that clients and families are treated with the highest quality of care and in a warm and caring manner.
5. Parents and clients are informed of their rights in a language they understand.
6. Parents and clients shall be informed of the programs rules and regulations applicable to the conduct of the client.
7. Parents and clients have the right to information regarding treatment, medication and projected treatment outcomes.
8. Parents and clients have the right to voice complaints about treatment or initiate a grievance as described in the grievance procedures.
9. Parents and clients have the right to complain to a state authority without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.
10. Clients have the right to receive treatment in accordance with the applicable Individual Treatment Plan.
11. Whenever possible, clients shall have options and choices in decision making.
12. Clients have the right to be spoken to and treated in an age appropriate manner and to receive positive recognition.
13. Clients who want pastoral services have access to them, as appropriate to the treatment setting.
14. Clients have a right to receive appropriate educational services and health care while at Woodbourne.
15. Clients have the right to be free from restraints, crisis holds or locked door seclusion except for emergency situations, when clients are in imminent danger of serious harm to self or others.
16. Clients have the right to be treated in a safe environment, free from physical, sexual or verbal abuse.
17. All treatment at Woodbourne is held in strict confidence based on laws related to confidentiality.
18. Clients shall have visitation, receive and send mail, and conduct phone calls based on the rules of the program. (These rights may be restricted for safety reasons and if so, will be reviewed every three days).
19. Clients have the right to live with their family or in a less restrictive home-like setting as soon as it is determined appropriate.
20. Clients have the right to receive information on different child advocacy groups such as the state authority and state child protection agencies if requested.

Client and Parent Responsibilities

1. Parents and clients have the responsibility of participating in the establishment of the Treatment Plan and in the review of such plan.
2. Parents and clients have the responsibility of following Woodbourne Center's rules and regulations that are outlined in client handbooks or as explained by staff in the program.
3. Parents and clients have the responsibility of reporting any occurrence of mistreatment.

Parental Complaints

It is Woodbourne's policy to provide good customer service. The client, as well as their parents or guardians, is our priority. Every compliant is taken seriously and is followed through to a resolution. All parent complaints are investigated within 24 business hours by someone appointed by the Program Director of the RTC.

Grievance Procedures

The Woodbourne Center is committed to maintain a firm and fair, efficient and complete mechanism for receiving, investigating and resolving all complaints and grievances. Clients, parents/guardians, employees, contractors, interns, volunteers or visitors who believe a client's rights have been violated can file a complaint/grievance. This information may be used for performance improvement initiatives when indicated. This procedure assures that all clients and families are provided with the highest level of quality care and are assured that when a client feels his rights have been violated; his concerns are handled in an objective manner.

This process is as follows:

1. The grievance process is initiated when a staff person receives a complaint/grievance regarding the client's quality of care. This complaint may be expressed by the client, parent/guardian, employee, contractor, intern, volunteer, visitor and/or the referring agency. The client will not be discriminated against or treated unfairly if a grievance process is initiated.

2. Upon receiving a complaint/grievance, either in writing or verbally, the staff member hearing the grievance should provide the individual with a Grievance Form. If the person receiving the form is unable to complete the form, the staff member should help them or direct them to another staff member who can help them fill out the form. The completed form is given to the Unit Coordinator or a School Representative. The Unit Coordinator or School Representative has five working days to investigate and take appropriate action to try to resolve the grievance. If the grievance is not resolved, the client or family member may request that the grievance be forwarded to the Grievance Review Committee.

3. The Grievance Review Committee consists of members of the clients Treatment Team which may include the therapist, the unit coordinator, a teacher, one or more direct care professionals, and a psychiatrist the Manger of Safety and Compliance. The Treatment Team will meet to review and discuss the complaint/grievance and

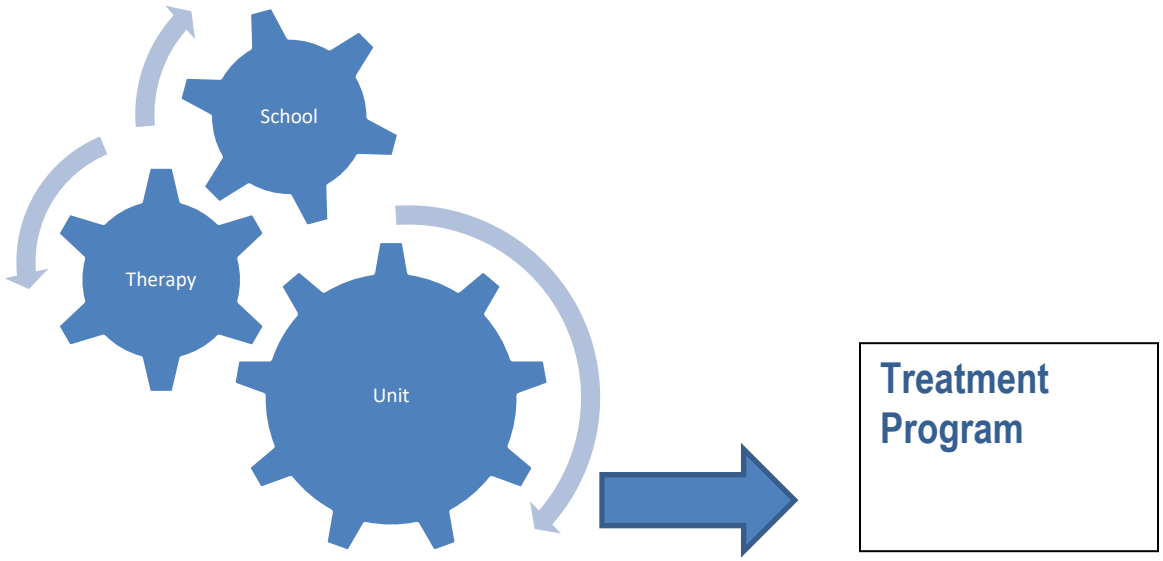
will notify the client in writing within 14 business days of the outcome of the Grievance Review Committee.

4. In the event the Grievance Review Committee or the party or parties involved cannot agree on its findings, the complaint may be appealed to the Program Director, Principal and/or Senior Director of Programs. They may assign an ad hoc committee to fully investigate the complaint/grievance within 30 calendar days. The client, family and referring agency will be notified in writing of the actions taken and a copy will be forwarded to the client's clinical record.

5. A complaint or grievance may be filed at any time with a state agency, licensing agency or state authority. The number to the Maryland Disability Law Center will appear on your Contact Log and upon request; The Program Director will provide you with a handout about other agencies you may contact.

Treatment Program

The goal of being in treatment at an RTC is to change those behavioral patterns and thinking errors that have contributed to your maladaptive behaviors. At the Woodbourne RTC, we use three methods to measure your progress in treatment and encourage you to learn new behaviors: progress on the unit, clinical progress, and educational progress.



Gamers have to demonstrate accountability and internalization of their treatment in order to exhibit their readiness to safely and successfully discharge back into the community. Upon admission each player enters as a student. Your therapist will provide you with a workbook and help you determine treatment goals based on your individual needs.

You will move up in status based on whether or not you achieve your treatment goals and are exhibiting positive behavior in all areas of the program. You will work very closely with your therapist and you and your treatment team will decide together when you are ready to move to the next step of treatment.

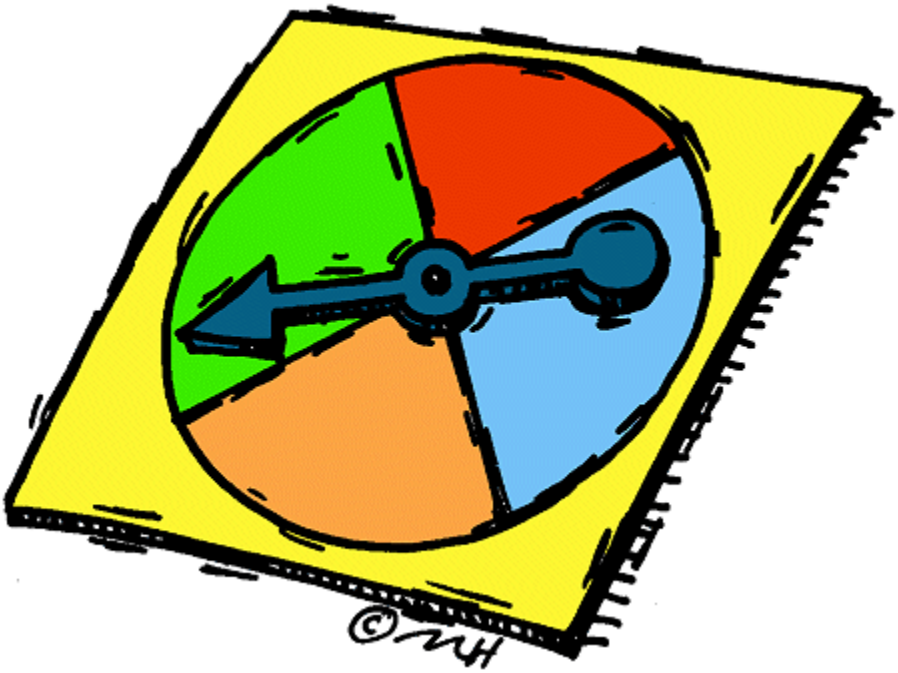
You will have more privileges and responsibilities at each treatment status. To earn the privileges for your treatment status you must earn a set percentage for your weekly therapeutic goal.

Player Status
Student – New admissions are automatically placed on Student status. Gamers must learn the rules of the game and demonstrate safe transition to the team in order to move to their next status, Intern.

Intern – Gamers earn Intern status by successfully completing their time as a Student. Interns are engaged in therapy consistently, following the rules of the game, and are respectful of all members of the team.

Associate – Gamers on Associate status have demonstrated compliance with the game and safe behaviors in order to begin transition back into the community.

Entrepreneur – Gamers on Entrepreneur status have demonstrated a long term commitment with the game in school, on the unit, and in therapy and are in the "practice phase" of their program in preparation for a permanent return into the community.



Weekly Therapeutic Goal Sheet
Every week (Periodic Review day) you will be expected to turn in a new weekly therapeutic goal sheet. You and your coaches will identify a goal that will help you work towards strengthening an area of concern as you work towards discharge back into the community. You will receive feedback on your goal achievement daily during scheduled

unit raps. At the end of the week, you weekly goal sheet will be tabulated to calculate your goal percentage earned for the week. This percentage will be used to determine the privileges you are eligible for as well as Merit Store currency.

Daily School Merit Sheet
Every day in school, you will also carry a school merit sheet. At the end of each period, your teacher will record the number of points that you earned for that period. Weekly totals earned in the school will determine player eligibility for participation in "Fun Friday" activities.

Plan of Actions (POA's)
Players are issued a POA when not adhering to the corner stone values of Woodbourne Center. At that point, the player will be considered out of the game/program until their POA is processed and approved. A POA gives the player a chance to process their thoughts and feelings associated with an inappropriate behavior and help develop a plan to make amends or restitution for their action. Your coaches need to approve the POA and your means to restitute prior to reengaging in the game.

More Details about Treatment and Therapy

<u>Goal Setting and Treatment</u>

During your first few days at Woodbourne, you will meet with many professional staff members. You will be given a physical to see if you have any health problems. You will meet with a Woodbourne psychiatrist and your assigned therapist to talk about your feelings about coming to Woodbourne and the problems that brought you here. These and other sessions with Woodbourne professionals will help them to develop your *individual treatment plan* or *ITP*. Your treatment plan describes the problems you, your family, referring agency, and treating professionals will address and how they plan on helping you. You will be asked to help set your goals. These are special goals dealing with how you behave and feel. The treatment team will review your treatment goals in your monthly *periodic review meeting* (*PR).*

Treatment Teams

Each resident at Woodbourne RTC has a treatment team. This team meets weekly to discuss how each resident is doing and to support them in their treatment.

Each treatment team consists of a program psychiatrist, therapist, teacher, unit coordinator, clinical coordinator, nurse, and DCPs. During their weekly meeting, the treatment team will share with each other their observations of how well you are doing in meeting your treatment goals at school, on the unit, in therapy, and with your family. During treatment team meetings, staff also discusses unit issues and makes decisions about level changes and home pass requests. Their decisions about your level and home pass

requests will let you know where you are doing best, where you need to work harder, and other ways that they can help you in meeting your goals. Your therapist and other staff will help you to meet your behavioral goals by providing you with one or more of the following therapies or treatments:

How to Get the Most Out of Treatment

Treatment is not easy. For example, you have a bad toothache. You go to a dentist, but the dentist pokes and prods every tooth except the tooth that hurts, and tells you that everything is fine --even though you know that you don't brush your teeth enough and eat too many sweets. When you leave the dentist, you still have your toothache, which is getting even worse. You wouldn't think that dentist was very good, would you? When you go to the dentist with a problem, you expect a little discomfort --even getting your teeth cleaned is not always comfortable. If you have a serious problem, you expect to experience some pain or discomfort, even though the dentist will try his or her best not to hurt you any more than is necessary.

Therapy and treatment are kind of like going to the dentist. You have to talk about where the pain is and accept some poking and prodding that might hurt. If your problem is deep, you might have to experience even more pain for a while in order to heal the problem. Therapy is hard work --that's the truth. Like all hard work, it has its positive experiences and you can feel proud of the hard work you have done. Like a lot of hard work, you need help to do some parts of the work. There will be some part of the work that only you can do. When you finish hard work, you feel better, and you feel better about yourself and the people around you.

We want you to be successful in your treatment. We will do everything we can to make your treatment a success. Here are some things you can do to be successful in your treatment:

Keep an open mind.
Try suggestions made by your therapist and other members of the treatment team. Share with your therapist and treatment team how you are feeling and getting along with others. Be patient with yourself and with your therapist and team. It takes time to change and time to identify problems and the solutions to them.

Be respectful to all staff.
They are working to help sort out the problems that brought you to treatment and deserve your respect. If you think that a staff member has made a mistake in their dealings with you, or has treated you with disrespect, don't act out your feelings by cursing, being destructive, or denying that there is a problem. Bring up your concerns with your therapist, client advocate, or other appropriate staff member. This is good practice for getting along with others in the community.

Confidentiality

Successful treatment is not possible without respect for client confidentiality. The simplest expression of the meaning of confidentiality may be found in the 12-step saying, *"What is said here, let it stay here."*

While treatment teams need to share client information obtained by therapists, nurses, psychiatrists, and other staff members in order to provide competent, professional treatment, this information cannot be shared with individuals outside of Woodbourne without the expressed permission of the client's legal guardian. Nor will information be shared with Woodbourne employees who are not involved in the direct treatment of clients, or the supervision of those involved in treatment.

There are exceptions to confidentiality. These include exceptions provided by law for the reporting of child abuse and exceptions to the sharing of information when intervening in situations where clients demonstrate behavior that could be dangerous to themselves and others.

Types of Therapy

There are different types of therapy that you can receive here. All aspects of your day are considered to be a form of treatment and therapy but there are special times that you will meet with your therapist for "therapy". Your therapist will provide you with different types of therapy based on your goals and progress. All clients receive individual therapy and group therapy. You may also receive family therapy depending on your own family situation or you may receive a substance abuse counseling based on your experience with drugs and alcohol. Woodbourne also has animal assisted therapy at different times for different units and a drumming program. You will learn more about this if you are selected to participate in these programs.

Individual Therapy- Your assigned therapist will help you work on the problems and concerns that are listed on your treatment plan by talking to you in individual therapy. Individual therapy means that just you and your therapist meet to talk about your feelings, thought, behaviors and situations that are difficult for you. You will also be assigned a Primary Direct Care Professional (DCP). He or she will meet with you to help you with your treatment journal and may help you, under the direction of your therapist, in doing your treatment work.

Group Therapy- Many of your fellow residents are here for some of the same reasons that you are. Group therapy is generally run by a therapist and gives you the opportunity to hear what other residents are feeling, how they are dealing with their problems, and what has worked best for them. By sharing your problems and concerns with each other, you can help each other work through similar problems and provide support to each other. You may be in a group run by your therapist, or in a group run by another therapist from the RTC.

Family Therapy- In family therapy, you and members of your immediate family (e.g., parents, siblings, grandparents, foster parents, etc.) meet with your therapist to talk about problems that affect you and your family. Positive feelings and positive

relationships between family members can be a powerful tool in helping you change painful behaviors and feelings. It is also a way to figure out the best ways in which your family can help you with your problems and prepare for your return to the community. Some of our residents no longer live with their parents. In this case, grandparents, aunts and uncles, brothers and sisters, or foster parents may be asked to attend family therapy sessions.

Substance Abuse Counseling- Many of the clients who come to Woodbourne have seen or experienced some form of substance use or abuse. Our goal is to help clients become aware of the dangers and consequences of using alcohol and drugs, as well as the consequences of being involved in selling drugs. During your first few weeks on campus, you may be asked to take the SASSI --an assessment of the likelihood that you could develop a problem with drugs or alcohol. For clients with problems in the area of alcohol or drug abuse, individual and group substance abuse treatment is available. Clients may also be referred to NA meetings that are held weekly on campus.

Health and Wellness

At Admission

The Medical Staff at Woodbourne is available to help you stay well. A nurse will conduct an assessment on the day of your admission asking you a lot questions about your health. You will then be seen by a doctor (a Pediatrician) within one day of your admission. The doctor will provide you with a physical examination and recommend laboratory tests. All of your vaccinations will be updated as needed. You will also meet with your psychiatrist soon after your admission so he or she can learn about you and be able to provide the best care to help you during your stay. In the weeks following your admission, you will be seen by a dentist and eye doctor.

Medication

Sometimes your psychiatrist or an outside doctor prescribes medications to help you with a particular illness. If you have been prescribed medication by your psychiatrist or another doctor, a nurse will be there to give it to you. Some residents take medication to help them feel better from things like depression, anxiety (feeling nervous), or problems concentrating.

You go to a pharmacist to get those medicines. Pharmacology is the science of discovering what medications can be useful in treating illness. Psychopharmacology is the science of discovering what medications can help with disorders of the brain. Many kinds of problems --depression, attention-deficit disorder, mania, posttraumatic stress, anxiety, seizures-- are affected by special kinds of chemicals that our brain produces. Some of these chemicals are called neurotransmitters. They help the nerve cells in the brain function properly. When the brain produces too much or too little of these chemicals, you may feel bad or lose control over some of your behavior, no matter how hard you try to control them. Your psychiatrist may prescribe medications to help your brain recover or work better. Many clients find it easier to complete treatment work, to control their behavior, or to feel happy when prescribed the right medications to help

with brain functioning. Before prescribing medication for you, your psychiatrist will talk to you and your parent or guardian about the medication and get your parent or guardian to sign a consent form for you to take medication. You will not be forced to take medication, but will be asked to consider the pros and cons of this decision in your treatment.

Ongoing Medical Care
Once a year, or as needed, you will be given additional physical examinations and vision testing. Twice a year you will be taken to the dentist to have your teeth examined and cleaned. At times it is necessary for clients to be transported local hospitals for appointments, examinations, and emergencies.

If you are feeling sick, ask your supervising staff to contact the nurse on duty. If you are feeling ill on the weekend, holidays, or at night, tell your supervising staff and they will notify the appropriate medical staff. There is a nurse available on the RTC Campus at all times. Medications are ordered by the pediatrician or your psychiatrist and dispensed by the nurse on duty. You are important to us and we want you to be healthy and to feel well. Please try to follow the medical advice given you.

<u>Understanding the 14 Character Traits of Aggression Replacement Training</u>
You will see the following 14 words written and defined throughout the unit, in school and on campus. We want to be sure we are all on the same page about the values we expect everyone to have and work on while they are here. These words will be used throughout your treatment in many ways.

Honesty: A willingness to say openly what is known to be true.

Caring: Showing concern for others through words and actions.

Courage: Taking positive and healthy risks to benefit yourself and others.

Patience: A willingness to wait and endure without complaint.

Service: Extending time and effort to help others.

Self-Esteem: Having and demonstrating a positive belief in yourself.

Self-Control: Managing your behavior in a positive way.

Goal Setting: Identify a desired outcome and plan a line of action to achieve it.

Respect: Showing regard for self, others, property, and those in authority.

Responsibility: A willingness to be accountable for your own actions without blaming others.

Integrity: Doing what is fair, right, and honorable.

Cooperation: Being able to work with others to accomplish a task or play a game.

Humanity: Believing that people of different cultures, abilities, religions, sexes, and races are equally valuable members of our society.

Perseverance: Staying with a task; not giving up.

Life on Game Changers

After you get up, Highway Patrollers on your unit will help you get ready for your day. One of the many things that the Highway Patrollers do at Woodbourne is escort gamers to and from various activities --for example, to school and the dining hall. Woodbourne is a secure facility. That means that residents cannot walk about the grounds on their own. They must always be in the company of a staff. Later you may earn the ability to go off grounds with a family member, but that requires special permission.

After you take care of your morning routine, you will participate in *a RAP huddle*, a meeting that helps you get focused and set goals for your day. You will be given a *weekly goal sheet*. The goal sheet is used to figure out how successful you are during the day on your weekly goal. As you attend the scheduled rap huddles throughout the day, the coaches and your peers will give you feedback on your progress of your goal. If you are successful for that time period, you will receive a "yes" on his goal sheet for the scheduled time. If you are unsuccessful, you will receive a "no". Points are used to measure how you are doing with your behavior on the unit and in school.

In your first weeks here, you will learn some more of the procedures and rules during mealtimes and other activities. Woodbourne has a middle school and a high school. It is run pretty much like the schools you attended in your community. You will be given a schedule of classes and activities to attend. The teachers at our school have experience in helping students with difficult behaviors and special learning problems. **School at Woodbourne is considered part of your treatment.**

<u>Boundaries</u>
Boundaries are lines or walls between one place and another. When you drive down the road, the double yellow line tells drivers which lane they are allowed to drive in. More importantly, the double yellow line guides the behavior of drivers so they can drive with enjoyment and safety. When people violate boundaries, bad things can occur.

At Woodbourne, you will learn more about personal boundaries or personal space. You can imagine personal space as an imaginary bubble around you. On the unit, at school, and when in the community, you are expected to respect the personal space of others. At Woodbourne, acceptable physical touch between staff and clients, and between clients and clients (with staff permission and the client's consent) is limited to:

handshakes

brief hugs/side hugs

shoulder pats

high fives

daps

No horseplay, wrestling, or play fighting is allowed because it disrespects personal space and can lead to real fights. Gamers are not allowed to make cruel or mean comments to peers. Sexual contact between gamers and gamers, or gamers and staff is not permitted. Gamers who attempt to engage in sexual activity with others will be given a consequence. If clients do engage in sexual activity, appropriate outside agencies will be notified.

Dress Code

We encourage gamers to look nice every day and to take pride in their appearance. We will use the following guidelines to help gamers do this, knowing that the staff reserves the right to decide if an article of clothing is appropriate.

- Appropriate attire must be worn to school
- Gamers must wear appropriate clothing to bed (e.g., pajamas, long tee and underwear shorts). Appropriate clothing (e.g., robe and slippers) must be worn to and from the bathroom in the morning and after showering. Robes should be kept tied with a belt, pajamas should be buttoned.
- Appropriate clothing should always be worn when out of your bedroom. Underwear must be worn and worn so that they cannot be seen outside of your pants.
- Footwear (socks, shoes or slippers, sneakers, sandals) must be worn whenever you are outside of your bedroom.
- Street clothes are to be worn in order to participate in activities that are off the unit.
- Shorts must be knee length.
- Shirts must fall to the pants line.
- Gamers are not allowed to wear their ears pierced for safety reasons.
- No piercings or tattoos may be done while you are a resident at Woodbourne.
- Clothing may not display gang symbols or graffiti.
- Gamers may not cut their own hair, or the hair of other gamers. Haircuts are only to be done by authorized staff or professional. The Traveling Barbershop is available to gamers every two weeks.
- Gamers are allowed to wear doo-rags or stocking caps at bedtime, while eating breakfast in the kitchen area, and after completing evening hygiene. They may NOT be worn during RAP sessions, from the time you complete your morning hygiene to the completion of evening hygiene, or any where off the unit (e.g., school, off-grounds, etc.).

Jewelry

In an effort to keep all gamers safe and free from injury piercings, neck chains, or other jewelry, *with the exception of watches*, will not be permitted. Gamers who have jewelry will be given enough time to turn jewelry over to your guardian/worker before it is collected. You can request staff to secure your jewelry until your guardian or worker can pick it up.

Personal Property, Room Decorating and Searches

Personal Belongings

An inventory of your clothes and personal belongings will be kept. This inventory will be done when you arrive with your caseworker at admission. Deodorant (cream or solid only), soap, towels, linens, toothbrushes, toothpaste and shampoo will be provided for clients. Don't forget to have the clothes you wear to Woodbourne marked and recorded by staff. Also, if you bring new things back from home visits or if your family brings something to you, don't forget to have staff log it in.

We ask that gamers not to bring expensive (anything valued at $50 or over) items to Woodbourne. Woodbourne will not replace, nor reimburse clients/ family for personal items that are stolen, vandalized or destroyed**. No electronic equipment that can download, text message, or play movies is permitted.** Personal storage space is provided for you in your bedroom. You may also ask staff to lock some of your belongings in the storage closet. Below is a list of items you are not allowed to have.

Prohibited Items

Clients **may not** keep the following articles at the RTC for safety reasons and the potential for disrupting the unit environment:

1. Incense or candles
2. Matches, lighter, lighter fluid, fireworks, etc.
3. Weapons or items that can be used as a weapon (guns, nun chucks, ropes, bats, clubs, knives, sharp objects, shanks, etc.)
4. Pipes, cigarettes, chewing tobacco
5. Drugs or drug paraphernalia (pipes, rolling papers)
6. Skateboards, bikes, rollerblades, scooters, shoes with wheels, etc.
7. Tools (screwdrivers, hammers, etc)
8. Razor blades, pocketknives, scissors, metal nail files
9. Glue or any other toxic substances (unless supervised by staff)
10. Alcohol or items containing alchohol (certain types of mouthwash as example)
11. Aerosol cans
12. Over-the-counter medications (medication is only to be given out by nurse)
13. Wall hangings, glass pictures, or glass objects of any kind

14. See through or fishnet shirts
15. Clothes with profane, violent, sexual messages, or messages about drinking or drug use
16. Gang related paraphernalia
17. Cell phones or electronic devices that can download, text, play videos, or communicate with others (**iPods, MP3 players, Nintendo DS, PSP, etc.**)
18. Any toy that can be mistaken as a weapon including water pistols and toy guns

The following articles will be kept by staff and will be available (upon request) for use:

1. Money
2. Electric shavers
3. Nail clippers
4. Non-aerosol hair spray

Prohibited items will be confiscated. As a safety precaution for gamers and staff, room searches may be conducted at any time (**minimum once a week**). In order to insure that a safe environment is maintained, staff reserves the right to search the following: gamers, their belongings, their house and living areas, the school and any other area of the campus. Any contraband found which is dangerous, illegal or otherwise inappropriate will be confiscated. All attempts will be made to preserve the client's dignity, as well as maintain a reasonable sense of privacy.

Gamers within our program are routinely searched when they return to the unit from school, off grounds, elopement or home passes. A routine search is conducted upon entering school from anywhere off grounds.

Posters and Room Decorating Policy
Gamers are encouraged to use appropriate personal pictures and/or posters to decorate their room. Posters and/or pictures should be hung on the wooden borders located in each room. Nothing should be hung on the walls, doors, or ceiling of the rooms. The content of posters or pictures should not display:

1. Nudity (i.e., models without clothing or wearing clothing that is too provocative or suggestive)
2. Violence
3. Use of Weapons
4. Cults
5. Satanic rituals
6. Profanity
7. Sexual messages
8. Gang Symbols and Graffiti

The Banker (unit coordinator) will make the final decision about whether or not particular posters or pictures are appropriate. Posters and personal pictures are to be displayed inside the client's room. At no time should pictures be placed on the door.

Procedures for a routine gamer search

1. A search is conducted at the inner door to the unit leading with two (2) highway patrollers present.
2. The gamer is asked to pull out his pockets and take off his socks and shoes.
3. The gamer's arms and legs are patted down.
4. The gamer is asked to remove any extra clothing --for example, extra shirts or pants.
5. All books and bags are searched.

If contraband is found, it is taken from the gamer and they are placed on Plan of Action (POA).

Laundry

Your unit will be assigned a laundry day. Please place clothing in a bag inside your closet until your designated laundry day. Sheets and pillowcases are washed according to schedules posted on each unit. Please strip your bed and put your bed linen in the laundry barrel. Bedspreads and blankets are sent to the laundry according to the schedule posted on each unit.

*The gamers also have assigned days during the week to complete their own laundry. This is highly encouraged as it is a social skill needed for life in the community.

Chores and Hygiene Expectations

All gamers are responsible for cleanliness of their rooms and the common areas of the unit. All cleansers and cleaning materials are to be dispensed and handled by the staff only. Once all chores have been checked by staff, the gamers may get ready to leave for school or engage in the day's activities.

Morning Hygiene: Gamers wash up and brush teeth then get dressed and groom hair in their bathrooms (Players with poor hygiene or who perspire a lot while sleeping may be asked to take a shower in the morning per staff discretion.). **Fifteen minutes is allowed per gamer in the bathroom**. To ensure privacy, bathroom use will be limited to only one gamer at a time.

Morning Chores: Various unit chores are assigned and are rotated on a weekly basis.

Bedroom: All gamers make their beds. Clothes and articles are folded and stored in areas provided for them. Bed linens and towels should be placed in the container outside the bedroom door on a designated day. Fresh linens and towels are exchanged. Each gamer empties their own trash into the large garbage can.

Living Area: Gamers will be assigned to straighten the magazines, books, shelves and furniture in the living area. Shelves and furniture should also be dusted. All gamers are responsible for removing their personal belongings from this area.

Bathroom: Gamers will be assigned to make sure that the bathroom is clean. The toilet (bowl and seat) should be disinfected and the floor swept and mopped. The trash can to be emptied into the large container provided and the trash bag replaced.

Window sills: One gamer will wipe all window sills in the living area and dining area.

Evening Chores: All gamers will participate tidying up the unit. Each gamer will check an area that they are responsible for during chore time, and make sure their area is presentable.

RAP Meetings and Daily Goal Discussions

RAP meetings are held four times a day every day. During RAP, gamers gather to plan out their day and review their daily goals with staff. This helps set the tone for a more successful day.

Morning RAP (8:00a.m.)

Gamers assemble in the living area, fully dressed. Morning RAP is held for 15 minutes each morning to get you prepared for your day and to set a daily goal. Also during this time, you will learn to practice the MELT. The MELT is an activity that can help calm and focus your brain to help you get ready for the day. The MELT is done in the following way:

1. Take 3 deep breaths.
2. Do 3 shoulder rolls.
3. Cross your legs at the ankles putting left leg over right leg.
4. Cross arms at wrists with right over left clasping hands, fold hands into chest and hold for a couple of minutes.
5. Close your eyes and relax.

The second part of morning RAP is **Positive Recognition of Peers.**
This is a time when a gamerr will be asked to say something positive about other peers or more than one peer on their unit.

The third part of morning RAP is **the stating of your Weekly Goal.** Each player should fill out their Weekly Goal Sheet/submit it by the morning of the designated periodic review meetings day of the week (Wednesday).

The fourth part of morning RAP is the coaching team will state their expectations for the day.

Midday/Afternoon/Evening RAPs (12:00p.m./4:00p.m./9:15p.m.)

Gamers assemble in living area of the unit. These RAPs are also about 15 minutes long.

This RAP consists of each player taking turns **stating their Weekly Goal** and **stating if they felt they successfully accomplished this goal from the time period of the previous RAP session to the current one ("yes' or "no").**
Next, two peers are selected to give honest feedback as to whether they feel this peer successfully completed this goal.

The third and final step is that each staff member gives feedback as to whether the peer accomplished the goal ("yes" or "no"). **The votes of the staffing team determines if the gamer earns a "yes" or a "no" on the gamer's goal sheet for that RAP time and is recorded.**

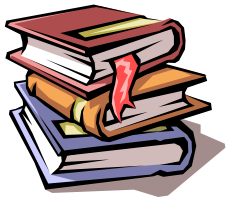
Preparation and Transitions

Gamers must be under the supervision of a Woodbourne staff at all times. Gamers must be escorted by a staff person at all times to move from building to building or to move from one activity to the next.

Transition to School, Activities or Events: Highway patrollers will instruct the gamers to line up quietly at the door and proceed to the school, gym, or activity as a group. Upon return to the unit, staff may conduct a gamer search as explained.

Meal Times: Gamers proceed to the Main Dining Hall or their unit's designated meal area with a highway patroller and remain with his respective class or unit.

Study Time



Designated study times are listed on the daily schedules. Gamers are expected to complete any homework or studying that has been assigned. During study/quiet time, gamers are expected to sit at desk and complete any assigned homework or quietly study in common areas with peers. When homework is finished, gamers are to use this time to read or do a quiet activity.

Mail and Phone Privileges

Every gamer at Woodbourne has the right to send and receive mail. Because Woodbourne is a secure facility, incoming and outgoing mail must be inspected by staff.

Every gamer has the right to talk to use the phone to call family or other supportive people. Calls can only be made to or from an approved person on your visitors list. **All calls are limited to 10 minutes.** Only staff are permitted to answer and dial the phone. All calls are first screened.

- **You may receive one incoming call per day during unit-specified telephone time. The length of the call can be up to 10 minutes.**
- **You can make one outgoing call per day during unit-specified telephone time. The length of the call can be up to 10 minutes.**

- During your time on the phone, you are to use acceptable language. Staff is responsible for dialing and answering the telephone.
- Phone privileges will be monitored by staff and can become a treatment issue. It is expected that the gamer will follow the rules of telephone usage.

Each gamer has a contact list that is completed at admission. The contact log can only be modified with the permission of the parent/guardian and the referring agency. If the log is modified, then the therapist, unit staff, and the unit coordinator will be notified. If a gamer wishes to add a person to their contact log, then the gamer must make a request to their Investor (therapist).

Visitation

On Grounds Visiting

Woodbourne believes that strong and thriving family relationships are crucial to family success. In keeping with this conviction, we support active involvement of families in treatment. Family visits, phone contact and family therapy are all key avenues of participation in the Woodbourne Program. Successful family involvement depends on active participation with the treatment teams in observing and supporting the rules and routines of life on the residential units at Woodbourne.

Family members and all approved persons on your contact list are encouraged to visit as often as possible. Visits will be held in areas made available by the staff. The treatment team must approve all visitors in advance. All approved visitors names will be placed on your Contact Log. All visitors are to present picture (ID) identification prior to every visit. All visitors are required to sign in before each visit and sign out after each visit. Only four (4) visitors are allowed to visit at a time. Exceptions will be made for special occasions. However, you must get authorization by the treatment team prior to the visit for any exceptions.

Monday – Friday	Scheduled with Personal Agent (therapist)
Saturday, Sunday and holidays	10:00 a.m. to 7:00 p.m.

Packages, Food and Money

Since Woodbourne is a secure facility, all packages must be inspected by staff. **If food is brought, it must be consumed during the visit and should not be taken back to the unit**. If an approved visitor wishes to leave money for a client, they should leave it with a Hallway Patroller (Direct Care Professional) who will, in turn, give it to the Banker (Unit Coordinator)/Bank Manager (Residential Supervisor). You, as the gamer, should not take money directly from your visitor. Your approved visitor should always give money directly to the highway partroller or a manager so it will not be lost.

Visitation Behavior

Visitor behaviors that are prohibited include, but are not limited to:

- Verbal or physical abuse or both of staff/gamers
- Drinking of alcoholic beverages or use of drugs
- Being intoxicated while on the premises

- The distribution of alcoholic beverages, cigarettes, drugs or any prohibited items
- Disregard for player or staff safety
- Aggressive behavior, cursing or acting in a disorderly manner

Off Grounds Visitation

Gamers who have been granted "**Associate**" privileges have the opportunity to go off grounds with staff. This gives gamers the opportunity to spend some time in the community under supervision. It gives the treatment team the chance to observe your behavior in the community. Gamers must earn a minimum percentage on their weekly goal sheet each week to be eligible for community outings.

As a part of our program's family based initiative, the clinical team will work with your family and placement agency to set up community passes. These passes will be determined based on the gamer's progress in treatment, treatment goals, and relationship with the adult who is to supervise the pass. If the clinical team sets up a community pass, the program psychiatrist will authorize the request by writing a medical order for the pass. Gamers are expected to practice the skills they have learned during passes and the success of a pass will help determine future passes.

Spiritual Services

Players are free to practice their individual spiritual and religious beliefs while they are at Woodbourne. Non-denominational spiritual services are offered as part of our weekly program. Services are held on the grounds and are open to any player who is able to attend. Players may attend by making a verbal request to staff. Other arrangements for prayer and worship can be made whenever possible with the treatment team.

Merit Store

The merit store is used as incentive for gamers at the RTC. You may purchase snacks (candy, chips, etc.) and beverages from the store. Each unit has a designated day to attend the merit store each week. The currency, or money, you use at the merit store consists of your weekly goal percentage earned by engaging in positive, respectful, and constructive behavior on the unit, school, and in the community. All leftover food purchased at the merit store may go into your snack box. No other food is allowed into your snack box except what is purchased at the merit store.

Program Incentives/ Privileges

All of the following program incentives/ privileges are dependent upon the gamers consistently earning "yes" for their weekly goal on a daily basis during Rap sessions. The more "yes's" you earn, the more incentives/privileges you qualify for in a week! Please read the following section closely and take note that minimum percentages are

required to qualify for each of the listed incentives/privileges. These percentages will be calculated on a weekly basis. Also, remember that you can only earn a maximum of **3 yes's per day** (21 total yes's for the week) towards each of the listed incentives/privileges. So remember……

STOP &

THINK!! BEFORE YOU ACT!!!!!!

Please ask your Banker (Unit Coordinator) or Bank Manager (Residential Supervisor) to provide you with a list of privileges you may earn**.** As you probably have already guessed, the higher your weekly goal percentage, the more privileges you earn!

Ordering Out Privileges

Each unit designates a day where gamers who earn the privilege may "Order Out". This means the gamer is allowed to order food from a local restaurant that delivers.

You must not be on a current Plan of Action at the time of ordering out to use this privilege. You must have money in your individual account. Each player can spend up to $10.00 (tax included) when ordering out.

Video Game Usage, Rules, and Schedule

The following criteria must be met for a player to be eligible for video game privileges.

1. Gamers must earn **a 70% success rate on their weekly goal for the previous week** to be eligible for video game privileges for the current week. These decisions are made during treatment team each week.
2. Gamers on a current Plan of Action will not be able to use the unit video game systems until they successfully complete all the assignments/criteria of this POA.
3. All gamers must sign up for video game usage on the video game sign-up sheet. Hallway patrollers will pass this sheet around to gamers before game time begins.
4. Gamers may play video games for a maximum of 15 minutes per turn.
5. Gamers who wish to play two player games must record these requests on the video game sign-up sheet. These gamers are still only allowed 15 minutes maximum time limit per turn.

6. Gamers are only eligible to play video games on the days their current video game status is slated to use the video game system (**the higher your weekly goal percentage the previous week equals a higher status.)**
7. All video game systems are to be played on the assigned TV's located on the units.
8. Poor sportsmanship or poor social behavior demonstrated while playing video games will result in a three day to one week video game restriction.
9. Gamers who are not playing a video game may not sit around the video game system. They may sit at the tables near the system or in the living room circle until it is their turn to play.
10. All Gamers that sign up initially to play the video game system must have **one turn** before anyone can repeat a turn.
11. Gamers that sign up for a turn and then decide to participate in another activity will forfeit their turn and must sign up again at the end of the sign-up sheet.

Off Grounds Activities Eligibility Requirements
Off grounds activities are a vital component of the RTC treatment program and include trips off-campus with staff and community passes with approved visitors. Gamers must demonstrate a commitment to their program to participate in this phase of treatment. All off ground activities must be approved by the treatment team.

The following criteria must be met for a gamer to be eligible for off grounds privileges:
1. Gamers must earn **a 80% success rate on their weekly goal for the previous week** to be eligible for community passes or off grounds activities for the current week (7 days until next scheduled treatment team).
2. Gamers must attain an "Associate" status to be eligible for off grounds activities with staff.
3. Gamers must be off a Plan of Action for 24 hours to be eligible for **scheduled** community passes or off grounds activities.
4. **Gamers must participate appropriately in any scheduled individual therapy sessions and clinical group therapy sessions during the current week to be eligible for community passes or off grounds activities.**

Extra-Curricular Activities Eligibility Requirements
Extra-curricular activities help develop social skills such as team work, patience, and cooperation and help increase the self-esteem of clients. As such, they serve an important function in each gamer's treatment program. Extracurricular activities include sporting and other after school events.

The following criteria must be met for a client to be eligible for extracurricular activities:

1. Gamers must earn **a 80% success rate on their weekly goal for the previous week** to be eligible for community passes or off grounds activities for the current week (7 days until next scheduled treatment team).
2. Gamers who are on a Plan of Action the day of the scheduled non-educational extracurricular activity **may not participate** in the activity.
3. Poor social behavior or sportsmanship while participating in an extracurricular activity will result in a one week restriction from extracurricular activities.

ACTION PLAN GUIDE

Behavior Violation: Mild - *Mildly disruptive behavior that does not impact others or the program*

Observed Behavior Violations (Examples):
Out of program (less than 30 minutes); not being where directed by staff to be
Not observing dress code
Invading someone's personal space
Not observing bedtime rules
Not observing down time/quiet time
Sleeping in class (non-med related)
Not observing rap session rules
Not following staff instructions
Inappropriate topics in conversation
Food in room/school
Cursing
Manipulation/staff splitting
Throwing objects in unit (no client/staff harm)
Not observing wake-up rules
Agitation of peers/staff
Failure to clean room

Behavior Violation: Moderate - *Behavior that mentally or emotionally disrupts the group or program but does not represent a high risk of physical harm to others*

Observed Behavior Violations (Examples):
Poor social behavior (including horseplay)
Body piercing
Lying to protect self or others to avoid consequences
Misuse of property (slamming doors, kicking furniture, etc.)
Out of program (30+ minutes)
Unauthorized phone use
Racially/culturally offensive comments
Entering staff document/materials
Putting finger in someone's food
Walking out of class **without permission**

Walking in school hallways without staff permission

Behavior Violation: Serious - *Behavior that mentally or emotionally disrupts the group or program and represents a high risk of physical harm to self and/or others*

Observed Behavior Violations (Examples):
Verbal threat to do physical harm to staff
Verbal threat to peer(s)
Refusal to attend school
Physical aggression (not fighting)
Lending and borrowing
Sexual gestures/comments
Manipulation/setting up others
Entering another client's room
Interfering with a crisis
AWOL attempt
Out of program (60+ minutes)

Behavior Violation: Severe - *Behavior that causes mental, emotional and/or physical harm to self and others.*

Observed Behavior Violations (Examples):
Fire play/fire setting (30-day discharge notice)
Testing positive for drug use (30-day suspension of off grounds privileges)
Alcohol/tobacco use, possession or distribution
Use of a weapon (30-day discharge notice)
Sexual assault (30-day discharge notice)
Transmission of bodily fluids (putting blood on or spitting at staff/peers)
***Sexually acting out/Inappropriate sexual touching – "BIG 5" BEHAVIOR**
Stealing
***Possession/distribution of contraband considered unsafe (pornographic materials, inappropriate CDs, tobacco/drugs, cell phones, pagers, etc.) OR Possession/distribution of other dangerous contraband (weapons, fire products; 30-day discharge notice) – "BIG 5" BEHAVIOR**
***Physically Fighting OR Physical aggression towards staff OR Physical aggression towards peer(s) – "BIG 5" BEHAVIOR**
***Property destruction/damage– "BIG 5" BEHAVIOR**
Throwing objects (intent to harm)
Smuggling urine (30-day discharge extension/30-day level suspension)
Self-tattooing
Unsafe/high risk public behavior
AWOL – "BIG 5" BEHAVIOR

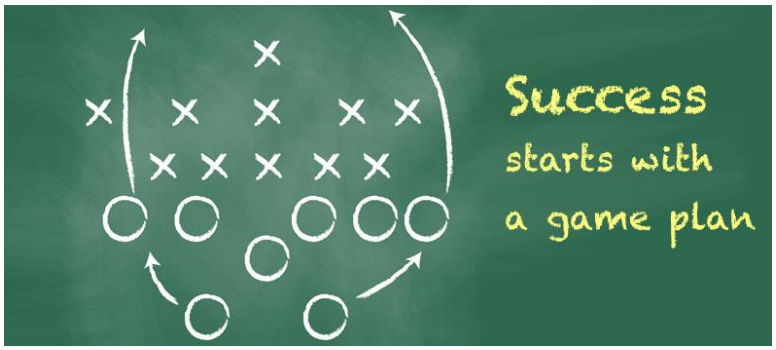
Gang related activity

Possible Action Plans/Restrictions:

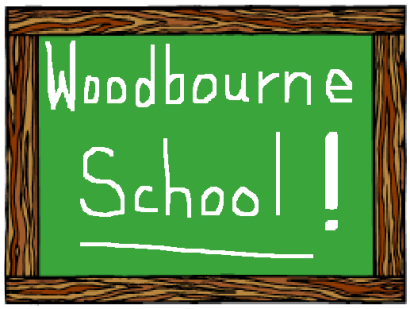
*ALL OBSERVED INCIDENTS MUST HAVE A PLAN OF ACTION FORM (POA) COMPLETED BY CLIENT (staff member is to assist).

- POA – Plan of Action form processed/completed and gamer immediately reintegrated into program with privileges.
- Early Showers - Plan of Action form processed/completed and gamer receives an Early Bed restriction for that assigned day.
- Blue #1 - Plan of Action form processed/completed and gamer receives a 1 day restriction/restitution plan assignment that ties into the behavior demonstrated.
- Orange #2 - Plan of Action form processed/completed and gamer receives a 2 day restriction/restitution plan assignment that ties into the behavior demonstrated.
- Red #3 - Plan of Action form processed/completed and gamer receives a 3 day restriction/restitution plan assignment that ties into the behavior demonstrated. **ALL "BIG 5" BEHAVIORS ARE AN AUTOMATIC Red#3.**

*ALL ACTION PLANS ARE **<u>INDIVIDUALIZED</u>.**



More Details about School and Educational Services



Classroom Expectations

- Bring only school supplies to school, leave personal possessions on the unit.
- Students must be escorted by staff at all times. Walking through the school without staff escort will result in receiving a yellow behavior status (code yellow).
- Enter the room quietly and sit appropriately in a chair.
- Raise your hand before you speak unless otherwise instructed by your teacher.
- Ask for permission to leave your seat or the classroom.
- Horse playing, touching, wrestling, profanity, running in the halls is prohibited -- keep your hands to yourself.
- Respect and follow directions given by teachers and staff.
- Use appropriate language (profanity is not appropriate).
- Respect the property of others. Eating and drinking is prohibited.
- Follow the behavior modification program (i.e., School Merit Sheet)
- Place objects in the hand of the person receiving the object.
- Ask for permission to leave your seat.
- Complete all assignments including homework without interrupting the learning of others.

School Schedule for Clients Held Back on the Unit

- 9am – 10am – School work (paperwork)
- 10am - 11am - Chores
- 11am – 11:30am Recreational time - Educational TV or courtyard time (work before play)
- 11:30m – 12:30pm Lunch & Group
- 12:30pm – 1:30pm – Laptops (Reading and Math Programs)
- 1:30 – 2:30pm – Clinical or Therapeutic assignments
- 2:30pm – 3pm – Recreational time - Educational TV or courtyard time (if compliant with earlier activities)

School Dress Code

The purpose of this policy is to promote safety, improve discipline and enhance the learning environment. Students wearing or possessing inappropriate or contraband items will be subject to disciplinary action.

Inappropriate and unacceptable items:

- Headphones, radios, CD players, CDs, toys, beepers
- Multi-finger rings
- Undergarments worn as outerwear
- Metal chains, rope necklaces, bracelets, earrings
- Shorts above the knee, undershirts, tank tops, or muscle tops
- Clothing printed with vulgar statements promoting the use of drugs, alcohol, sex, violence or gang affiliation
- Pajama type attire
- Torn Clothing
- Contraband

Computer Lab Guidelines

- Students must sit at assigned seats
- Students may only use computers after permission is given
- Students must sign the Daily Computer Assignment Sheet each day before starting on a computer
- Students are not allowed to change any settings on the computer
- Students must get approval from the teacher to bring in any outside media (e.g., floppy disks, CDs, DVDs)
- Students are not allowed to eat or drink in the computer lab
- Students may not go on the Internet (e.g., use e-mail, instant messaging, web browsing, download files) unless instructed to do so by the teacher
- Students are not allowed to e-mail any public (i.e., outside of Woodbourne) e-mail accounts under any circumstances
- Students are not allowed to make any purchases (e.g., subscriptions, contests, gambling, etc.) through the Internet under any circumstances
- Students may not provide any personal information (e.g., name, address, date of birth) about themselves or others through the Internet under any circumstances

Rules for Participation in Sports Program

All students must be approved by the coach and the treatment team to participate in any sports team. Clients must be earning enough school and unit points to continue on a team and they must be able to show appropriate sportsmanship. In addition, clients must be participating in treatment. Clients will miss team practice if they receive a behavior status. If client's miss a certain amount of team practice due to behavior problems, they may be removed from a sports team.

After School Programs

The after school program offers a wide selection of classes in the areas of art, science, and literature. Woodbourne believes that by encouraging creativity and ingenuity, we can build self-esteem, self-respect, and promote an overall positive change in the lives of our students.

School Student Government Council

The Woodbourne Student Government Council is to aid in building an environment for students to express and exchange ideas, develop leadership skills and achieve academic success. The Student Government Council is a member of the Maryland Association of Student Councils.

The Student Government Council has a president, vice president, secretary and representatives from each of the five units. The council meets once a month to discuss and make suggestions on ways in which each student can maximize their intellect, skills and talents for success. Representatives have leadership and community service opportunities during monthly assemblies and special programs, school beautification projects, field trips and sporting events.

Woodbourne School Merit Sheet

The school merit sheet records how you perform during each period of the school day in five areas:

- *Materials* --having the materials necessary to participate in class (including homework)
- *Daily Goal* --using respectful verbal and non-verbal language with clients and staff
- *Area* --being in the appropriate assigned area to which a client is assigned
- *Task/Participation* --actively participating in classroom activities to the best of the client's ability
- *Cooperation* --following teacher/staff directives, working with peers in cooperative manner

A score of "1" on the school merit sheet means that a client did the required behavior at least 25% of the time during class. A score of "2" means that a client did the required

behavior more than 75% of the time. No score means that the desired behavior was done less than 25% of the time. Staff will initial any block that does not earn a score. There is space on the form for making a note about observed client behavior, recording bonus points, and the client's behavior status (i.e., blue, yellow, orange, red). If the client is out of school during any part of the school day (e.g., at therapy or a medical appointment), the staff accompanying the client will fill in the appropriate row for that period. At the end of school, the client's total points are totaled. The total number of school merit points is recorded into the proper section of the RTC Daily Merit Sheet.

Wrapping-up

We hope you have found this Handbook helpful but we know that there are probably sill lots of questions that you have that may not be answered in here. Please feel free to ask questions and talk to your treatment team members and you will learn a lot as you go through each day.

Your opinions are also very important to us so we may be asking for your feedback during your stay through "client satisfaction surveys". We take your suggestions seriously and use this information to make improvements to the program whenever possible.

We are hopeful that Woodbourne will be able to help you achieve your goals and that you will be able to leave Woodbourne and move forward on a path to continued success if you follow the rules, work hard in your treatment and take with you all the things you learn while you are here. Best of luck!

Definition of Terms

ELOPEMENT – If you are off the grounds of the campus without permission or not under the supervision of an assigned adult at any time (including activities & passes).

PLAN OF ACTIONS – (Early Showers, Yellow #1, Orange #2, Red #3) These are assigned to gamers depending on the severity of an inappropriate behavior and will result in different point deductions, assignments, loss of privileges, and other consequences.

CONSEQUENCES - The result of inappropriate behavior/rule breaking. There are natural consequences that come from not paying attention to everyday cause and effect. For example, if you are rude or disrespectful to someone, they will probably not respect YOU. If you cross the street without looking, you are more likely to be hit by a car. There are also consequences that are given to individuals by the community in which they live.

CONTRABAND - Any item that is not allowed on the units or in school that is in the possession of a client. (ex: Cigarettes/drugs, flammable liquid, pornography, weapons)

OUT OF PROGRAM - A gamer is not where he is supposed to be, authorized to be, i.e.

away from the rest of the group, but still on grounds. A gamer who REFUSES to process an assigned Plan of Action is also "Out of Program" until he successfully does so.

PERIODIC REVIEWS - (PR's) Are meetings where treatment team members meet with you, your parents/guardians, and your outside workers to discuss your progress in treatment. In the first two months after your admission to Woodbourne, meetings are scheduled every two weeks. After your 4th PR, they are scheduled once a month.

RESTRAINT - To be held by staff in such a way as to prevent you from hurting yourself or others.

SECLUSION -To be removed from the common areas of the unit or school and social contact with staff and peers by being restricted to your room or escorted to a locked time-out room.

SPECIAL BEHAVIOR PLAN (SBP) - A Special Behavior Plan is a specialized program or set of assignments to provide increased structure to clients who are having trouble showing self-control within the usual rules of the program.

TREATMENT JOURNAL - A document that has clinical assignments and coaches check offs that have to be completed as part of advancing to a new level in your individual treatment level system.

TREATMENT PLAN- A plan used by the therapist and player that consists of overall treatment goals and smaller objectives. This will be a guide to completing goals around issues that brought the Player into treatment.

WEEKLY GOAL SHEET- All gamers must complete a weekly goal sheet with the help of their coaches that targets a specific behavior they have identified needs work on. This goal sheet is collected on the morning of the unit Periodic Review day, reviewed by the treatment team, and given back to the players with any necessary revisions. This goal sheet is used for the entire week to record the success rate of a player in attaining this goal at each Rap session.

WEAPON - Any item that is used to harm yourself or others.

WOODBOURNE CENTER
A NEXUS FAMILY MEMBER | YOUTH AND FAMILY SOLUTIONS

Exhibit 10 Residential Staffing Plan

Shift		Sat	Sun	Mon	Tues	Wed	Thur	Fri
Day								
Staff 1	*Tu - Sat*	●			●	●	●	●
Staff 2	*Sun - Thu*		●	●	●	●	●	
Staff 3	*M - F*			●	●	●	●	●
Staff 4	*F - M*	●	●	●				●
Staff 5	*S & S*	●	●	□				
		3	3	3	3	3	3	3
Evening								
Staff 6	*Tu - Sat*	●			●	●	●	●
Staff 7	*Tu - Sat*	●			●	●	●	●
Staff 8	*Sun - Thu*		●	●	●	●	●	
Staff 9	*Sun - Thu*		●	●	●	●	●	
Staff 10	*F - M*	●	●	●				●
Staff 11	*F - M*	●	●	●				●
		4	4	4	4	4	4	4
Night								
Staff 12	*Tu - Sat*	●			●	●	●	●
Staff 13	*Sun - Thu*		●	●	●	●	●	
Staff 14	*F - M*	●	●	●				●
Total		2	2	2	2	2	2	2

Exhibit 11 Educational Services Letter Example

WOODBOURNE SCHOOL

1301 Woodbourne Avenue
Baltimore, MD 21139
(410) 433-1000

September 26, 2017

Address
Street
City, State ZIP

Re: IEP Services for Student Name

Dear _____,

This is to notify you that Student Name, D.O.B. (00/00/00) was enrolled in the Woodbourne School on 09/26/17. The Woodbourne School is approved by the Maryland State Board of Education to offer a **Type I General Education Nonpublic Educational Program**.

After reviewing _____'s records, we have determined that he is eligible for Special Education services based on an IEP (_____).

State regulation requires that the local school system hold an IEP team meeting after it receives a request for such a meeting. I am requesting that you convene an IEP team meeting regarding the implementation of _____'s IEP, **if applicable**. Please contact me at 410-433-1000 Ext. 2220 regarding this student's IEP meeting.

Thank you in advance for your assistance with this request.

Sincerely,

Special Education Coordinator

cc: Parent/Legal Guardian of Student

WOODBOURNE CENTER
A Nexus Family Member

Student Employee Handbook

Woodbourne Center

Student Employee Handbook

1301 Woodbourne Avenue
Baltimore, MD 21239

Introduction

The Student Employee Handbook was developed to provide safe, efficient and effective information on custodial operations. Student Employees must abide by all program safety and emergency policies/instructions. Performance of duties and use of custodial equipment must be in accordance with written procedures and instructions found in this handbook. In the absence of written instructions, Student Employees are required to follow the verbal instructions/directives of the Student Employee Supervisor and/or Work Program Coordinator.

Student Work Schedules

During the course of their daily duties student employees perform a wide variety of tasks; however, their duties can normally be classified as routine, immediate or project assignments. Currently, we have work related tasks in the Dietary Department and Facilities Maintenance Department. Youth will apply for one of these two tracks.

Routine Assignments: Routine assignments are all tasks that a student employee is required to perform daily. This includes individual assignments as well as team assignments. The Student Employee Supervisor will provide written documentation of who is responsible for doing what, when and where on a routine basis.

Immediate Assignments: As the term implies, these are assignments, which must be accomplished immediately. This is unscheduled work such as shoveling snow, clearing up debris, mopping up spills, removing spots from carpet, etc. Due to the nature and unpredictability of these duties, they do not appear on an assignment work schedule.

Project Assignments: Project assignments refer to tasks designed to meet specific campus/program needs. Projects can be scheduled anywhere from one day, a week, to several months in advance. Some projects may be completed in a matter of minutes while others may take days. Projects also vary in tasks to be performed from cleaning to painting.

Student Work Hours:

Morning Session:	6:00am – 9:00am
Lunch:	11:30pm – 12:30pm
Evening Session:	3:00pm – 5:00pm
Weekend Session:	varies

Eligibility for continued participation in student work program:

In order for a resident to maintain eligibility in the student work program he must adhere to the following guidelines:

- Maintain a 85% or higher in weekly Behavioral Program
- Attend all therapy sessions (individual , group and family) and scheduled academic courses
- Plan of Action's (POA) for Top 5 high risk behaviors will factor into eligiblity
- Must be deemed safe by Treatment Team and Student Employee Supervisor to work
- Resident must be a minimum of 15. 9 years of age.
- Residents are not eligible for work program during first 3 months at WB.

Job Description

The Human Resource Department prepares a written job description for this student employee position. The Corporate Director of Human Resources will approve these job descriptions. You will receive a copy of your job description, defining the requirements, responsibilities and competencies for your position. Your supervisor will review this job description with you and use it as the basis for completing your performance appraisals.

Recording Worked Time

To ensure the accuracy of pay records, you are expected to sign in and out of each shift that you work. Failure to do so may delay your pay until a subsequent pay period. You are not permitted under any circumstances to record worked time for another employee. Falsification of timecards/timesheets will be subject to disciplinary action up to and including immediate termination.

Pay Periods

Pay periods are two weeks in length and run from Sunday through Saturday. You will receive a stipend for 10 hours each week at minimum wage. Your account will be maintained by the Financial Office at Woodbourne. You will be informed of your

account balance through a bi-monthly statement distributed by the Student Employee Supervisor. Upon discharge from Woodbourne Center you will have complete and full access to your funds.

Refusal Procedures

Student Employees refusing to work will receive No's during their Group Huddle/Wrap sessions for violating the "work before play" principal. Student Employees who miss 3 days of work will be suspended until evaluated by the Treatment Team.

Workplace Safety

Safety in the workplace is of utmost importance, and should never be taken lightly. In general, workers must be properly trained to perform potentially dangerous tasks. The following safety measures should be followed at all times.

1. Wear eye, head, or face protection when there is a risk of injury from equipment or from hazardous materials.
2. Keep all tools and equipment clean and in a safe operating condition. Always use the right tools and equipment for all jobs.
3. Report any job related injuries to the supervisor, regardless of how minor they may seem.
4. Inform other employees of any potential danger. Inform graduate supervisors of potentially dangerous concerns/issues.

CUSTODIAL DRESS AND GROOMING

Student employees should remember they represent the Woodbourne Center and set an example for the residents at the facility. Therefore, each student employee will maintain a clean, neat appearance at all times.

All student employees shall be fully dressed at all times. For safety purposes, the following dress code is required at all times:

1. Appropriate footwear must be worn at all times. Toeless shoes, thongs, deck shoes, sandals, tennis shoes, and bare or stocking feet are prohibited at all times in the work area.

2. Significantly oversized clothing is not to be worn, specifically; "bagging" or "sagging" pants are prohibited. All pants are to be worn at the waist. Tight fitting pants are also prohibited

3. Employee hair should be clean and well groomed.

4. Headwear must not be worn in buildings with the exception of safety hats.

5. If you appear to work inappropriately dressed you will be asked to return to your room to change in proper attire. Failure to comply with the approved dress code may lead to consequences (low scores, loss of leisure, suspension, etc.).

6. Identification badges are to be worn and visible at all time.

Procedure for Applying to Student Employee Work Program:

Resident's interested in applying for this Student Employee Work Program should bring up this consideration to their therapist and/or during their Periodic Review Meeting. The treatment team will provide constructive feedback as to eligibility and readiness for this program.

Resident's that meet eligibility requirements will submit a written letter of interest.

Eligible candidates for the work program will participate in a student employee interview with a Student Employee Supervisor, the Facilities Director, and select members of the treatment team.

Exhibit 13 General Orientation Schedule

NEW EMPLOYEE ORIENTATION

	TIME	CLASS	INSTRUCTOR(s)
	8:30a – 9:00a	Greetings/Welcome and Badge Photos	*Williams, HR*
	9:00a – 9:30a	Program Philosophy	*Wilson, Leadership*
	9:30a – 12:30p	Choice Theory Trauma-Informed Care Boundaries	*Beck, Clinical*
	12:30p – 1:00p	Lunch	
	1:00p – 5:00p	Safe Crisis Management	*SCM Trainers*
	8:30a – 12:30p	Safe Crisis Management	*SCM Trainers*
	12:30p – 1:00p	Lunch	
	1:00p – 5:00p	Safe Crisis Management	*SCM Trainers*
	8:30a – 12:30p	Safe Crisis Management	*SCM Trainers*
	12:30p – 1:00p	Lunch	
	1:00p – 5:00p	Safe Crisis Management	*SCM Trainers*
	8:30a – 12:30p	Client Rights Child Abuse and Neglect HIPAA Professional Boundaries Risk Management Documentation/Electronic Medical Record	*GROVO –* *Online Training*
	12:30p – 1:00p	Lunch	
	1:00p – 5:00p	Cultural Diversity Emergency Preparedness Suicide Prevention Infection Control/Blood Borne Pathogens	*GROVO –* *Online Training*
	8:30a – 9:00p	Benefits/ADP	*Williams, HR*
	9:00a – 9:30a	Driver's Training	*Murray, Facilities*
	9:30a – 10:00a	Campus Tour	*Murray, Facilities*
	10:00a – 12:30p	It's All Respect Job Shadowing Schedules Orientation Survey Badge Distribution The Week In Review	*Williams, HR* *Knox, Administration* *Murray, Facilities*
	12:00p – 1:00p	*Welcome Lunch*	
	1:00p – 5:00p	First Aid and CPR	*Devers,* *American Red Cross*

Exhibit 14 Department-Specific Orientations

DEPARTMENTAL ORIENTATION/ANNUAL ASSESSMENT CHECKLIST
DIRECT CARE PROFESSIONALS

Complete with all new employees during initial evaluation period/within each yearly anniversary DOH. Send updates to Human Resources.

NAME: **DEPT:** **SUPERVISOR:**
POS: **HIRE DATE:**
PHONE: **ORIENTATION DATE:**

Subject	**Applicable/Not Applicable**	**Employee to Initial Each Topic Once(s)he Verbalizes/Demonstrates Understanding**	**Reviewer Initials & Dates each Topic Once (s)he is confident that Employee has Verbalized/Demonstrated Understanding**	
	X *or* NA	***WB***	Date	Initials
SAFETY MANAGEMENT/LIFE SAFETY PLAN (RESIDENTIAL SUPERVISOR/UNIT COORDINATOR/SIC)				
Emergency Notification				
1. Telephone Notification				
2. Walkie-Talkie Notification				
3. Documentation Procedure				
Fire Safety				
1. Exit/Pull Box & Extinguisher/Location				
2. Dept./Position-Specific Procedures				
Emergency Preparedness Plan (FACILITIES DEPT.)				
1. Location of Manual/ Content Overview				
2.. Evacuation				
3. Dept./Position-Specific Procedures				
Hazardous Material & Waste Plan (FACILITIES DEPT.)				
1. Location of Manual/Content of Manual Overview				
2. MSDS Sheets				
3. Dept./Position-Specific Procedures/Job Related Hazard				
SECURITY MANAGEMENT PLAN (RESIDENTIAL SUPERVISOR/UNIT COORDINATOR/SIC)				
Security Notification				
1. Telephone Notification				
2. Walkie-Talkie Notification				
3. Documentation Procedure				
Searches				
1. Return to Unit Procedure				
2. Room Search Procedure				
3. Unit Search Procedure				
4. Documentation Procedure				
Campus Visitation				
1. Visitor Verification Procedure				
2. Campus Visitation Supervision Procedure				
3. Termination of Visit Procedure				
4. Documentation Procedure				
Infection Control Plan (NURSING DEPT.)				

1. Location of Infection Control/Exposure Manuals/Content Overview				
2. Location of Personal Protective Equipment				
3. Contact People to Receive Infection Control Materials				
4. Dept./Location Specific Procedures				
Subject	**Applicable/Not Applicable**	**Employee to Initial Each Topic Once(s)he Verbalizes/Demonstrates Understanding**	**Reviewer Initials & Dates each Topic Once (s)he is confident that Employee has Verbalized/Demonstrated Understanding**	
	X *or* NA	***WB***	Date	Initials
ADMINISTRATIVE TOPICS (RESIDENTIAL SUPERVISOR/UNIT COORDINATOR/SIC)				
Employee Handbook/Organizational Policies				
1. Payroll/Time & Attendance				
2. Attendance & Absenteeism Policy				
3. Scheduling/PTO Requests				
4. Staff Meeting Expectations				
5. Rest Breaks/Meal Breaks				
6. Dress Code Policy				
7. Electronic Device Policy				
8. Code of Conduct Policy				
9. Walkie-Talkie Policy				
10. Other policies				
11. Dept./Position-Specific Procedures				
12. Location of Policy Manual/Signed Acknowledgement Form				

INCIDENT REPORTING/LEGAL DOCUMENTATION/CORRESPONDENCE (RESIDENTIAL SUPERVISOR/UNIT COORDINATOR/SIC)				
Reports (QI DEPT.)				
1. Procentive Incident Reporting Form				
2. Worker's Comp/Employee Injury Form				
3. Care & Observation Reporting Form				
4. DJS Report Forms				
5. Logbook Documentation				
6. Meal Count Policy/Procedures				
7. Plan of Action (POA) Training/Documentation				
Communication (IT DEPT.)				
1. Telephone				
2. Voice Mail				
3. E-Mail				
4. Overhead Paging				
5. Mail/Notices/Memos				
6. Walkie-Talkies				
7. Cell Phones				
8. Dept./Position Specific Procedures				
Transportation				

(FACILITIES DEPT.)				
1. Driving Training				
2. Vehicle Sign Out/Sign In Procedures				
3. Driving Field Test				
4. Vehicle Refueling Procedures				
5. Dept./Position Specific Procedures				

EMPLOYEE COMPETENCY PROFILE **(RESIDENTIAL SUPERVISOR/UNIT COORDINATOR/SIC)**				
Employee Yearly Competency Evaluation (attached)				

Subject	**Applicable/Not Applicable**	**Employee to Initial Each Topic Once(s)he Verbalizes/Demonstrates Understanding**	**Reviewer Initials & Dates each Topic Once (s)he is confident that Employee has Verbalized/Demonstrated Understanding**	
	X *or* NA	***WB***	Date	Initials
JOB DUTIES PERFORMANCE ASSESSMENT (complete after 30 days of start date) **(RESIDENTIAL SUPERVISOR/UNIT COORDINATOR)**				
1. Provide close supervision of clients at all times.				
2. Ensure clients adhere to unit schedule.				
3. Communicate pertinent information regarding clients to co-workers/departments.				
4. Assist In completion of shift documentation.				
a. Logbook				
b. Shift Binder				
c. Transition Binder				
d. Incident Reports (Procentive Reporting, DJS reports)				
e. Procentive Shift Notes				
5. Counsel clients concerning social skills development.				
6. Facilitate effective RAP groups which engage clients in discussion of issues.				
7. Demonstrate therapeutic/positive affect toward clients in daily interactions.				
8. Convey approachable attitude towards all clients.				
9. Perform daily transitions with staff members coming to and leaving shift.				
10. Familiarizes self with each client's Behavioral Management Assessment.				
11. Assist clients in treatment related assignments.				
12. Participates in clinical rap groups.				
13. Conveys customer service approach towards all outside agencies, providers, caregivers, etc.				
14. Demonstrate competent non-verbal intervention skills.				
15. Demonstrates competent verbal intervention skills.				
16. Process with clients in therapeutic volume, tone, and rate of speech.				
17. Remains calm during crisis situations.				
18. Participates in all crisis interventions (verbal de-escalations and physical interventions).				
19. Demonstrates competency in crisis interventions (verbal de-escalations and physical interventions).				

20. Communicates all pertinent information to direct supervisor, nursing department, and clinical department.				
21. a. Demonstrates the ability to identify behaviors of concern, therapeutically confront, and documents all POA(s) effectively.				
b. Attempts to process all POA(s) with a client before the completion of shift on duty.				
c. Demonstrates the ability to effectively and therapeutically process POA(s) with clients.				
d. Demonstrates the ability to work with the clients to develop restitution plans that address the behavior of concern.				
e. Successfully transitions all POA(s) with the incoming shift on duty.				
22. Demonstrates competency in adhering to Meal Count procedures.				
23. Attends mandatory staff meetings and trainings as scheduled.				
24. **Dept./Position-Specific Procedures**				
a. Completes Daily Shift Assignments listed on schedule				
b.				
c.				

_____

Employee's Signature Date

_____

Residential Supervisor's Signature Date

_____

Unit Coordinator's Signature Date

Clinician Name: _____
Date of Hire: _____

Review of Procentive EMR, Clinical Database, Client Contact Logs, Treatment Plans, Psycho Social Reports, Progress Notes, Documentation Due Date List
Clinical Staff Member : _____ (Signature) Date: _____
_____

Review of Family Intake Collaboration Meeting/Report, Family Driven Initiatives, Copy of Family Handbook, Handouts for Agency workers, Family Welcome Packet and Family Handbook, Family Satisfaction Surveys, Discharge Documentation and After Care planning protocol, Outcomes surveys post discharge
Clinical Staff Member : _____ (Signature) Date: _____
_____

Review of Residential Programming, Client Handbook (unit rules, daily schedule & Wraps), Collaborative Problem Solving Model and Choice Theory Guidelines and Program Implementation. Review of Weekly Objective Goal Sheets, Periodic Review Data, Staff Team Meetings, Shift Reports

_____
Residential Supervisor (RS):_____ (Signature) Date: _____

Departmental Orientation Training Week

CANS functional Assessment, CASSI assessments, JSOAP/ERRASOR Assessments, Beacon Health Protocol/Due Dates, ADP login, PR's & Case Management Responsibilities with Parents/Agency workers, individual & group supervision schedules,
Clinical Supervisor : _____**(Supervisor) Date:** _____
_____

Review of Nursing Department, Charts & Filing, Requests for Copies, Campus Calendar, Scheduling Vision/Dental, Medical appointments, Dietary Consults
Records Specialist: _____**(Supervisor) Date:** _____
_____

Review of Environment of Care, Safety Procedures and Protocol, Work Orders, Fleet/Vehicle use, id badge and keys, map of campus
Facilities Director (EOC): _____ (Signature) Date: _____
_____

Review of Internet/Computer policy and procedures, telephones, IT support, video conferencing, Family Assistance with IT, Outlook password/sign in
Justin (IT): _____ (Signature) Date: _____
_____

Woodbourne School's Policy and Procedures, Class schedules, Incentive Program, IEP coordination & online access, Field Trips, integration and collaboration goals
Director of Education: _____ (Signature) Date: _____

Exhibit 15 Joint Commission Accreditation Letter

The Joint Commission

March 7, 2017

Tony Wilson
Associate Director
Woodbourne Center, Inc.
1301 Woodbourne Avenue
Baltimore, MD 21239

Joint Commission ID #: 1010
Program: Behavioral Health Care Accreditation

Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed: 03/07/2017

Dear Mr. Wilson:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Behavioral Health Care**

This accreditation cycle is effective beginning December 23, 2016 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

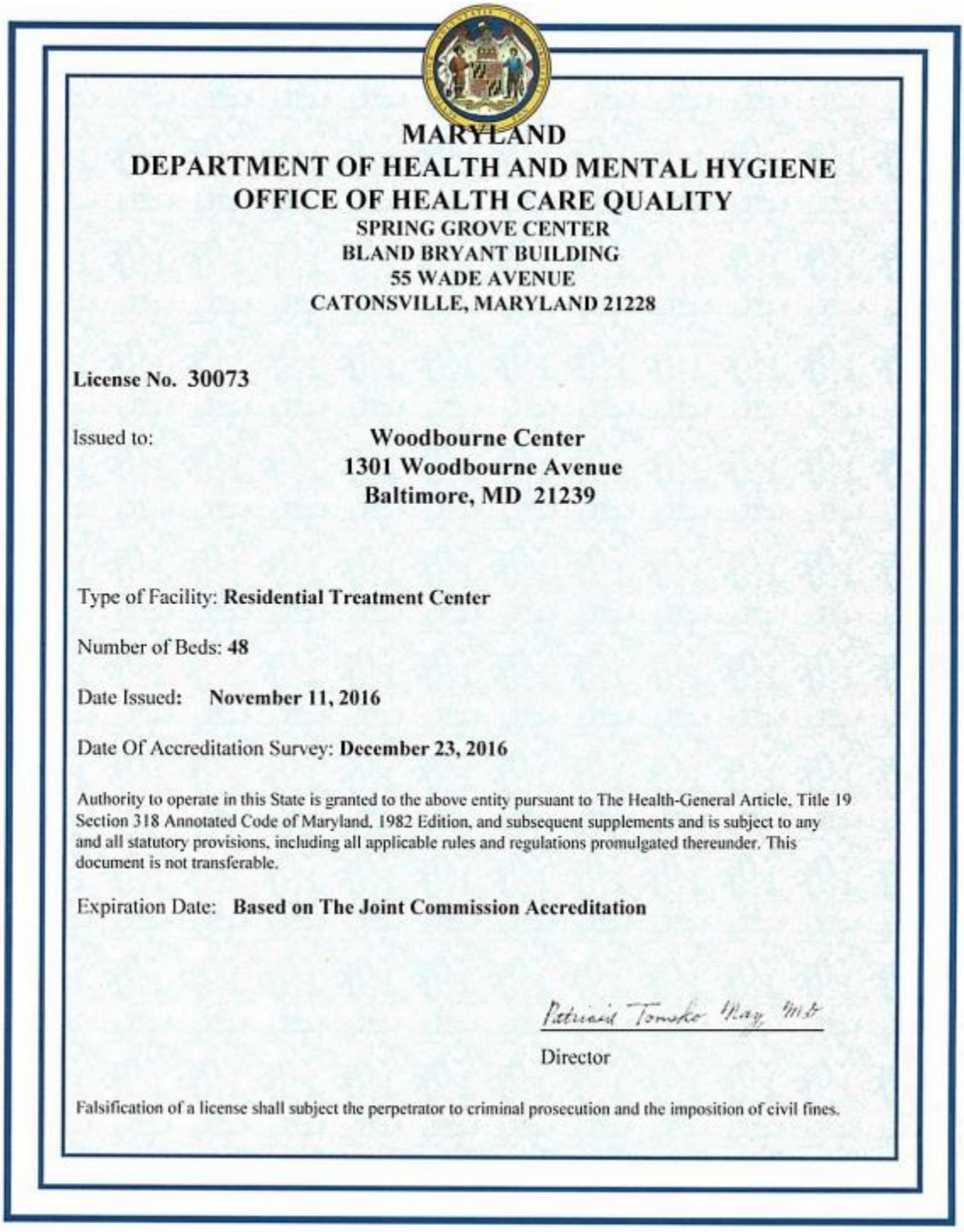
Congratulations on your achievement.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

Exhibit 16 Maryland Residential Treatment Center License



MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No. 30073

Issued to: **Woodbourne Center**
1301 Woodbourne Avenue
Baltimore, MD 21239

Type of Facility: **Residential Treatment Center**

Number of Beds: **48**

Date Issued: **November 11, 2016**

Date Of Accreditation Survey: **December 23, 2016**

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Section 318 Annotated Code of Maryland, 1982 Edition, and subsequent supplements and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Expiration Date: **Based on The Joint Commission Accreditation**

Patricia Tomsko May MD
Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

Exhibit 17 Woodbourne Center Data Points

Purpose	Performance Measure	Data	Stored	Increments Collected	Where Utilized
		Restraints	EMR Incident Report	Daily	QIP, RM, PC
		Seclusions	EMR Incident Report	Daily	QIP, RM, PC
		Aggression	EMR Incident Report	Daily	QIP, RM, PC
		Injuries	EMR Incident Report	Daily	QIP, RM, PC
		Sexual Behavior Problems	EMR Incident Report	Daily	QIP, RM
		AWOLS	EMR Incident Report	Daily	QIP, RM, PC
	Staff	Injuries	Human Resources	Daily	QIP, RM
		Family Survey	Survey Monkey	3 months, every 6 months thereafter, and discharge	QIP, PC
		Resident Survey	Paper	Quarterly	QIP, PC
		Referral Agent Survey	Survey Monkey	3 months, every 6 months thereafter, and discharge	QIP
	Civil Rights	Resident Grievances	Database	Daily	RM
		Medication Errors	Millennium	Daily	RM
		Infection Control	Spreadsheet	Monthly	RM
	Abuse and Neglect	Allegations Against Staff	Paper Forms/Safety Risk Information	Daily	RM
	Average Daily Census	Resident Totals/ Admit & Discharge Dates	EMR/ Masterlist	Intake and Discharge	RM, PC
	Length of Stay	Admit & Discharge Dates	EMR/ Masterlist	Intake and Discharge	RM, PC
	Treatment	Needs and Strengths	CANS Assessment	1 month, every 3 months thereafter	QIP, PC
		Successful/ Unsuccessful	EMR/ Masterlist	Discharge	QIP, RM, PC
		Discharge Placement	EMR/ Masterlist	Discharge	RM
		Recidivism/Discharge Sustainability	EMR Discharge Follow-Up Survey	1, 3, 6, 12 months post-discharge	QIP, PC
		Educational Attainment	EMR Discharge Follow-Up Survey	1, 3, 6, 12 months post-discharge	QIP
		Vocational Progress	EMR Discharge Follow-Up Survey	1, 3, 6, 12 months post-discharge	QIP
		Family Relationships	EMR Discharge Follow-Up Survey	1, 3, 6, 12 months post-discharge	QIP

Purpose	Performance Measure	Data	Stored	Increments Collected	Where Utilized
Service	Therapy Hours Tracking	Individual	EMR Individual Progress Note	Daily	QIP, RM
		Group	EMR Group Progress Note	Daily	QIP, RM
		Family	EMR Family Progress Note	Daily	QIP, RM
	Audits	Deficiencies	Database	Weekly	QIP
		Race/Ethnicity	EMR Resident Module	Intake	
		Age	EMR Resident Module	Intake	
		Home Jurisdiction	EMR Resident Module	Intake	
		Placing Agency	EMR Resident Module	Intake	
		Reasons for Placement	EMR Face Sheet	Intake	
		Diagnoses	EMR Face Sheet	Intake	
		Family Involvement	Survey Monkey	1, 3, 6, 12 months post-discharge	
	Turnover	Exit Interviews	Nexus HR	Quarterly	PC
	Satisfaction	Satisfaction Surveys	Excel Spreadsheet	Quarterly	QIP

QIP = Quality Improvement Plans
RM = Risk Management
PC = Program Committee