Report to
The Vermont Legislature

Report on
Long-Term Plan for Justice-Involved Youth

In Accordance with Act 154 of 2020
Sec. E. 316

Submitted to:	**Joint Legislative Child Protection Oversight Committee** **Joint Legislative Justice Oversight Committee** **Senate Judiciary Committee** **House Human Services Committee**
Submitted by:	**Sean Brown, Commissioner** **Department for Children and Families**
Prepared by:	**Judith Rex, Director of Policy and Planning** **Department for Children and Families**
Report Date:	**November 1, 2020**

VERMONT
AGENCY OF HUMAN SERVICES
Department for Children and Families

Table of Contents

Executive Summary....3

Part I: Background....3

Part II: Long-Term Plan for Justice-Involved Youth....4

Part III: Description of Becket Programs and Wells River Property....6

Part IV: Evaluation of Private Provider's Capacity and Expertise....6

Part V: Cost Comparison of Private Provider and State-Operated Secure Treatment Facility....7

Conclusion....9

Appendix A: MOU between FSD and DOC....10

Appendix B: Becket Architectural Plans....15

Appendix C: Becket's Wells River Treatment Center Proposal....21

Appendix D: RLSI Memo to DCF on Becket....30

Appendix E: Studio Nexus cost estimate of the Becket facility....33

Appendix F: Becket's proposed program budget and staffing plan....36

Appendix G: BGS cost estimate of a six-bed facility....39

Appendix H: State-run Facility Operating Cost....42

Executive Summary

AHS/DCF long-term plan for justice-involved youth is to maintain a system of care that offers a continuum of residential and treatment options that allow youth to reside and receive treatment in the least restrictive setting. This continuum of care would include an architecturally secure six-bed residential treatment program for Vermont youth under the age of 18 who are in the custody of the Department for Children and Families (DCF), are adjudicated or charged with a delinquent or criminal act and who require secure placement. This target population would include youth under the age of 18 in the custody of the Department of Corrections.

AHS/DCF is working with the Becket organization who operates a continuum of safe and supportive living and learning environments for youth ages 11-21 struggling with significant behavioral and mental health issues throughout New England. Becket owns a 280-acre property in Wells River, Vermont, with a large 3-level building and are interested in operating a secure 6-bed residential treatment program for our target population. Becket would bring a wealth of knowledge and expertise in assessment, treatment modalities, and educational/vocational services for youth with complex behavioral and mental health needs.

An evaluation of Becket's proposed building redesign, staffing plan and program description for the secure residential treatment program was conducted by the Council of Juvenile Justice Administrators (CJJA), a nationally recognized organization in the field of juvenile justice. CJJA concluded that the proposed program created a therapeutic environment for youth that promoted safety and security for youth and staff. The staffing plan is robust, and the primary theoretical orientation of the program includes well established and research-based behavioral programming.

A cost comparison of a privately-run (Becket) and a state-run secure six-bed program with "no reject/no eject" service capacity was conducted including a cost comparison with the Woodside facility. A privately-run facility is more likely to be able to draw down federal Medicaid dollars for the clinical components of the program but would not include room and board.

Cost	**Woodside**	**Privately- run program/facility - Becket**	**State-run program/facility**
Construction/renovation for secure 6-bed facility	N/A Note: Woodside settlement agreement only allowed 5 beds to be used at time of closure	$3,130,750 in renovations to existing building	$5,298,233 to build a new facility (does not include purchase of land)
Staffing and Operations	$5,880,143	$3,885,662	$5,499,409
Daily Cost Per Bed	$3,222	$1,774	$2,511
Completion Date	Closed August 2020	October 2021	May 2025

Part I: Background

Sec. 316(b) of Act 154 directs the Agency of Human Services (AHS) to submit a long-term plan to legislative committees for the following target population: Vermont youth who are in the custody of the Department for Children and Families (DCF), are adjudicated or charged with a delinquent or criminal act, and who require secure placement.

The parameters of the long-term plan are laid out in subsections (b)(1) and (b)(2):

The long-term plan to provide ongoing residential treatment and services to the target population shall:

(1) continue to adequately fund alternative programs and placements for the target population, including those programs and placements that currently accept such youth; and

(2) provide placements for all youth under 18 years of age who are in the custody of the Department of Corrections and who have historically been placed at Woodside Juvenile Rehabilitation Center instead of a Department of Corrections facility pursuant to the memorandum of understanding between the Department for Children and Families and the Department of Corrections.

Subsection (c)(1) directs AHS, in consultation with the Joint Fiscal Office (JFO), to conduct a cost comparison including available federal matching funds associated with contracting a private provider of youth treatment services to operate a secure facility for the target population with the costs associated with the State operating a similar facility. This cost comparison will include the following:

(1) (A) the "no reject/no eject" service capacity need for both the contract service arrangement and the State-operated facility; and
(B) an evaluation of any construction and renovation costs necessary for a contracted provider of residential treatment services or the State;

(2) evaluate the capacity and expertise of the contracted provider of residential treatment services to successfully operate a program appropriate for the target population, including:

(A) conducting a treatment model evaluation;
(B) determining whether the model is evidence-based, strength-based, trauma informed, and focused on restorative practices; and
(C) evaluating the cultural competency training of staff; and

(3) include the results of the cost comparison and capacity and expertise evaluation required by this subsection in its report pursuant to subsection (b) of this section.

The purpose of this report is to provide the long-term plan for serving the target population, a description of Becket's programs and their Wells River property, an evaluation of the Becket's capacity and expertise to successfully operate a secure residential treatment program and a cost comparison of contracting with Becket to operate a secure residential treatment program versus a similar state-run facility.

Part II: Long-Term Plan for Justice-Involved Youth

AHS/DCF's system of care for youth under the age of 18 who are in DCF custody involves families, foster care homes, therapeutic foster care homes, residential treatment programs, Psychiatric Residential Treatment Facilities (PRTF) and up until August 27, 2020, the Woodside Juvenile Rehabilitation Center. Woodside was Vermont's only architecturally secure residential treatment program which is now permanently closed.

To address the closure of Woodside, DCF has made changes to the acute end of the AHS/DCF system of care in order to best meet the needs of these youth, including:

- Establishing "Turtle Rock", a Washington County Mental Health capacity of two beds dedicated to support DCF's high acuity youth. One bed came on-line at the beginning of December 2019, the second bed came on line in February 2020. A caveat of this program is placement can be for 2 children under 12 or 1 adolescent youth.

- Enhancing Vermont School for Girls residential treatment options, with the addition of four new acute level beds to serve young women. These four beds have been available since November 1, 2019. The population served by this program would not have been placed at Woodside but does provide a quicker psychiatric placement thus avoiding prolonged waits in emergency rooms.

- Expanding the capacity of the SEALL Depot Street program, from 12 to 18 beds, establishing the Horizon Apartment, and effective November 1, 2020, converting 4 of these beds into beds for youth who otherwise would have gone to Woodside.

- Establishing a contract effective November 15th, 2020 with the Sununu Youth Services Center (SYSC), New Hampshire for secure treatment for Vermont youth during this interim period.

For the long-term plan to serve justice-involved youth, AHS/DCF is proposing a new 6-bed secure residential treatment program for those Vermont youth who are in the custody of DCF, are adjudicated or charged with a delinquent or criminal act, and who require secure placement. This program would also serve youth under the age of 18 in the custody of the Department of Corrections (DOC) who would have historically been placed at Woodside pursuant to an MOU between DCF and DOC. The current MOU can be found in appendix A.

AHS/DCF plans to contract with a private provider (Becket) to renovate a building they own in Wells River, Vermont and operate a licensed 6-bed secure residential treatment program to serve this target population. Becket has considerable experience and expertise in operating residential treatment programs for children and youth, both in Vermont and throughout New England. Information about the Becket organization is provided in Part III of this report. The evaluation of Becket's treatment model and programming at the proposed facility is addressed in Part IV of this report. The cost of renovations and operating this facility is addressed in Part V of this report and includes a cost comparison to a state-run facility and program.

AHS/DCF will continue to utilize alternative programs that make up our system of care and is exploring other types of placements to meet the unique treatment needs of this target population. Vermont's system of care is grounded in the belief that youth reside and receive treatment in the least restrictive setting. As such, we must maintain a continuum of residential treatment placements that includes an architecturally secure treatment program for those youth who need this level of care but gives us the flexibility to move the youth to a less restrictive placement when the youth is ready. Most community-based residential treatment programs in Vermont are funded through Private Non-medical Institutions (PNMI) funding or through AHS/DCF contracts. Programs we utilize include: Vermont School for Girls, Depot Street, Windsor County Youth Services, Brattleboro Retreat Programs (Linden Residential Treatment Center), Onion River, Howard Center (Park Street and the Transition House), Washington County Mental Health programs, Laraway and NFI residential programs.

AHS/DCF's plan is to utilize the Becket secure residential treatment program as part of our continuum of care when needed on a short-term basis, preferably no longer than 4-months[1] or until the youth is stabilized and is able to be placed in a less restrictive setting that meets their treatment needs. Part of the program will include mental health evaluations to assist in making the best determination of the youth's needs. AHS/DCF's budget for these alternative programs and placements (including out-of-state placements) is constantly shifting based on the number of cases, the level of youth acuity and the cost per case specific to the residential treatment program that is able to meet the treatment needs of the youth in the least restrictive setting.

To ensure proper clinical oversight, DCF has created a Clinical Director position (a Licensed Psychologist) to assess the presenting needs of all youth in DCF custody in residential care. That assessment focuses on how to effectively transition these youth to community-based and family-centered care as soon as it is therapeutically indicated. This position will also provide oversight of the Becket clinical program at the secure facility site and will work closely with the DCF Family Services Division's (FSD) Specialized Services Unit to ensure youth placed at the secure facility are receiving the appropriate level of care in the least restrictive environment. The Becket facility in Wells River also has the potential and space to expand beyond the secure program. Possible expansion could create residential units that are staff secure as well as apartments to prepare youth for independent living, if appropriate. This would give youth the opportunity to transition from the secure program to greater independence which we believe may offer an incentive for youth to engage in the program and their treatment plans.

It is important to point out that the landscape of residential care for children in custody will be changing due to the passage of the Family First Prevention Services Act (FFPSA). This Act places multiple, significant conditions on the receipt of federal IV-E dollars for the care of custodial children and youth in residential treatment programs. Beginning on October 1, 2021 the continued support of residential treatment by federal Title IV-E match dollars will be contingent on those placements meeting Qualified Residential Treatment Programs (QRTP) standards. These standards will require an independent licensed clinician's approval of the placement within 30 days, and that the evaluation be accepted by a court approved body within 60 days of placement. These assessments and

[1] DOC youth may have longer length of stays.

approvals will have oversight and facilitation by the newly created properly credential Clinical Director position.

Part III: Description of Becket Programs and Wells River Property

The Becket organization operates a continuum of safe and supportive living and learning environments for youth ages 11-21 struggling with significant behavioral and mental health issues. They operate residential programs in Maine, New Hampshire, and Vermont. These programs provide assessment, stabilization, crisis support, teach safe and productive coping skills, and develop transition plans that ensure youth and their families are connected to long-term community supports. Additionally, in close proximity to the proposed Wells River site are a number of N.H. residential treatment programs that specialize in the following:

- Comprehensive assessment and short-term treatment
- Outdoor adventure-based treatment
- Specialized programs for youth with problematic sexual behaviors
- Enhanced residential treatment for youth who have struggled to complete other traditional treatment programs
- A sub-acute program for youth with trauma histories that offers the most intensive residential treatment
- A program serving youth with co-occurring mental health conditions, trauma, and neurobehavioral dysfunctions

Becket also operates therapeutic schools (Ashuelot Valley Academy and Squamscott River Academy) which includes services to help non-traditional students engage with the K-12 public school environment.

In Vermont, Becket operates the Vermont School for Girls and the New England School for Girls, collectively known as Vermont's Permanency Initiative (VPI) South.

The Wells River property formerly housed the Vermont Assessment Center which closed in September of 2020. This site is a 280-acre property in a rural setting of forest and fields that was once a Bed and Breakfast Inn. It has scenic views of the mountains and has a large pond with a network of wilderness trails and wildlife areas. We feel the combination of the physical setting and the re-design of the building to accommodate a six-bed secure residence will provide a therapeutic environment where youth can grow, learn, and thrive.

Becket can bring a wealth of knowledge and expertise in assessment, treatment modalities, and educational/vocational services for youth with complex behavioral and mental health issues to the proposed secure Wells River Treatment Center. We are also exploring the possibility of utilizing the expertise of staff from their NH and VT programs when needed at this new program or having youth at the secure treatment program transition into some of their treatment and educational programs when needed.

Part IV: Evaluation of Private Provider's Capacity and Expertise

The Council of Juvenile Justice Administrators (CJJA) is a national non-profit organization, formed in 1994, to improve juvenile justice systems, services, programs and practices in an effort to improve long-term outcomes for juvenile justice involved youth and their families. CJJA provides national leadership and leadership development for those individuals responsible for these systems and for the youth entrusted to their care.

The mission of CJJA includes a focus on improving conditions of secure care/confinement through transforming culture, atmosphere, and environments to promote effective care and treatment, and improve youth outcomes while addressing restorative justice practices and community safety. This is accomplished through educational opportunities, research, and technical assistance projects. CJJA provides educational sessions on best practices and evidence-based approaches, including presentations at conferences hosted by and in collaboration with other national organizations. CJJA utilizes research and data to disseminate pertinent written materials to the public and policymakers about the issues in juvenile justice, most importantly understanding juvenile justice involved youth and their needs and by conducting national webinars and trainings for all juvenile justice professionals.

AHS/DCF asked CJJA to evaluate Becket's proposed preliminary architectural design and program description for the secure Wells River Treatment Center. The preliminary architectural plans can be found in Appendix B. The preliminary program description can be found in Appendix C.

CJJA's Evaluation

Building design was reviewed and analyzed utilizing criteria and measures to meet national best-practice standards for creating a therapeutic environment for youth that also provides safety and security for youth and staff. The plans reviewed are comprehensive and offer a unique design to meet these goals in a positive, healthy, therapeutic environment.

An extensive review was completed regarding the proposed staffing schedule and positions and was found to be exceptionally strong in its potential to provide the supervision, care and treatment needed for this target group.

CJJA has provided consultation and evaluative review of the private provider's proposed initial program description designed to meet the needs of Vermont's at-risk youth needing secure residential treatment. The program offers comprehensive validated screening and evaluative tools that are nationally recognized as evidence-based and best practice in the field of mental health, and effective in adolescent treatment.

The primary theoretical orientation of the program includes well established, research-based behavioral programming that addresses the unique needs of this particular population. It is strong in trauma-informed and trauma-responsive care and includes components designed to treat complex trauma in youth and families. It also addresses the subsequent difficulties in interacting with others and the community in pro-social ways. The behavioral model identified in the program description has a solid foundation in positive youth development and sound positive reinforcement components. This program balances restorative justice practices that encourage youth responsibility for behaviors, opportunities for repairing harm, and learning new skills to meet needs in socially acceptable ways. The proposed model encourages positive youth development, promotes strong family engagement strategies, provides community/public safety and improved quality of life for youth determined to need this level of care.

Staff training includes the critical importance of relationships as the foundation of youth care and healing and improved prognosis for healthy change and growth in youth. Staff wellness and life balance is a key focus of training. CJJA places a high value on staff wellness, training and skills development as these are key measures in improving the culture and atmosphere of a secure facility and recognizes that each of these factors plays a role in reducing incidents of violence, isolation and the use of force/restraints which typically occur in this type of setting. Staff education includes enhanced instruction in cultural awareness and competence.

Residential Licensing and Special Investigations (RLSI) Unit Review

AHS/DCF also asked FSD's Residential Licensing and Special Investigations (RLSI) Unit to provide a synopsis of Becket's capacity and expertise to successfully operate a program for the target population using the criteria laid out is subsection (c)(2)(A)(B)(C). A complete copy of this synopsis can be found in Appendix D. To summarize, RSLI gives a very favorable evaluation of Becket's treatment models and documents many of the evidence-based and trauma-informed approaches utilized at their Vermont programs.

Part V: Cost Comparison of Private Provider and State-Operated Secure Treatment Facility

In order to provide a cost comparison, CJJA contracted with Studio Nexus, an architectural firm in White River Junction, Vermont who worked with Becket and CJJA to come up with a design plan for the Becket property in Wells River. Once the preliminary design plans were completed, DCF shared these plans with BGS to estimate the cost of building a similar six-bed facility. Studio Nexus provided an estimate of probable cost for their design plan.

Both the Becket-operated facility and the state-operated facility were designed to be sufficiently physically secure in order to operate a "no reject/no eject" program. If DCF contracts with Becket for a secure residential treatment

program, then the following language would be included in the agreement: "No right of refusal or discharge other than in pre-determined psychiatric or medical emergencies."

Becket submitted a proposed staffing plan and budget for their Wells River Treatment Center. The DCF Business Office used the Becket staffing plan as a template since each are operating a six-bed facility, but the staffing cost was adjusted to reflect the classified state employee cost associated with each of those positions. To estimate the operating and contractual cost for the new state-run facility, the Business office used what was previously budgeted for Woodside which may be a high estimate.

Private Provider (Becket) Secure Treatment Facility

The Becket property in Wells River is a three-story building that they are proposing to renovate into a six-bed secure residential treatment program. The design plan in Appendix B shows the floor plan for each of the three levels along with the east and west sides of the building's exterior. The secure program will utilize all the lower level floor plan and part of the main level floor plan to include the kitchen, dining room, family room, intake/admission, clinical office, nursing office and gym. The remainder of the main floor (great room and offices) and the upper floor will not be part of the secure facility. There will be fenced-in outdoor space including a basketball court for youth to access. The floor plans are clearly marked with the function of each room.

The cost of renovating the Wells River property using the preliminary design plan in Appendix B is estimated by Studio Nexus at $2,482,750. Additional costs of architecture and engineering fees ($198,000) and a contingency fee of 18% ($450,00) brings the total to $3,130,750. The contingency fee is high because the design plans are still preliminary and could change as the Architects refine the details of their plans. Additional detail on the Studio Nexus cost estimate can be found in Appendix E.

DCF asked Studio Nexus to provide a time line for project completion if approved by the Legislature with a start date of December 1, 2020.

DESIGN AND CONSTRUCTION SCHEDULE

Design Development & Construction Documents, 9 weeks: 12/1 – 1/29/2021
Agency Review and drawing revisions, 4 weeks: 2/1 – 2/28/2021
Construction Bidding and Permitting, 4 weeks: 3/1 – 3/26/2021
Construction, 7 months: 3/29 – 10/29/2021

Becket provided DCF with a preliminary staffing plan and budget to operate the program which can be found in Appendix F. The cost of operating a privately-run secure treatment facility is $3,885,662. This translates into a rate per bed of $1,774/day. It is important to note that due to time constraints, DCF has not done a careful analysis of their budget and Becket is open to feedback and changes to their proposed staffing plan. DCF has also asked BGS to review both Studio Nexus and Becket's cost estimates for the Well River Treatment Center.

State-Operated Secure Treatment Facility

BGS prepared a cost estimate for building a new six-bed Juvenile Treatment Facility. Their estimate included site work and construction but did not include land purchase. Their estimated cost is $5,298,233. Additional detail on how BGS arrived at this figure can be found in Appendix G.

The DCF Business Office prepared an annual budget for a state-run facility based on their knowledge and cost of operating the Woodside facility. They used the same staffing plan that Becket used in their proposal but adjusted for the classified state employee cost associated with each of those positions. Operating cost and contracts were taken from the Woodside budget. There may be cost savings in both operating and contracts that can be achieved with a new facility. The annual cost of operating a state-run facility is $5.5 million.

State Run Facility	
Staffing	$ 3,952,001.00
Operating Costs	$ 675,653.00
Contracts & Grants	$ 634,587.00
Total	$ 5,262,241.00
+ CJJA Contract	237,168.00
Total State-Run Cost	$ 5,499,409.00

Federal Matching Funds

DCF consulted with the AHS Medicaid Policy Unit about possibly drawing down federal matching funds for both a privately-run and a state-run secure residential treatment program. The current federal regulations restricting Medicaid funds for detention facilities likely prohibits a state-run facility from leveraging Medicaid funding.

The Becket program may have the potential to draw down Medicaid funding for the clinical services they provide to youth. Should the state pursue Medicaid funding for clinical services, an appropriate rate would need to be developed and the appropriate clinical staff would need to deliver the services. These steps would not be in place for SFY22 but could be pursued once the program is operationalized. It should be noted however that the relative potential General Fund offset would be limited as Medicaid does not allow room and board to be included. The Becket Program may be able to leverage Medicaid for room and board in the future if the program operates as a Psychiatric Residential Treatment Program (PRTF). It would take extensive time for the program to explore becoming a PRTF and Becket would have to choose to meet those regulatory requirements. DCF also researched Title IV-E federal funds, these regulations restrict funding to secure facilities under the detention language. DCF does not believe a state-run nor a privately-run program would be eligible for matching funds.

Conclusion

AHS/DCF's recommendation is to renovate the Becket property in Wells River, Vermont into a six-bed secure residential treatment program for the target population. The state would lease the property and facility from Becket. DCF would negotiate a separate contract with Becket to operate the facility. Contractual issues such as education/special education, cultural competence, trauma-informed care, staff training, minimal staffing levels, use of restraint and seclusion, and family and community involvement would be addressed to ensure the safety and security of youth and the provision of high quality behavioral and mental health treatment and care. AHS/DCF believes Becket has the expertise and skills needed to run this secure program and can draw from their experience running numerous residential and educational programs throughout New England.

AHS/DCF has been cautious to enter into contract negotiations with Becket until the legislature provides additional guidance on their preference of a privately-run versus a state-run facility. Once that determination has been made, DCF will move forward in that direction as quickly as possible and should have a solid plan of action by January 1, 2021.

Appendix A: MOU Between FSD and DOC

INTERDEPARTMENTAL AG R E E M E N T

Access to Woodside Juvenile Rehabilitation Center for Youth under the Jurisdiction of the Department of Corrections

---

Introduction

The Department for Children and Families, Family Services Division (DCF-FSD) operates the Woodside Juvenile Rehabilitation Center. Woodside is primarily used for placement of youth who have been charged with a delinquency or adjudicated delinquent and require a secure setting. Woodside is licensed for a maximum capacity of 30 youth.

Woodside is intended to serve youth in the delinquency system and in the custody of the Commissioner of DCF. Under the terms of this MOU, Woodside will also serve certain youth who are the legal responsibility of the Department of Corrections (DOC) and are appropriate for the services offered at Woodside.

DCF and DOC enter into this Interdepartmental Agreement to outline the circumstances in which youth in DOC custody may be placed at Woodside.

Statement of Need

Youth under 18 years of age are placed in the custody of the Department of Corrections while criminal proceedings are pending. Federal and state law restricts the housing of youth charged or convicted who are under the age of 18 in facilities used for the incarceration of adults. DOC must make alternative arrangements for the housing of these youth individuals. This may include placement at Woodside or another appropriate facility.

Eligibility Requirements

A youth in the custody of the DOC is eligible for placement at Woodside in the following circumstances:

i) The youth is under 18 years old and is charged or convicted as an adult; and
ii) the Commissioner of Corrections or designee has determined the youth is in the custody of DOC and requires detention or containment; and
iii) The youth can be effectively housed at Woodside; and
iv) The youth meets medical necessity as determined by the Certificate of Need.

Procedure Intake for all DOC Referrals

1. When DOC has an eligible youth in custody who it wishes to place at Woodside, the DOC Commissioner or designee shall contact the DCF Commissioner or designee and request placement. Additionally, the DOC Commissioner or Designee shall provide the DCF Commissioner or designee with information about the youth, the offense, and any related court documents.

2. The DCF Commissioner or designee will promptly review the material submitted by DOC

and render a decision in consultation with the Woodside Director. That decision will be communicated to the DOC Commissioner or designee. If admission is to occur, the DOC representative will make arrangements with the Woodside Director or designee as per Procedure to Access Woodside.

3. The Director of Woodside or designee and the DOC Director of Classification and Designation will formalize admission with the completion of furlough papers, medical permissions and other necessary releases.

4. Within the five business days of placement, the DCF Commissioner or Designee and the DOC Commissioner or designee will convene a treatment team meeting for the youth that will consist of appropriate DOC and DCF-FSD representatives. The Treatment Team will complete a written plan of services (Attachment A) including anticipated discharge date and plan.

   When the Treatment Team is convened, if it is determined the youth does not have a legal guardian who is authorized to obtain educational records, then the Director of Program Services or designee will facilitate the procurement of educational records. The records will be shared with the Woodside Education Director or designee.

Posting Bail and Release

If a youth is held for lack of bail anyone wishing to post the bail will pay at the court house during normal business hours. After hours, bail will be accepted at the Chittenden Regional Correctional Facility. After bail is received communication between CRCF and Woodside will occur to inform Woodside of the ability of youth to be released and to whom. The bail receipt, and conditions of release will be scanned and electronically delivered to the Woodside facility.

Discharge

Discharge consideration and/or date will be determined by the DCF Commissioner or designee in consultation with DOC Commissioner or designee.

The DCF Commissioner through the DCF Residential Services Director or designee may terminate a DOC placement when:

- There are concerns about over population of Woodside.

The DCF Commissioner through the Woodside Director or designee may recommend the termination of a DOC placement when:

- The youth does not meet the Certificate of Need requirement for continued placement, in which case they will be discharged within 72 hours; or
- In the DCF Commissioner or designee's judgment, the placement is no longer compatible with the Woodside juvenile population.

In the circumstance where the recommendation is termination, the Woodside Director will call together (in person or by phone) an administrative team meeting, which will include DCF-FSD and DOC representatives including, but not limited to, the

DCF Residential Services Manager, DCF Juvenile Justice Director, DOC Classification Designation and Facility Director, and the DOC Director of Field Services or designees. At least one representative from each Department will participate, the meeting will not be delayed due to the ability of all named to be present.

Should DCF-FSD terminate a DOC placement, DCF-FSD shall endeavor to give DOC at least forty-eight hours of notice. Immediate discharge may be required to permit the placement of high risk DCF youth who require secure placement. Notification about the termination of placement will be given to the DOC Director of Classification Designation and the DCF Residential Services Manager.

General Agreements

1. If approved for Woodside placement, the youth may remain at the facility until their 18th birthday. Under no circumstances shall a youth in the custody of DOC over the age of 18 reside at Woodside. DOC will pay for all services provided to the youth not included in the Woodside program or not covered by Medicaid or other insurance. Such services, and their cost, shall be outlined in the youth's plan of services. Commissioners' designees may negotiate further cost sharing in particular circumstances as necessary.
2. The DOC Director of Corrections Education or Designee shall be responsible for the coordination of educational information and services by-working collaboratively with Woodside staff and Local Education Agency (LEA) of residence.
3. If there is a medical emergency involving a DOC youth, Woodside shall seek treatment for the youth and contact DOC (CRCF) immediately.
4. This agreement is for the benefit of the two parties only and does not convey third- party beneficiary status on anyone.
5. No youth committed to the DOC shall have any right under this agreement to petition the DOC, the DCF-FSD, or the courts to seek placement at Woodside.
6. Upon request by DOC, DCF-FSD shall provide access to DOC of all DCF records that are specifically related to youths detained at Woodside pursuant to this agreement. DCF-FSD may redact all information that references other youth under its care.
7. This Interdepartmental Agreement may be cancelled by either the Commissioner of Corrections or the DCF Commissioner with a thirty-day written notice.
8. This Interdepartmental Agreement is effective until cancelled.

Commissioner - Department for Children and Families — Date: 6/22/18

Commissioner – Department of Corrections — Date: 6/22/18

Attachment A

PLAN OFSERVICE

Youth's Name

Date of Birth

Treatment Plan Date

Treatment Plan Review Date

Area of Interest	Actions to Be	Responsible Parties
Custody/Legal		
Housing		
Transport		
Education		
Medical/Mental Health		
Case Review/Planning		Core Team Members: DOC CSS Woodside Family Services Worker (DCF-FSD) Mental Health (DCF/DOC) Education (DCF/DOC) Adjunct as indicated
Victim Services		

It is understood and agreed that circumstances and conditions affecting this plan of service are subject to change. Modifications and changes maybe verbally agreed to by the Parties as deemed necessary or at subsequent team meetings.

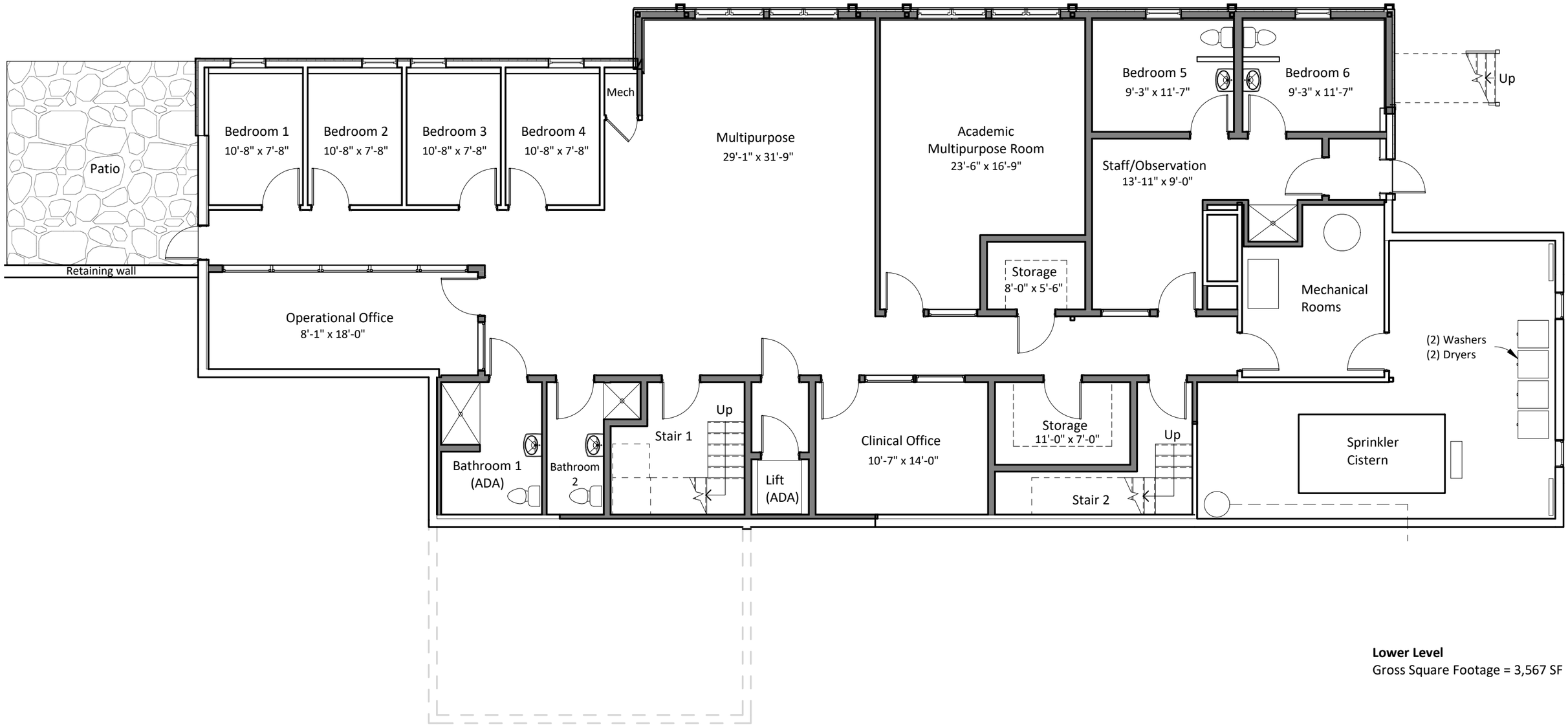
DOC Representative

Correctional Case Services Specialist

DCF-FSD Representative

Residential Services Manager

Appendix B: Becket Architectural Plans



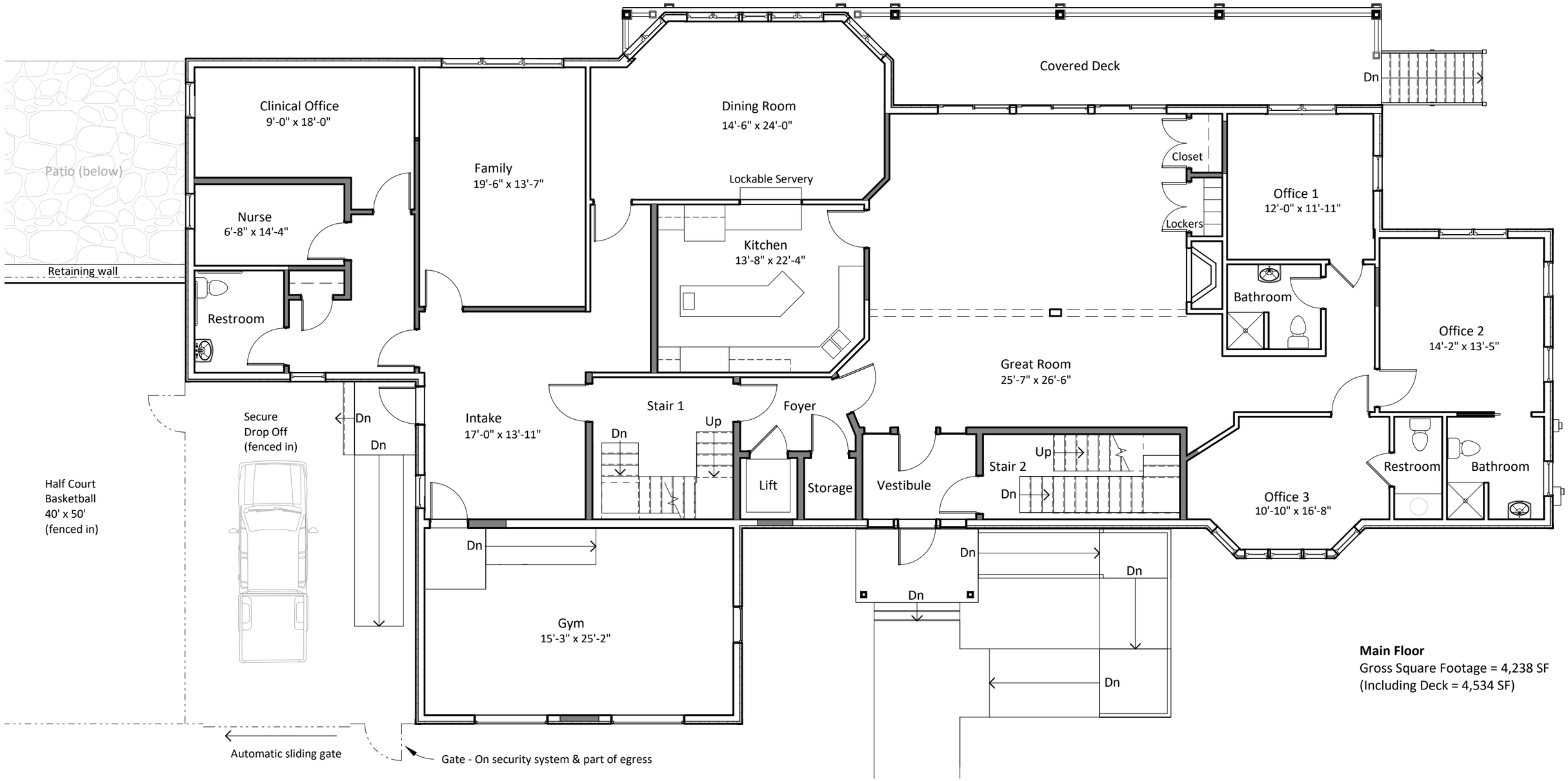
Lower Level
Gross Square Footage = 3,567 SF

STUDIO NEXUS
ARCHITECTS + PLANNERS
PO Box 275, White River Junction VT 05001
802 275 5110 | www.studionexusarch.com

Vermont Secure Juvenile Treatment Center

0' 4' 8'

Lower Level Floor Plan
SD1
October 15, 2020
1/8" = 1'-0"



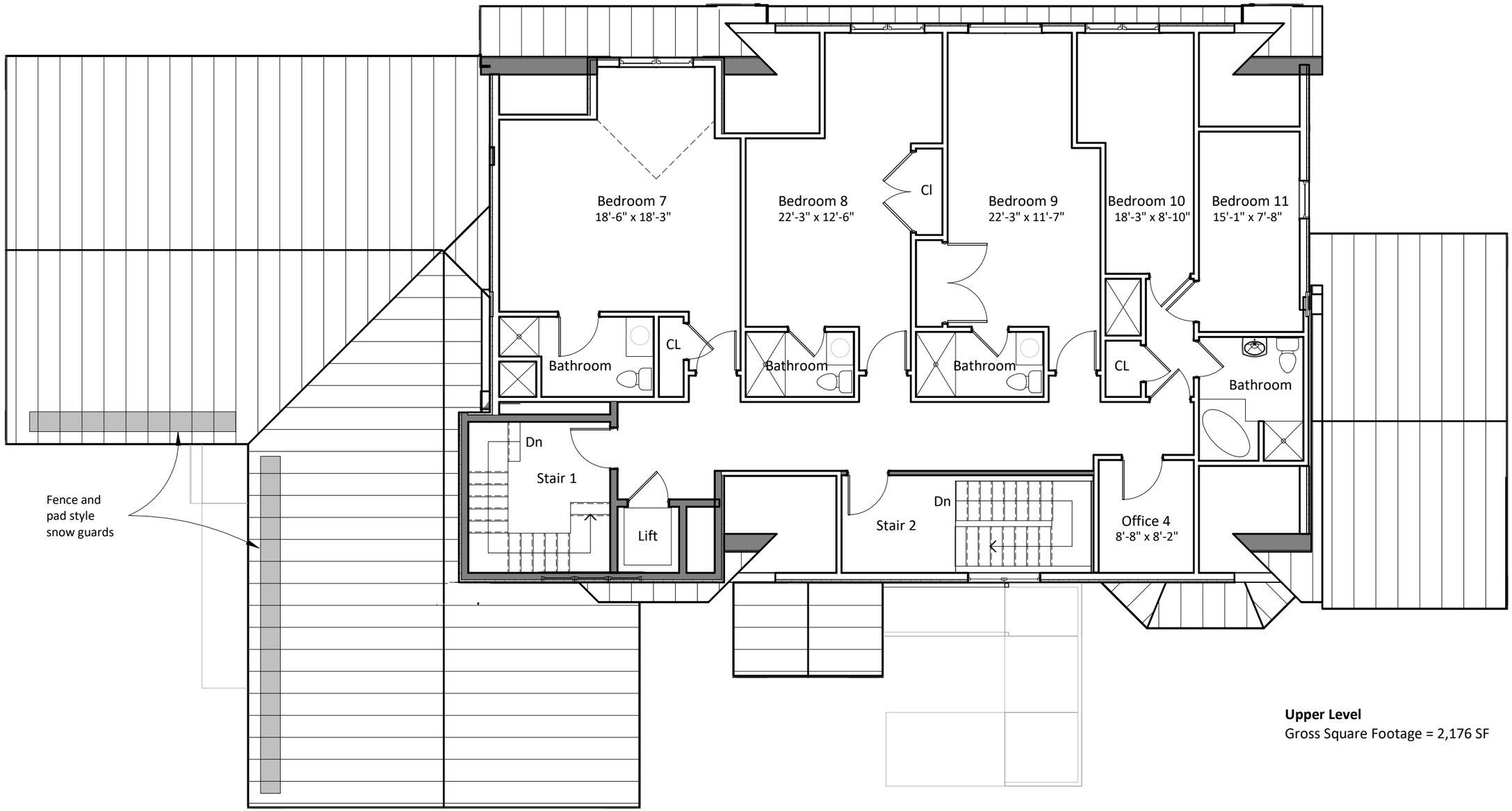
Main Floor
Gross Square Footage = 4,238 SF
(Including Deck = 4,534 SF)

STUDIO NEXUS
ARCHITECTS + PLANNERS
PO Box 275, White River Junction VT 05001
802 275 5110 | www.studionexusarch.com

Vermont Secure Juvenile Treatment Center

0' 4' 8'

Main Level Floor Plan
SD2
October 15, 2020
1/8" = 1'-0"



Upper Level
Gross Square Footage = 2,176 SF

STUDIO NEXUS
ARCHITECTS + PLANNERS
PO Box 275, White River Junction VT 05001
802 275 5110 | www.studionexusarch.com

Vermont Secure Juvenile Treatment Center

0' 4' 8'

Upper Level plan
SD3
October 15, 2020
1/8" = 1'-0"

STUDIO NEXUS
ARCHITECTS + PLANNERS
PO Box 275, White River Junction VT 05001
802 275 5110 | www.studionexusarch.com

Vermont Secure Juvenile Treatment Center

0' 4' 8'

Proposed West Elevation

SD4

October 15, 2020

1/8" = 1'-0"

STUDIO NEXUS
ARCHITECTS + PLANNERS
PO Box 275, White River Junction VT 05001
802 275 5110 | www.studionexusarch.com

Vermont Secure Juvenile Treatment Center

0' 4' 8'

Proposed East Elevation

SD5

October 15, 2020

1/8" = 1'-0"

Appendix C: Becket's Wells River Treatment Center Proposal

Wells River Treatment Center

Preliminary Program Description

Submitted by Jeffrey Caron, M.Ed., CAGS, President MPA/VPI

&

Laurae Coburn, Ph.D., LCMHC, NCC, LADC, Vice President VPI

October 22, 2020

The proposed Wells River Secure Care Facility will meet the safety and stabilization needs of up to 6 male Vermont youth ages 12-19 through trauma informed care and rehabilitative behavioral interventions that encourage the development of accountability, critical thinking and responsible decision making. The goal of the program is to stabilize high-risk youth with complex needs including juvenile justice involvement. Therefore, a major program development consideration is the likelihood that the youth to be served are survivors of trauma and may have comorbid psychiatric disorders such as anxiety disorders, mood disorders, attention deficit disorders, oppositional defiant and conduct disorders, posttraumatic stress disorder, and substance use disorders. Additionally, it is likely that a subset of these youth thus have developed demonstrated resistance to positive behavior change. Finally, it is critical that a systemic model be in place to serve as a foundation for treatment that supports the development of positive relational aspects of treatment such as attachment and consistent and effective caregiver response and support.

The Wells River Secure Juvenile Treatment facility will utilize a programming model that is evidence-based, trauma informed and in alignment with the Prison Rape Elimination Act (PREA) guidelines. An understanding of adolescent brain development is also central to the development of programming. For many juvenile justice involved youth, abuse, neglect, traumatic experiences and disadvantaged economic circumstances often result in the development of poor judgement, high levels of risk taking, and an underdeveloped sense of empathy that contribute to behaviors that can be defined as anti-social in nature. Programming informed by an understanding of adolescent brain development and disruptions to social development, particularly as it relates to executive functions and trauma response, is an important element of treatment and may lead to an increase in pro-social behavior. Therefore, multiple elements of the proposed programming model are informed by concepts related to the neurobiology and social influences of adolescent youth development.

Trauma Informed Admission/Intake Process

The program will utilize a comprehensive intake process incorporating a variety of materials which are carefully reviewed and assessed in order to individualize treatment planning efforts. Our team; led by a licensed clinician, will consider the unique challenges of each individual and give direction regarding treatment approaches and accommodations that will afford youth the opportunity for a smooth and supportive transition into the program. As such, residents will be offered the opportunity to call parents and/or guardians once safety and stability needs area assessed. The initial family or guardian contact will include the creation of a Personal Safety Plan (PSP). This is intended to engage

youth and family immediately upon intake by utilizing their input and thoughts in creating a plan that will inform staff about possible triggers, helpful coping skills and offer a way in which to individualize a communication approach that is trauma informed. This effort as well begins the process of listening and valuing recommendations from the youth and family and will promote healthy communications that will in turn minimize or eliminate the need for crisis intervention. Upon intake, residents will meet intake staff and receive a health screening, brief mental status exam, and assessment of immediate needs. Admission staff will also conduct a search of youth and his possessions upon admission as is consistent with licensing regulations for secure facilities. All searches will be the least intrusive type necessary while satisfying the safety and security needs of the facility and the youth and will be conducted by a staff member who is the same gender as the youth. If there is reasonable suspicion that the youth has on his person; contraband, weapons, or other items that present a threat to the safety and security of the facility youth may be searched by medical personnel or at the ED . Strip searches will not be utilized as a safety precaution by program staff. In determining the level of search of youth, factors including the following will also be considered: current charges involving violence, use of weapons, drug related charges, or prior history that includes, arrests, charges or convictions of the aforementioned factors.

Mental Health Screening and Comprehensive Assessment

Early in the intake process, youth will receive a mental health screening and preliminary assessment. When the assessment indicates further risk factors are present, the PSP will be enhanced to include more detail as discovered to include more comprehensive information regarding triggers, warning signs, additional coping skill suggestions and actions to be taken to respond to identified risks. It shall also include preferred individualized interventions that consider mental health and medical concerns. The youth and family will be the primary creators of the treatment/life plan. This plan will be informed as well by the clinician's development of a thorough biopsychosocial assessment inclusive of base line data and information to support ongoing development and implementation of treatment and behavior plans. Additional assessments will include the Child and Adolescent Functional Assessment Scale (CAFAS) and the Child and Adolescents Needs and Strengths (CANS) Instrument. The CAFAS is used to assess current impairments in functioning relative to eight identified domains: School/Work, Home, Community, Behavior Toward Others, Moods/Emotions, Self-Harmful Behavior, Substance Use and Thinking. The administration of the CAFAS not only supports risk assessment but also is designed to determine overall treatment needs and focus. The CANS Instrument will also be administered to assist with service planning and monitoring of outcomes. Ongoing assessment and observations will be

thoughtfully utilized, and the level of service and individual treatment plan will be developed and adjusted accordingly in order to meet the specific needs and goals of each youth. Psychiatric consultation will be available for periodic assessment and monthly medication management. The following narrow band assessment instruments may be administered if therapeutically indicated: Beck Depression Inventory-II (BDI-II), Multidimensional Anxiety Scale for Children-2 (MASC-2), UCLA PTSD Reaction Index for Children/Adolescents, DSM-5 Level 2 Sleep Disturbance Measure, DSM-5 Conduct Disorder Scale (CDS), Jesness Inventory- Revised (JI-R), Adolescent Substance Abuse Subtle Screening Inventory-2 (SASSI-A2).

Treatment Plan Process Created with Youth and Family/Caregivers

We offer a collaborative approach to treatment planning and service delivery. Clinicians partner with families/caregiver(s), permanency coordinators, agencies and milieu staff to coordinate the services outlined in the Individual Treatment Plan (ITP). The clinician provides individual, family, and group therapy as therapeutically indicated**.** Permanency coordinators are embedded into the milieu in order to develop secure attachments with youth which aids in the facilitation of the permanency plan and eventual community and/or family re-integration. They offer support and psychoeducation to families and caregivers on the effects of traumatic stress and other presenting challenges in in order to promote enhanced attunement and increased understanding to develop regulatory strategies.

A Strong Family Engagement Component/Transition Planning

Permanency planning, family/caregiver engagement and efforts toward successful transitions are essential for this population. As such, families will be contacted immediately and welcomed as valuable members of the team in the development of care and treatment plans with the youth. The program structure will include a Permanency Coordinator who will implement an approach to permanency that reflects the values of The Building Bridges and Families First Initiatives including provision of support and service coordination with the youth's home community. In like manner, the Permanency Coordinator will serve as a liaison between parents, caregivers, agencies, other permanency team members via visits, team meetings, telephone conferences and written reports as indicated by treatment and permanency plans.

Clinical Programming/Theoretical Orientation and Framework/ Behavior Modification Program

Each individual has a distinct combination of strengths and challenges and the ways in which they learn and address these challenges is highly variable. Therefore, the treatment approach will be individualized to meet the unique needs of the youth we serve. Clinical programming will include case management, permanency planning and coordination, individual, group and family counseling as therapeutically indicated. The primary foundational theoretical orientation and framework to be utilized is Applied Behavioral Analysis (ABA), and will include strong positive reinforcement components that value and encourage healthy behaviors and learning new pro-social ways for youth to have their needs met. The program will also utilize the Attachment, Regulation and Competency (ARC) Framework as the primary modality for supporting the provision of comprehensive trauma informed care.

ABA is a scientific approach towards the understanding and treating of learning and behavioral problems. ABA is concerned with describing, explaining, predicting, and changing behavior that creates challenges for youth. The key piece of this approach is looking at patterns of behavior and understanding the influence of environmental variables that occur prior to and after the behavior. Complex skills are broken down into more easily acquired smaller steps, and individualized motivation and reinforcement is used to support the students in their education and treatment milieu. Hundreds of research studies have shown the effectiveness of procedures based upon this behavioral philosophy. This intervention has shown success in application with children through adults, who are both neurotypical as well as intellectually impaired or who display conduct disorders, oppositional traits, and various challenges that impede prosocial development and integration. The approach to social and emotional challenges fits this basic behavioral model. We will engage with each youth to fully understand the environmental variables that precede and follow challenging behaviors. Understanding the motivation behind behavioral deficits and conduct disordered behavior allow staff to identify alternative behavioral and communicative behaviors that students may easily substitute for a more socially appropriate ability to communicate their wants and needs, and to express themselves in age-appropriate ways that work. Plans will be created in collaboration with youth and families or caretakers allowing for the identification of meaningful reinforcements that encourage response flexibility and new behavioral patterns.

The Attachment, Regulation and Competency (ARC) Framework is a flexible, components-based intervention developed for children and adolescents who have experienced complex trauma, along with their caregiving systems. ARC's foundation is built upon four key areas of study: normative

childhood development, traumatic stress, attachment, and risk and resilience. Drawing from these areas, ARC identifies important childhood skills and competencies which are routinely shown to be negatively affected by traumatic stress and by attachment disruptions, and which – when addressed – predict resilient outcome.

ARC is designed as both an *individual level clinical intervention*, to be used in treatment settings for youth and families, and as an *organizational framework*, to be used in service systems to support trauma-informed care. The concepts identified by ARC may be applied to individuals from birth through young adulthood and have been effectively used with youth with a range of developmental and cognitive functioning levels, and with a wide range of symptom presentations. Caregiver goals are designed to translate across many different types of caregiving systems, including primary (i.e., biological kin, and foster parents), milieu (i.e., residential, group home), and organizational (i.e., teachers, youth program providers) systems of care.

Certified Educational Services

Students will be offered an Agency of Education Approved Academic Program and course of study that is aligned with Common Core Standards and follows a standard curriculum including Middle and High School courses in Mathematics, Science, English and Social Studies. Academic faculty will include a licensed special educator. The academic experience will be enhanced by small class sizes, utilization of appropriate technology, and differentiated instruction. Principles of Applied Behavioral Analysis will also be utilized to inform pedagogy. Education staff will coordinate with sending and/or receiving school districts to allow youth to remain engaged in materials that will support a continuum of education services.

Daily Recreation Programming

Access to opportunities for physical exercise and recreation are key in the development of healthy coping skills and overall sense of well-being. As such, the program will utilize a model for youth wellness and self-care that offers ample opportunities to explore interests and develop a sense of mastery and competence though participating in a range of individual and group activities. These include but are not limited to; daily access to a fitness center, choices for youth regarding sports activities and weekly access movement classes such as yoga, and daily access to in mindfulness practices.

Restorative Justice Practices Embedded within the Program

The program will have the capacity though assessment and customized treatment planning to address the core principles of restorative justice. Careful assessments will determine the appropriate level of service to address the youth's risk to reengage in at-risk behaviors. Based on the principles of risk, need, and responsivity, faculty will work to support students in both understanding how their past life experiences have impacted their thinking and behaviors and how to learn more productive skills in managing symptoms.

If a youth has committed a crime, we will maximize their ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender. We will also incorporate the principals of restorative justice, ensuring that the child's behavior is understood in its social context, but also seeking to ensure the child realizes he or she is part of a social web of important relationships. Our Restorative Justice Program will support accountability as well as empathy development. All youth will be required to make amends, repair harm and restore relationships affected by the delinquent behaviors. This plan will be developed with the youth, family and treatment team.

Specifically, the goal is to assist students in understanding the 1) importance of taking ownership of their choices both good and bad 2) understanding the potential impact of their choices on others and 3) learning skills that may support them being successful presently and into adulthood.

Recognized Crisis Intervention Model

The program will promote a culture that de-emphasizes physical interventions and seclusion practices and will utilize Therapeutic Crisis Intervention (TCI) as the approved non-violent de-escalation and physical management certification program. Ultimately, TCI is a tool for staff to promote de-escalation and safe interventions, as indicated. A Compliance Officer, who reports directly to the organization, will provide independent review and oversight of restraint practices. Another key element in this effort will be the program's adherence to the *Six Core Strategies to Reduce Seclusion and Restraint Model* developed by the National Association of State Mental Health Program Directors:

1. <u>Leadership Towards Organizational Change</u> - emphasizing that efforts to create a violence free environment are most successful when facility executives provide guidance, direction, participation and ongoing review of the project, beginning with assuring that the facility's mission, philosophy of care and guiding values are congruent with this initiative.

2. Using Data to Inform Practice - monitoring performance and sharing data.
3. Workforce Development - reshaping hiring, training and job performance practices to promote trauma informed, recovery-oriented, non-coercive care.
4. Use of Seclusion/Restraint Reduction Tools - including trauma assessment, primary prevention and de-escalation strategies, and calming environments. Includes the use of:
5. Consumer Roles in Inpatient Settings - providing full and formal inclusion of consumers and family members in a variety of decision-making roles in the organization.
6. Debriefing Strategies - analyzing restraint/seclusion events to mitigate further trauma and to gain knowledge that informs policy, procedures and practices.

Staff Wellness and Training

It is understood that relationships are crucial in affecting positive change and healing in youth. As such, staff training and orientation will include Wellness and Life Balance for Staff, Trauma Informed Care, Adolescent Development, Communication and De-Escalation Skills, and Cultural Awareness and Competence. All staff will begin work with youth having a solid foundation in these topic areas and they will be reinforced throughout their employment in the care of the at-risk youth in the program.

Appendix D: RLSI Memo to DCF on Becket

VERMONT

Department for Children and Families
Family Services Division
Residential Licensing & Special Investigations
280 State Drive HC1 North Bldg. B
Waterbury, VT 05671-1030
www.dcf.vermont.gov

Agency of Human Services

Memorandum

To: Sean Brown, Commissioner, DCF
From: Residential Licensing & Special Investigations Unit
Date: October 22, 2020
Subject: Synopsis of Becket Residential Treatment Programs in Vermont

The Agency of Human Services Department for Children and Families (AHS/DCF) requested that Residential Licensing and Special Investigations (RLSI) Unit provide a synopsis of Becket's ability to meet the requirements of the state legislature regarding:

(A) conducting a treatment model evaluation;
(B) determining whether the model is evidence-based, strength-based, trauma informed, and focused on restorative practices; and
(C) evaluating the cultural competency training of staff.

Becket has had held three Residential Treatment Program (RTP) licenses in recent years: Vermont School for Girls, New England School for Girls, and Vermont Assessment Center at Newbury (VACN). The VACN license was closed (in good standing) on August 31, 2020, at Becket's request. The Vermont School for Girls and New England School for Girls programs have been licensed since January 1, 2013 and were formerly licensed within Bennington School, Incorporated.

As VACN was an assessment program, there was less of an emphasis on treatment and more of an emphasis on evaluation. The program articulated a strengths-based approach and worked to be trauma informed. It is not clear if the program utilized evidenced-based practices, nor did the program articulate an effort at employing restorative practices. However, as stated above, VACN was an assessment program and was not designed to provide ongoing treatment. RLSI has not been aware of an emphasis on cultural competency at VACN, however there have been no complaints against the program in that area.

RLSI has a stronger sense of the treatment approach and philosophy at Vermont School for Girls and New England School for Girls. These programs are often collectively referred to as Vermont Permanency Initiative (VPI) South. VPI South embraces Eye Movement Desensitization and Reprocessing (EMDR) and Attachment, Regulation, and Competency (ARC) as their primary treatment models and both are included in the California Evidence-Based Clearinghouse (CEBC) list of evidence-based treatment for trauma. The program also utilizes therapeutic recreation, mindfulness, and trauma informed care. The program uses an evidence-based screening tool to identify history and risk of human trafficking in residents. VPI South has articulated efforts to employ cultural competency in their treatment approach, though it is not known by RLSI if specific cultural competency trainings

Department for Children and Families
Family Services Division
Residential Licensing & Special Investigations
280 State Drive HC1 North Bldg. B
Waterbury, VT 05671-1030
www.dcf.vermont.gov

have been implemented.

Clinical oversight of the program is provided by Catherine Redlein, a licensed clinician. The program's executive director (and Vice President of VPI), Laurae Coburn PhD., adds another level of clinical oversight to the program. RLSI has noted that Laurae Coburn has worked diligently since she was hired into the executive director role to restructure many aspects of the program after the departure of the former long-term executive director. Since this transition in 2019, VPI South has significantly increased its communication with RLSI in terms of reporting and open, transparent collaboration with other state partners. This positive shift was also reflected in staff interviews at the time of RLSI's most recent relicensing visit in 2019.

RLSI recognizes VPI South as a program that demonstrates flexibility to be adaptive to various treatment needs of residents and is invested in ongoing quality control of their various modalities. The program recently stopped using Handle with Care as their crisis de-escalation and physical intervention model and switched to Therapeutic Crisis Intervention (TCI), developed by Cornell University. VPI South is currently pursuing Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation of their own accord and as such, RLSI views VPI South as a licensed residential treatment program that is well positioned to meet the requirements of the Qualified Residential Treatment Program (QRTP) designation, outlined in the federal Family First Prevention Services Act legislation to be implemented in Vermont by October 2021.

While it is outside the role of the licensing authority to rank licensed treatment programs by preference of programmatic design, it is appropriate to offer that VPI South is in excellent standing with compliance to RTP regulations. RLSI has found VPI South to be responsive, nimble, and appearing to have a depth of knowledge and experience within their staff that supports high functioning programs in Vermont.

Respectfully submitted,

Jennifer Benedict, M.A., Director
Residential Licensing & Special Investigations Unit

Appendix E: Studio Nexus cost estimate of Becket facility

STUDIO NEXUS
ARCHITECTS + PLANNERS

Vermont Secure Juvenile Treatment Center
Ballpark Estimate and Schedule

October 28, 2020

OPINION OF PROBABLE COST
(Based on Drawings dated 10.20.2020; created in consultation with North Branch Construction)

Fully Renovated Secure Areas –	3,300 sf @ $450/sf =	$1,485,000
Partially Renovated Secure Areas –	1,250 sf @ $225/sf =	$281,250
Fully Renovated Unsecure Areas –	500 sf @ $225/sf =	$112,500
Partially Renovated Unsecure Areas –	500 sf @ $125/sf =	$62,500
	Subtotal =	**$1,941,250**
Electrical Upgrade/Generator =		$150,000
HVAC Upgrade --	5,100 sf @ $45/sf =	$229,500
Sprinkler System Upgrades --	9,900 sf @ $5/sf =	$49,500
Site Development Costs (walls, patios, athletic courts) =		$45,000
Detention Security Fencing =	450 lf @ $150/lf =	$67,500
Architecture and Engineering Fees @ 8% =		$198,000
Contingency @ 18% =		$450,000
	Grand Total Construction Budget =	**$3,130,750**

DESIGN AND CONSTRUCTION SCHEDULE
(Assumes 12.01.2020 Start)

Design Development & Construction Documents, 9 weeks:	**12/1 – 1/29/2021**
Agency Review and drawing revisions, 4 weeks:	**2/1 – 2/28/2021**
Construction Bidding and Permitting, 4 weeks:	**3/1 – 3/26/2021**
Construction, 7 months:	**3/29 – 10/29/2021**

Appendix F: Becket's Proposed Program Budget and Staffing Plan

PROJECTED OPERATING BUDGET FOR WELLS RIVER TREATMENT CENTER

Expenses		
Salaries/Wages - 601	2,095,552	
Employee Benefits & Payroll	628,666	
Client Evaluation - 621	60,000	Psychiatric
Other Professional Services - 625	45,000	Behavior Consultant
Conferences & Conventions - 633	5,000	Attendance juvenile justice,
Other Staff Development - 634	15,000	
Rent - 641	120,000	VPI to lease to new entity
Heating Costs - 643	7,000	
Electricity	10,000	HVAC and other systems will use more
Cabke TV	1,800	
Internet	1,800	
Telephone Service	1,800	
Telephone Systme	2,400	
Cell Service	4,500	Assumes 7 phones
Fire and Related	2,400	
Sprinkler	2,400	
Security	4,800	
General Maintenance	24,000	
Road Maintence / Plow	12,000	
Grounds Maintenance	12,000	
Other Occupancy Costs	7,200	Pest, Waste, etc.
Taxes	20,000	
Comp and Liability Insurance	50,000	Estimate
Office Supplies - 651	8,000	
Building/Household Supplies - 652	12,000	
Educational/Training Supplies - 653	18,000	Assumes tutorial
Food - 655	30,000	Includes staff meals
Medical Supplies - 656	2,000	
Capital Expenses - 660	6,000	Mostly equipment
Equipment Rental - 670	4,000	Copier
Equipment Maintenance & Repairs - 680	4,000	
Advertising - 700	12,000	Mostly staff related
Coputer and Related	12,000	
Postage & Shipping - 730	2,500	
Staff Transportation - 741	2,000	
Client Transportation - 742	12,000	
Vehicle Lease/Depreciation - 743	12,000	
Vehicle Maintenance & Repairs - 744	6,000	
Vehicle Insurance	4,000	
Clothing - 751	2,500	
Hygeine - 752	500	
Membership Dues - 770	1,000	
Interest Expense - 780	250	
Other Expense - 800	22,878	
Expense - Subtotal	3,306,946	
G&A	578,716	
Total Expenses	3,885,662	
Daily Cost Per Bed Before Facility	1,774	

6 bed secure care staffing

Position	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Hours	Total		
Program Diretor										100,000	
Clinical Director (1 FTE)										90,000	
BCBA / Clinician	xxx	xxx	xxx	xxx	xxx	xxx				70,000	
Permancy / Intake Coordinator		xxx	xxx	xxx	xxx	xxx				52,000	
CQI / Compliance Director										60,000	
HR / Admnistrative Coordinator		xxx	xxx	xxx	xxx	xxx				54,000	
Nurse								40		75,000	Must have on call, but no need for daily nursing
Maintenance		xxx	xxx	xxx	xxx	xxx		40	25/hr	52,000	
Cleaning		8a-2p		8a-2p		8a-2p		40	20/hr	20,800	
Community Leader	6a-3p	6a-3p	6a-3p	6a-11a				36		52,000	
Community Leader				11a-3p	6a-3p	6a-3p	6a-3p	36		52,000	
YC - Para		6a-3p	6a-3p	6a-3p	6a-3p			36	24.00 avg/h	44,928	
YC	6a-3p	6a-3p	6a-3p	6a-3p				36	21.00 avg/h	39,312	
YC	6a-3p	6a-3p	6a-3p	6a-3p				36	21.00 avg/h	39,312	
YC - W/E	6a-3p	6a-3p		6a-3p			6a-3p	36	21.00 avg/h	39,312	
YC - Para			6a-3p	6a-3p	6a-3p	6a-3p		36	24.00 avg/h	44,928	
YC				6a-3p	6a-3p	6a-3p	6a-3p	36	21.00 avg/h	37,440	
YC				6a-3p	6a-3p	6a-3p	6a-3p	36	21.00 avg/h	37,440	
YC - W/E	6a-3p			6a-3p		6a-3p	6a-3p	36	21.00 avg/h	37,440	
Community Leader				2p-11p	2p-11p	2p-11p	2p-11p	40		52,000	
Community Leader	2p-11p	2p-11p	2p-11p	2p-11p				40		52,000	
YC	2p-11p	2p-11p	2p-11p	2p-11p				36	21.00 avg/h	39,312	
YC				2p-11p	2p-11p	2p-11p	2p-11p	36	21.00 avg/h	39,312	
YC	2p-11p	2p-11p	2p-11p	2p-11p				36	21.00 avg/h	39,312	
YC				2p-11p	2p-11p	2p-11p	2p-11p	36	21.00 avg/h	39,312	
YC	2p-11p	2p-11p	2p-11p	2p-11p				36	21.00 avg/h	39,312	
YC				2p-11p	2p-11p	2p-11p	2p-11p	36	21.00 avg/h	37,440	
YC	2p-11p	2p-11p	2p-11p	2p-11p				36	21.00 avg/h	37,440	
YC				2p-11p	2p-11p	2p-11p	2p-11p	36	21.00 avg/h	37,440	
AON	10p-8a	10p8a	10p-8a	10p-8a				40	21.00 avg/h	43,680	
AON				10p-8a	10p-8a	10p-8a	10p-8a	40	21.00 avg/h	43,680	
AON	10p-8a	10p8a	10p-8a	10p-8a				40	21.00 avg/h	43,680	
AON				10p-8a	10p-8a	10p-8a	10p-8a	40	21.00 avg/h	43,680	
AON	10p-8a	10p8a	10p-8a				10p-8a	40	21.00 avg/h	37,440	
AON	10p-8a				10p-8a	10p-8a	10p-8a	40	21.00 avg/h	37,440	
Overnight Supervisor		10p-8a	10p-8a		10p-8a	10p-8a		40		52,000	
Special Education Teacher		7a-3p	7a-3p	7a-3p	7a-3p	7a-3p		40	40	75000	
Culinary		6a-2p	6a-2p	6a-2p	6a-2p	6a-2p		40		45,000	
Food Service - Weekend/Evening	XXX	xxx	xxx	xxx	xxx	xxx	xxx	60	18 an hour	56,160	
Therapeutic Recreation	8a-6p			11a-9p		11a-6p	8a-9p	40		45,000	
Additional Coverage for Earned and Sick Time - 27 FTE @ 6 weeks = 162 weeks = 3 FTE									25/hour	162,000	
										2,095,552	
Benefits / Payroll Taxes										628,666	
										2,724,218	
Psychiatric Consultant / Medical Director										60,000	
Behavioral Consultant (Zane)										45,000	

Appendix G: BGS Cost Estimate Of A 6-Bed Facility

New 6 Bed Juvenile Facility
10/16/2020

BGS Division of Design and Construction
2 Governor Aiken Drive, Montpelier, VT 05633-7001

ITEM	PERCENTAGE	COST	NOTE
Construction Cost		2,993,352.00	$384/sqft. 7,805 sqft building
A&E 5%x-15% x Construction	15.00%	449,002.80	
Reimbursables 2% x Construction	2.0%	59,867.04	
Administrative, Bonds, Art and Inspections 5% x Construction	5.0%	149,667.60	
Contingency 20% x Construction	20.00%	598,670.40	
Inflation 8% x Construction	8%	239,468.16	
Special Items 6% x Construction	6.0%	179,601.12	Submittal Exchange, Security, etc,
Consultant Fees 6% x Construction	6.0%	179,601.12	Clerk of the Works, Comissioning
Fitup Costs, etc. 15% x Construction	15.0%	449,002.80	
GRAND TOTAL		**5,298,233.04**	

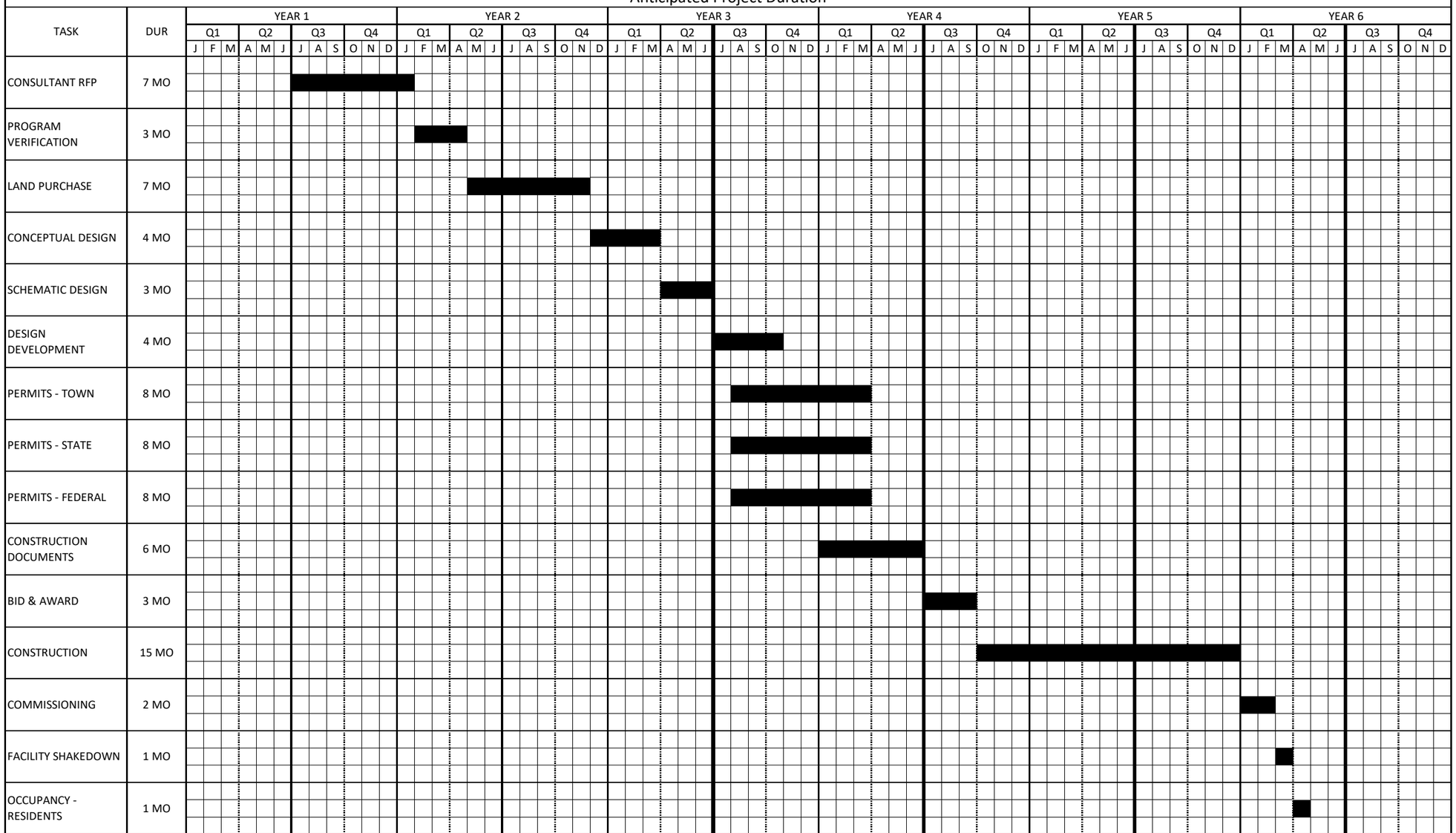
Assumptions & Clarifications:
1. 18% of building construction cost is included for site work. This assumes a flat site with no complications and utilities adjacent.
2. Square footage cost estimate is for a hardened facility. Sitework cost is included in per sqft cost.
3. Land purchase costs are not included in this estimate.

Disclaimer:
Cost estimates provided by BGS are preliminary in nature and are intended to provide a rough approximation only. If the Administration and Legislature approved the advancement of this project, BGS would conduct a feasibility study (or begin the design process) to determine the scope, project delivery schedule, and cost estimate.

Project Manager: T. Karish

SIX BED FACILITY

Anticipated Project Duration



Assumptions and Clarifications

1. Schedule assumes appropriate and continuous funding will be provided.
2. Consultant RFP includes: Assigning the project to a project manager, development of the RFP, bid process, bid review and selection and contract execution.
3. Programing: The program will be complete before the land search begins. This also includes review
4. Land Purchase includes: Site search RFP, phase 1 & 2 environment assessment, title search, evaluation of the site for conformance with the Program, and purchase.
   Assumes land is flat, municipal water and sewer, power and fiber is at the edge of the property.
5. Permits: Several unknows of what is required for permits. Depending on the location, zoning, Act 250, etc. the schedule could be shortened or lengthened.
6. Construction: Depending on the location, contractor availability the schedule includes a winter shutdown.

Buildings and General Services
October 23, 2020

Appendix H: State-run Facility Operating Cost

Beckett's Staffing Plan	Equivilant State Position	PG	Shift Differential	MFA	Total Cost
Program Diretor	Administrative Services Director IV	32			$ 141,140.00
Clinical Director (1 FTE)	Woodside Assistant Director - Clinical Services	30			$ 126,778.00
BCBA / Clinician	Woodside Clinical Chief	27			$ 109,076.00
CQI / Compliance Director	Program Improvement Manager	27			$ 109,076.00
Permancy / Intake Coordinator	Client Placement Specialist	25			$ 99,413.00
Nurse	Nurse Supervisor	25		1.4	$ 129,174.00
Community Leader	Woodside Operations Supervisor	25			$ 99,413.00
Community Leader	Woodside Operations Supervisor	25			$ 99,413.00
Community Leader	Woodside Operations Supervisor	25	0.85		$ 101,682.00
Community Leader	Woodside Operations Supervisor	25	0.85		$ 101,682.00
Overnight Supervisor	Woodside Operations Supervisor	25	1		$ 102,082.00
HR / Admnistrative Coordinator	Human Resources Administrator IV	24			$ 95,221.00
Special Education Teacher	Woodside Youth Center Teacher	23			$ 91,163.00
Therapeutic Recreation	Recreation Coordinator	23			$ 91,163.00
AON	Woodside Youth Counselor II	22	1		$ 90,175.00
AON	Woodside Youth Counselor II	22	1		$ 90,175.00
AON	Woodside Youth Counselor II	22	1		$ 90,175.00
AON	Woodside Youth Counselor II	22	1		$ 90,175.00
AON	Woodside Youth Counselor II	22	1		$ 90,175.00
AON	Woodside Youth Counselor II	22	1		$ 90,175.00
YC - Para	Woodside Youth Counselor	21			$ 84,114.00
YC	Woodside Youth Counselor	21			$ 84,114.00
YC	Woodside Youth Counselor	21			$ 84,114.00
YC - W/E	Woodside Youth Counselor	21			$ 84,114.00
YC - Para	Woodside Youth Counselor	21			$ 84,114.00
YC	Woodside Youth Counselor	21			$ 84,114.00
YC	Woodside Youth Counselor	21			$ 84,114.00
YC - W/E	Woodside Youth Counselor	21			$ 84,114.00
YC	Woodside Youth Counselor	21	0.85		$ 86,384.00
YC	Woodside Youth Counselor	21	0.85		$ 86,384.00
YC	Woodside Youth Counselor	21	0.85		$ 86,384.00
YC	Woodside Youth Counselor	21	0.85		$ 86,384.00
YC	Woodside Youth Counselor	21	0.85		$ 86,384.00
YC	Woodside Youth Counselor	21	0.85		$ 86,384.00
YC	Woodside Youth Counselor	21	0.85		$ 86,384.00
YC	Woodside Youth Counselor	21	0.85		$ 86,384.00
Culinary	Facility Food Service Supervisor II	21			$ 84,114.00
Additional Coverage for Earned and Sick Time - 27 FTE @ 6 weeks = 162 weeks = 3 FTE	Woodside Youth Counselor	21			$ 84,114.00
	Woodside Youth Counselor	21			$ 84,114.00
	Woodside Youth Counselor	21			$ 84,114.00
Maintenance	BGS Maintenance Specialist	20			$ 80,859.00
Food Service - Weekend/Evening	Cook C	16			$ 70,472.00
Cleaning	Custodian II	12			$ 62,704.00

$ 3,952,001.00

State Run Facility	
Staffing	$ 3,952,001.00
Operating Costs	$ 675,653.00
Contracts & Grants	$ 634,587.00
Total	$ 5,262,241.00
+ CJJA Contract	$237,168.00
Total State Run Cost	**$5,499,409.00**

Contracts	
UVMMC	$315,570
Howard Center	$134,760
JKM Training	$107,228
Stern Center	$44,929
Due Process	$32,100
Total	$634,587

Contracts

UVMMC	315,570
Howard Center	134,760
JKM Training	107,228
Stern Center	44,929
Due Process	32,100
total	634,587