CFS-402A
Rev. 5/12

Facility Profile Guidelines

Department of Public Health & Human Services (DPHHS)
Child & Family Services Division (CFSD)

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Submitting a Facility Profile and Policy and Procedure Manual

A completed Facility Profile will be considered an attachment to your contract with CFSD to provide Youth Care Facility services to youth. An electronic copy of your Policy and Procedures Manual is also required.

This form can serve any one of four different purposes:

1. To make an initial classification application for placement on the DPHHS Foster Care Rate Matrix.
2. To request a reclassification on the DPHHS Foster Care Rate Matrix due to specific program changes.
3. To comply with the required DPHHS biannual update of program changes. This information may be used to revise child care directories, ensure appropriate referrals, and share program information.
4. To update DPHHS separately from the required biannual update when the program makes changes.

To submit your completed Facility profile to CFSD Residential Specialist, fill out all required spaces, save as a word document, and email with "**Facility Profile**" in the subject line to Brene.Burns@mt.gov

To submit your Policy and Procedures Manual please use "**Manual**" as the subject line and email to Brene.Burns@mt.gov

Submit documents to:
CFSD Residential Specialist Brenda Burns (406-841-2459)
or Brene.Burns@mt.gov)

Purpose of the Service Facility Profile Guidelines:

- To provide a tool giving further detail, explanations, and definitions for specific items within the Facility Profile (hereinafter referred to as Facility Profile).

- To supply Department of Public Health and Human Services and Contractors with a common frame of reference when filling out and interpreting information in the Facility Profile.

Important Notes:

- **Read these guidelines thoroughly and keep them for your records.**
- The Facility Profile is designed for the questions to be answered on the document or for a reference to be made to the EXACT section of the electronic Policy and Procedure submitted with this Facility Profile.
- Wherever "N/A" is written on any portion of the Facility Profile, a written explanation needs to be given.
- Incomplete answers could delay the contracting process. Contracts or payments may be withheld if the Facility Profile is incomplete and reasonable efforts to correct the problem have not been made.

- If you have any questions about the Guidelines, or completing the Facility Profile, please contact CFSD Residential Specialist, Brenda Burns (841-2459).

GENERAL DEFINITIONS

Type of Program/Facility

Therapeutic Family Foster Care

Therapeutic Family Foster Care (TFOC) is therapeutic care provided in a family setting on two levels: Moderate and Intensive. Treatment Supervisors provide direct clinical supervision to Treatment Managers who in turn supervise specially trained treatment parents. TFOC programs are licensed as Child Placing Agencies for TFOC by a Child and Family Services Division (CFSD) Family Resource Specialist. Individual Treatment Homes receive a licensing study by the Child Placing Agency, which is then presented to the CFSD Family Resource Specialist for licensure as a Therapeutic Family Foster home. Specially trained treatment parents provide treatment interventions in accordance with the youths individualized Treatment Plan.

Youth Group Home

A youth group home is "a youth care facility in which substitute care is provided to 7 to 12 youth." The facility must maintain a Youth Group Home license prior to contracting with CFSD for services.

Shelter Care

A shelter care is a youth care facility which regularly receives youth under temporary conditions until the court, probation office, the department [DPHHS], or other appropriate social agency has made other provisions for their care. DPHHS contracts with these facilities to provide services to youth for a maximum of 30 continuous days, with the possibility of a 15 day extension (by written approval of Regional Administrator).

Combination of Shelter Care and Youth Group Home

A facility which offers both Shelter Care and Youth Group Home services (as previously defined), within the same building. Combinations of these services are most appropriate in communities that are unable to support two separate facilities due to either limited resources or the number of youth requiring placement.

Youth Care Agency

A Youth Care Agency is a youth care facility in which substitute care is provided to 13 or more youth. Child Care Agencies (CCA) may operate with the CCA license, or the facility may be deemed a CCA-Maternity Home or a CCA-Residential Treatment Center.

CCA-Maternity Home

"Maternity home" means a youth care facility which provides for the care and maintenance of minor girls and adult women during pregnancy, childbirth, and postnatal periods. A maternity home must meet the licensing requirements of a child care agency regardless of the number of residents served.

CCA-Residential Treatment Center

"Residential treatment center" means a unit or facility of achild care agency that treats youth who are seriously disturbed either mentally, emotionally or behaviorally. In addition to the child care agency

rules, such unit or facility must meet the licensing requirements contained in ARM 37.87.1201-37.87.1207

Therapeutic Group Home

A Therapeutic Group Home is a youth care facility in which staff who are trained to provide services to emotionally disturbed youth in a therapeutic environment, perform assessments, develop and implement planned treatment interventions designed to address a youths therapeutic needs in accordance with an individualized written treatment plan, and provide group, individual and family therapy. In addition to the youth care facility rules, each unit or facility must meet the licensing requirements contained in ARM 37.97.903-37.97.907

Once the group home is properly established, funding for the therapeutic services is provided through Medicaid, and the funding for room and board services is provided by the placing agency (Child and Family Services Division, Department of Corrections, or Youth Probation).

Target Population to Be Served:

Instructions

Identify the characteristics/behaviors which guide the facilitation of supervision, population groupings and placement information which may be used in the development of treatment modalities as necessary. Space is provided for clarification of issues which may preclude program acceptance. Please note in the Facility Profile any circumstances in which the facility would not serve a youth with an identified characteristic/behavior. Identification/acceptance of these issues does not indicate intent to treat but allows for identification of acceptance.

Minimum Expectations for the Facility/Program:

Youth placed in foster care by Child and Family Services Division (CFSD) have suffered from child abuse and/or neglect, which may include Emotional Abuse or Neglect, Physical Abuse or Neglect, Sexual Abuse, or Medical Neglect. Therefore, the expectation by CFSD is that the Facility anticipates that youth placed have suffered from one or more of the types of abuse/neglect listed, and that the Facility agrees to serve this population of youth.

As a direct result of abuse and neglect, youth often have an array of problems or conditions which require special consideration by facilities. Facilities are routinely expected to help ensure that the youth are receiving the appropriate care for these problems/conditions. Several of the areas that the facility will be expected to recognize and help address are the following:

- Many of the youth in foster care have a mental health diagnosis or mental health issues, ranging from difficulty in adjusting to a situation to severe psychological disorders. When facilities/programs accept youth with mental health issues, the Facility will be responsible to facilitate access to treatment of these issues, whether the treatment is provided within the program or by a different provider. Placing workers are to be involved in determining the treatment providers.
- The Program will assist Child and Family Services Division (CFSD) to work towards permanency for each youth. The Permanency goals for a youth will be established by CFSD, which may include the goal of reunification with the youth's parent(s), placement in long-term foster care home/facility,

adoption, or guardianship. As agreed upon with the placing worker, the program may be responsible to assist in family visitation or other various tasks to promote the Permanency goals. If the program is not aware of the CFSD Permanency goals or the role of the program to help achieve the permanency goals, the Program should contact the placing worker. In the case of Shelter Care facilities, the involvement of the facility may be rather limited. NOTE: The CFSD Permanency goals for a youth may include Concurrent Plans that may need to be addressed simultaneously by both the placing worker and the Program (e.g. Plan A may be reunification with parents, while Plan B may be to place the youth with grandparents if Plan A fails). Again, contact the placing worker for the Program's role in this process.

- The facility will be responsible for ensuring that the youth receive medication as prescribed by a physician, including psychotropic medications.
- Educational needs may consist of assessment of academic functioning by the schools, tutoring to assist youth in various subjects, and Child Study Teams (CST) and Individualized Educational Plan (IEP) meetings. Participation of the program staff in each youth's educational plan is expected. Youth of school age will attend public school unless the placing worker agrees to other arrangements to address specific needs of the youth (e.g., Day Treatment, Partial Hospitalization).
- Some of the teenagers in placement also have children of their own, and special arrangements may need to be made for visitation between the teen parent and his/her child(ren) if they are unable to be placed together.
- The facility will accept sibling groups, providing that the siblings are appropriate to be placed together and the siblings meet the criteria for the program. When siblings are not placed together, the Facility will assist with arrangements for visitation as approved by the CFSD social worker.
- The Facility will provide for special dietary needs of the youth due to allergies or specific nutritional requirements.
- Youth placed in foster care may also have developmental disabilities, and may require specific individualized care. The disabilities of these youth may be in the form of low IQ, limited mobility and motor skills, communication limitations, reduced or loss of hearing or vision, seizures, or difficulty or inability to form interpersonal relationships. The disabilities may range from mild to severe, and some youth exhibit multiple disabilities.
- Programs which receive DPHHS Foster Care Contracts may receive requests from placing workers to review the ability of the program to meet the specific needs of a youth with disabilities. The expectation of the program is to review each request on a case by case basis to determine if the youth would be appropriate for the program. Circumstances that should be considered are the safety of the youth with disabilities, the safety of the other youth in the program, and if the program has the capability or can obtain the expertise required to meet the needs of the youth. In many cases, the needs of a youth with disabilities may require additional staff time for specific activities (bed time, meals, etc.) or specific interventions by program staff to be successful with the youth. If the youth is accepted into the program, the interventions and staffing should be included in the youth's case/treatment plan. The case/treatment plan may also need more frequent review to modify the interventions or staffing in order to best meet the needs of the youth.

Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effect (FAE)

An alcohol-related birth defect consisting of a pattern of retarded physical and mental growth, with associated cranial, facial, limb, and cardiovascular anomalies, that is found in 30% of the offspring of severely alcoholic mothers.

R: Psychiatric Dictionary, 7th Ed. (1996), Oxford University Press, p.712.

Medical Condition

Any other condition not otherwise listed which is diagnosed or treated though medical means. Examples that are included, but are not limited to: Seizure disorders, incontinence, rashes, sexually transmitted diseases, communicable diseases, physical disability, etc.

Pregnancy

Please write in the space provided, the youth's term of pregnancy you will accept. Issues of consideration in this category include, but are not limited to pre-natal care, group dynamics, independent living, related social services, etc.

Teen Parent and Child

Issues of consideration in this category include, but are not limited to post-natal services, legal issues, youth support, infant/child care, visitation, parenting training, group dynamics, independent living, emancipation, etc. Marking this category indicates the program would accept both the teenage parent and his/her child(ren) for placement.

Runaway

Isolated incident(s) of runaway behavior

Runaway incidents do not appear to be ingrained as a pattern of the youths behaviors, but appears to be related more to specific incidents (e.g., peer pressure, abuse in the home, upset with parents, commission of theft, assault, etc.)

Chronic runaway history

Youth is predisposed to running away with little provocation on more than one occasion.

Please elaborate regarding this facility's criteria for placement/acceptance of youth in any of the above categories.

Physical Aggression

Any action which would be perceived as an intent to do harm toward persons/animals/property or the commission of said action.

History of destruction of property

Past behavior of the intentional destruction of anyone's property. Property is a thing or things owned (objects, buildings, land, etc.).

History of verbal assault

Past behavior of a violent attack of unlawful threat(s) causing a present fear of immediate harm.

History of assault toward animals

Past behavior of a violent physical attack of an animal by a person.

History of assault toward persons

Past behavior of a violent physical attack of a person by a person.

History of homicidal ideation

Past behavior of the admission of an interest of a person in killing another person.

History of homicidal acts
Past tendency or the act of killing of a person by another person.

NOTE: Use of homicidal related language during periods of anger would not necessarily denote an unlawful threat. For example, "Stay away from me or I'll kill you.", "I wish you were dead."

Elaborate the criteria in which this facility would accept a youth with these behaviors.

Examples: A provider may accept youth involved in a homicidal act three years past, with no other related occurrences or; destruction of property, minor vs. major or; self-abuse/self-mutilation not related to suicide or; verbal assault considered as verbally threatening with no history of associated concurrent physical action.

Sexually Reactive
A youth who exhibits sexual behaviors as a result of being a victim of sexual abuse. Sexualized behavior is the most common impact of sexual abuse, but according to research, it is present in only about 40% of the youth with a history of sexual abuse. The sexualized behavior exhibited may range from minor behaviors such as writing sexual innuendos to more major sexual behaviors such as attempting to have sexual contact with another youth or an adult.

R: Encyclopedia of Mental Health, Vol. 1 (1998), Academic Press, p.440.

Sexual Offender Issues
Sexual Offender Issues (Paraphilia) are characterized by recurrent, intense sexually arousing fantasies, sexual urges, or behaviors generally involving 1) nonhuman objects, 2) the suffering or humiliation of oneself or ones partner, or 3) youth or nonconsenting persons.

R: DSM-IV (1994), p. 522-523. A: 45-5-501 through 45-5-512, MCA.

Incomplete evaluation status
The youth has not completed a sex offender evaluation or has completed the evaluation, but the written results/recommendations are pending from the evaluator(s).

No sex offender treatment history
An evaluation has been completed, the youth has been identified to have sex offender behaviors, and has not yet attended sex offender treatment.

Currently in sex offender treatment
The youth has completed a sex offender evaluation, has been identified to need outpatient sex offender treatment, and is currently in outpatient sex offender treatment. A facility accepting a youth in this situation would need to assist the youth in receiving the counseling services, etc., deemed necessary and appropriate by the treating professional(s).

Completed sex offender treatment
The youth has completed a sex offender evaluation, and has successfully completed sex offender treatment. A facility accepting a youth in this situation would need to assist the youth in receiving any necessary on-going counseling needs, etc., identified by the treating professional(s). Please note in the

space provided whether this facility would hold a placement opening for a youth needing to complete treatment, and for how long a placement could be held, etc.

Incomplete sex offender treatment
The youth is not currently in sex offender treatment, but had been enrolled in sex offender treatment in the past, and did not complete that program. The youth was not unsuccessfully discharged, but unable to complete the program for some reason, i.e., placement disruption.

Unsuccessful discharge from treatment
The youth has been unsuccessfully discharged from sex offender treatment most likely due to non-compliance with the program or committed additional offenses.

Substance Use, Abuse or Dependency

Substance use (intoxication)
"The essential feature of Substance Intoxication is the development of a reversible substance-specific syndrome due to the recent ingestion of (or exposure to) a substance." "Substance intoxication is often associated with Substance Abuse or Dependence." "The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder."

R: DSM-IV (1994), pp. 182-3.

Substance abuse
"A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances."

R: DSM-IV (1994), pp. 183.

Substance dependence
"A cluster of cognitive, behavioral, and physiologic symptoms that indicate that the individual continues use of the substance despite significant substance-related problems."

R: DSM-IV (1994), p. 182.

History of use (intoxication or getting high), not evaluated
A past history of chemical use and the youth has not yet completed a chemical dependency evaluation. Accepting a youth in this category could mean the facility would assist the youth/placing worker to obtain a chemical dependency evaluation for the youth as deemed necessary/appropriate by the professionals involved.

Identified as needing outpatient treatment
The youth has completed a chemical dependency evaluation from a certified chemical dependency counselor and has been identified in that evaluation as requiring outpatient chemical dependency treatment. Accepting a youth in this category would require clarification by this facility of the criteria necessary for the youth to be accepted for placement or to maintain placement while attending outpatient treatment. If a youth is in placement and attending outpatient treatment the facility may need to assist the youth with such areas as transportation to groups/activities and exchanging relevant information between the facility, placing worker, and treating professionals, etc.

Identified as needing inpatient treatment
The youth has completed a chemical dependency evaluation from a certified chemical dependency counselor and has been identified in that evaluation to as requiring inpatient chemical dependency treatment. Accepting a youth in this category would require the facility to notify the placing worker of the criteria necessary to hold a placement open for a youth requiring inpatient chemical dependency treatment. If a youth is currently in placement when identified as requiring inpatient chemical dependency treatment the facility should notify the placing worker whether the facility will hold that placement for the youth to return to this facility after inpatient treatment is completed.

Completed treatment
The youth has completed either outpatient or inpatient chemical dependency treatment. Accepting a youth in this category would require this facility to assist the youth to access Aftercare and/or on-going counseling needs as identified by the treating professionals. The facility should list criteria necessary for placement acceptance for youth.

Incomplete treatment
The youth is not currently in substance abuse treatment, but had been involved in treatment in the past and did not complete that program. The youth was not unsuccessfully discharged, but was unable to complete the program for some reason, i.e., placement disruption.

Unsuccessful discharge from treatment
The youth has been unsuccessfully discharged from substance abuse treatment most likely due to non-compliance with the program or continued substance use.

Please elaborate regarding this facility's criteria for placement acceptance of youth in any of the above categories.

R: DSM-IV (1994), p. 175-272.

Suicidal
A youth who is suicidal is causing, intending, or relating to...the act or an instance of intentionally killing oneself.

R: The American Heritage Dictionary of the English Language, 4th Ed (2000) Houghton Mifflin Co., p.1731.

History of suicidal ideation
No attempted suicide; ideation is an indication of an interest in committing suicide. For example, drawings, verbalization (e.g., dreams, story telling), or written (e.g., diary entries, letters, poetry).

Past attempt(s)
One or more attempt at committing suicide more than one year ago.

Recent attempt(s)
One or more attempt at committing suicide within the last year.

Please elaborate regarding this facility's criteria for placement acceptance of youth in any of the above categories.

Fire Setting
"Although fire setting is a major problem in youth and adolescents (over 40% of those arrested for arson offenses in the United States are under age 18 years), Pyromania in childhood appears to be rare. Juvenile fire setting is usually associated with Conduct Disorder, Attention-Deficit/Hyperactivity Disorder, or Adjustment Disorder."

R: DSM-IV (1994), p. 614-615. A: DSM-IV (1994): Conduct Disorder, p. 85-91; Attention Deficit/Hyperactivity Disorder, p. 78-85; Adjustment Disorder, p. 623-627.

Act that was not committed for purpose of causing harm or property damage
Fire setting incidents that occurred more for curiosity of the youth rather than to inflict damage or harm.

Deliberate act to cause harm or property damage
Fire setting incidents that had the purpose to cause harm or property damage, possibly for revenge, display of anger, or as a distraction from other serious behaviors/incidents.

Court Status
Adjudicated Youth in Need of Care
A youth who has been adjudicated or determined, after a hearing, to be or to have been abused, neglected or abandoned.

R: Mont. Code Ann. 41-3-102 (27).

Adjudicated Youth in Need of Intervention
A youth who id adjudicated as a youth who commits an offense prohibited by law that if committed by an adult would not constitute a criminal offense, e.g. consuming alcohol, running away from home, habitual truancy, or behaving in a manner which is beyond the control of parents/guardian.

R: Mont. Code Ann. 41-5-103 (50)

Delinquent Youth
A youth who is adjudicated under formal proceedings [for] an offense that, if committed by an adult, would constitute a criminal offense.

R: Mont. Code Ann. 41-5-1-3 (11)

Criminally Convicted Youth
A youth who has been convicted in a district court of serious criminal charges, and basically was tried and convicted as an adult.

R: Mont. Code Ann. 41-5-103 (9) and 41-5-206.

Other

A youth who's status has not been determined through juvenile court proceedings (i.e., Parental Agreement, Consent Decree, or Emergency Placement).

Parental Agreement
A contract which authorizes the Department to place the youth(ren) in substitute care at the request of the parent. The agreement does not give the Department legal custody of the youth but merely grants the Department permission to place the youth. The parent may revoke the agreement at any time and remove the youth from substitute care.

R: CFSD Policy Manual Section 402-1 (10/01)

Consent Decree
After the youth admits guilt for a charge of an offense and accepts responsibility for the youth's actions, the court may suspend the proceedings [against a youth] and continue the youth under supervision under terms and conditions negotiated with probation services and agreed to by all necessary parties. If the youth does not comply with the terms of the agreement or a new petition alleging that the youth is a delinquent youth, the original petition against the youth may be reinstated by the county attorney. R: Mont. Code Ann. 41-5-1501

Emergency Placement
If the social worker determines that a youth is in immediate or apparent danger of harm, the social worker may use the authority of emergency protective services to immediately remove the youth from the dangerous situation. The Emergency Placement may only last 48 hours (excluding weekends) without filing for court action.
R: CFSD Policy Manual Section 302-1 (10/02).

Incident Reports:

Child abuse and neglect for the purpose of this contract will include youth to youth assault.

Definitions: Youth to youth assault can include sexual or physical assault of a youth, including when a youth "purposely or knowingly causes bodily injury to another, negligently causes bodily injury to another with a weapon, purposely or knowingly makes physical contact of an insulting or provoking nature with any individual, or purposely or knowingly causes reasonable apprehension of bodily injury in another." (MCA 45-5-201

The following is the suggested list of the types of incidents that the program should document on an Incident Report, along with time lines for the placing workers notification:

Serious Incidents to be reported immediately to Centralized Intake:

- Death of Youth
- Injury to a Youth requiring hospitalization
- Suicide Attempts
- Physical or Sexual Assault of one youth on another youth
- Alleged youth abuse or neglect to the youth, including excessive physical force by staff, or sexual assault by youth or staff

Incidents to be reported to placing worker within 24 hrs.

- Fire Setting Behaviors of a youth
- Runaway/AWOL
- Crisis resulting in need for placement change

Significant Incidents to be reported to social worker within 24 to 48 hours:

- Expulsion from School
- Non-routine Medical Treatment
- Alleged Delinquent or Criminal Activity of Youth
- Youth is Victim of alleged delinquent or criminal activity
- Suicide threat
- Medication Issues (missed medication for more than one day, cheeking meds, lost or stolen meds)
- Incident where the youth was present or witnessed something that may have traumatized the youth or placed him/her in danger of harm (e.g. Car accidents, abuse of another youth, traumatic events with another youth such as suicide attempt or medical emergencies)
- Incidents on family outings (e.g. injury to youth, missed medication)
- Youth's use of illegal drugs or alcohol
- Searches where contraband is found
- Any other unusual incident (e.g. Contagious diseases, temporary relocation of the youth, fire in the home, etc.)

In determining how soon to notify the placing worker about an incident, consideration should be given to the safety, care, and treatment needs of the youth. Legal status of the youth/case, family dynamics, the youth's medical condition, and the youth's ability to cope with the situation may also need to be considered.

Searches:

The Contractor may search a youth, a youth's possessions, or a youth's room only when there is sufficient reason to believe that security of the facility is endangered or that contraband is present. The Contractor may conduct random room searches for the purpose of maintaining the safety of the child and security of the facility only when the facility's policy has been approved by the Department. The Contractor may subject a youth to urinalysis or breathalyzer testing only when the testing has been ordered by a court or is required pursuant to a treatment plan for monitoring drug or alcohol use. Video surveillance may be used only when the contractor has obtained written permission from the department allowing video surveillance in specific areas of the facility (form available on request). Every search, urinalysis and breathalyzer must be reported to the placing worker along with the results of the procedure.

Youth Group Home/Shelter/Maternity Home Facilities

Additional Guidelines for Classification

A. Characteristics of the Facility's Staffing and Other Available Resources: The minimum qualifications required in the job description does not mean the qualifications of the person holding the job, but the minimum qualifications acceptable for a potential applicant for to enter that position. An example is given below.

EXAMPLE:

Position Title	**Paid=P** **-Paid=N**	**Minimum qualifications required in job description**	**Total # of FTEs in this position**	**Total # of persons in this position**
A.1 Director	P	Bachelors in Business, Administration, Psychology and 2 years related experience	.5	1
A.2 Executive Director	P	Masters in Business, Administration, or Psychology and 5 years related experience	.25	1
A.3 Program Manager	P	Bachelors in Business, Administration, Psychology and 2 years related experience	.25	1
A.4 Direct Care Staff	P	High School Diploma or GED, experience in providing services to youth, youth care, or group home environment preferable	7	9
A.5 Volunteer Tutor	N	Age 18 or over and must have successfully completed High School classes in English, Math or Science	N/A	2
A.6 Volunteer Direct Care Staff	N	High School Diploma or GED, experience in providing services to youth, youth care, or group home environment preferable	1	2

Total Paid Employees 11
Total Non-Paid Staff 4
Total Number Of Unduplicated Persons 15

NOTE: In order for Volunteers or Interns to be counted toward the FTE requirements of the contract, the Volunteer or Intern must meet all qualifications of the position, be approved through the full background check process, complete all training required for that position, and when interacting with youth the Volunteer or Intern must always be supervised by a paid staff person who is qualified to provide that service (e.g., a direct care volunteer/intern would need to be supervised by a paid direct care staff person).

If the Total Number of Unduplicated Persons is different that the total number of persons in the last column of the D-Table above, please explain which persons are working in more than one Job Position to account for the difference. (Give the name of the employee and the list of Job Positions the employee fills in the space provided below.)

Example Discussion:
The Program Manager and Director positions are filled by the same person.
The Volunteer Tutor does not meet all staffing requirements and therefore cannot be counted as direct care staff.
The Volunteer Direct Care Staff meets all staffing requirements and only works under the direct supervision of one of the paid direct care staff.

B. Supervision Levels

B.2 through B.4 describe the different levels of supervision currently purchased through the foster care contracts. **Again, the requirements reflect what is required for every 8 beds.**

B.2 Supervision Level IV: 24 hr. awake direct care staff (i.e., three 8 hr. shifts - with a minimum of 1 person per shift); also includes .5 FTE program management and .25 FTE administrative support.

Staffing Requirements:

- Direct care staff required: 4.2 FTE or 168 hours per week for 1 to 8 youth;
- 8.4 FTE or 336 hours per week for 9 to 16 youth.
- Program Management staff required: 0.5 FTE or 20 hours per week, which is
- 2.5 hour per week for each youth in the program.
- Administrative Support staff required: 0.25 FTE or 10 hours per week, which is
- 1.25 hours per week for each youth in the program.

B.3 Supervision Level V: 24 hr. awake direct care staff with additional day staff (i.e., three 8 hr. shifts - with a minimum of 2 staff persons per day shift); also includes 1.5 FTE program management, .25 FTE program administration and 1.0 FTE administrative support.

Staffing Requirements:

- Direct care staff required: 7.0 FTE or 280 hours per week for 1 to 8 youth;
- 14 FTE or 560 hours per week for 9 to 16 youth.
- Program Management staff required: 1.5 FTE or 60 hours per week, which is
- 7.5 hour per week for each youth in the program
- Administrative Support staff required: 1.0 FTE or 40 hours per week, which is5 hours per week for each youth in the program.
- Program Director/Manager requirements: 0.25 FTE or 10 hours per week, which is 1.25 hours per week for each youth in the program.

B.4 Supervision Level VII: Youth Care Agency-Maternity Home. 24 hr. awake direct care staff with additional day shift staff (i.e., three 8 hr. shifts - with a minimum of 2 staff persons per day shift); also includes 1.5 FTE program management, .25 FTE program administrator, 1.0 FTE administrative support, and 1.0 Bachelors Level Social Worker.

Staffing Requirements:

- Direct care staff required: 7.0 FTE or 280 hours per week for 1 to 8 youth; 14 FTE or 560 hours per week for 9 to 16 youth.
- Program Management staff required: 1.5 FTE or 60 hours per week, which is 7.5 hour per week for each youth in the program.
- Administrative Support staff required: 1.0 FTE or 40 hours per week, which is 5 hours per week for each youth in the program.
- Program Director/Manager requirements: 0.25 FTE or 10 hours per week, which is 1.25 hours per week for each youth in the program.
- Bachelors Level Social Worker requirements: 1.0 FTE or 40 hours per week, which is 5 hours per week for each youth in the program.

Comments (Please list other staffing patterns for supervision that increases staff coverage beyond the facility classification listed above):

Under this section, if the program has staffing levels in any area that exceeds the classifications listed above, provide information about the additional services provided during a work week, including number of hours which exceed the requirements.

C. Supportive Services levels:

If the facility/program offers Supportive Services, please indicate at which Level:

C.1 Supportive Services Level I: 1.0 FTE Bachelors Level Social Worker to provide individual and group counseling supportive services.

Staffing Requirements:

- Bachelors Level Social Worker requirements: 1.0 FTE or 40 hours per week, which is 5 hours per week for each youth in the program.

C.2 Supportive Services Level II-Group Home: 2.8 FTE Bachelors Level Social Worker to provide individual and group counseling supportive services.

Staffing Requirements:

- Bachelors Level Social Worker requirements: 2.8 FTE or 112 hours per week, which is 14 hours per week for each youth in the program.

C.3 Supportive Services Level III (May only be combined with Supervision Level V): 8.0 FTE Bachelor Level Direct Care Staff replace the direct care staff indicated by Supervision Level V (1.0 FTE must be dedicated to the provision of Supportive Services), plus 1.0 FTE Master Level human services professional, 0.25 FTE Licensed Mental Health professional. This level provides individual, group, and family counseling supportive services with clinical oversight.

Staffing Requirements:

- Bachelors Level Direct Care staffing requirements: 8.0 FTE or 320 hours per week for 1 to 8 youth; 16.0 FTE or 640 hours per week for 9 to 16 youth.
  Of the 8.0 Direct Care Staff required, 1.0 FTE or 40 hours per week must be dedicated to individual, group, and family counseling supportive services (5 hours per week for each youth).
- Master Level human services professional requirements: 1.0 FTE or 40 hours per week, which is 5 hours per week for each youth.
- Licensed Mental Health Professional requirements: 0.25 FTE or 10 hours per week, which is 1.25 hours per week for each youth.