



**NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF)**

2016 DIRECTORY OF CERTIFIED RESIDENTIAL TREATMENT PROGRAMS

INTRODUCTION

This Directory contains listings for all of the currently Certified Residential Treatment Programs located within the State of New Hampshire, Certified Residential Treatment Programs located out of state, Sununu Youth Services Center, and New Hampshire Hospital. It is intended for use by DCYF and community stakeholders to provide information regarding the therapeutic residential services and programs of New Hampshire.

The Directory includes provider specific information regarding the services and programs for each certified placement provider listed. The Directory listings include programs that represent the full continuum of community based residential care, from programs that provide education and vocational opportunities in the community, to those that are staff and structurally secure.

Also included in this Directory is New Hampshire Hospital, an entity of DHHS. New Hampshire Hospital provides short-term inpatient psychiatric treatment to youth admitted through an Voluntary or Involuntary Emergency Admission (IEA). The IEA process begins with a visit to a local hospital Emergency Department and the completion of an IEA Petition requesting admission to New Hampshire Hospital. The youth being admitted must pose a likelihood of danger to self or others as a result of a mental health condition.

It is critical that every effort be made to ensure that each child/youth is matched to providers based upon need; with proper regard to treatment, permanency planning, educational needs, independent living needs, family systems, and community connections. Accessibility to services along with child/youth/family voice should also be taken into consideration. In accordance with best practice, the use of residential facilities is pursued in conjunction with, or subsequent to, the use of community-based services.

The listed residential treatment programs, that are not state-run, have been certified in accordance with He-C 6350, Certification for Payment Standards for Residential Programs. Child Protection referrals to residential treatment programs require approval from a Field Administrator. Juvenile Justice referrals for residential treatment programs are approved by a Field Administrator with the exception of short-term programs. In addition, referrals to specific programs have additional screening processes through DCYF. Always consult your supervisor and check the facilities current status on the NH Bridges Information System before making referrals to a residential facility. It should be noted that some of the information provided such as age of population served, treatment or services provided may change throughout the year.

If you have any questions concerning this directory, please contact:

The Community Programs Specialist:
Division for Children, Youth and Families
1056 North River Road
Manchester, NH 03104

Telephone: (603) 625-5471
Email: DCYFResidentialCertification@dhhs.state.nh.us

PROGRAM DEFINITIONS

Assessment treatment programs provide short-term care and therapeutic treatment for 60 days or less, while offering a thorough comprehensive assessment to determine a youth's strengths and needs. The comprehensive assessment provides final recommendations for ongoing care, support and treatment of the child and family system.

Intermediate treatment programs provide care in a structured, therapeutic environment to children who have been abused and/or neglected, adjudicated CHINS, and/or pre-adjudicated delinquent. Daily programs provide supervision, access to public school education, specialized social services, crisis intervention, behavior management, vocation, recreation, clinical, and family services. In addition facilities must provide adult living preparation for appropriate youth. A combination of professionals, on-site and in the community is used to coordinate the provisions in the treatment plan.

Intensive treatment programs provide children and their families with a multi-disciplinary, self-contained, service delivery approach. Education shall be available at the facility in and DOE approved special education program. For the most part, children placed in an intensive treatment program will receive education at their education program at the intensive treatment program. The facility must have the capacity to provide highly-structured services on-site and in the community, as needed, directly to affect the educational, physical, intellectual, emotional, and social needs of the children and families. In addition facilities must provide adult living preparation for appropriate youth. Treatment is to be provided to children who have been abused or neglected, adjudicated CHINS, and/or pre-adjudicated and delinquent. There is a strong family component to the treatment provided. The facility must be staff-secure and be able to serve those children and their families who have exhibited symptoms of trauma.

Shelter-care treatment programs provide staff-secure care for 60 days or less to youth in crisis who are awaiting further placement, evaluation, stabilization, or court action. The short-term treatment services incorporate a family-centered focus that is reflected in the program's programming. Per shelter care contract there is specific criteria of the youth they are designed to accept and serve. Youth must be between the ages of 11 and 18 years and not be suffering from acute mental disorders or substance abuse withdrawal.

Nursing home services provide children domiciliary board, room, laundry services, health supervision under medical and nursing direction, and nursing care as may be individually required.

Substance abuse treatment programs are dually certified as intermediate or intensive provide residential care and treatment to youth who are dependent or addicted to alcohol and/or drugs and involve the families as an integral part of the therapeutic milieu. These services provide care for youth who have other mental health needs in addition to substance abuse.

In-patient psychiatric services are provided to youth who are psychotic, severely depressed, suicidal, and/or homicidal and determined to be in need of this care through a comprehensive psychiatric evaluation and the "Diagnostic and Statistical Manual of Mental Disorders, IV Edition" (DSM IV) diagnosis; and

Secure services are provided at the John H. Sununu Campus and are utilized for youth through the Juvenile Justice System. The Detentions Unit is a secure detention center that is state owned and

operated (not certified by He-C 6350) residential facility. It provides services for youth up to 18 years of age who are alleged to have committed delinquent offenses and are awaiting disposition of their cases by the courts. The John H. Sununu Youth Services Center (SYSC) is a secure state owned and operated (not certified by He-C 6350) residential facility. It is designed to provide services for juveniles who may be committed for the remainder of their youth (18 years old). It provides for the youth's daily, academic, and therapeutic treatment needs.

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Orion House, Inc.

Webster House

Portsmouth

Dover

Newport

Manchester

Rockingham

Strafford

Sullivan

Hillsborough

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Easter Seals-Jolicoeur (Boys Home)

Easter Seals-Krol House

Easter Seals-Lancaster

Easter Seals-Zachary Road

Nashua Children's Home

NFI North - Davenport School

Pine Haven Boys Center

Spaulding Youth Center (Bridge)

Spaulding Youth Center (Emotionally Disturbed Boys)

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VPI – Sub-Acute at Depot Street

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Rumney

Greenfield

Manchester

Manchester

Lancaster

Manchester

Nashua

Jefferson

Suncook

Northfield

Northfield

Northfield

Campton

Pike

Campton

Windsor

Grafton

Hillsborough

Hillsborough

Hillsborough

Coos

Hillsborough

Hillsborough

Grafton

Merrimack

Merrimack

Merrimack

Merrimack

Grafton

Grafton

Grafton

Hillsborough

Shelter-Care Treatment Programs

NFI North - Midway

Bradford

Merrimack

Nursing Homes

Cedarcrest, Inc.

Keene

Cheshire

Substance Abuse Treatment Programs

None

In-Patient Acute Psychiatric Hospital

New Hampshire Hospital

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Manchester

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Hillsborough

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CITY/TOWN

STATE

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None

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Newburyport
Waltham

Massachusetts
Massachusetts

Intensive Treatment Programs

[Brandon Residential Treatment Center](#)
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Natick
Rutland
Springfield
Sidney
Brunswick
Casco
Lewiston/Auburn
Portland
Methuen
Methuen
Barre
Wells River
Bennington
Bennington
Bennington
Louisville
East Freetown
Baldwinville
Arlington

Massachusetts
Massachusetts
Missouri
Maine
Maine
Maine
Maine
Maine
Massachusetts
Massachusetts
Massachusetts
Vermont
Vermont
Vermont
Vermont
Tennessee
Massachusetts
Massachusetts
Massachusetts

Shelter-Care Treatment Programs

None

Nursing Homes

None

Substance Abuse Treatment Programs

[Valley Vista Inpatient Alcohol and Chemical Dependency Services](#)

Bradford

Vermont

Assessment Treatment Programs

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Comprehensive Assessment and Short-Term Treatment (CAST) Mount Prospect Academy

GENERAL INFORMATION:

Name of Program Comprehensive Assessment and Short-Term Treatment (CAST) Mount Prospect Academy
 Executive/Program Director Richard Phelps, LICSW Contact Person for Admissions Richard Phelps or Camille Laboe
 E-mail richard.phelps@mountprospectacademy.org E-mail camile.laboe@mountprospectacademy.org
 Address PO Box 58 / 350 Main Street City Plymouth State NH Zip 03264
 Telephone 603-536-1102 Fax 603-536-3057 Website www.becket.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	44	Total Rate (Board and Care plus Education if applicable):	\$413.93
Certification Capacity:	16		
Maximum # of Males:	24	Ages 11 to 21	Board & Care Rate: \$297.56
Maximum # of Females:		Ages to	Education Rate: \$116.37

SERVICES	Provided On-Site by Staff	Contracted/ Vended and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/ Vended and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric, behavioral, family, educational, and vocational assessments as necessary. Specialized fire setting and sexual behavior assessments on case by case basis.			Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drug Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CBT, DBT, TFCBT, EMDR, MI, Reality Therapy, ARC trauma informed philosophy			Other	<input type="checkbox"/>	<input type="checkbox"/>
			Certified In home provider?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)	POPULATION SERVED (Check all that apply)
Assessment Treatment Program	<input checked="" type="checkbox"/> Anger/Violence Management <input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/> Cognitive Delays <input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/> Disruptive Behavior Disorder <input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/> Domestic Violence <input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/> Eating Disorder <input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/> Fire Setting Behaviors <input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/> Intellectual Disability <input checked="" type="checkbox"/>
	<input type="checkbox"/> Pervasive Developmental Disorder (PDD) <input checked="" type="checkbox"/>
	<input type="checkbox"/> Physical Challenges <input checked="" type="checkbox"/>
	<input type="checkbox"/> Sexual Offenses <input checked="" type="checkbox"/>
	<input type="checkbox"/> Substance Abuse Issue <input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)	<input type="checkbox"/> Trauma Issues <input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>
CHINS Petitions	<input checked="" type="checkbox"/>
Delinquency Petitions	<input checked="" type="checkbox"/>
	<input type="checkbox"/> We accept minor physical challenges which allow participation in the program.

Intermediate Treatment Programs

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

The Chase Home for Children

GENERAL INFORMATION:

Name of Program The Chase Home for Children

Executive/Program Director Meme Wheeler Contact Person for Admissions Lindsey Ewald

E-mail mwheeler@chasehome.org E-mail mailto:lewald@chasehome.org

Address 698 Middle Road City Portsmouth State NH Zip 03801

Telephone 603/436-2216 Fax 603/431-5147 Website http://www.chasehome.org/

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	25	Total Rate (Board and Care plus Education if applicable):	\$179.56	
Certification Capacity:	18			
Maximum # of Males:	8	Ages 11 to 19	Board & Care Rate:	\$179.56
Maximum # of Females:	10	Ages 11 to 19	Education Rate:	N/A

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input type="checkbox"/>
			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
TF-CBT, MANDT, Nurturing Parenting					
			Certified In home provider? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input checked="" type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>		
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Dover Children's Home

GENERAL INFORMATION:

Name of Program Dover Children's Home – Main and PILOT Program

Executive/Program Director Renee Touhey-Childress Contact Person for Admissions Melissa Royer

E-mail rtouhey@doverchildrenshome.org E-mail mroyer@doverchildrenshome.org

Address 207 Locust Street City Dover State NH Zip 03820

Telephone (603)742-4289 Fax (603)742-2057 Website www.doverchildrenshome.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	19	Total Rate (Board and Care plus Education if applicable):	\$139.21	
Certification Capacity:	12			
Maximum # of Males:	12	Ages 12 to 20	Board & Care Rate:	\$139.21
Maximum # of Females:	12	Ages 12 to 20	Education Rate:	N/A

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Staff Secure	<input type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Psychosocial and PTSD			Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Drug Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CBT, DBT, TFCBT, Motivational Interviewing			Independent Living Suite		
			Certified In home provider?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input checked="" type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	* Aspergers Syndrome	
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	* Offers a 2-bed Independent Living Suite	
CHINS Petitions	<input checked="" type="checkbox"/>	* Sexual offenders and children who set fires are accepted based on prior treatment history.	
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Orion House

GENERAL INFORMATION:

Name of Program Orion House

Executive/Program Director Danielle Paranto Contact Person for Admissions Barry Smith

E-mail principal@granitehillsschool.org E-mail bsmith@orionhouse.org

Address 139 Elm Street City Newport State NH Zip 03773

Telephone (603)863-4918 Fax (603) 863-1114 Website www.orionhouse.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	18	Total Rate (Board and Care plus Education if applicable):	184.82	
Certification Capacity:	17			
Maximum # of Males:	18	Ages 12 to 19	Board & Care Rate:	184.82
Maximum # of Females:	0	Ages N/A to	Education Rate:	N/A

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Secure	<input type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Medical	<input type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Education	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input type="checkbox"/>		
Bio/psycho/social, substance, self-harm			Transportation	<input type="checkbox"/>	<input type="checkbox"/>		
			Drug Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
CBT, MET, DBT,							
Certified In home provider?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input checked="" type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input type="checkbox"/>	Disruptive Behavior Disorder	<input type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input type="checkbox"/>
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	Cognitive delays and domestic violence determined on case by case basis.	
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Webster House

GENERAL INFORMATION:

Name of Program	<u>Webster House</u>		
Executive/Program Director	<u>Lou Catano</u>	Contact Person for Admissions	<u>Webster House</u>
E-mail	<u>lcatano@websterhousesnh.org</u>	E-mail	
Address	<u>135 Webster Street</u>	City	<u>Manchester</u> State <u>NH</u> Zip <u>03104</u>
Telephone	<u>603-622-8013</u>	Fax	<u>603-625-6020</u> Website <u>www.websterhousesnh.org</u>

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	21	Total Rate (Board and Care plus Education if applicable):	\$117.93
Certification Capacity:	19		
Maximum # of Males:	12	Ages 8 to 21	Board & Care Rate: \$117.93
Maximum # of Females:	10	Ages 8 to 21	Education Rate: N/A

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input type="checkbox"/>
Initial psycho-social assessment			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
CBT, Multidimensional Treatment			Therapies are provided only on case by case basis		
			Certified In home provider? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management <input checked="" type="checkbox"/>
Intermediate Treatment Program	<input checked="" type="checkbox"/>	Cognitive Delays <input checked="" type="checkbox"/>
Intensive Treatment Program	<input type="checkbox"/>	Disruptive Behavior Disorder <input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence <input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder <input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors <input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability <input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD) <input checked="" type="checkbox"/>
		Physical Challenges <input checked="" type="checkbox"/>
		Sexual Offenses <input checked="" type="checkbox"/>
		Substance Abuse Issue <input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues <input checked="" type="checkbox"/>
		Other <input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Accepts youth under these categories but does not provide specialized treatment.
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	
CHINS Petitions	<input checked="" type="checkbox"/>	
Delinquency Petitions	<input checked="" type="checkbox"/>	

Intensive Treatment Programs

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Becket Academy, the Becket House at Rumney

GENERAL INFORMATION:

Name of Program Becket Academy, The Becket House at Rumney

Executive/Program Director John Gramuglia Contact Person for Admissions John Gramuglia

E-mail john.gramuglia@becket.org E-mail john.gramuglia@becket.org

Address PO Box 269 City Belgrade State Me Zip 04917

Telephone 207-242-0250 Fax 207-465-3785 Website https://www.becket.org/

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	16	Total Rate (Board and Care plus Education if applicable):	427.74	
Certification Capacity:	16			
Maximum # of Males:	16	Ages 11 to 20	Board & Care Rate:	311.37
Maximum # of Females:	0	Ages to	Education Rate:	116.37

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Problem Sexual Behavior related assessments.			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
Aggression Replacement Training, ARC (Attachment Regulation and Competency), Motivational Interviewing, Trauma Focused Cognitive Behavioral Therapy, EMDR, Cognitive Behavioral Therapy.							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>		
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Crotched Mountain Rehabilitation Center

GENERAL INFORMATION:

Name of Program Crotched Mountain Rehabilitation Center

Executive/Program Director Kristin Kostecki Contact Person for Admissions David Etlinger

E-mail Kristin.Kostecki@CrotchedMountain.org E-mail david.etlinger@crotchedmountain.org

One Verney Drive City Greenfield State NH Zip 03047

Telephone 603-547-3311 Fax 603-547-2532 Website <http://www.crotchedmountain.org/>

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	123	Total Rate (Board and Care plus Education if applicable):	\$487.95	
Certification Capacity:	10			
Maximum # of Males:	62	Ages 5 to 21	Board & Care Rate:	\$295.81
Maximum # of Females:	61	Ages 5 to 21	Education Rate:	\$192.14

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	X	<input type="checkbox"/>	Vocational Training	X	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	X	<input type="checkbox"/>		
Staff Secure	X	<input type="checkbox"/>	Family Therapy	X	<input type="checkbox"/>		
Medical	X	<input type="checkbox"/>	Group Therapy	X	<input type="checkbox"/>		
Education	X	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	X		
Assessments (please list)	X	<input type="checkbox"/>	Medical Care	X	<input type="checkbox"/>		
			Transportation	X	<input type="checkbox"/>		
			Drug Testing	<input type="checkbox"/>	X		
Evidence Based Practices (please list)	X	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
Gentle Teaching, Positive Behavior Interventions & Supports, Trauma Focused Cognitive Behavioral Therapy, Applied Behavioral Analysis, Cognitive Rehabilitation, Response to Intervention							
			Certified In home provider?	Yes	X	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	X
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	X
Intensive Treatment Program	X	Disruptive Behavior Disorder	X
Nursing home	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	X
		Pervasive Developmental Disorder (PDD)	X
		Physical Challenges	X
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	X
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	X		
Awaiting Disposition from Court	<input type="checkbox"/>		
CHINS Petitions	X		
Delinquency Petitions	X		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Easter Seals – Robert B. Jolicoeur Educational and Residential Facility

GENERAL INFORMATION:

Name of Program Easter Seals - Robert B. Jolicoeur Educational and Residential Facility-Boys

Executive/Program Director Kaitlin Griffin Contact Person for Admissions Dolores Donovan

E-mail kgriffin@eastersealsnh.org E-mail ddonovan@eastersealsnh.org

Address 1 Mammoth Road City Manchester State NH Zip 03109

Telephone (603)621-3621 Fax (603)623-6940 Website eastersealsnh.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	16	Total Rate (Board and Care plus Education if applicable):	\$281.17	
Certification Capacity:	10			
Maximum # of Males:	16	Ages 7 to 20	Board & Care Rate:	\$194.91
Maximum # of Females:		Ages to	Education Rate:	\$86.26

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	X	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	X		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	X	<input type="checkbox"/>		
Staff Secure	X	<input type="checkbox"/>	Family Therapy	X	<input type="checkbox"/>		
Medical	<input type="checkbox"/>	X	Group Therapy	X	<input type="checkbox"/>		
Education	X	<input type="checkbox"/>	Substance Abuse Treatment	X	<input type="checkbox"/>		
Assessments (please list)	X	<input type="checkbox"/>	Medical Care		X		
Psychiatric, psychological			Transportation	X	<input type="checkbox"/>		
			Drug Testing	X	<input type="checkbox"/>		
Evidence Based Practices (please list)	X	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
TF-CBT, CBT, DBT							
			Certified In home provider?	Yes	X	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	X
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	X
Intensive Treatment Program	X	Disruptive Behavior Disorder	X
Nursing home	<input type="checkbox"/>	Domestic Violence	X
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	X
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	X
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	X
		Pervasive Developmental Disorder (PDD)	X
		Physical Challenges	X
		Sexual Offenses	X
		Substance Abuse Issue	X
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	X
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	X		
Awaiting Disposition from Court	X		
CHINS Petitions	X		
Delinquency Petitions	X		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Easter Seals-Krol House

GENERAL INFORMATION:

Name of Program Easter Seals - Robert B Jolicoeur Educational and Residential Facility-Krol House
 Executive/Program Director Kaitlin Griffin Contact Person for Admissions Dolores Donovan
 E-mail kgriffin@eastersealsnh.org E-mail ddonovan@eastersealsnh.org
 Address 9 Mammoth Road City Manchester State NH Zip 03109
 Telephone (603)621-3621 Fax (603)623-6940 Website eastersealsnh.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	5	Total Rate (Board and Care plus Education if applicable):	\$281.17	
Certification Capacity:	5			
Maximum # of Males:	5	Ages 10 to 20	Board & Care Rate:	\$194.91
Maximum # of Females:		Ages to	Education Rate:	\$86.26

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	X	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	X		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	X	<input type="checkbox"/>		
Staff Secure	X	<input type="checkbox"/>	Family Therapy	X	<input type="checkbox"/>		
Medical	<input type="checkbox"/>	X	Group Therapy	X	<input type="checkbox"/>		
Education	X	<input type="checkbox"/>	Substance Abuse Treatment	X	<input type="checkbox"/>		
Assessments (please list)	<input type="checkbox"/>	X	Medical Care	<input type="checkbox"/>	X		
Psychiatric, Psychological, Vocational			Transportation	X	<input type="checkbox"/>		
			Drug Testing	X	<input type="checkbox"/>		
Evidence Based Practices (please list)	X	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
TF-CBT, CBT, DBT							
Certified In home provider?				Yes	X	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	X
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	X
Intensive Treatment Program	X	Disruptive Behavior Disorder	X
Nursing home		Domestic Violence	X
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	X
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	X
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	X
		Pervasive Developmental Disorder (PDD)	X
		Physical Challenges	X
		Sexual Offenses	X
		Substance Abuse Issue	X
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	X
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	X		
Awaiting Disposition from Court	X		
CHINS Petitions	X		
Delinquency Petitions	X		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Easter Seals – Lancaster

GENERAL INFORMATION:

Name of Program Easter Seals – Lancaster

Executive/Program Director Gretchen Cook Contact Person for Admissions Dolores Donovan

E-mail gcook@eastersealsnh.org E-mail ddonovan@eastersealsnh.org

Address 525 Prospect Street City Lancaster State NH Zip 03584

Telephone (603)788-0911 Fax (603)788-3888 Website eastersealsnh.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	24	Total Rate (Board and Care plus Education if applicable):	\$268.77	
Certification Capacity:	6			
Maximum # of Males:	24	Ages 8 to 20	Board & Care Rate:	\$194.91
Maximum # of Females:	24	Ages 8 to 20	Education Rate:	\$73.86

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	X	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	X
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	X	<input type="checkbox"/>
Staff Secure	X	<input type="checkbox"/>	Family Therapy	X	<input type="checkbox"/>
Medical	<input type="checkbox"/>	X	Group Therapy	X	<input type="checkbox"/>
Education	X	<input type="checkbox"/>	Substance Abuse Treatment	X	<input type="checkbox"/>
Assessments (please list)	<input type="checkbox"/>	X	Medical Care		X
Psychiatric, psychological, vocational			Transportation	X	<input type="checkbox"/>
			Drug Testing	X	<input type="checkbox"/>
Evidence Based Practices (please list)	X	<input type="checkbox"/>	Other	X	<input type="checkbox"/>
TF-CBT, CBT, DBT					
			Certified In home provider?	Yes	X
				No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	X
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	X
Intensive Treatment Program	X	Disruptive Behavior Disorder	X
Nursing home	<input type="checkbox"/>	Domestic Violence	X
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	X
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	X
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	X
		Pervasive Developmental Disorder (PDD)	X
		Physical Challenges	X
		Sexual Offenses	X
		Substance Abuse Issue	X
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	X
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	X		
Awaiting Disposition from Court	X		
CHINS Petitions	X		
Delinquency Petitions	X		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Easter Seals – Zachary Road

GENERAL INFORMATION:

Name of Program Easter Seals- Zachary Road

Executive/Program Director John Soucy Contact Person for Admissions Dolores Donovan

E-mail jsoucy@eastersealsnh.org E-mail ddonovan@eastersealsnh.org

Address 200 Zachary Road City Manchester State NH Zip 03109

Telephone (603)206-6603 Fax (603)647-8426 Website eastersealsnh.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	106	Total Rate (Board and Care plus Education if applicable):	\$311.31	
Certification Capacity:	39			
Maximum # of Males:	106	Ages 8 to 20	Board & Care Rate:	\$225.05
Maximum # of Females:	106	Ages 8 to 20	Education Rate:	\$86.26

SERVICES	Provided On-Site by Staff	Contracted/ Vended and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/ Vended and Provided by Program		
Special Education	X	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	x		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	X	<input type="checkbox"/>		
Staff Secure	X	<input type="checkbox"/>	Family Therapy	X	<input type="checkbox"/>		
Medical	<input type="checkbox"/>	X	Group Therapy	X	<input type="checkbox"/>		
Education	X	<input type="checkbox"/>	Substance Abuse Treatment	X	<input type="checkbox"/>		
Assessments (please list)	<input type="checkbox"/>	X	Medical Care	<input type="checkbox"/>	X		
Psychiatric, psychological, vocational, occupational			Transportation	X	<input type="checkbox"/>		
			Drug Testing	X	<input type="checkbox"/>		
Evidence Based Practices (please list)	X	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
TF-CBT, CBT, DBT							
Certified In home provider?				Yes	X	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	X
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	X
Intensive Treatment Program	X	Disruptive Behavior Disorder	X
Nursing home	<input type="checkbox"/>	Domestic Violence	X
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	X
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	X
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	X
		Pervasive Developmental Disorder (PDD)	x
		Physical Challenges	X
		Sexual Offenses	X
		Substance Abuse Issue	X
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	X
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	X		
Awaiting Disposition from Court	X		
CHINS Petitions	X		
Delinquency Petitions	X		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Nashua Children's Home

GENERAL INFORMATION:

Name of Program Nashua Children's Home

Executive/Program Director David Villiotti Contact Person for Admissions Paul Wheeler

E-mail dvilliotti@aol.com E-mail pwheeler@nashuachildrenshome.org

Address 125 Amherst Street City Nashua State NH Zip 03064

Telephone 603-883-3851 Fax 603-883-5925 Website <https://nashuachildrenshome.org/>

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	55	Total Rate (Board and Care plus Education if applicable):	\$241.73	
Certification Capacity:	46			
Maximum # of Males:	26	Ages 7 to 20	Board & Care Rate:	\$174.83
Maximum # of Females:	24	Ages 7 to 20	Education Rate:	\$66.90

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input type="checkbox"/>		
			Transportation	<input type="checkbox"/>	<input type="checkbox"/>		
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
CBT, DBT, TFCBT, Functional Family Therapy, Multidimensional Treatment, Multi-systemic Therapy, Child Parent Psychotherapy, Holistic Education.							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	Fire setting, intellectual disability, PDD, and physical challenges determined on case by case basis.	
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

NFI North Davenport School

GENERAL INFORMATION:

Name of Program NFI North Davenport School

Executive/Program Director Deborah Weeks Contact Person for Admissions Deborah Weeks

E-mail Deborah Weeks@nafi.com E-mail DeborahWeeks@nafi.com

Address Po Box 209/30 Davenport Road City Jefferson State NH Zip 03583

Telephone 586-7161 Fax 586-4567 Website www.nfinorth.com/

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	22	Total Rate (Board and Care plus Education if applicable):	\$287.52	
Certification Capacity:	22			
Maximum # of Males:	0	Ages 0 to 0	Board & Care Rate:	\$200.69
Maximum # of Females:	22	Ages 11 to 18	Education Rate:	\$86.83

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Secure Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
Cognitive Behavioral Therapy (CBT), Dialectal Behavioral Therapy, Functional Family Therapy, Trauma Informed CBT (TFCBT)							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)	POPULATION SERVED (Check all that apply)
Assessment Treatment Program	<input type="checkbox"/> Anger/Violence Management <input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/> Cognitive Delays <input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/> Disruptive Behavior Disorder <input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/> Domestic Violence <input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/> Eating Disorder <input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/> Fire Setting Behaviors <input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/> Intellectual Disability <input checked="" type="checkbox"/>
	<input type="checkbox"/> Pervasive Developmental Disorder (PDD) <input type="checkbox"/>
	<input type="checkbox"/> Physical Challenges <input checked="" type="checkbox"/>
	<input type="checkbox"/> Sexual Offenses <input type="checkbox"/>
	<input type="checkbox"/> Substance Abuse Issue <input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)	<input checked="" type="checkbox"/> Trauma Issues <input checked="" type="checkbox"/>
	<input type="checkbox"/> Other <input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>
CHINS Petitions	<input checked="" type="checkbox"/>
Delinquency Petitions	<input checked="" type="checkbox"/>

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Pine Haven Boys Center

GENERAL INFORMATION:

Name of Program Pine Haven Boys Center

Executive/Program Director Paul Riva Contact Person for Admissions Joyce Pollinger

E-mail Paulriva68@hotmail.com E-mail Joyce.Pollinger@comcast.net

Address 133 River Road City Suncook State NH Zip 03275

Telephone 603-4857141 Fax 603-4857142 Website www.pinehavenboyscenter.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	23	Total Rate (Board and Care plus Education if applicable):	293.39	
Certification Capacity:	20			
Maximum # of Males:	23	Ages 6 to 15	Board & Care Rate:	208.72
Maximum # of Females:		Ages to	Education Rate:	84.67

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	X	<input type="checkbox"/>		
Staff Secure	X	<input type="checkbox"/>	Family Therapy	X	<input type="checkbox"/>		
Medical	X	<input type="checkbox"/>	Group Therapy	X	<input type="checkbox"/>		
Education	X	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	X	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	X		
Fire setting			Transportation	<input type="checkbox"/>	<input type="checkbox"/>		
Trauma			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>		
Neuropsychological-evaluations			Other	X	<input type="checkbox"/>		
Evidence Based Practices (please list)	X	<input type="checkbox"/>	School Day Program				
CBT, TFCBT, play therapy, fire treatment, Multidimensional treatment, RTI, Collaborative solutions trauma focused treatment							
			Certified In home provider?	Yes	X	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	X
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	X
Intensive Treatment Program	X	Disruptive Behavior Disorder	X
Nursing home	<input type="checkbox"/>	Domestic Violence	X
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	X
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	X
		Pervasive Developmental Disorder (PDD)	X
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	X
		Substance Abuse Issue	<input type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	X
		Other	X
Abuse/Neglect Petitions	X	Sexually Reactive children	
Awaiting Disposition from Court	X	Children with Diabetes	
CHINS Petitions	X	Multicultural children	
Delinquency Petitions	X		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Spaulding Youth Center – Bridge Program

GENERAL INFORMATION:

Name of Program Spaulding Youth Center- Bridge Program

Executive/Program Director Susan Ryan Contact Person for Admissions Pat Seaward-Salvati

E-mail sryan@spauldingyouthcenter.org E-mail pseawardsalvati@spauldingyouthcenter.org

Address 72 Spaulding Road City Northfield State NH Zip 03269

Telephone 603-286-8901 Fax 603-286-8650 Website www.spauldingyouthcenter.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	61 (Total for all programs)	Total Rate (Board and Care plus Education if applicable):	\$376.52	
Certification Capacity:	26	Board & Care Rate:	\$274.84	
Maximum # of Males:	26	Ages 5 to 21	Education Rate:	\$101.68
Maximum # of Females:	26	Ages 5 to 21		

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
As needed basis, Educational Assessments completed, Psychological and Behavioral assessments. Referrals are made for more comprehensive and specialized assessments.			Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Evidence Based Practices (please list)			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>		
			Other	<input type="checkbox"/>	<input type="checkbox"/>		
Cognitive Behavioral Therapy, Trauma Informed Therapy, Applied Behavioral Analysis Therapy, Child Centered Play Therapy, Solution-Focused Therapy, Narrative Play Therapy, PBIS							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>		
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Spaulding Youth Center – Emotional Disturbed Program

GENERAL INFORMATION:

Name of Program Spaulding Youth Center- Emotional Disturbed Program

Executive/Program Director Susan Ryan Contact Person for Admissions Pat Seaward-Salvati

E-mail sryan@spauldingyouthcenter.org E-mail pseawardsalvati@spauldingyouthcenter.org

Address 72 Spaulding Road City Northfield State NH Zip 03269

Telephone 603-286-8901 Fax 603-286-8650 Website www.spauldingyouthcenter.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	61 (Total for all programs)	Total Rate (Board and Care plus Education if applicable): \$333.06	
Certification Capacity:	26		
Maximum # of Males:	26	Ages 5 to 15	Board & Care Rate: \$231.38
Maximum # of Females:	26	Ages 5 to 15	Education Rate: \$101.68

SERVICES	Provided On-Site by Staff	Contracted/ Vended and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/ Vended and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
As needed basis, Educational Assessments completed, Psychological and Behavioral assessments. Referrals are made for more comprehensive and specialized assessments.			Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
Cognitive Behavioral Therapy, Trauma Informed Therapy, Applied Behavioral Analysis Therapy, Child Centered Play Therapy, Solution-Focused Therapy, Narrative Play Therapy, PBIS							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>		
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Spaulding Youth Center - Neuro-Behavioral Program

GENERAL INFORMATION:

Name of Program Spaulding Youth Center- Neuro-Behavioral Program

Executive/Program Director Susan Ryan Contact Person for Admissions Pat Seaward-Salvati

E-mail sryan@spauldingyouthcenter.org E-mail pseawardsalvati@spauldingyouthcenter.org

Address 72 Spaulding Road City Northfield State NH Zip 03269

Telephone 603-286-8901 Fax 603-286-8650 Website www.spauldingyouthcenter.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	61 (Total for all programs)	Total Rate (Board and Care plus Education if applicable):	\$405.87	
Certification Capacity:	26			
Maximum # of Males:	26	Ages 5 to 21	Board & Care Rate:	\$261.92
Maximum # of Females:	26	Ages 5 to 21	Education Rate:	\$143.95

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
As needed basis, Educational Assessments completed Psychological and Behavioral assessments. Referrals are made for more comprehensive and specialized assessments.			Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
Cognitive Behavioral Therapy, Trauma Informed Therapy, Applied Behavioral Analysis Therapy, Child Centered Play Therapy, Solution-Focused Therapy, Narrative Play Therapy, PBIS							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>		
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Vermont Permanency Initiative – Becket House at Campton

GENERAL INFORMATION:

Name of Program Vermont Permanency Initiative – Becket House at Campton
 Executive/Program Director Richard Phelps, LICSW Contact Person for Admissions Richard Phelps or Camille Laboe
 E-mail richard.phelps@mountprospectacademy.org E-mail camille.laboe@mountprospectacademy.org
 Address 19 Owl St. City Campton State NH Zip 03223
 Telephone 603-726-4950 Fax 603-726-4967 Website www.becket.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	26	Total Rate (Board and Care plus Education if applicable):	\$445.18
Certification Capacity:	16		
Maximum # of Males:	26	Ages 10 to 20	Board & Care Rate: \$328.81
Maximum # of Females:	NA	Ages to	Education Rate: \$116.37

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Adventure based therapy, CBT, DBT, TFEBT, EMDR, Multidimensional Treatment, Multi-systemic therapy			Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			Drug Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
Child and Adolescent Functional Assessment, psychosocial, psychiatric, behavioral, family, educational and vocational assessments as necessary.							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	Physical Challenges dependent on severity and functioning.	
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Vermont Permanency Initiative – East Haverhill Academy

GENERAL INFORMATION:

Name of Program East Haverhill Academy, VPI- North, Becket Family of Services

Executive/Program Director Catherine Beaton Contact Person for Admissions Camille Laboe or Catherine Beaton

E-mail Catherine.beaton@mountprospectacademy.org E-mail camille.laboe@mountprospectacademy.org

Address 1977 Mount Moosilauke Hwy City Pike State NH Zip 03780

Telephone 802-222-3221 Fax 802-222-6328 Website www.becket.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	16	Total Rate (Board and Care plus Education if applicable):	423.68	
Certification Capacity:	2			
Maximum # of Males:	16	Ages 11 to 21	Board & Care Rate:	307.31
Maximum # of Females:	0	Ages to	Education Rate:	116.37

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
BDI			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
CBT, DBT, Family Therapy, CPP, TFCBT, EMDR, Reality Therapy, ABA							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Fire setting, sexual offenses, physical challenges determined case by case.	
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Vermont Permanency Initiative – Sub-Acute at Depot Street

GENERAL INFORMATION:

Name of Program Vermont Permanency Initiative - Sub-Acute at Depot Street

Executive/Program Director Ian Detamore LCMHC, NCC Contact Person for Admissions Camille Laboe

E-mail Ian.Detamore@mountprospectacademy.org E-mail camille.laboe@mountprospectacademy.org

Address 32 Depot Street City Campton State NH Zip 03223

Telephone 603-359-5951 Fax 603-563-3074 Website www.becket.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	5	Total Rate (Board and Care plus Education if applicable):	\$736.31	
Certification Capacity:	4			
Maximum # of Males:	5	Ages 12 to 20	Board & Care Rate:	\$619.94
Maximum # of Females:	NA	Ages to	Education Rate:	\$116.37

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Child and Adolescent Functional Assessment, psychosocial, psychiatric, functional, behavioral, educational and vocational assessments as necessary.			Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			Drug Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
CBT, DBT, TFCBT, Multidimensional Treatment, Multi-systemic therapy, EMDR, ARC, MI, Mindfulness Practices			Staffing Ration 4:5 during daytime hours				
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	Physical Challenges dependent on severity and functioning.	
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Wediko School

GENERAL INFORMATION:

Name of Program Wediko School

Executive/Program Director Amy Sousa / Kim Guest Contact Person for Admissions Michelle Galligan Katie Walsh

E-mail kguest@wediko.org (Program Director) E-mail mgalligan@wediko.org; kwalsh@wediko.org;

Address Wediko School, 11 Bobcat Blvd City Windsor State NH Zip 03244

Telephone 603-478-5236 Fax 603-478-2049 Website www.wediko.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	44	Total Rate (Board and Care plus Education if applicable):	\$352.97
Certification Capacity:	28		
Maximum # of Males:	44	Ages 6 to 21	Board & Care Rate: \$212.25 per diem
Maximum # of Females:		Ages to	Education Rate: \$140.72

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CBT, DBT, Family therapy, TFCBT			Therapeutic horseback-riding (seasonal), vocational/independent living included in programming		
			Certified In home provider?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	Attachment, ADHD, Learning Disabilities	
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

Shelter Care Treatment Programs

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

NFI North - Midway Shelter-

Closing after June 30th, 2017

GENERAL INFORMATION:

Name of Program NFI North Midway Shelter

Executive/Program Director Paul Dann Contact Person for Admissions Randa Tenney

E-mail PaulDann@nafi.com E-mail RandaTenney@nafi.com

Address PO Box 417 40 Park Lane City Contoocook State NH Zip 03229

Telephone 603-746-7550 Fax 603-746-7544 Website www.nafi.com

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	15	Total Rate (Board and Care plus Education if applicable):	262.51	
Certification Capacity:	15			
Maximum # of Males:	15	Ages 11 to 17	Board & Care Rate:	195.61
Maximum # of Females:	15	Ages 11 to 17	Education Rate:	66.90

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Basic, psychosocial, social skills, cognitive, family assessment, psychological, LADAC, ADL's, nutrition, suicide, health, mental status			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
CBT, Trauma Informed, Motivational Interviewing, DBT							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input checked="" type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Family Mediation	
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

Nursing Homes

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Cedarcrest Center for Children with Disabilities

GENERAL INFORMATION:

Name of Program Cedarcrest Center for Children with Disabilities

Executive/Program Director Cathy Gray Contact Person for Admissions Kristin Targett

E-mail cgray@cedarcrest4kids.org E-mail ktargett@cedarcrest4kids.org

Address 91 Maple Avenue City Keene State NH Zip 03431

Telephone 603-358-3384 Fax 603-358-6485 Website www.cedarcrest4kids.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	26	Total Rate (Board and Care plus Education if applicable):	\$632.47 (not set by DCYF)	
Certification Capacity:	26			
Maximum # of Males:	Up to 26	Ages 0 to 21	Board & Care Rate:	\$392.33
Maximum # of Females:	Up to 26	Ages 0 to 21	Education Rate:	\$240.14

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>		
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input type="checkbox"/>	<input type="checkbox"/>		
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Physical, Nursing, PT, OT, Speech, Psychological, Educational			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence Based Practices (please list)	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			Social Services				
Certified In home provider?				Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input type="checkbox"/>	Disruptive Behavior Disorder	<input type="checkbox"/>
Nursing home	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input type="checkbox"/>
		Other	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Medically complex	
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input type="checkbox"/>		
Delinquency Petitions	<input type="checkbox"/>		

Substance Abuse Treatment Programs

In-Patient Acute Psychiatric Hospital

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

New Hampshire Hospital

GENERAL INFORMATION:

Name of Program New Hampshire Hospital (Anna Philbrook Center: Children and Adolescents)
 Executive/Program Director Dr. Robert MacLeod Contact Person for Admissions * No direct admissions*
 E-mail _____ E-mail See local Community Mental Health Center
 Address 36 Clinton Street City Concord State NH Zip 03301
 Telephone 603 271-5300 Fax 603 271-5393 Website <http://www.dhhs.nh.gov/dcbcs/nhh/index.htm>

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:		Total Rate (Board and Care plus Education if applicable):	\$1346.00
Certification Capacity:	24		
Maximum # of Males:	varies	Ages 4 to 17	Board & Care Rate:
Maximum # of Females:	varies	Ages 4 to 17	Education Rate:

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatric and Medical			Transportation	<input type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
			Certified In home provider? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input type="checkbox"/>
Intensive Treatment Program	<input type="checkbox"/>	Disruptive Behavior Disorder	<input type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>
Inpatient Psychiatric Hospital	<input checked="" type="checkbox"/>	Pervasive Developmental Disorder (PDD)	<input type="checkbox"/>
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input type="checkbox"/>
		Other	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input type="checkbox"/>	Primary acute inpatient mental health care	
Awaiting Disposition from Court	<input type="checkbox"/>		
CHINS Petitions	<input type="checkbox"/>		
Delinquency Petitions	<input type="checkbox"/>		

State Facilities (State Run)

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Sununu Youth Services Center – Detained

**This is not a placement but a court ordered detainment*

GENERAL INFORMATION:

Name of Program Sununu Youth Services Center - Detained

Executive/Program Director Brady Serafin Contact Person for Admissions Bill Bovaird

E-mail brady.serafin@dhhs.nh.gov E-mail william.bovaird@dhhs.nh.gov

Address 1056 River Road City Manchester State NH Zip 03104

Telephone 603-625-5471 Fax 603-669-1203 Website <http://www.dhhs.nh.gov/djjs/institutional/>

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	144	Total Rate (Board and Care plus Education if applicable):	
Certification Capacity:			
Maximum # of Males:	Varies	Ages 11 to 17	Board & Care Rate:
Maximum # of Females:	Varies	Ages 11 to 17	Education Rate:

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical, Dental, Clinical, Educational			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Therapeutic Crisis Intervention		
			Crisis Response		
			Certified In home provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
Secure Treatment	<input checked="" type="checkbox"/>	Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input type="checkbox"/>	Crisis Stabilization	
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

NEW HAMPSHIRE RESIDENTIAL TREATMENT PROGRAMS

Sununu Youth Services Center – Committed

**This is not a placement but a court ordered commitment*

GENERAL INFORMATION:

Name of Program Sununu Youth Services Center - Committed
 Executive/Program Director Brady Serafin Contact Person for Admissions Bill Bovaird
 E-mail brady.serafin@dhhs.nh.gov E-mail william.bovaird@dhhs.nh.gov
 Address 1056 River Road City Manchester State NH Zip 03104
 Telephone 603-625-5471 Fax 603-669-1203 Website <http://www.dhhs.nh.gov/djjs/institutional/>

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	144	Total Rate (Board and Care plus Education if applicable):	Statutorily mandated
Certification Capacity:			
Maximum # of Males:	Varies	Ages 11 to 18	Board & Care Rate:
Maximum # of Females:	Varies	Ages 11 to 18	Education Rate:

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical, Dental, Clinical, Educational			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TF-CBT, CBT, Motivational Interviewing, DBT			Therapeutic Crisis Intervention, Crisis Response		
			Certified In home provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
Secure Treatment	<input checked="" type="checkbox"/>	Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	<input type="checkbox"/>		
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

Out of State Assessment Treatment Programs

Out of State Intermediate Treatment Programs

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

DARE Family Services

GENERAL INFORMATION:

Name of Program Dare Family Services, Inc. Pregnant and Parenting Program

Executive/Program Director E. Gregory McDermott Contact Person for Admissions Kelly McMahon

E-mail gmcdermott@darefamily.org E-mail kcmahon@darefamily.org

Address 141 Low Street City Newburyport State MA Zip 01950

Telephone 978-465-3834 Fax 978-465-3671 Website www.darefamily.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	20	Ages 6 to 22	Total Rate (Board and Care plus Education if applicable): \$271.47
Certification Capacity:	20		
Maximum # of Males:	Infants/Toddlers only	Ages 0 to 5	Board & Care Rate:
Maximum # of Females:	Teens and infants	Ages 13 to 19	Education Rate:

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education		<input checked="" type="checkbox"/>	Vocational Training	x	<input checked="" type="checkbox"/>		
Secure Treatment	X	<input type="checkbox"/>	Individual Therapy		<input checked="" type="checkbox"/>		
Staff Secure	X	<input type="checkbox"/>	Family Therapy		<input checked="" type="checkbox"/>		
Medical		<input checked="" type="checkbox"/>	Group Therapy	X	<input checked="" type="checkbox"/>		
Education		<input checked="" type="checkbox"/>	Substance Abuse Treatment		<input checked="" type="checkbox"/>		
Assessments (please list)		<input checked="" type="checkbox"/>	Medical Care		<input checked="" type="checkbox"/>		
Diagnostic Assessments			Transportation	x	<input type="checkbox"/>		
			Drug Testing		<input checked="" type="checkbox"/>		
Evidence Based Practices (please list)	x	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
Trauma informed care. ARC model. DBT and CBT.							
Certified In home provider?				Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	x
Intermediate Treatment Program	<input checked="" type="checkbox"/>	Cognitive Delays	x
Intensive Treatment Program		Disruptive Behavior Disorder	x
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	x
		Pervasive Developmental Disorder (PDD)	x
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	x
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	x
		Other	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	x	Teen Parenting	
Awaiting Disposition from Court	x		
CHINS Petitions	x		
Delinquency Petitions	x		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Home for Little Wanderers – Waltham House

GENERAL INFORMATION:

Name of Program Home for Little Wanderers—Waltham House

Executive/Program Director Rebecca Reed, Program Dir Contact Person for Admissions Rebecca Reed

E-mail rreed@thefhome.org E-mail rreed@thefhome.org

Address 409 Lexington Street City Waltham State MA Zip 02452

Telephone 781-647-9976 Fax 781-647-9956 Website www.thefhome.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	12		
Certification Capacity:	12	Total Rate (Board and Care plus Education if applicable):	\$282.50
Maximum # of Males:	12	Ages 14 to 18	Board & Care Rate: \$282.50
Maximum # of Females:	12	Ages 14 to 18	Education Rate: n/a

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure (if imminent risk)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical (Nursing only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input type="checkbox"/>
Initial risk assessment, initial clinical assessment, comprehensive clinical assessment, CAFAS, CANS			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cognitive Behavior Therapy, Integrative Treatment of Complex Trauma (ITCT), Dialectical Behavior Therapy, Solution-Focused Brief Family Therapy			Other	<input type="checkbox"/>	<input type="checkbox"/>
			Educational needs coordinated through Public Schools. Psychiatry, Medical Care, and Substance Abuse treatment arranged off-site via providers who bill insurance directly.		
			Certified In home provider?		
			Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input checked="" type="checkbox"/>	Cognitive Delays	<input type="checkbox"/>
Intensive Treatment Program	<input type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input type="checkbox"/>
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other ***Gay, Lesbian, Bisexual, and Transgender specialty program	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>		
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

Out of State Intensive Treatment Programs

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Brandon Residential Treatment Center

GENERAL INFORMATION:

Name of Program Brandon Residential Treatment Center, Inc.

Executive/Program Director Timothy M. Callahan Contact Person for Admissions Sheena Parand

E-mail tcallahan@brandonschool.org E-mail sparand@brandonschool.org

Address 27 Winter Street City Natick State MA Zip 01760

Telephone 508-655-6400 Fax 508-650-9431 Website Brandonschool.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	81	Total Rate (Board and Care plus Education if applicable):	\$499.73
Certification Capacity:	74		
Maximum # of Males:	74	Ages 7 to 18	Board & Care Rate: \$250.35
Maximum # of Females:	0	Ages to	Education Rate: \$249.38

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
CBT, TFCBT, Fire and sexual treatment					
			Certified In home provider? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

PROGRAM TYPE (Check one)	POPULATION SERVED (Check all that apply)
Assessment Treatment Program	<input type="checkbox"/> Anger/Violence Management <input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/> Cognitive Delays <input type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/> Disruptive Behavior Disorder <input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/> Domestic Violence <input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/> Eating Disorder <input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/> Fire Setting Behaviors <input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/> Intellectual Disability <input type="checkbox"/>
	<input type="checkbox"/> Pervasive Developmental Disorder (PDD) <input type="checkbox"/>
	<input type="checkbox"/> Physical Challenges <input type="checkbox"/>
	<input type="checkbox"/> Sexual Offenses <input checked="" type="checkbox"/>
	<input type="checkbox"/> Substance Abuse Issue <input type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)	<input type="checkbox"/> Trauma Issues <input checked="" type="checkbox"/>
	<input type="checkbox"/> Other <input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>
CHINS Petitions	<input checked="" type="checkbox"/>
Delinquency Petitions	<input checked="" type="checkbox"/>

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Devereux Massachusetts

GENERAL INFORMATION:

Name of Program Devereux Massachusetts

Executive/Program Director Stephen Yerdon Contact Person for Admissions Bonnie Byer, Tammy Gregoire

E-mail syerdon@devereux.org E-mail bbyer@devereux.org; TGREGOIR@devereux.org

Address 60 Miles Rd PO BOX 219 City Rutland State MA Zip 01543

Telephone 508-886-4746 Fax 508-886-4773 Website www.devereuxma.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	143	Ages 6 to 22	Total Rate (Board and Care plus Education if applicable): \$505.45
Certification Capacity:			
Maximum # of Males:	101		Board & Care Rate: \$367.44
Maximum # of Females:	42		Education Rate: \$138.97

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	x	<input type="checkbox"/>	Vocational Training	x	<input type="checkbox"/>
Secure Treatment		<input type="checkbox"/>	Individual Therapy	x	<input type="checkbox"/>
Staff Secure	x	<input type="checkbox"/>	Family Therapy	x	<input type="checkbox"/>
Medical	x	<input type="checkbox"/>	Group Therapy	x	<input type="checkbox"/>
Education	x	<input type="checkbox"/>	Substance Abuse Treatment	x	<input type="checkbox"/>
Assessments (please list)	x	<input type="checkbox"/>	Medical Care	x	<input type="checkbox"/>
Diagnostic Assessments			Transportation	x	<input type="checkbox"/>
			Drug Testing	x	<input type="checkbox"/>
Evidence Based Practices (please list)	x	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Behavioral Therapy					
Dialectical behavior Therapy					
			Certified In home provider?	Yes	<input type="checkbox"/> No x

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	x
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	x
Intensive Treatment Program	x	Disruptive Behavior Disorder	x
Nursing home	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	x
		Pervasive Developmental Disorder (PDD)	x
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	x
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	x
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	x		
Awaiting Disposition from Court	x		
CHINS Petitions	x		
Delinquency Petitions	x		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Lakeland Behavioral Health System (Child Specific)

GENERAL INFORMATION:

Name of Program Lakeland Behavioral Health System (Psychiatric Residential Treatment Facility- PRTF)
 Executive/Program Director Nate Duncan Contact Person for Admissions Sharon Pennington
 E-mail Nate.duncan@yfcs.com E-mail Sharon.pennington@yfcs.com
 Address 440 S. Market Ave City Springfield State MO Zip 65806
 Telephone 800-432-1210 Fax 417-865-8269 Website www.lakelandbehavioralhealth.com

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	106	Total Rate (Board and Care plus Education if applicable):	\$458.63
Certification Capacity:	106		
Maximum # of Males:	53	Ages 3 to 18	Board & Care Rate: \$303.63
Maximum # of Females:	53	Ages 3 to 18	Education Rate: \$155.00

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical (General Medical)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care (emergency or non-medical health services)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing Assessment, Risk Assessment, Medical Assessment, Psychosocial Evaluation, Psychiatric Evaluation, Psychological Evaluation (if needed)			Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Drug Testing (if needed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CBT, TF-CBT			Pharmacy services		
			Certified In home provider?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)	POPULATION SERVED (Check all that apply)
Assessment Treatment Program	<input type="checkbox"/> Anger/Violence Management <input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/> Cognitive Delays <input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/> Disruptive Behavior Disorder <input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/> Domestic Violence <input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/> Eating Disorder <input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/> Fire Setting Behaviors <input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/> Intellectual Disability <input type="checkbox"/>
* Also has a hospital setting	<input type="checkbox"/> Pervasive Developmental Disorder (PDD) <input checked="" type="checkbox"/>
	<input type="checkbox"/> Physical Challenges <input type="checkbox"/>
	<input type="checkbox"/> Sexual Offenses <input checked="" type="checkbox"/>
	<input type="checkbox"/> Substance Abuse Issue <input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)	<input type="checkbox"/> Trauma Issues <input checked="" type="checkbox"/>
	<input type="checkbox"/> Other <input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/> Psychiatric Disorders to include Depression, Mood Disorder, Bipolar, Anxiety, PTSD, ADHD, ADD, personality disorders
Awaiting Disposition from Court	<input checked="" type="checkbox"/>
CHINS Petitions	<input checked="" type="checkbox"/>
Delinquency Petitions	<input checked="" type="checkbox"/>

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Sidney River Bend

GENERAL INFORMATION:

Name of Program NFI North Sidney River Bend/Sidney School

Executive/Program Director Paul L. Dann, Ph.D. Contact Person for Admissions Andrea Babbin-Wood

E-mail pauldann@nafi.com E-mail <AndreaBabbin-Wood@nafi.com>

Address 3895 West River Road City Sidney State ME Zip 04330

Telephone 207-547-4464 Fax 207-547-4686 Website http://www.nfinorth.com

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	8	Total Rate (Board and Care plus Education if applicable):	See attached
Certification Capacity:	8		
Maximum # of Males:	8	Ages 10 to 21	Board & Care Rate: See attached
Maximum # of Females:	8	Ages 10 to 21	Education Rate: See attached

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input type="checkbox"/>
			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cognitive Behavioral Therapy (CBT), Dialectal Behavioral Therapy, Functional Family Therapy, Trauma Informed CBT (TFCBT), etc.			Youth are provided all medical at a local provider (paid through Medicaid), and have a contracted psychiatrist.		
			Certified In home provider? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	Psychical challenges case by case	
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Spurwink – Brunswick

GENERAL INFORMATION:

Name of Program Spurwink-Brunswick Children's Residential Treatment Program

Executive/Program Director Eric Meyer, LCSW, MBA Contact Person for Admissions Maryellen Sullivan

E-mail emeyer@spurwink.org E-mail msullivan@spurwink.org

Address 901 Washington Ave., Suite 100 City Portland State ME Zip 04103

Telephone 207-871-1200 Fax 207-871-1232 Website Spurwink.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	4	Total Rate (Board and Care plus Education if applicable):	\$717.39
Certification Capacity:	4		
Maximum # of Males:	4	Ages 5 to 21	Board & Care Rate: \$483.39
Maximum # of Females:	4	Ages 5 to 21	Education Rate: \$234.00

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatric, psychological, behavioral, occupational, speech, educational and other assessments as necessary			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CBT, DBT, Trauma Focused CBT, Applied Behavioral Analysis, SCERTS, Attachment, Self-Regulation, Competency (ARC) model, Motivational Interviewing			Co-Occurring Substance Abuse and Mental Health disorder treatment		
			Certified In home provider? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

PROGRAM TYPE (Check one)	POPULATION SERVED (Check all that apply)
Assessment Treatment Program	<input type="checkbox"/> Anger/Violence Management <input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/> Cognitive Delays <input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/> Disruptive Behavior Disorder <input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/> Domestic Violence <input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/> Eating Disorder <input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/> Fire Setting Behaviors <input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/> Intellectual Disability <input checked="" type="checkbox"/>
	<input type="checkbox"/> Pervasive Developmental Disorder (PDD) <input checked="" type="checkbox"/>
	<input type="checkbox"/> Physical Challenges <input type="checkbox"/>
	<input type="checkbox"/> Sexual Offenses <input type="checkbox"/>
	<input type="checkbox"/> Substance Abuse Issue <input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)	<input type="checkbox"/> Trauma Issues <input checked="" type="checkbox"/>
	<input type="checkbox"/> Other <input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>
CHINS Petitions	<input checked="" type="checkbox"/>
Delinquency Petitions	<input checked="" type="checkbox"/>

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Spurwink – Casco

GENERAL INFORMATION:

Name of Program Spurwink-Casco Children's Residential Treatment Program

Executive/Program Director Eric Meyer, LCSW, MBA Contact Person for Admissions Maryellen Sullivan

E-mail emeyer@spurwink.org E-mail mailto:msullivan@spurwink.org

Address 901 Washington Ave., Suite 100 City Portland State ME Zip 04103

Telephone 207-871-1200 Fax 207-871-1232 Website Spurwink.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	3	Total Rate (Board and Care plus Education if applicable):	\$717.39
Certification Capacity:	3		
Maximum # of Males:	3	Ages 7 to 21	Board & Care Rate: \$483.39
Maximum # of Females:	3	Ages 7 to 21	Education Rate: \$234.00

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatric, psychological, behavioral, occupational, speech, educational and other assessments as necessary			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CBT, DBT, Trauma Focused CBT, Applied Behavioral Analysis, SCERTS, Attachment, Self-Regulation, Competency (ARC) model, Motivational Interviewing			Co-Occurring Substance Abuse and Mental Health disorder treatment.		
			Certified In home provider? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input checked="" type="checkbox"/>
		Co-Occurring Substance Abuse and Mental Health Disorder	<input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>		
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Spurwink – Lewiston/Auburn

GENERAL INFORMATION:

Name of Program Spurwink-Lewiston/Auburn Children's Residential Treatment Program

Executive/Program Director Eric Meyer, LCSW, MBA Contact Person for Admissions Maryellen Sullivan

E-mail emeyer@spurwink.org E-mail <mailto:msullivan@spurwink.org>

Address 901 Washington Ave., Suite 100 City Portland State ME Zip 04103

Telephone 207-871-1200 Fax 207-871-1232 Website Spurwink.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	4	Total Rate (Board and Care plus Education if applicable):	\$717.39
Certification Capacity:	4		
Maximum # of Males:	4	Ages 5 to 21	Board & Care Rate: \$483.39
Maximum # of Females:	4	Ages 5 to 21	Education Rate: \$234.00

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatric, psychological, behavioral, occupational, speech, educational, and other assessments as necessary			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CBT, DBT, Trauma Focused CBT, Applied Behavioral Analysis, SCERTS, Attachment, Self-Regulation, Competency (ARC) model, Motivational Interviewing			Co-Occurring Substance Abuse and Mental Health disorder treatment		
			Certified In home provider? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

PROGRAM TYPE (Check one)	POPULATION SERVED (Check all that apply)
Assessment Treatment Program	<input type="checkbox"/> Anger/Violence Management <input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/> Cognitive Delays <input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/> Disruptive Behavior Disorder <input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/> Domestic Violence <input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/> Eating Disorder <input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/> Fire Setting Behaviors <input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/> Intellectual Disability <input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/> Pervasive Developmental Disorder (PDD)
	<input type="checkbox"/> Physical Challenges
	<input type="checkbox"/> Sexual Offenses
	<input checked="" type="checkbox"/> Substance Abuse Issue
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)	<input checked="" type="checkbox"/> Trauma Issues <input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>
CHINS Petitions	<input checked="" type="checkbox"/>
Delinquency Petitions	<input checked="" type="checkbox"/>
	<input type="checkbox"/> Co-Occurring Substance Abuse and Mental Health Disorder

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Spurwink – River House

GENERAL INFORMATION:

Name of Program Spurwink-River House Children's Residential Treatment Program
 Executive/Program Director Eric Meyer, LCSW, MBA Contact Person for Admissions Maryellen Sullivan
 E-mail emeyer@spurwink.org E-mail msullivan@spurwink.org
 Address 901 Washington Ave., Suite 100 City Portland State ME Zip 04103
 Telephone 207-871-1200 Fax 207-871-1232 Website Spurwink.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	12	Total Rate (Board and Care plus Education if applicable):	\$717.39
Certification Capacity:	12		
Maximum # of Males:	No limit	Ages 5 to 21	Board & Care Rate: \$483.39
Maximum # of Females:	No limit	Ages 5 to 21	Education Rate: \$234.00

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatric, psychological, behavioral, occupational, speech, educational and other assessments as necessary			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CBT, DBT, Trauma Focused CBT, Applied Behavioral Analysis, SCERTS, Attachment, Self-Regulation, Competency (ARC) model, Motivational Interviewing			Co-Occurring Substance Abuse and Mental Health disorder treatment.		
			Certified In home provider? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input checked="" type="checkbox"/>
		Co-Occurring Substance Abuse and Mental Health disorder.	
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>		
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

St. Ann's Home, Inc.

GENERAL INFORMATION:

Name of Program St. Ann's Home, Inc.

Executive/Program Director Denis Grandbois Contact Person for Admissions Jodie Minahan

E-mail dgrandbois@st.annshome.org E-mail jminahan@st.annshome.org

Address 100A Haverhill Street City Methuen State MA Zip 01844

Telephone 978-682-5276 Fax 978-688-4932 Website St.annshome.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	174	Total Rate (Board and Care plus Education if applicable):	506.73	
Certification Capacity:	174			
Maximum # of Males:	122	Ages 5 to 22	Board & Care Rate:	253.84
Maximum # of Females:	54	Ages 5 to 22	Education Rate:	252.89

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech & Language, Occupational Therapy, Psychiatry			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DBT, CBT, Trauma Informed CBT, Functional Family Therapy, Parent/Child Psychotherapy, Collaborative Problem Solving, etc.			Project Adventure, PAYA(Preparing Adolescents for Young Adulthood)		
Certified In home provider? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

PROGRAM TYPE (Check one)	POPULATION SERVED (Check all that apply)
Assessment Treatment Program	<input type="checkbox"/> Anger/Violence Management <input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/> Cognitive Delays <input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/> Disruptive Behavior Disorder <input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/> Domestic Violence <input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/> Eating Disorder <input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/> Fire Setting Behaviors <input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/> Intellectual Disability <input checked="" type="checkbox"/>
	<input type="checkbox"/> Pervasive Developmental Disorder (PDD) <input checked="" type="checkbox"/>
	<input type="checkbox"/> Physical Challenges <input checked="" type="checkbox"/>
	<input type="checkbox"/> Sexual Offenses <input type="checkbox"/>
	<input type="checkbox"/> Substance Abuse Issue <input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)	<input type="checkbox"/> Trauma Issues <input checked="" type="checkbox"/>
	<input type="checkbox"/> Other <input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>
CHINS Petitions	<input checked="" type="checkbox"/>
Delinquency Petitions	<input checked="" type="checkbox"/>
	Asperger's, RAD, ADHD, PTSD, ODD, Mood Disorder, Anxiety Disorder, Physical Challenges on case-by-case basis

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

St. Ann's Home, Inc. CBAT

GENERAL INFORMATION:

Name of Program St. Ann's Home, Inc. Community Based Acute Treatment (CBAT)

Executive/Program Director Denis Grandbois Contact Person for Admissions Jodie Minahan

E-mail dgrandbois@st.annshome.org E-mail jminahan@st.annshome.org

Address 100A Haverhill Street City Methuen State MA Zip 01844

Telephone 978-682-5276 Fax 978-688-4932 Website St.annshome.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	174 (30 CBAT)	Total Rate (Board and Care plus Education if applicable):	\$525.00
Certification Capacity:	174		
Maximum # of Males:	122	Ages 5 to 18	Board & Care Rate: N/A
Maximum # of Females:	54	Ages 5 to 18	Education Rate: N/A

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech & Language, Occupational Therapy, Psychiatry			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DBT, CBT, Trauma Informed CBT, Functional Family Therapy, Parent/Child Psychotherapy, Collaborative Problem Solving, etc.			Project Adventure, PAYA(Preparing Adolescents for Young Adulthood)		
Certified In home provider?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management <input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays <input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder <input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence <input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder <input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors <input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability <input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD) <input checked="" type="checkbox"/>
		Physical Challenges <input checked="" type="checkbox"/>
		Sexual Offenses <input type="checkbox"/>
		Substance Abuse Issue <input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues <input checked="" type="checkbox"/>
		Other <input checked="" type="checkbox"/>
	Abuse/Neglect Petitions	<input checked="" type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	Asperger's, RAD, ADHD, PTSD, ODD, Mood Disorder, Anxiety Disorder
CHINS Petitions	<input checked="" type="checkbox"/>	
Delinquency Petitions	<input checked="" type="checkbox"/>	

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Stetson School, Inc.

GENERAL INFORMATION:

Name of Program Stetson School, Inc. An Affiliate of the Seven Hills Foundation

Executive/Program Director Joseph Allred, Vice President Contact Person for Admissions Kathy O'Connor/Pete Gow

E-mail jallred@stetsonschool.org E-mail koconnor@stetsonschool.org;pgow@stetsonschool.org

Address 455 South Street City Barre State MA Zip 01005

Telephone 978-355-4541 Fax 978-355-2706 Website www.sevenhills.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	Res/Ed: 72 Group Home: 30 Total: 102		
Certification Capacity:	102	Total Rate (Board and Care plus Education if applicable):	\$528.69
Maximum # of Males:	102	Ages 9 to 22	Board & Care Rate: \$264.82
Maximum # of Females:		Ages to	Education Rate: \$263.87

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Juvenile Sex Offender Risk Assessments, Psychosocial/Psychosexual risk assessments			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>
CBT, DBT, TFCBT, Sensory Integration (ABA), Art Therapy, Animal Therapy			Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Sexual Misconduct-Primary, Sexual Reactive-Primary Behaviorally Disordered-Primary		
Certified In home provider?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)	POPULATION SERVED (Check all that apply)
Assessment Treatment Program	<input checked="" type="checkbox"/> Anger/Violence Management <input type="checkbox"/> Cognitive Delays <input checked="" type="checkbox"/> Disruptive Behavior Disorder <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Fire Setting Behaviors <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Pervasive Developmental Disorder (PDD) <input type="checkbox"/> Physical Challenges <input type="checkbox"/> Sexual Offenses <input type="checkbox"/> Substance Abuse Issue <input type="checkbox"/> Trauma Issues <input checked="" type="checkbox"/> Other
Intermediate Treatment Program	
Intensive Treatment Program	
Nursing home	
Rehabilitation Center	
Shelter-Care Facility	
Substance Abuse Program	
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)	
Abuse/Neglect Petitions	<input checked="" type="checkbox"/> Assessment, juvenile sex offender, problematic sexual behavior, sexually reactive, and all non-sexual behavior disorders.
Awaiting Disposition from Court	
CHINS Petitions	
Delinquency Petitions	

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Vermont Permanency Initiative – Newbury House

GENERAL INFORMATION:

Name of Program VPI North - The Newbury House

Executive/Program Director Catherine Beaton Contact Person for Admissions Camille Laboe or Catherine Beaton

E-mail Catherine.beaton@mountprospectacademy.org E-mail camille.laboe@mountprospectacademy.org

Address 487 Stevens Place City Wells River State VT Zip 05081

Telephone (802) 429-2020 Fax _____ Website www.becket.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	12	Total Rate (Board and Care plus Education if applicable):	360.72	
Certification Capacity:	8			
Maximum # of Males:	12	Ages 10 to 16	Board & Care Rate:	217.20
Maximum # of Females:	0	Ages to	Education Rate:	143.52

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PSI, BERS2, SEARS, CBCL			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
TF-CBT, DBT, EMDR, Solution focused therapy, Trauma Sensitive yoga					
			Certified In home provider?	Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Adoption, disrupted attachments, substance abuse determined case by case.	
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Vermont Permanency Initiative - Vermont School for Girls

GENERAL INFORMATION:

Name of Program VPI South - Vermont School for Girls

Executive/Program Director Ralph Bennett Contact Person for Admissions Lisa Smith

E-mail Ralph.Bennett@becket.org E-mail Lisa.smith@becket.org

Address 192 Fairview Street City Bennington State VT Zip 05201

Telephone 802/447-1557 Fax 802/442-1117 Website www.vpisouth.com/

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	55	Total Rate (Board and Care plus Education if applicable):	360.72	
Certification Capacity:	55			
Maximum # of Males:	0	Ages to	Board & Care Rate:	217.20
Maximum # of Females:	55	Ages 8 to 20	Education Rate:	143.52

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	X	<input type="checkbox"/>	Vocational Training	X	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	X	<input type="checkbox"/>
Staff Secure	X	<input type="checkbox"/>	Family Therapy	X	<input type="checkbox"/>
Medical	X	X	Group Therapy	X	<input type="checkbox"/>
Education	X	X	Substance Abuse Treatment	X	<input type="checkbox"/>
Assessments (please list)		<input type="checkbox"/>	Medical Care	X	X
CASS			Transportation	X	<input type="checkbox"/>
			Drug Testing	X	X
Evidence Based Practices (please list)	X	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
CBT, DBT, TFCBT, ARC, EMDR					
			Certified In home provider? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	X
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	X
Intensive Treatment Program	X	Disruptive Behavior Disorder	X
Nursing home	<input type="checkbox"/>	Domestic Violence	X
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	X
		Pervasive Developmental Disorder (PDD)	
		Physical Challenges	X
		Sexual Offenses	
		Substance Abuse Issue	X
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	X
		Other	X
Abuse/Neglect Petitions	X	Eating Disorders and Sexual Offenses will be evaluated case by case.	
Awaiting Disposition from Court	X		
CHINS Petitions	X		
Delinquency Petitions	X		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Vermont Permanency Initiative- New England School for Girls

GENERAL INFORMATION:

Name of Program New England School for Girls

Executive/Program Director Ralph Bennett Contact Person for Admissions Lisa Smith

Ralph.Bennett@becket.org E-mail lisa.smith@becket.org

Address 192 Fairview Street City Bennington State VT Zip 05201

Telephone 802/447-1557 Fax 802/442-1117 Website www.vpisouth.com/

OPERATIONAL CAPACITY		DAILY RATE		
License Capacity:	17	Total Rate (Board and Care plus Education if applicable):	432.29	
Certification Capacity:	17			
Maximum # of Males:	0	Ages to	Board & Care Rate:	288.77
Maximum # of Females:	17	Ages 13 to 19	Education Rate:	143.52

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	x	<input type="checkbox"/>	Vocational Training	x	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	x	<input type="checkbox"/>		
Staff Secure	X	<input type="checkbox"/>	Family Therapy	x	<input type="checkbox"/>		
Medical	x	x	Group Therapy	X	<input type="checkbox"/>		
Education	x	<input type="checkbox"/>	Substance Abuse Treatment	x	<input type="checkbox"/>		
Assessments (please list)	x	<input type="checkbox"/>	Medical Care	x	x		
CASS			Transportation	x	<input type="checkbox"/>		
			Drug Testing	x	x		
Evidence Based Practices (please list)	x	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
ARC and EMDR							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	x
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	x
Intensive Treatment Program	x	Disruptive Behavior Disorder	x
Nursing home	<input type="checkbox"/>	Domestic Violence	X
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	x
		Pervasive Developmental Disorder (PDD)	<input type="checkbox"/>
		Physical Challenges	x
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	x
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	X
		Other	
Abuse/Neglect Petitions	x	Eating Disorders and Sexual Offenses evaluated case by case	
Awaiting Disposition from Court	x		
CHINS Petitions	x		
Delinquency Petitions	x		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Vermont Permanency Initiative- NESFG Green Meadows

GENERAL INFORMATION:

Name of Program New England School for Girls- Green Meadows

Executive/Program Director Ralph Bennett Contact Person for Admissions Lisa Smith

E-mail ralph.bennett@becket.org E-mail Lisa.smith@becket.org

Address 192 Fairview Street City Bennington State VT Zip 05201

Telephone 802/447-1557 Fax 802/442-1117 Website www.vpisouth.com

OPERATIONAL CAPACITY		DAILY RATE * Pending		
License Capacity:	8	Total Rate (Board and Care plus Education if applicable):	692.69	
Certification Capacity:	8			
Maximum # of Males:	0	Ages to	Board & Care Rate:	549.17
Maximum # of Females:	8	Ages 13 to 19	Education Rate:	143.52

SERVICES	Provided On-Site by Staff	Contracted/ Vended and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/ Vended and Provided by Program		
Special Education	x	<input type="checkbox"/>	Vocational Training	x	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	x	<input type="checkbox"/>		
Staff Secure	X	<input type="checkbox"/>	Family Therapy	x	<input type="checkbox"/>		
Medical	x	x	Group Therapy	x	<input type="checkbox"/>		
Education	x	<input type="checkbox"/>	Substance Abuse Treatment	x	<input type="checkbox"/>		
Assessments (please list)	x	<input type="checkbox"/>	Medical Care	x	x		
CASS			Transportation	x	<input type="checkbox"/>		
			Drug Testing	<input type="checkbox"/>	x		
Evidence Based Practices (please list)	x	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
ARC and EMDR							
Certified In home provider?				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	x
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	x
Intensive Treatment Program	x	Disruptive Behavior Disorder	x
Nursing home	<input type="checkbox"/>	Domestic Violence	x
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	x
		Pervasive Developmental Disorder (PDD)	<input type="checkbox"/>
		Physical Challenges	x
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	x
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	x
Abuse/Neglect Petitions	x	Other	x
Awaiting Disposition from Court	x	Eating Disorder and Sexual Offenses evaluated case by case	
CHINS Petitions	x		
Delinquency Petitions	x		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Village Behavioral Health (Acadia)

GENERAL INFORMATION:

Name of Program Village Behavioral Health (Acadia)
 Executive/Program Director Clay McCoy Contact Person for Admissions Erica Katz
 E-mail Clay.McCoy@acadiahealthcare.com E-mail Erica.katz@acadiahealthcare.com
 Address 2431 Jones Bend Rd City Louisville State TN Zip 37777
 Telephone 865-970-1263 Fax 965-970-6334 Website www.villagebh.com

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	145	Total Rate (Board and Care plus Education if applicable):	451.96	
Certification Capacity:	90			
Maximum # of Males:	45	Ages 13 to 17	Board & Care Rate:	225.96
Maximum # of Females:	45	Ages 13 to 17	Education Rate:	225.00

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessments (please list)	<input type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DBT, CBT, Trauma Informed Care, TCI			Activity Therapy		
			Certified In home provider?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input type="checkbox"/>
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Whitney Academy

GENERAL INFORMATION:

Name of Program Whitney Academy, Inc.

Executive/Program Director George E. Harmon Contact Person for Admissions Ben Allen

E-mail eokeefe@whitneyacademy.org E-mail ballen@whitneyacademy.org

P.O. BOX 619, 85 DR. BRALEY

Address RD. City E. FREETOWN State MA Zip 02717

Telephone 508-763-3737 Fax 508-763-4200 Website Whitneyacademy.org

OPERATIONAL CAPACITY		DAILY RATE *		
License Capacity:	57	Total Rate (Board and Care plus Education if applicable):	688.48	
Certification Capacity:	52			
Maximum # of Males:	57	Ages 10 to 22	Board & Care Rate:	\$344.72/day
Maximum # of Females:	0	Ages to	Education Rate:	\$343.76/day

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Psychosexual evaluation			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			Drug Testing	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
CBT, Sensory Integration, social skills training							
Certified In home provider?				Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input checked="" type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input checked="" type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input checked="" type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input checked="" type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input checked="" type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input checked="" type="checkbox"/>
		Physical Challenges	<input checked="" type="checkbox"/>
		Sexual Offenses	<input checked="" type="checkbox"/>
		Substance Abuse Issue	<input type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	Physical challenges on case by case basis.	
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Youth Opportunities Upheld, Inc. - Cottage Hill Academy

GENERAL INFORMATION:

Name of Facility/Program **Youth Opportunities Upheld, Inc. - Cottage Hill Academy**
 Executive/Program Director Gloria-Lee Kazakov, PsyD Contact Person for Admissions Sara Vettese
 E-mail kazakovg@youinc.org E-mail vetteses@youinc.org
 Address PO BOX 38, 83 Hospital Rd. City Baldwinville State MA Zip 01436
 Telephone 978-652-1100 Fax 978-652-1185 Website www.youinc.org
 Photo of Facility (Attach jpg file) Program Description (Attach word doc)
 Program's Brochure (Attach pdf file) Most Recent Site Review Report

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	16	Total Rate (Board and Care plus Education if applicable):	
Certification Capacity:	16	576.52	
Maximum # of Males:	0	Ages to	Board & Care Rate:
Maximum # of Females:	16	Ages 10 to 20	400.00
			Education Rate:
			176.52

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program
Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assessments (please list)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Focused- CBT, DBT, Multidimensional Treatment, ARC					
Certified In home provider?				Yes	<input type="checkbox"/>
				No	<input checked="" type="checkbox"/>

FACILITY/PROGRAM TYPE (Check one)		TREATMENT PROVIDED FOR (i.e. Population Served) (Please check all that apply)
Experiential/Wilderness Therapeutic Facility	<input type="checkbox"/>	Anger/Violence Management <input checked="" type="checkbox"/>
General Group home	<input type="checkbox"/>	Cognitive Delays <input type="checkbox"/>
Independent Living Home	<input type="checkbox"/>	Disruptive Behavior Disorder <input checked="" type="checkbox"/>
Intermediate Treatment Facilities	<input type="checkbox"/>	Domestic Violence <input type="checkbox"/>
Intensive Treatment Facilities	<input checked="" type="checkbox"/>	Eating Disorder <input type="checkbox"/>
Inpatient Psychiatric Hospital	<input type="checkbox"/>	Fire Setting Behaviors <input type="checkbox"/>
Nursing home	<input type="checkbox"/>	Intellectual Disability <input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Pervasive Developmental Disorder (PDD) <input checked="" type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Physical Challenges <input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	Sexual Offenses <input type="checkbox"/>
		Substance Abuse Issue <input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues <input checked="" type="checkbox"/>
		Other <input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>	
Awaiting Disposition from Court	<input checked="" type="checkbox"/>	
CHINS Petitions	<input checked="" type="checkbox"/>	
Delinquency Petitions	<input checked="" type="checkbox"/>	

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Youth Villages, Germaine Lawrence

GENERAL INFORMATION:

Name of Program **Youth Villages, Germaine Lawrence Campus** YV Germaine Admissions
 Executive/Program Director Jannelle Roberts Contact Person for Admissions Kristin Vander Els
 E-mail Jannelle.Roberts@YouthVillages.org E-mail Kristin.VanderEls@YouthVillages.org
 Address 18 Claremont Ave City Arlington State MA Zip 02476
 Telephone 781-648-6200 Fax 781-646-9106 Website YouthVillages.org

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	86	Total Rate (Board and Care plus Education if applicable):	\$528.78
Certification Capacity:	86		
Maximum # of Males:	N/A	Ages 0 to 0	Board &Care Rate: \$272.15
Maximum # of Females:	86	Ages 10 to 21	Education Rate: \$271.19

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	X	<input type="checkbox"/>	Vocational Training	X	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	X	<input type="checkbox"/>		
Staff Secure	<input type="checkbox"/>	<input type="checkbox"/>	Family Therapy	X	<input type="checkbox"/>		
Medical	X	<input type="checkbox"/>	Group Therapy	X	<input type="checkbox"/>		
Education	X	<input type="checkbox"/>	Substance Abuse Treatment	X	X		
Assessments (please list)	X	<input type="checkbox"/>	Medical Care	X	<input type="checkbox"/>		
Risk Trauma Assessment, CRAFFT screening tool (substance use), UCLA PTSD-Reaction Index for Children/Adolescents DSM V, Collaborative Problem Solving Assessment and Planning Tool, Biopsychosocial Assessment			Transportation	X	<input type="checkbox"/>		
			Drug Testing	X	<input type="checkbox"/>		
Evidence Based Practices (please list)	X	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence based Cognitive Behavioral therapies, including TF-CBT and Collaborative Problem Solving (CPS)							
Certified In home provider?				Yes	X	No	<input type="checkbox"/>

PROGRAM TYPE <i>(Check one)</i>		POPULATION SERVED <i>(Check all that apply)</i>	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input type="checkbox"/>
Intensive Treatment Program	X	Disruptive Behavior Disorder	<input type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	X
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	X
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	X
Substance Abuse Program	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input type="checkbox"/>
		Physical Challenges	X
		Sexual Offenses	X
		Substance Abuse Issue	X
PETITION or LEGAL STATUS ACCEPTED <i>(Check all that apply)</i>		Trauma Issues	X
Abuse/Neglect Petitions	X	Other	<input type="checkbox"/>
Awaiting Disposition from Court	X		
CHINS Petitions	X		
Delinquency Petitions	X		

Out of State Shelter-Care Treatment Programs

Out of State Nursing Homes

Out of State Substance Abuse Treatment Programs

OUT OF STATE RESIDENTIAL TREATMENT PROGRAMS

Valley Vista Inpatient Alcohol and Dependency Services

GENERAL INFORMATION:

Name of Program Valley Vista, Oas, LLC

Executive/Program Director Jack Duffy; Nicole Mitchell Contact Person for Admissions Admissions, Sasha Emerson

E-mail Nicole Mitchell <nicole.mitchell@vvista.net> E-mail Admissions1@vvista.net; sasha.emerson@vvista.net

Address 23 Upper Plain City Bradford State VT Zip 05033

Telephone 802-222-5201 Fax 802-222-5417 Website vvista.net

OPERATIONAL CAPACITY		DAILY RATE *	
License Capacity:	9	Total Rate (Board and Care plus Education if applicable):	\$489.61
Certification Capacity:	9		
Maximum # of Males:	9	Ages 13 to 18	Board & Care Rate: \$458.86
Maximum # of Females:	9	Ages 13 to 18	Education Rate: \$30.75

SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program	SERVICES	Provided On-Site by Staff	Contracted/Vendored and Provided by Program		
Special Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>		
Secure Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Individual Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staff Secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Group Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Assessments (please list)	<input type="checkbox"/>	<input type="checkbox"/>	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Psychosocial assessment, Addiction Severity Index, Trauma assessment			Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Evidence Based Practices (please list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
CBT, DBT, Functional Family Therapy, Multidimensional treatment, Pet therapy, Rec therapy, CPP, TFCBT, Psychiatry/Comprehensive, Evaluation, Medication, Mindfulness based treatment							
Certified In home provider?				Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

PROGRAM TYPE (Check one)		POPULATION SERVED (Check all that apply)	
Assessment Treatment Program	<input type="checkbox"/>	Anger/Violence Management	<input type="checkbox"/>
Intermediate Treatment Program	<input type="checkbox"/>	Cognitive Delays	<input type="checkbox"/>
Intensive Treatment Program	<input checked="" type="checkbox"/>	Disruptive Behavior Disorder	<input type="checkbox"/>
Nursing home	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Rehabilitation Center	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Shelter-Care Facility	<input type="checkbox"/>	Fire Setting Behaviors	<input type="checkbox"/>
Substance Abuse Program	<input checked="" type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>
		Pervasive Developmental Disorder (PDD)	<input type="checkbox"/>
		Physical Challenges	<input type="checkbox"/>
		Sexual Offenses	<input type="checkbox"/>
		Substance Abuse Issue	<input checked="" type="checkbox"/>
PETITION or LEGAL STATUS ACCEPTED (Check all that apply)		Trauma Issues	<input checked="" type="checkbox"/>
		Other	<input type="checkbox"/>
Abuse/Neglect Petitions	<input checked="" type="checkbox"/>		
Awaiting Disposition from Court	<input checked="" type="checkbox"/>		
CHINS Petitions	<input checked="" type="checkbox"/>		
Delinquency Petitions	<input checked="" type="checkbox"/>		

