COUNSELING ASSOCIATES

QUALIFED RESIDENTIAL TREATMENT SERVICES-ORIGINAL

BID # 710-19-1025

Respondent's Contact Person: Lee Koone, LCSW
lkoone@caiinc.org; 501-208-2382
4-8-2019

COUNSELING
ASSOCIATES

RESPONSE DOCUMENTS 1.10

RESPONSE SIGNATURE PAGE

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Counseling Associates				
Address:	350 Salem Road, Ste #9				
City:	Conway	State:	AR	Zip Code:	72034
Business Designation:	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☒ Corporation		☐ Public Service Corp ☒ Nonprofit	
Minority and Women-Owned Designation*:	☒ Not Applicable ☐ African American	☐ American Indian ☐ Hispanic American	☐ Asian American ☐ Pacific Islander American	☐ Service Disabled Veteran ☐ Women-Owned	
	AR Certification #: _____		* See *Minority and Women-Owned Business Policy*		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for bid solicitation related matters.*			
Contact Person:	Lee Koone, LCSW	Title:	Chief Clinical Officer
Phone:	501-208-2382	Alternate Phone:	501-336-8300
Email:	lkoone@caiinc.org		

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of submission documents is enclosed.

☒ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.

☒ Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's bid to be disqualified:**

Authorized Signature: Brian W. Davis *Use Ink Only.* **Title:** CEO

Printed/Typed Name: Brian W. Davis **Date:** 4-2-19

COUNSELING ASSOCIATES

RESPONSE DOCUMENTS 1.11

AGREEMENT AND COMPLIANCE PAGES

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- *Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.*
- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. ***Use Ink Only***

Vendor Name:	Counseling Associates, Inc.	**Date:**	4-2-19
Authorized Signature:	Brian W. Davis	**Title:**	CEO
Print/Type Name:	Brian W. Davis		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- *Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.*
- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. ***Use Ink Only***

Vendor Name:	Counseling Associates, Inc.	**Date:**	4-2-19
Authorized Signature:	Brian W. Davis	**Title:**	CEO
Print/Type Name:	Brian W. Davis		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. ***Use Ink Only***

Vendor Name:	Counseling Associates, Inc.	**Date:**	4-2-19
Authorized Signature:	Brian W. Davis	**Title:**	CEO
Print/Type Name:	Brian W. Davis		

COUNSELING
ASSOCIATES

RESPONSE DOCUMENTS 1.12

PROPOSED SUBCONTRACTORS FORM

PROPOSED SUBCONTRACTORS FORM

- ***Do not** include additional information relating to subcontractors on this form or as an attachment to this form.*

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Counseling Associates, Inc.	**Date:**	4-2-19
Authorized Signature:	Brian W. Davis	**Title:**	CEO
Print/Type Name:	Brian W. Davis		

COUNSELING
ASSOCIATES

RESPONSE DOCUMENTS

SIGNED ADDENDUMS 1 & 2

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
OFFICE OF PROCUREMENT
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

DATE: **March 12, 2019**
SUBJECT: **RFQ 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM**

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

__X__ **Change of specification(s)**
_____Additional specification(s)
__X__ **Change of bid submission/opening date and time**
_____Cancellation of bid
_____Other

BID OPENING DATE AND TIME

Bid opening date change to April 8, 2019. Time remains the same – 10:00 am

Revise 1.28 - Schedule of Events to read: Date and time for Opening Bids: April 8, 2019.

CHANGE TO PAGE ONE OF THE SOLICITATION DOCUMENT

Add contact information;
Issuing Officer: Margurite Al-Uqdah
Email Address: margurite.al-uqdah@dhs.arkansas.gov
Phone#: 501-682-8743

REPLACE ATTACHMENT

Replace Attachment G

CHANGES TO REQUIREMENTS

Delete Section 2.2A and replace with the following:

A. Vendor must submit a Residential Child Welfare Agency license obtained from the Division of Child Care and Early Childhood Education (DCCECE).

Delete Section 2.2B and replace with the following:

B. Must be accredited by one (1) of the independent, not for profit organizations specified below **or** have an application in-progress for one or more such accreditations at time of bid. For verification purposes, the Vendor **must** submit:

1) Current Certificate of Accreditation from one of the organizations listed below **or**
2) A copy of the accreditation application **and** a copy of the application payment that was submitted to one of the entities below:

   a. The Commission on Accreditation of Rehabilitation Facilities (CARF);
   b. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
   c. The Council on Accreditation (COA).

Section 2.3 A

Delete: The contractor must be a licensed residential treatment care provider and be accredited by any of the following independent not-for-profit organizations : The Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA) or The Commission on Accreditation of Rehabilitation Facilities (CARF).

Add: The contractor must be a licensed residential treatment care provider and be accredited by any of the following independent not-for-profit organizations by October 1, 2019: The Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA) or The Commission on Accreditation of Rehabilitation Facilities (CARF).

Attachment C: Performance Standards

C. Delivery of Treatment in a Safe and Secure Environment, add:

Service Criteria:

8. The contractor must be a licensed residential treatment care provider and be accredited by any of the following independent not-for-profit organizations by October 1, 2019: The Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA) or The Commission on Accreditation of Rehabilitation Facilities (CARF).

Acceptable Performance:

Acceptable performance is defined as one hundred percent (100%) compliance with all Service Criteria and Acceptable Performance standards at all times throughout the contract term.

Contractor must maintain accreditation one hundred percent (100%) of the time after October 1, 2019 and for the duration of the contracted term.

Damages:

Failure to achieve and maintain licensure and accreditation as stated in Service Criteria and Acceptable performance my result in immediate contract termination.

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

.

If you have questions, please contact the buyer Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.

Brian W. Davis
Vendor Signature

4-2-19
Date

Counseling Associates, Inc.
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
OFFICE OF PROCUREMENT
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

DATE: **March 26, 2019**
SUBJECT: 710-19-1025 Qualified Residential Treatment Program

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

__X__ **Change of specification(s)**
_____ Additional specification(s)
_____ **Change of bid submission/opening date and time**
_____ Cancellation of bid
__X__ Other

BID OPENING DATE AND TIME

Bid opening date and time

CHANGE EFFECTIVE DATE OF CONTRACT

Revise
Sections 1.2A Type of Contract and Section 1.28 - Contract Start Date which reads that the effective date of contract is 6/1/2019.

It will now read to say contract effective date is 7/1/2019.

CHANGE SPECIFICATIONS

2.1 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) MINIMUM QUALIFICATIONS

Insert at the end of item "D.": Vendors who do not have registered or licensed nursing personnel at time of bid submission must submit all licenses before July 1, 2019, in order to be awarded a contract.

REVISE ATTACHMENT

Revise Attachment G

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

.

If you have questions, please contact the buyer Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.

Brian W. Doug
Vendor Signature

4-2-19
Date

Counseling Associates, Inc.
Company

COUNSELING
ASSOCIATES

RESPONSE DOCUMENTS

E.O. 98-04-CONTRACT GRANT DISCLOSURE FORM

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: ☐ Yes ☒ No SUBCONTRACTOR NAME:

TAXPAYER ID NAME: Counseling Associates IS THIS FOR: ☐ Goods? ☒ Services? ☐ Both?

YOUR LAST NAME: Koone FIRST NAME: Angela M.I.: Lee

ADDRESS: 350 Salem Rd, Ste #9

CITY: Conway STATE: AR. ZIP CODE: 72034 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ **None of the above applies**

FOR AN ENTITY (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ **None of the above applies**

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a *state agency* I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

   Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Brian W. Davis Title CEO Date 4-2-19

Vendor Contact Person Lee Koone Title Chief Clinical Officer Phone No. 501-208-2382

Agency use only

Agency Number_____ Agency Name_____ Agency Contact Person_____ Contact Phone No._____ Contract or Grant No._____

COUNSELING
ASSOCIATES

RESPONSE DOCUMENTS 1.20

EQUAL OPPORTUNITY POLICY

NONDISCRIMINATION AND EQUAL OPPORTUNITY EMPLOYER

PURPOSE

To publish the official policy of Counseling Associates Inc. (CA) regarding equal opportunity employment and nondiscrimination of persons served and staff members

POLICY

Nondiscrimination in staff employment and employment practices.

CA is committed to providing equal opportunity employment opportunities without regard to race, color, religion, disability, gender identity or expression, marital status, genetic information, sexual orientation, age, national origin or status as a covered veteran. This policy applies to all terms and conditions of the employment, including but not limited to: hiring, placement, promotions, termination, layoff, recall, transfer, leave of absence, compensation and training.

Toward that end, all personnel transactions will be accomplished in accordance with the Equal Opportunity Act of 1972 and in compliance with the nondiscrimination provisions of all applicable federal, state and local regulations. It is the obligation of every CA employee to comply in practice with the spirit and intent of this policy. Any employee found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

Nondiscrimination in providing treatment to persons served.

It is the policy of CA to admit and treat all persons served without regard to race, sex, age, color, gender identity or expression, creed, national origin, disability or ability to pay. This policy applies to all CA programs and facilities and is considered to be as critical as the appropriate admission, continued stay and discharge criteria in making decisions regarding the course of treatment for persons served.

PROCEDURES

Questions, comments or concerns about discrimination or unfair treatment of persons served or CA staff members are encouraged and should be brought to the immediate attention of supervisory or management staff. The Privacy Notice required by HIPAA and the Corporate Compliance Program has been established to assist in this process.

If any employee believes that his or her rights have been violated, the procedures for resolution described in the "Employee Grievance" should be followed. If those procedures do not produce satisfactory results, an appeal may be made to the Equal Employment Opportunity Commission, St. Charles Avenue, New Orleans, LA 70130 or by seeking counsel from a private attorney.

If a person served believes that his or her rights have been violated, the procedures for resolution described in the "Person served Rights and Responsibilities" handout (given to all persons served as part of the orientation process) should be followed.

Revised: 1-16-17

COUNSELING ASSOCIATES

RESPONSE INFORMATION FOR EVALUATION SECTION

2.2A VENDOR QUALIFICATIONS SELECTION

Residential Child Welfare License

THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD

In cooperation with

The Arkansas Department of Human Services'

Division of Child Care and Early Childhood Education

Certifies that

Counseling Associates, Inc.
Owner

H.A.V.E.N
Agency

1701 DONAGHEY

CONWAY, AR 72032

Is hereby issued Residential license #: 186

FOR THE PURPOSE OF OPERATING, IN THE STATE OF ARKANSAS, THE FOLLOWING:

Emergency Residential Child Care Facility FOR CHILDREN AGES 0 TO 18

Residential Child Care Facility FOR 12 CHILDREN AGES 5 TO 18

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 05/22/2005 AND WILL REMAIN IN EFFECT UNLESS THERE IS A STATUS CHANGE.

In Witness whereof

Chairman, Child Welfare Agency Review Board

Effective: 05/22/2005

2.2B VENDOR QUALIFICATIONS SELECTION

CARF Accreditation

HAVEN Out of Home

carf INTERNATIONAL

March 12, 2019

Lee Roberson Koone, LCSW
Counseling Associates, Inc.
350 Salem Road, Suite 1 and 9
Conway, AR 72034

Dear Mrs. Roberson Koone:

It is my pleasure to inform you that Counseling Associates, Inc. has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Mental Health (Adults)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Out-of-Home Treatment: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

This accreditation will extend through March 31, 2022. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (*customerconnect.carf.org*), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Jessica Montijo Soto by email at jmontijosoto@carf.org or telephone at (888) 281-6531, extension 7075.

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

Brian J. Boon, Ph.D.
President/CEO

Enclosures

Program(s)/Service(s) by Location

Counseling Associates, Inc.

350 Salem Road, Suite 1 and 9
Conway, AR 72034

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Out-of-Home Treatment: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Clarksville Outpatient Clinic

1021 East Poplar Street
Clarksville, AR 72830

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Clinton Outpatient Clinic

2526 Highway 65 South, Suite 201
Clinton, AR 72031

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Conway CSP and Emergency Services Clinic

855 South Salem
Conway, AR 72034

Case Management/Services Coordination: Mental Health (Adults)
Community Integration: Mental Health (Adults)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)

Counseling Associates, Inc.

106 Mountain Place Drive
Mountain View, AR 72560

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Mental Health (Adults)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Counseling Associates, Inc.

316 Highway 65 North
Marshall, AR 73650

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Mental Health (Adults)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Day Rehab-Lighthouse

1402 East 16th Street
Russellville, AR 72802

Case Management/Services Coordination: Mental Health (Adults)
Community Integration: Mental Health (Adults)
Crisis Intervention: Mental Health (Adults)

HAVEN - Conway

1701 Donaghey Avenue
Conway, AR 72032

Out-of-Home Treatment: Mental Health (Children and Adolescents)

Heber Springs Outpatient Clinic

115 South Third Street
Herber Springs, AR 72543

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Mental Health (Adults)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

- Crisis intervention plan
- Qualified behavioral health practitioners are available 24 hours a day, 7 days a week
- Mobile services provision

Recommendations

There are no recommendations in this area.

3.N. Out-of-Home Treatment (OH)

Description

These programs provide treatment services outside of their natural homes to children/adolescents for whom there are documented reports of maltreatment or identified behavioral health needs. Treatment is provided in a safe and supportive setting and may be time limited. The program goal is to reunite the children with their natural families or to provide what is identified as being in the best interest of each child. The program may include foster care, treatment foster care, specialized foster care, therapeutic foster care, therapeutic family services, preadoption placements, care in parent/counselor homes, or group home care.

Key Areas Addressed

- Child- and family-centered planning
- Provides training, monitoring, and supervision
- Access to behavioral health professionals
- Integrated continuum of care and referral networks

Recommendations

There are no recommendations in this area.

3.O. Outpatient Treatment (OT)

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Key Areas Addressed

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.D. Children and Adolescents (CA)

Description

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

There are no recommendations in this area.

2.2D VENDOR QUALIFICATIONS SELECTION

Mental Health Professionals and Nursing Licenses

Arkansas
Social Work License Card

License No.
1318-C

Expiration Date:
11/30/2019

Angela Lee Roberson-Koone, LCSW
#10 Jonathan Dr.
Morrilton AR 72110

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board.

Chairman

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225

Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071
Fax: 501-372-6301
Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

August 13, 2018

Kristy R. Kennedy, LCSW
1030 Regina Cove
Conway, AR 72034

Kristy R. Kennedy, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **September 1, 2018** through **August 31, 2020.** The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**August 31, 2020**) you must obtain 48 hours of social work continuing education between the dates of **September 1, 2018** through **August 31, 2020.** Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!
Bend back and forth along crease before separating.

Arkansas
Social Work License Card

License No.
2070-C
Kristy R. Kennedy, LCSW
1030 Regina Cove
Conway AR 72034

Expiration Date:
8/31/2020

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Boa

Chairman

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Please keep this letter for your records. You may wish to make a copy before you remove the card.

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225

Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071
Fax: 501-372-6301
Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

August 13, 2018

Ana Alicia Boyd, LCSW
30 Eaglebrook Drive
Conway, AR 72032

Ana Alicia Boyd, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **September 1, 2018** through **August 31, 2020.** The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**August 31, 2020**) you must obtain 48 hours of social work continuing education between the dates of **September 1, 2018** through **August 31, 2020.** Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!
Bend back and forth along crease
before separating.

Arkansas
Social Work License Card

License No. 6937-C
Expiration Date: 8/31/2020

Ana Alicia Boyd, LCSW
30 Eaglebrook Drive
Conway AR 72032

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Chairman

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Arkansas Board of Examiners in Counseling
Certifies

Lauren Anne Geier

Licensed Professional Counselor (LPC)

Specialization: None

License Number: P1103019

Valid 07/01/2018 to 06/30/2020

John Carmack, PhD. Executive Director

View License Information

Date Searched: 03-05-2019

CONNIE JEAN HARTLEY **Primary State of Residence:** Level 2 Registration Required

License Information

License #: LTP-007104

License Status:	Null & Void
License Type:	Temporary Licensed Practical Nurse Permit
Multistate?	N/A
Date Issued:	07-15-2013
Expiration Date:	10-04-2013
Disciplinary Action	N
Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required

License #: L054778

License Status:	Expired
License Type:	Licensed Practical Nurse (LPN)
Multistate?	Yes
Date Issued:	10-04-2013
Expiration Date:	02-28-2015
Disciplinary Action	N
Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required

License #: R097878

License Status:	Active
License Type:	Registered Nurse (RN)
Multistate?	Yes
Date Issued:	02-04-2015
Expiration Date:	02-28-2021
Disciplinary Action	N
Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required

License #: RTP-016398

License Status:	Null & Void
License Type:	Temporary Registered Nurse Permit
Multistate?	N/A
Date Issued:	01-12-2015
Expiration Date:	02-04-2015
Disciplinary Action	N
Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required

Discipline Action Information

The data available on this website is provided and controlled by the Arkansas State Board of Nursing and is updated daily. The licensure data contained in this website is considered to be secure and may be used as primary source verification. License cards do not have an expiration date and are not considered validation of current licensure.
For Questions regarding your license status or other license related information please call 5016862700.

View License Information

Date Searched: 02-18-2019

SARAH ELIZABETH HOWARD

Primary State of Residence: Level 2 Registration Required

License Information

License #: L046013		License #: RTP-008124	
License Status:	Active	**License Status:**	Null & Void
License Type:	Licensed Practical Nurse (LPN)	**License Type:**	Temporary Registered Nurse Permit
Multistate?	Yes	**Multistate?**	N/A
Date Issued:	02-20-2007	**Date Issued:**	07-03-2010
Expiration Date:	09-30-2020	**Expiration Date:**	07-30-2010
Disciplinary Action	N	**Disciplinary Action**	N
Last Renewal:	Level 1 Registration Required	**Last Renewal:**	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required	**Advanced Practice Issue Date:**	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	**Prescriptive Authority:**	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	**Collaborating Physician:**	Level 3 Registration Required

Discipline Action Information

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2.2C VENDOR QUALIFICATIONS SELECTION

HAVEN's TRAUMA INFORMED TREATMENT MODEL

Counseling Associates, a private non-profit agency, provides a continuum of mental health and ancillary support services for adults, families, children and adolescents as part of its overall mission as a Community Mental Health Center. Counseling Associates was established in 1972, 47 years ago. CA was the first Community Mental Health Center in Arkansas to receive a CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation. CA has received eight three-year accreditations, and went through a 9th credentialing cycle on February 20-22, 2019 for both mental health and substance abuse. CA received an additional 3-year accreditation. CA is governed by a Board of Directors who provides oversight to the agency. Counseling Associates also received the *Quality Commitment Award* from Arkansas Quality Award Program in 1996. Counseling Associates is an Arkansas Medicaid OBH Provider; *our Medicaid Provider Agency number is 116375726. Counseling Associates program, Haven, is certified by CARF. CARF applied over 1500 Best Practice standards to our agency's policies and practices.*

Haven is a treatment program within Counseling Associates (CA) that has been in operation since 1986. HAVEN is a therapeutic long-term residential childcare facility licensed by the State of Arkansas through the Department of Human Services Child Care Facility Review Board. Our license allows us to provide residence to females 6-18 years of age. HAVEN's current facility has up to 9 long-term residential beds available and 3 emergency shelter beds available. When HAVEN becomes a Qualified Residential Treatment Program, there will be 12 long-term residential beds available.

Our goal is to provide Strengths Focused, Child and Family Centered, Evidence Based, Trauma Informed and Community-Based mental health services. Our primary objective is to provide a program that enables persons served to participate in normal daily living activities, both while in Haven and after discharge from our program.

CA has a continuum of care throughout our catchment area. CA believes in a system of care, wraparound philosophy for children and families with the primary focus of utilization of wraparound services to meet their needs. Wraparound Services, a strength driven model, is an evidence-based approach that is intensive, family driven, holistic care planning to coordinate services for the most complex families. Services are designed to meet the needs of the families by empowering families to identify non-traditional supports and services that will enable the family to be successful.

Additional community based services that are available include IFS. Intensive Family Services (IFS) is able to provide intensive home based, wraparound trauma informed care to children and families. Improving and strengthening family relationships and dynamics to facilitate reunification or support preservation of the family is the priority of this program. This program can and does offer support when a child is transitioning out of HAVEN and TFC and into the home if the family lives within our catchment area.

We are able to provide a variety of step down services for children in foster care based on the needs of the youth and family. The highest level of care at Counseling Associates is HAVEN. HAVEN serves youth whose needs cannot be met in a traditional foster home, TFC home, or those whose have reached their treatment goals in a more restrictive setting and are ready to be transitioned into a less restrictive setting. When a youth is ready for discharge, HAVEN in collaboration with these intensive community based services will enable the youth to transition down into a lower level of care within the community through services such as IFS and TFC. These programs have been able to work together on cases where a youth is ready to transition into a lower level of care.

Therapeutic Foster Care is a component of the CA local system of care and is designed to: (1) reduce symptoms, restore and improve functioning, build resiliency, and prevent additional functional impairment of the person served; (2) support the recovery or stabilization of the person served; (3) maintain a family environment; (4) collaborate with community agencies and needed service providers; (5) support the integration of the persons served into the community; (6) enhance the quality of life of the persons served; and (7) work toward a permanency goal. Permanency goal may include returning to biological families, adoption or an appropriate relative placement.

CA HAVEN Program provides intensive mental health services to ensure youth and to the extent possible, family and community involvement in the development and implementation of a treatment focused plan for the person served in the least restrictive environment appropriate for the level of need. Everyone is expected to embrace this philosophy in working with the youth, and if applicable the biological and/or adoptive families. Treatment for all the children and families that we serve is based on the following Core Values and Guiding Principles:

Core Values of Treatment

- **Youth-guided**
- **Strengths and Community-based**
- **Culturally and linguistically competent**
- **Trauma Informed/Evidence based services and supports**

Guiding Principles

- **Voice and Choice**: The youth is a full and active partner.
- **Child and Family Team Approach**: A coordinated team working together to develop, implement, and evaluate the individualized treatment plan.
- **Community Based Care:** All efforts work toward serving youth in their community.
- **Cultural Competence**: The process builds on unique values, preferences, and strengths of the child, family, and community.
- **Individualized and Strength Based Services**: Services and supports build on strengths and meet the needs of the child and family across life domains.
- **Natural Supports:** A balance of formal services, and community resources.

- **Continuation of Care**: An unconditional commitment to serve children and their families.
- **Outcome-Based Services**: Measurable benchmarks.

HAVEN PROGRAM DESCRIPTION

All of CA's Children's Services have the philosophy of promoting the empowerment of the youth to participate in his/her recovery, progress and well-being, encouraging the youth to lead the Treatment Team, which drives the focus of treatment.

Trauma Informed and Strengths Based Services are designed and implemented to support the recovery and the reduction of symptoms for the youth, to enhance the quality of life, to restore and improve functioning, to build resiliency and to support the integration into the community.

Services available help to ensure that information and education relevant to the youth and/or her family needs are available. A file of current community resources is maintained and used for appropriate referral. Services will be coordinated to include community agencies, referring agencies, advocacy groups (if available), self-help groups, other support groups, school personnel, and education specialist to aid in meeting goals, objectives, and expected outcomes. Interdisciplinary team interaction is supported through HAVEN weekly staff meetings, CA clinical staffings, as well as staffings with the Department of Children and Family Services (DCFS). The HAVEN program collaborates with other programs in planning service delivery when appropriate. HAVEN provides coordination and ongoing communication between internal and external service providers.

The HAVEN treatment team utilizes available services to empower the persons served to participate in their treatment in efforts to promote recovery and stabilization of symptoms. Services are based on the needs of the youth and are culturally and linguistically competent relative to each person served.

All services are child centered, family-centered, and have specific time frames for goal attainment, all include natural supports, all identify the specific team member responsible for certain interventions and the plans involve the family/guardian when appropriate.

Services Available

Youth in the HAVEN program may receive a wide variety of services tailored for each individual forming an integrated continuum of care. Services are relevant to the diverse needs of the persons served. Provided services, while in our care include, but are not limited to the following:

- Intake Assessment
- Treatment Planning and Reviews Every 6 Months
- Wraparound Planning
- CA Clinical Staffing

- **Trauma Informed Care: TF-CBT. Motivational Interviewing, TBRI**
- Individual Therapy-(including but not limited to MI or TF-CBT)
- Group Therapy–(Stress, Sexual Abuse, Etc.)
- Family Therapy–(Bio or Adoptive)
- Psychoeducation
- Behavioral Assistance, Life Skills Development and Child and Youth Support Services: Intervention–one on one intensive services focusing on improving symptoms and functional impairments social skills, community living skills, social support, and vocational skills in a variety of settings-home, community and school.
- Summer Program–Social Skills Training/Problem Solving/Behavior Modification
- Psychiatric Evaluation, Medication Management and Nursing Services
- Psycho-Educational Testing if indicated
- 24 hour/7 Days a week Crisis Intervention/Emergency On-Call Services
- Court Attendance
- Transportation
- Medical Appointments
- Communication with External and Internal Service Providers
- Extracurricular Activities
- Community Activities
- Cultural Activities
- Recreational Activities
- Spiritual Activities

Services will be coordinated to include community agencies, referring agencies, advocacy groups, self-help groups, other support groups, school personnel, and education specialist to aid in meeting goals, objectives, and expected outcomes. Interdisciplinary team interaction is supported through agency staffings, as well as staffings with the Department of Children and Family Services (DCFS).

Trauma Informed Service Delivery (2.2 C)

The HAVEN treatment team utilizes Evidenced Based services to empower the persons served to participate in their treatment in efforts to promote recovery and stabilization of symptoms. Persons served have access to professionals trained in a variety of areas through CA. Services are based on the strengths/needs of the youth and reflect the diverse cultural aspects of each youth. The treatment team collaborates with a variety of CA internal programs as well as external programs in planning for service delivery when appropriate.

CA utilizes a four-prong evidence based approach within our HAVEN program to address the trauma that the youth have experienced. The first approach encompasses the training model, Trust Based Relational Intervention (TBRI) that we utilize with our HAVEN residential staff who are Qualified Behavioral Health Providers. These staff provide important daily support for these youth and trauma informed training is necessary for them to be able to provide the most therapeutic, stable environments needed for these youth. Intensive therapy provided by

HAVEN's Licensed Mental Health Professionals utilizing Advanced TF-CBT model of treatment is practiced to fidelity. Motivational Interviewing is also utilized in treatment for motivation for behavioral change, which can often be challenging with this population. Lastly, Wraparound philosophy is utilized in working with youth and/or families to ensure needs are identified and addressed in efforts to ensure success.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

HAVEN utilizes evidenced based treatments to ensure a trauma informed environment throughout the program. All clinical staff are training in Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Trust Based Relational Interventions (TBRI) and Motivational Interviewing (MI) and Wraparound.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment that has been evaluated and refined during the past 25 years to help children and adolescents recover after trauma.TF-CBT is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent and caregiver. Although TF-CBT is highly effective at improving youth posttraumatic stress disorder (PTSD) symptoms and diagnosis, a PTSD diagnosis is not required in order to receive this treatment. TF-CBT also effectively addresses many other trauma impacts, including affective (e.g., depressive, anxiety), cognitive and behavioral problems, as well as improving the participating caregiver's personal distress about the child's traumatic experience, effective caregiving skills, and supportive interactions with the child. The federal government's Substance Abuse and Mental Health Services Administration has recognized TF-CBT as a Model Program due to the extensive outcome data from randomized controlled trials that support its effectiveness in improving a variety of problems. Research now documents that TF-CBT is effective for diverse, multiple and complex trauma experiences, for youth of different developmental levels, and across different cultures.

In TF-CBT, interventions are specifically tailored to meet the needs of children and adolescents experiencing emotional and psychological difficulties as a result of a trauma are integrated with humanistic, cognitive behavioral and familial strategies. The goal of this therapy is to help survivors of trauma, whether the trauma was a single occurrence or multiple events, address and resolve the distress resulting from these events and ultimately decrease the negative behavior patterns and emotional responses often developing as a result of sexual abuse, physical abuse, or other trauma. Children and adolescents who have experienced these traumas may find TF-CBT an effective method in the process of returning to a healthy state of functioning. Childhood traumas such as abuse, domestic violence or neglect can often lead to symptoms of PTSD, depression, and anxiety. Children or young people between the ages of 3 and 18 who have been sexually or physically abused or exposed to domestic violence may obtain benefit from TF-CBT, whether they have experienced repeated episodes of trauma or a single occurrence of trauma. The non-offending caregiver or caregiver may also participate in the therapy.

Children who are learning to cope with the death of a loved one have also been shown to obtain great benefit from TF-CBT. Children living with their caregivers, in foster care, kinship care, group homes, or residential programs may all be helped by TF-CBT.

TF-CBT can help people who have experienced trauma learn how to manage difficult emotions in a healthier way. A secure and stable environment is provided in order to enable children to disclose details of trauma. It is at this time the cognitive and learning theories of treatment are applied. Children are shown how perceptions may be distorted and are given the tools to redesign those perceptions.

TF-CBT is a skills-based model, and it requires the child and/or caregiver to practice its components at home in order to be optimally effective.

Core components of TF-CBT include:
* Psychoeducation and caregiving skills
* Relaxation
* Affective regulation
* Cognitive processing of the trauma
* Trauma narrative
* In vivo mastery of trauma reminders
* Conjoint child-caregiver sessions
* Enhancing future safety and development

The success of TF-CBT relies heavily on a trusting, genuine therapeutic relationship between therapist, child, and caregiver. The therapist incorporates individual child and caregiver sessions as well as joint sessions using family therapy principles, which allows the caregiver to support the child in this treatment framework. Practitioners of TF-CBT provide caregivers the resources and skills necessary to help children cope with the psychological ramifications of the abuse or other trauma.

HAVEN has experienced and trained therapists with extensive knowledge of child development and trauma informed care. All clinicians and supervisors at HAVEN are certified as Advanced TF-CBT clinicians that are in good standing with the University of Arkansas for Medical Sciences-ARBEST program.

TF-CBT is currently listed on the California Evidence-Based Clearinghouse (CEBC) registry for Child Welfare with a scientific rating of *1-Well-Supported by Research Evidence* and is rated as being "highly" relevant in the child welfare system based on the program being designed to meet the needs of children, youth, and families receiving child welfare services.

All HAVEN staff are also trained in Trust Based Relational Interventions (TRBI) by incorporating online caregiver training, classroom work and a presentation of a series of training videos provided by the Texas Christian University-Karyn Purvis Institute of Child Development. Each video illustrates and reinforces the basic concepts of connecting, empowering, and correcting.

Additionally, staff are provided with the Trust-Based Caregiving: A TBRI Pocket Guide as a tool for learning, practicing, and implementing reflective questions to build relationships that connect, empower, and correct.

Trust Based Relational Intervention (TBRI)

Trust Based Relational Intervention (TBRI) is a holistic, cost-effective, attachment-based, evidence-based and trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI intervention techniques are utilized in training of our HAVEN residential QBHP staff members so that they may effectively understand and provide appropriate supports to the youth.

TBRI uses *Empowering Principles* to address physical needs, *Connecting Principles* for attachment needs, and *Correcting Principles* to disarm fear-based behaviors. TBRI is based on years of attachment, trauma, and neuroscience research, but the intervention has grown out of hands-on work with children who have experienced trauma. Vulnerable children or children from "hard places" have changes in their bodies, brains, behaviors and belief systems. While a variety of parenting strategies may be successful in typical circumstances, children from hard places need caregiving that meets their unique needs and addresses the whole child.

Although TBRI was designed for children who have experienced some type of abuse, neglect, and/or trauma, it has proven to be effective with all children. TBRI offers practical tools for parents, caregivers, teachers, or anyone who works with children, to help those in their care reach their highest potential.

Children with histories of complex developmental trauma, including those who have experienced foster care, institutionalization, maltreatment, and neglect, present unique challenges for caregivers that strive to provide the care and support they need. TBRI is a relationship-based model that can be administered by nurturing, insightful caregivers, and can be implemented in virtually any environment with children and youth of any age and any risk level.

TBRI consists of three sets of harmonious principles: Connecting, Empowering, and Correcting Principles. By helping caregivers understand what should have happened in early development, TBRI principles guide children and youth back to their natural developmental trajectory.

The goals of TBRI are to:

* Create an environment of physical, social, and psychological safety
* Recognize and meet children's physiological needs (e.g., hydration)
* Structure experiences to enhance emotional and behavioral self-regulation
* Enhance caregivers' mindful awareness and mindful caregiving
* Build and strengthen secure attachments between caregivers and children
* Build and strengthen resilience in caregivers and children
* Help caregivers master the use of proactive strategies for behavioral change

* Help caregivers master the IDEAL Response (Immediate, Direct, Efficient, Active, Leveled at behavior, not child)
* Help caregivers master Levels of Response (Playful, Structured, Calming, Protective)

The essential components of TBRI are:

TBRI Connecting Principles
* Connecting Principles help children build trust and meaningful relationships. These include:
* Engagement Strategies, which connect with children nonverbally, such as with eye contact, behavior matching, and playful engagement.
* Mindfulness Strategies, which involve parents and caregivers being aware of what they bring to interactions with their children, such as being conscious of their own relationship histories.

TBRI Empowering Principles
* Empowering Principles help children learn important skills like self-regulation. There are two types of Empowering strategies:
* Physiological Strategies, which focus on the internal physical needs of the child. These include things like hydration, blood sugar, and sensory needs.
* Ecological Strategies, which focus on the child's external environment and guide children toward learning self-regulation skills. Ecological Strategies include things like transitions, scaffolding (guided support appropriate to a child's level that facilitates learning), and daily rituals.

TBRI Correcting Principles
* Correcting Principles help children learn behavioral and social competence so that they can better navigate the social world they live in. Correcting Principles include:
* Proactive Strategies, which are designed to teach social skills to children during calm times.
* Responsive Strategies, which provide caregivers with tools for responding to challenging behavior from children.
* Includes 18 modules with topics such as:
* TBRI Overview
* Daily Transitions
* Mindfulness
* Brain Chemistry
* Life Value Terms
* The content of each module consists of 20-40 minutes of direct instruction on a TBRI principles and/or strategy

TRBI Parent/Caregiver Services directly provides services to parents/caregivers and addresses the following:
* Caregivers' lack of mindfulness, and associated deficits (e.g., inability to remain calm and recognize children's needs)
* Caregivers' lack of awareness about their own caregiving history, and its impact on their own ability to provide care

* Caregivers who have children that experience the following:
* Inability to give and/or receive nurturing care
* Hyper-vigilance and lack of felt safety
* Inability to regulate their own emotions and/or behavior
* Problem behavior, including both internalizing and externalizing behaviors
* Sensory related deficits, including, for example, hypersensitivity and/or hyposensitivity to touch
* Poor social skills (e.g., doesn't know how to appropriately ask for their needs)

TBRI can be used in homes, residential treatment facilities, group homes, schools, courtrooms, camps and international orphanages. TBRI is currently listed on the California Evidence-Based Clearinghouse (CEBC) registry for Child Welfare with a scientific rating of *3-Promising Research Evidence* and is rated as being "highly" relevant in the child welfare system based on the program being designed to meet the needs of children, youth, and families receiving child welfare services.

Motivational Interviewing

Motivational Interviewing (MI) is a client-centered, goal-oriented, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. MI can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment to engage and motivate clients for other treatment modalities. The goals of MI are to enhance internal motivation to change, to reinforce this motivation and to develop a plan to achieve change.

MI is non-judgmental, non-confrontational and non-adversarial. The approach attempts to increase the client's awareness of the potential problems caused, consequences experienced, and risks faced because of the behavior in question. This approach helps the youth envision a better future, and become increasingly motivated to achieve it. MI focuses on the present, and entails working with a youth to access motivation to change a particular behavior that is not consistent with a client's personal value or goal. Warmth, genuine empathy, and acceptance are necessary to foster therapeutic gain. Another central concept is that ambivalence about decisions is resolved by conscious and unconscious weighing of pros and cons of change vs. not changing.

The main goals of motivational interviewing are to engage clients, elicit change talk, and evoke client motivation to make positive changes. Change may occur quickly or may take considerable time, depending on the client. Knowledge alone is usually not sufficient to motivate change within a client, and challenges in maintaining change should be thought of as the rule, not the exception.

MI involves collaboration not confrontation, evocation not education, autonomy rather than authority, and exploration instead of explanation. Effective processes for positive change focus on goals that are small, important to the client, specific, realistic, and oriented in the present and/or future.

There are four overlapping processes that comprise Motivational Interviewing, these are engaging, focusing, evoking and planning. They are sequential and recursive, and often depicted in diagrams as stair steps, with engaging at the bottom as the first step.

1) **Engaging**: the process of establishing a working relationship based on trust and respect. The client should be doing most of the talking, as the therapist utilizes the skill of reflective listening throughout the process. Both the client and therapist make an agreement on treatment goals and collaborate on the tasks that will help the client reach those goals.
2) **Focusing**: the ongoing process of seeking and maintaining direction.
3) **Evoking:** eliciting the client's own motivations for change, while evoking hope and confidence.
4) **Planning:** involves the client making a commitment to change, and together with the therapist, developing a specific plan of action.

HAVEN clinical staff are trained with on-line training modules in Motivational Interviewing. MI is currently listed on the California Evidence-Based Clearinghouse (CEBC) registry for Child Welfare with a scientific rating of *1-Well Supported by Research Evidence* and is rated with a "medium" relevance in the child welfare system based on the program being designed to meet the needs of children, youth, and families receiving child welfare services.

HAVEN residents are provided trauma informed treatment modalities as deemed appropriate by the initial intake assessment. These may include, but are not limited to, individual, family, group, medication assessment, youth peer support and substance abuse counseling. Referrals are made when direct provision of services is not available.

Families are encouraged per DCFS guidelines to participate in family therapy. CA also has a Children's Family Advocate who is available to families for support, advocacy, education and information. Families are contacted by phone or in person when appropriate. Parental rights are documented in the case plan established by DCFS. HAVEN is not responsible for the reunification

The plan for HAVEN residents is youth centered and involves the family when appropriate. Residents of HAVEN are encouraged to give their input regarding any HAVEN issue. The HAVEN Assistant Director holds a weekly Resident Meeting that allows the residents to share their thoughts and ideas regarding HAVEN. These suggestions are communicated to staff through minutes written by the Assistant Director. Whenever possible, residents' suggestions for change are adopted.

HAVEN shall make every effort to keep the youth in contact, where appropriate and possible, with her family and relatives, and assure that services are provided to the family on behalf of the youth by staff or another social service agency. If the family is in need of services, appropriate referrals are made.

However, direct contact with family members of residents who are in the custody of the Department of Human Services may only occur at the request and/or approval of the resident's DHS caseworker.

DHS is responsible for the reunification plan between the youth and family. HAVEN collaborates with DHS in regards to this plan but does not develop the plan. The DCFS plan includes the involvement of the youth, guardian ad litem, family, significant others, or natural supports when appropriate. It involves a timetable, identification of treatment team, justification for the exclusion of the natural family when applicable and encourages the family to cooperate with the development of the plan.

DHS provides services for identifying, engaging and locating family members as appropriate. The status of the parental rights is identified at admission and throughout treatment. HAVEN assists the youth and family with any supervised visitation as needed. HAVEN advocates for the placement of youth with their siblings, as appropriate. DHS also refers a youth for adoption services as appropriate. HAVEN will assist in providing supportive therapies throughout the adoption/family reintegration process. Parents/guardians maybe contacted via phone is transportation is an issue.

Wraparound Approach

Wraparound is a team-based planning process intended to provide coordinated, holistic, family-driven care to meet the complex needs of youth who are involved with multiple systems (e.g. mental health, child welfare, juvenile justice, special education), currently or at risk of placement in institutional settings, and/or experiencing serious emotional or behavioral difficulties. Wraparound provides an "on the ground" mechanism for ensuring that core system of care values will guide planning and produce individualized, family-driven and youth-guided support that is community based and culturally competent.

CA and HAVEN have utilized the wraparound model for over ten years. It is an effective method of problem solving, identifying specific needs and natural supports while at the same time using the strengths of the youth in helping them to succeed. We have developed community based resources for our youth through such activities as youth mentors, physical fitness activities, self care, positive reinforcement activities, tutoring to name just a few of the supports we have been able to put into place.

Treatment Components

HAVEN provides a variety of daily therapeutic services to its persons served at a minimum of 5 hours per week, 7 days per week. Licensed Behavioral Health Professionals, Licensed Certified Social Workers, QBHP's, CA Child Psychiatrist and other medical personnel provide these services. Services are delivered in collaboration with the various programs that are offering service provision. The HAVEN Therapist, a mental health professional, who provides clinical oversight and directs the treatment plan, supervises services.

Services are designed and implemented to support the recovery and the reduction of symptoms for the persons served, to enhance the quality of life, to restore and improve functioning, to build resiliency and to support the integration of the persons served into the community.

Services available help to ensure that information and education relevant to the persons served and/or her family needs are available. A file of current community resources is maintained and used for appropriate referral and placement. Services will be coordinated to include community agencies, referring agencies, advocacy groups (if available), self-help groups, other support groups, school personnel, and education specialist to aid in meeting goals, objectives, and expected outcomes. Interdisciplinary team interaction is supported through HAVEN weekly staff meetings, CA clinical staffings, as well as staffings with the Department of Children and Family Services (DCFS). The HAVEN program collaborates with other programs in planning service delivery when appropriate. HAVEN provides coordination and ongoing communication between internal and external service providers.

The HAVEN treatment team utilizes available services to empower the persons served to participate in their treatment in efforts to promote recovery and stabilization of symptoms. Services are based on the needs of the youth and are culturally and linguistically competent relative to each person served.

Adequate resources are available to deliver the identified core services provided at HAVEN. Individual, family and group therapies, paraprofessional intervention services (case management), medication management are all recognized modes of treatment.

All services are child centered, all have specific time frames for goal attainment, all include natural supports, all identify the specific team member responsible for certain interventions, and the plans involve the family/guardian when appropriate. The following services are provided:

HAVEN Program Plan of Care

Upon admission to HAVEN, the Assistant Director or HAVEN staff will formulate, with input from the resident and the referring agency representative, the resident's HAVEN Individual Program Plan, which is a summary of planned services for medical, educational, and mental health needs, as well as a summary of family, court and DHS contacts and medical, educational, and mental health services provided. A referral network is established for emergency, respite, and medical care and other services to meet the needs of the child/adolescent and family. A file of current community resources is maintained and used for appropriate referrals as needed to meet the needs of person served. **This is a DCFS Contract requirement and does not take the place of the Master Treatment Plan that directs mental health care.** The Assistant Director sends monthly reports to DHS regarding progress, medical, educational and mental health needs.

Clinical Intake Assessment and Master Treatment Plan

In addition, each resident who enters HAVEN will be evaluated using the Child and Adolescent Diagnostic Assessment by the HAVEN Therapist, a mental health professional, to assess for mental health service needs. This assessment will include a developmental history such as developmental age factors, motor development and functioning, medical or physical health history, culture/ethnicity, treatment history, school history, language functioning, including speech & hearing functioning, visual functioning, immunization records, learning ability, intellectual functioning, family relationships, interactions with peers, environmental surroundings, prenatal exposure to alcohol, tobacco or other substances, parental/guardian custodial status, biological parents strengths, preferences and ability to participate. The re-assessments are completed yearly or if there is a clinical justification for a re-assessment prior to this due to changing symptoms, needs or circumstances. Information is obtained from a multitude of sources including but not limited to the resident, the guardian, collateral information, past treatment records. The assessment is explained as well as the treatment planning process, transition/discharge plans, and the use of interventions.

Planning is child and family centered: family participation is based on DCFS case plan. Frequency, intensity and types of services provided vary based on the need of the person's served.

The resident is also assessed for eligibility of Intensive QBHP Intervention Services (Case Management). The Therapist then confers with the child and adolescent psychiatrist on staff at Counseling Associates for further assessment and recommendations.

After completion of the intake assessment and evaluation by the HAVEN Therapist, a clinical chart will be opened at Counseling Associates A Master Treatment Plan is established with the resident, which may include individual, group and family psychotherapy, alcohol and drug counseling, psychiatric evaluation and medication management, psychometric and/or psychological testing, and intensive QBHP/paraprofessional intervention services. When an individual has multiple disability issues the treatment plan will specifically address those issues.

The HAVEN Therapist and Counseling Associates' Psychiatrist will review the master treatment plan at a minimum of every 180 days or as needed based on the needs of the person served. The case is then staffed at the Counseling Associates clinical staffing within 14 days of the intake assessment.

The HAVEN Therapist is responsible for the master treatment plan completion, the directing and implementation of all clinical services and for supervising the paraprofessional services provided by the HAVEN Residential Paraprofessionals.

A referral to other mental health professionals at Counseling Associates, including the psychiatrist, is made, based upon the treatment recommendations.

CA provides a broad array of services that form an integrated continuum of care for HAVEN residents, however if direct provision of a specific service is not available, referrals are made to outside agencies. If referrals are made, HAVEN collaborates in planning service delivery.

All residents will develop with the Therapist a Crisis Plan at the time of intake. This will identify triggers of behaviors, coping skills, and de-escalation suggestions in the time of a crisis that staff members and the resident can utilize.

Reviews of the youth's placement at HAVEN and general functioning shall be made on a regular basis. Informal reviews will take place at weekly staffings by the HAVEN staff, with staffing notes forwarded to the legal guardian/referring agency. All MTP will be reviewed every 180 days.

Case Coordination/Planning

The HAVEN Therapist participates regularly in CA staff meetings, which are attended by the CA Child Psychiatrist; this ensures access to medical oversight on a weekly basis. In addition, the CA psychiatrist is available for consultation at any time to staff.

HAVEN conducts weekly staff meetings that are attended by all HAVEN staff, including the HAVEN Director. Staffing notes are written on each resident currently at HAVEN and discussion is held regarding any issue from the following week.

In addition, information is shared regarding any HAVEN matter. A youth's behavior is monitored in weekly staffings to assess for their level placement as part of their behavior plan. Each week, staffing notes are sent to the DCFS Worker, which promotes communication and planning to meet the needs of each resident.

The plan for HAVEN residents is youth centered and involves the family when appropriate. Residents of HAVEN are encouraged to give their input regarding any HAVEN issue. The HAVEN Assistant Director holds a weekly Resident Meeting that allows the residents to share their thoughts and ideas regarding HAVEN. These suggestions are communicated to staff through minutes written by the Assistant Director. Whenever possible, residents' suggestions for change are adopted.

HAVEN shall make every effort to keep the youth in contact, where appropriate and possible, with her family and relatives, and assure that services are provided to the family on behalf of the youth by staff or another social service agency. If the family is in need of services, appropriate referrals are made. However, direct contact with family members of residents who are in the custody of the Department of Human Services may only occur at the request and/or approval of the resident's DHS caseworker.

DHS is responsible for the reunification plan between the youth and family. HAVEN collaborates with DHS in regards to this plan but does not develop the plan. The DCFS plan includes the involvement of the youth, guardian ad litem, family, significant others, or natural supports when appropriate. It involves a timetable, identification of treatment team, justification for the exclusion of the natural family when applicable and encourages the family to cooperate with the development of the plan.

DHS provides services for identifying, engaging and locating family members as appropriate. The status of the parental rights is identified at admission and throughout treatment. HAVEN assists the youth and family with any supervised visitation as needed. HAVEN advocates for the

placement of youth with their siblings, as appropriate. DHS also refers a youth for adoption services as appropriate. HAVEN will assist in providing supportive therapies throughout the adoption/family reintegration process. Parents/guardians maybe contacted via phone is transportation is an issue.

A resident who will turn eighteen while residing at HAVEN shall receive services to plan for the resident's post-HAVEN independent living. If the resident is in DHS custody, planning with DHS for the resident will be pursued by HAVEN staff.

Planning should begin six months prior to the resident turning eighteen, with a time frame set for the projected independence of the resident. Documentation of this planning/efforts by staff and resident will be maintained.

HAVEN will provide case coordination with the PASSE Care Coordinators to ensure services are put into place based on the needs of the child and are provided based on the Person Centered Service Plan

Intervention Services (Case Management)

The HAVEN Intensive Intervention Services program will provide goal-oriented and individualized supports for the resident through symptom reduction interventions, assessment, planning, linkage, advocacy, coordination, and monitoring. One lead intervention specialist will be assigned to work consistently with each resident. All intervention/case management services are utilized to assist the youth in improving her symptoms/functioning in order to meet stated goals. HAVEN utilizes professionals and paraprofessionals. Intervention/case management services at HAVEN include the following activities:

- Assessment and reassessment of the needs, goals, and preferences of the resident.
- Implementation of the master treatment plan goals/individual plan of care and assist resident in goal and objective attainment.
- Monitor and supervise functioning, provide interventions targeted toward symptom reduction.
- Resource assessment and management.
- Empower, outreach and support the resident to participate in services promoting recovery/stabilization and independence.
- Provide crisis stabilization as needed per each resident's individualized crisis plan.
- Assist resident to optimize independence and productivity through support and training in the use of personal and community resources/linkages.
- Utilize and develop informal community contacts including accessing natural supports within the community.
- Assist in the development of formal community linkages to meet the needs of the resident such as independent living, local advocacy group, and self-help groups.
- Assist the resident to further utilize skills to develop, increase, and enjoy social support networks.

- Coordinate transportation as needed by the resident.
- Assist in the enhancement of functioning in the area of self-care tasks.
- Review/monitor symptoms, functioning and services provided, with documentation of progress toward individual goals.
- Assist staff psychiatrist in monitoring residents need and use of medications.
- Assist residents in developing community living, social skills, social supports and vocational skills.
- Assist residents in accessing activities including community, cultural, spiritual, and recreational activities. Involvement in preplacement activities whenever possible.
- Transitional services.
- Facilitate and coordinate ongoing communication between external and internal service providers to ensure continuity of care.
- Provide advocacy services.

The intensity of intervention services (case management) and the frequency of contact are individualized depending on the needs of the resident. Services are provided in a variety of locations, for example, HAVEN, the community, and local schools. HAVEN collaborated with other programs in planning service delivery when appropriate. All intervention services are reflective on the treatment plan of care.

Therapy

HAVEN residents are provided with a variety of trauma focused therapeutic modalities as deemed appropriate by the initial intake assessment. These may include, but are not limited to, individual, family, group, medication assessment, and substance abuse counseling. Referrals are made when direct provision of services is not available.

The Therapist has a group weekly for support in adjusting to an out of home placement.

Persons served are seen by the HAVEN Therapist at least weekly and the therapist or the Children's Director is on call 24 hours per day, 7 days per week for any treatment emergencies. (Crisis Line Services may also be utilized).

Families are encouraged per DCFS guidelines to participate in family therapy. CA also has a Children's Family Advocate who is available to families for support, advocacy, education and information. Families are contacted by phone or in person when appropriate. Parental rights are documented in the case plan established by DCFS. HAVEN is not responsible for the reunification but assists DCFS in coordinating care with families and providing support and treatment as recommended.

Psychiatric Services

The CA Child Psychiatrist routinely evaluates each resident, and all admissions are seen initially within the first 45 days of treatment by the psychiatrist. The psychiatrist prescribes and monitors any medication needed by HAVEN residents and will see the resident as often as

needed if medication is being prescribed, including crisis situations, if needed. The psychiatrist is a member of the treatment team and is available for consultation regarding client needs. The psychiatrist provides clinical supervision for all mental health services provided at HAVEN.

Nursing Services

HAVEN has 24-hour medical support provided by their full-time medical director who is a licensed youth psychiatrist. Nursing support is also available 24 hours a day via an on call system for medical guidance for the youth in the program. The MOR's are also monitored by a CA Registered Nurse.

Youth Peer Support Services

CA support services may include Youth Peer Support to the eligible. Peer Support is a consumer centered service provided by staff (ages 18 and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer Support is a service to work with beneficiaries to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach their fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact beneficiaries functional ability. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment.

24/7 Emergency Crisis Services

HAVEN is a 24-hour residential facility. Administrative staff are on duty during normal working house and after hours coverage is provided by the Director and Assistant Director. The facility is staffed 24 hours per day 7 days per week. The Children's Director and HAVEN clinical team, all licensed mental health professionals, provide 24-hour emergency mental health coverage. In the absence of the Assistant Children's Director or the Children's Director, staff members also have access to Counseling Associates 24 hour hotline for emergency services if necessary for after hours. This is staffed with licensed mental health professionals.

All licensed staff are trained in emergency services; however, anyone who is designated emergency service staff will have additional training and experience. In addition to the CPI, CPR and First Aid, the emergency staff will attend quarterly meetings where training issues of ethics, legal aspects of crisis, professional standards, boundaries and risk assessments are provided. The emergency staff is also charged with assisting HAVEN staff through consultation and emergency back-up.

All HAVEN residents have developed a Crisis Plan with the Therapist at the intake assessment. It directs the resident and staff on triggers, interventions and de-escalation guidelines during a crisis. This is reviewed with all staff.

Either the HAVEN Director, Assistant Director or Lead Intervention Specialist is on call at all times. Both Directors carry a cell phone and a designated Director is on call and is available to staff at all times. When neither the Director nor the Assistant Director is at HAVEN staff are appointed to be responsible for the functioning of the facility. The HAVEN Therapist is available during regular working hours for any crisis intervention, emergency screening or de-escalation needs.

Family Involvement in Treatment

HAVEN will work with DCFS in engaging and outreach with the youth's family, extended family, fictive kin or other permanent connections through permanency planning activities according the Families First Act. HAVEN will work according to DCFS guidelines with the families in a variety of methods to engage them throughout the treatment process so that upon discharge the youth can be successful discharged back into a family environment. This may include but not limited to family therapy, visitation, parent training, and phone contacts. HAVEN will provide family based aftercare support dependent on the needs of the youth and the timeframes necessary to provide the services after discharge.

PERFORMANCE IMPROVEMENT PROGRAM OVERVIEW (Quality Assurance)

Counseling Associates is committed to the process of continuous performance improvement and the pursuit of organizational excellence. It is the mission of Counseling Associates and the Performance Improvement Program to ensure on-going organizational improvement and assure high quality care to persons served by requiring and supporting the establishment and maintenance of an effective organization-wide Performance Improvement Program. The Chief Clinical Officer is responsible for the implementation and oversight of the Performance Improvement Program with the assistance of the Senior Management Team to ensure proper monitoring, oversight, and improvement across the Center including HAVEN. The Performance Improvement Program is charged with the following responsibilities:

- To monitor and evaluate objectively and systematically the appropriateness and quality of care to persons served, to ensure that services are rendered consistent with reasonable, prevailing professional standards, and to resolve identified problems.
- To identify, evaluate, and eliminate, or reduce to the extent possible, risk to persons served, visitors, and employees.
- To collect, analyze and utilize information for the purpose of planning, monitoring, evaluating and improving the quality of CA's systems and services.
- To ensure that appropriate services for the most acute clients are delivered in a manner that is most effective, efficient, accessible and responsive to client needs.
- To identify opportunities for organizational growth and development, and the enhancement of care to persons served. Data is used to facilitate organizational decision-making and in updating our strategic plan.
- Utilize outcome findings to improve programs,

Counseling Associates maintains an outcomes management system that includes characteristics of persons served, admission criteria, services offered, measurable objectives, and measures of access, effectiveness, efficiency, and consumer satisfaction.

Outcome evaluation expectations are based on the persons served and type of service. Information is collected on persons served, and outcomes are measured at intake, during treatment and after discharge.

Measurable Performance Indicators/Objectives and Performance Targets: HAVEN along with other CA programs are assessed on measures of effectiveness, efficiency, and consumer satisfaction using objectives that are quantifiable and measurable.

- **Measure of Effectiveness:** All CA programs assess at least one measure of effectiveness addressing quality of life, symptomatology, functioning, or health status outcomes. All

programs monitor hospitalization rates, which is used to monitor the effectiveness of each of the services.

- **Measure of Efficiency:** All CA programs are assessed on at least one of the following measures of efficiency: access, utilization, appropriateness or cost.
- **Measure of Satisfaction:** All CA programs are assessed on consumer satisfaction. The overall agency services are assessed through a referral source/other stakeholders survey completed on an annual basis.
- **Measure of Access to Services**-CA implemented Same Day Access for assessments and for any crisis follow up appointments, which greatly improved access for clients.

Functional Outcome Measures

The Child DLA-20 (Daily Living Activities) is a functional assessment, proven reliable, valid, and designed to reliably assess a youth's functioning in 20 different areas of daily living. The DLA-20 measures improvement, quality, and value instead of the primary focus being on measuring symptomology. It allows you to obtain clinical outcomes to demonstrate that individuals in care are getting better by their change scores each time the tool is administered. All HAVEN youth have the DLA-20 administered at varying intervals.

- Examples of the 20 DLA's are: coping skills, mental and physical healthcare practices, time management, nutrition, money management, problem solving, family relationships, safety, and alcohol and drug use.
- Each of these areas are given a number ranking from a 1 (extremely severe functional impairment needing pervasive supports to a 7 (functioning optimally and independently and does not needs any support services).
- In order to accurately compare the individual's activities of daily living and achieve inter-rater reliability we use benchmarks that reflect independent, healthy behaviors in the age appropriate general populations.

CA utilizes the DLA-20 at intake and then in different frequencies based on the acuity of the client. Credible is able to capture the initial score and then all history.

- DLA-20 will be completed on all clients regardless of reimbursement source.
- CA completes DLA-20 at Intake and every 90 days thereafter, for Chronically Mentally Ill Adults and SED Children.
- General Outpatient clients complete the DLA-20 at intake and then every Master Treatment Plan Review.

The following is our quality outcome measures for programs related to this contract. These are compiled yearly as part of our Performance Improvement/Strategic Planning. This is the report for this past fiscal year.

Children's Out of Home Services – HAVEN Residential				
PERFORMANCE INDICATORS/ OBJECTIVES	**MEASURES**	**PERFORMANCE TARGETS**	**DATA COLLECTION PROCEDURES**	**RESULTS**
To optimize client satisfaction with services delivered	Customer Satisfaction Survey	90% Report Satisfaction With Overall Quality of Care and Services	Administered at Discharge	84% of persons served report feeling very safe and 15% feel safe at HAVEN.
To increase efficiency of service delivery system	Net Margin	Break Even or Positive Net Margin	Monthly Financial Report	Program met and exceeded budget projections.
To improve Access to service delivery system	Number of Program Beds Utilized vs. Budgeted Contract Beds	Utilization of 100% of Contracted Beds	Monthly Finance Report: Census Report	HAVEN slightly under utilized available beds for the FY. 10.2 Program Beds Utilized vs. 10.6 Budgeted Contract Beds.
To enhance effectiveness of services delivered to persons served	Hospitalization Rate of Persons served in Program	90% of Program Persons served Do Not Require Hospitalization	Monthly Utilization Management Reports and Credible EHR Reports	The program had 5 hospitalizations for the year with a census of 59 persons served. 92% did not require hospitalization. Goal was met.

PROGRAM GUIDELINES FOR CARE AND TREATMENT

Education

Every person served shall have a plan for her education. Residents will attend the appropriate public school based upon grade level. Residents with handicapping conditions shall be referred to the public school system to determine what services would be appropriate and available under PL 94-142. When appropriate, as determined by the school, an individual education plan (IP) shall be developed and managed by the school. Those residents whose needs can best be met through the Adult Education Program (GED), will be referred to that program

If a resident is unable to attend public school, then a certified teacher will be contracted to provide for their educational needs in collaboration with the local school district. HAVEN does not provide the educational services, the education is provided through the district in coordination with HAVEN. When applicable, the educational specialist can assist with the planning, implementing, evaluating of the residents educational activities.

HAVEN monitors school attendance. Upon enrollment in the public school, the Assistant Director obtains a release of information. HAVEN staff monitor attendance through E-School internet website and communication with the school attendance office. In addition, mid-term reports and report cards are monitored for reported absences and tardies. Behavior and symptoms are also closely monitored in the school setting.

HAVEN staff work closely with teachers and school officials to ensure that educational needs are met. Based on the needs of each child or adolescent, or as required by law, an educational specialist is a member of the team. HAVEN has an excellent working relationship with the schools. School personnel are very cooperative in working with the staff on all school-related issues of HAVEN residents. HAVEN, as well as school personnel, works with residents adjusting to, maintain and/or reintegrating into the academic environment. When services disrupt the resident's day-to-day educational environment, HAVEN provides or makes arrangements for the continuity of her education.

HAVEN provides for daily 45 minute study hall for residents to prepare for the next day's classes and examinations. If no homework has been assigned, residents are expected to use the study hall time to review or read books and notes. Residents in need of tutoring to perform adequately in the academic setting are provided with appropriate tutors. HAVEN has a number of interns who are willing to spend regular time with a resident to assist the resident as needed. HAVEN staff are primarily college students who are also willing to provide assistance to residents as needed.

HAVEN will consult educational specialists available through the school system if needed.

Household Responsibilities

The HAVEN Handbook is reviewed during the admission with each new resident. At that time, it is made known to the resident that she is expected to participate in a variety of household responsibilities, such as meal/snack helper, kitchen clean-up, yard clean-up, dusting and

sweeping, etc. Each resident is expected to maintain her part of the bedroom and to clean the bathroom after grooming in the mornings and evenings.
Paraprofessional staff prepare the chore chart each week, giving residents a variety of responsibilities over time and taking into consideration a resident's age and level of functioning. Residents may request certain chores and these requests, as well as the resident's work and/or school and/or counseling schedules, are taken into consideration when planning the week's chore schedule. Performance of household responsibilities requires minimal time consumption and is part of the daily schedule, so as not to interfere with other activities, such as study hall and recreation. HAVEN residents are not used as substitutes for staff or required to perform staff duties. HAVEN complies with Child Labor Laws.

Outside Employment

Residents may obtain outside employment under special guidelines:

- The resident must be sixteen years of age or older unless approved by the DCFS worker.
- A resident must be home prior to normal bedtimes and/or curfews. Employment may not interfere with the resident's academic functioning, with counseling, with family visits, with case management activities, or with household responsibilities.
- Transportation issues must be resolved. Transportation for employment must be worked into the HAVEN staff transportation schedule.
- The place of employment must be approved by the HAVEN Director and Assistant Director.

Money

Each resident receives a weekly allowance. Residents' money earned through allowances or outside employment belongs to the resident. As part of the HAVEN program, residents are given the opportunity to learn money management skills, which involves some guidance and supervision of expenditures when appropriate.

Residents engaged in outside employment are encouraged to open a savings account in a local financial institution in which to safeguard their earnings. HAVEN also provides individual moneybags, which are locked in the file cabinet in the office in which residents may keep smaller amounts of money and jewelry for safekeeping. As another safeguard, residents are discouraged from carrying more than twenty dollars in their purse or wallet at any time.

Exploitation of Children

HAVEN shall not place a resident in the position of having to acknowledge dependency, destitution or neglect, nor shall a resident be required to make public, written or oral statements regarding her background or dependence on HAVEN for care. HAVEN shall not encourage a resident to make public statements to acknowledge her gratitude to HAVEN, nor shall a resident be exploited at public gatherings, such as campaign publicity efforts to raise funds.

HAVEN shall not use or permit to be used reports, pictures, or other information from which residents can be identified, except under the following instructions:

- A consent form must be signed by the youth and the legal guardian with information regarding the intent of the publicity prior to publication.
- The signed consent form or a copy of the court order specifying consent shall be on file at HAVEN before any reports or pictures from which the resident can be identified are used.
- The signed consent form shall indicate in what publications(s) the picture(s) or report(s) will appear.
- Copies of the publication which information about the youth is included will be available for review.
- A copy of the release from must be submitted to the Division prior to its usage.

Child Abuse Complaint Procedures Against A Staff Member

Under Arkansas Code Annotated 12-12-507 (b), employees of HAVEN are mandated reporters of child maltreatment. If an employee has reasonable cause to suspect that a youth has been subjected to maltreatment, or that a youth has died of maltreatment or the employee observes a youth being subjected to conditions or circumstances which would reasonably result in maltreatment, the employee shall immediately notify Central Intake or law enforcement.

The Division of Children and Family Services Central Intake number is **1-800-482-5964**. If the employee has difficulty in contacting Central Intake, the employee may contact the assigned youth care licensing specialist at **(501) 682-8590**.

If an allegation of abuse is made against an employee, by either a resident or other employee, or person outside the HAVEN program, the alleged perpetrator will have no unsupervised contact with any HAVEN resident until an investigation can be conducted by DHS and the Child Welfare Specialist and the allegation substantiated or unsubstantiated. This action is for the protection of both the residents and the accused employee.

If the allegation is unsubstantiated, the employee may be allowed to return to her former work schedule. Substantiation by the Department of Human Services of maltreatment will result in the immediate dismissal of the employee with no opportunity for future employment.

Therapeutic Behavioral Supports

Behavior supports is a positive, consistent approach to dealing with situations that arise in daily living. The purpose of behavior supports is to teach responsible decision-making and behavior and to promote self-discipline, not to punish. HAVEN's policy is to utilize consistent responses of positive reinforcement and natural and logical consequences in assisting residents to manage their own behavior and improve their decision-making skills. Staff are to provide interventions in a calm, respectful manner.

Guidelines for behavior supports are as follows:

Positive Interventions/Reinforcement

Whenever possible, positive reinforcement and rewards will be utilized for appropriate behaviors, actions, and attitudes. Possible techniques are as follows:

- Look for appropriate behavior and reinforce the resident with praise and encouragement when behavior and/or attitudes are appropriate.
- Remind residents daily of rules by using clear positive statements of how they are expected to behave rather than what they are not supposed to do.
- Attempt to ignore minor inappropriate behaviors and concentrate on appropriate ones.
- Utilize verbal cues to instruct the resident as to expected behavior.
- When a resident, who has been behaving inappropriately or whose attitude has been negative, begins to behave appropriately or demonstrates an improvement in attitude, encourage and praise small positive steps immediately.
- Give positive recognition, both publicly and privately, to residents who are behaving appropriately.
- When all residents are behaving appropriately, reward the group with an activity to reinforce positive behavior.

Consequences

Consequence guidelines have been established, utilizing natural and logical consequences whenever possible. Consequences basically involve the loss of privileges, and/or the performance of an additional chore or duty. Loss of a basic right is never a consequence. The Level System decides privileges and consequences. Privileges are restored based on the youth's performance on the Level System-the level is assessed on a weekly basis within the staffing team. (The HAVEN Level System is found in the Staff Manual and the Resident Handbook.)

Even while taking into consideration residents' developmental levels, staff shall be consistent in requiring that all residents follow rules and shall be consistent in the application of consequences to all residents. If there are questions and/or concerns by staff about implementing consequences, staff shall confer with the Director, the Assistant Director, and/or the Therapist. All disciplinary measures will be documented on a Resident Restriction Sheet. All staff will strictly follow the following discipline rules:

- NO CORPORAL PUNISHMENT IS TO BE ADMINISTERED --**EVER**.
- There shall be no form of abuse, including neglect, sexual and physical punishment.
- There shall be no denial of basic rights, such as shelter, meals, mail, or family visits, as punishment.
- There shall be no form of psychological abuse, including humiliating, threatening, and exploiting actions.
- No resident is allowed to exploit or abuse another resident.

Non-Violent Practices Procedures

HAVEN follows the CA policy and procedures regarding non-violent practices including documentation requirements. HAVEN does not utilize seclusion or restraint. All HAVEN staff members are trained in the use of Crisis Prevention and Intervention, The Director On-Call will be notified following any violent behaviors. All residents have a Crisis Plan developed at the Intake Assessment which is to be utilized to help de-escalate any crisis event.

Rights, Responsibilities, and Privileges

All persons served have certain rights and responsibilities, which are an integral part of daily living at HAVEN and are to be provided without exception. Privileges are earned by following HAVEN rules and may be given, denied, or adjusted, and may be based upon the resident's age and demonstrated behavior. Rights, responsibilities and privileges are outlined in the HAVEN Handbook and the Staff Manual.

Rights

Persons served have the right to have their basic physical and emotional needs met, such as shelter, clothing, food, support, nurturing and caring. Residents have the right to communicate with staff and to be listened to and heard. A weekly group meeting is held with residents and the Assistant Director to discuss the needs and concerns of residents. Residents have the right to be treated fairly and with respect by other residents and by staff. Minutes to this meeting are kept in the Assistant Director's office. Opportunities to participate in community, cultural, recreational and spiritual activities are also made available to the residents. The rights of persons served are reviewed upon admission to HAVEN.

Restoration of Rights

There are certain things that may result in the loss of a resident's rights as noted in the Level System and Discharge policies. The right to remain at HAVEN would be lost if a resident were to engage in the behaviors listed under the immediate discharge criteria. To return to HAVEN, the DCFS caseworker would be required to demonstrate through documented behaviors in other facilities or treatment programs that the resident was no longer a risk of harm to herself or anyone else. A Crisis Plan would be developed with the resident, the HAVEN staff, and your caseworker prior her return to HAVEN to insure her and others safety. Losses of privileges are assessed weekly based on your performance through the Level System in the HAVEN staff meeting.

Responsibilities

Persons served have the responsibility to communicate honestly and directly, to follow staff directives, and to follow HAVEN rules. Residents have the responsibility to maintain hygiene and self-care, to attend school and follow school rules, and to perform household responsibilities as assigned. Residents have the responsibility of maintaining confidentiality of

other residents and treating other residents, staff and visitors with respect. Persons served have the responsibility to work with the therapist in the development of their treatment plan/goals and to participate in treatment.

Privileges

Dating, curfews, going to movies, extended bedtimes, watching television, snacks of candy, unsupervised walks and activities, and using the telephone to make social calls, to name a few, are privileges offered to residents and should not be considered rights. HAVEN staff establishes rules and guidelines to be followed in the giving and denial of privileges. Denial of privileges may be a consequence of inappropriate behaviors, whereas privileges may be offered based upon a resident's following the rules as set forth in the HAVEN Handbook.

Medical Care

HAVEN receives necessary medical consultation through Counseling Associates, regarding medically related policies and procedures. Information regarding current medical status and current medications is obtained through the Pre-Admission Screening. Upon admission, HAVEN obtains the completed CA Medical Summary, which includes information regarding medical history, allergies, and current medications. A basic information sheet is kept in a log on all current residents in case of emergency. The person served is in the custody of the Department of Human Services, and the Medical Passport, prepared by DHS, will be obtained, as well as the Medicaid card (or number if the card is not available). HAVEN will check the Medical Passport for compliance with requirements for medical care, dental care, and immunizations. HAVEN staff will assist DHS in making arrangements for necessary medical and dental care and immunizations.

HAVEN is responsible for ensuring that each person served receives adequate and timely medical care. As part of the DCFS Individual Service Plan, records are maintained to document the resident's medical visits, in order to assure annual physical and dental exams, as well as any other medical services needed and/or received.

Whenever possible, HAVEN utilizes the services of the local medical community. Providers accepting Medicaid reimbursement and thereby serving HAVEN residents are as follows:

Mental Health Services	Counseling Associates
Primary Health Care Services	Freeman Family Medical, Central AR Pediatrics, or Sherwood Urgent Care
Obstetrics-Gynecology Services	Conway OB-GYN Clinic
Dental Services	KIDZ Choice Dental
Hospital Services	Conway Regional Medical Center
Emergency Services	HAVEN Therapist, Children's Director, or Crisis Line
Optometry Services	VisionCare Arkansas
Pharmacy	Smith Family Pharmacy

Other area providers as need or as appropriate to meet the resident's needs. All mental health services provided at Counseling Associates are supervised by a medical doctor who is a Child Psychiatrist.

Immunization Records

Immunization records on all persons served shall be maintained. Any resident admitted must have completed their immunizations as recommended. If there are any immunizations missing, a plan must be instituted immediately to complete the immunizations.

A roster of those residents requiring further immunizations will be maintained, listing the individual's name and indicating the needed immunization and dosage required to meet minimum requirements.

Medications

All medications shall be stored in a locked cabinet inside the locked staff bathroom. Staff on duty will have access to the medication keys, which are kept on the master set of keys. HAVEN follows all of Counseling Associates Inc. Policy and Procedures regarding medications including procedures on self-administration of medications. HAVEN uses the Medication Observation Record (MOR) as documentation. The MOR's are monitored by a CA Registered Nurse. Poison Control numbers are posted on all phones. **In case of a medication emergency:**

- **During business hours-**The Director or Asst. Director will attempt to contact the CA Psychiatrist, CA Nurse, Primary Care Physician, or emergency room depending on the situation.

- **After hours-**The Director On- Call will be called immediately. The Director will inform staff of the appropriate action to take and will consult with the Nurse on call if necessary. The DCFS caseworker is notified in the event of a medication emergency.

Communicable Diseases

The suspicion or confirmed report of the presence of a communicable disease is to be reported immediately to the Director or Assistant Director, who will then follow state guidelines in reporting the suspicion or presence of the disease either to the Child Care Licensing Specialist, the local county health unit or the toll free Code-A-Phone Reporting System (**1-800-482-8888**).

Medical Care--Emergency Shelter Alternative Compliance

A medical history shall be obtained within 72 hours after admission, including an authorized immunization record, which must be obtained for any resident remaining at HAVEN for more than one week.

Personal Care

HAVEN's daily schedule is designed to provide adequate time for sleep, while rules are designed to set conditions which are conducive to sleep and rest. When residents are asleep, at least one staff person will be awake to monitor residents' activities. Persons served are encouraged to maintain good hygiene and grooming habits. Those residents experiencing difficulties receive targeted case management services to improve in this area. Residents are provided with needed supplies. HAVEN ensures that each person served has sufficient and appropriate clothing, and that the personal needs of each resident are met in a non-discriminatory manner.

Food Service and Nutrition

HAVEN provides residents with meals, which are well balanced, appetizing, varied and sufficiently nutritional. All residents (and staff) are served the same meals, unless a physician or nutritionist has specified a special diet. HAVEN receives reimbursement for breakfast and lunch through the School Free Lunch and Breakfast Program, which also sets minimum requirements for meals. A guidebook containing nutritional requirements, as well as recipes, has been provided to HAVEN staff members. It is the responsibility of the HAVEN staff to plan menus, which meet these requirements. Copies of menus are kept on file.

Advocacy

CA provides CASSP/WRAPAROUND services to eligible clients through The Child and Adolescent Service System Program (CASSP). CASSP was established in Arkansas by Act 964 of 1991 and 2001 through Act 1517. CASSP is based on the concept developed by the National Institute of Mental Health that focuses on the need for interagency collaboration and coordination across systems in delivering multiple services to seriously emotionally disturbed children /youth and their families. CASSP service teams are available throughout each catchment area to develop multiagency plans of care (MAPS/Wraparound) for individual children and adolescents with serious emotional disturbance when the current system is not adequately meeting their needs.

These advocacy campaigns recognize the interconnectedness of layers where influence can result in positive change and effective use of the voices of staff, persons served, family members, community leaders, and others who share a common vision. Advocacy efforts influence both funding for programs and decisions impacting the structure, the availability and the delivery of services. These efforts in addition focus on educating lawmakers about the importance of proactive mental health services and resources. CA believes that advocacy and public policy cannot work independently; together they work to create the best program outcomes.

PROGRAM LEADERSHIP

Agency/Staff Qualifications and Experience

Counseling Associates and HAVEN have over 30 years of experience serving foster care children and providing mental health services in a residential setting. This includes but not limited to the provision of individual, group and family therapy, crisis services, psychiatric services, QBHP intervention/case management, testing. Services are typically provided in a variety of settings including clinic, school, community and home based care. All mental health professionals are licensed through the state of Arkansas and comply with their licensing board on educational training requirements. All QBHPs have completed required QBHP training of 40 hours. All staff members comply with OBH, Child Welfare Licensing Board and CA guidelines for supervision.

Clinical Oversight and Supervision

The Assistant Children's Director, the Children's Services Director and the Chief Clinical Officer, all of whom are licensed mental health professionals, provides overall program administrative and clinical supervision and provides adjunct/ancillary supervision as needed. Issues of ethics, legal aspects of clinical practice, professional standards, documentation and compliance review, feedback to direct service personnel. This group of managers has over a combined 60 years of experience working with traumatized children.

In addition, a Mental Health Professional is also available on a 24 hour, 7 day a week basis for emergency services through the Haven Therapist, the Assistant Children's Services Director and the Children's Director or the Counseling Associates on call emergency services.

The child and adolescent psychiatrist provides clinical oversight, ensuring that the residents have accurately been assessed and that the clinical needs are being met.

Staff members meet weekly in staffings to address the needs of the persons served, to ensure the appropriateness of treatment, to ensure the individual plan of care is being implemented and to receive supervision through the HAVEN Therapist ensuring that services are effective and appropriate. This is also a time where cultural competency issues are monitored, Staff members are reflective of the cultural composition of the persons served.

HAVEN Therapist

The HAVEN Therapist is an LCSW, with over 11 years of experience working with foster care children. She is Advanced Certified in TF-CBT with extensive training in working with you in foster care, trauma history, attachment disorders and crisis emergency services. The HAVEN Therapist, a mental health professional, provides clinical supervision of the paraprofessionals.

Director

The Director of HAVEN and a mental health paraprofessional, shall serve as the Administrator and shall be responsible for administering the affairs of HAVEN. The Administrator shall meet the Minimum Licensing Requirements for Administrator of a childcare facility.

All qualifications shall be documented. The HAVEN Director is responsible for the supervision of employees, trainees, and interns. The Director is also responsible for fund-raising.

Either the HAVEN Director or Assistant Director is on call at all times. Both Directors carry a cell phone and a designated Director is on call and is available to staff at all times. When neither the Director nor the Assistant Director is at HAVEN staff are appointed to be responsible for the functioning of the facility.

The HAVEN Director shall also serve as the Director of Social Services and shall be responsible for ensuring that all programmatic requirements of the Minimum Licensing Requirements are met.

Assistant Director

The HAVEN Assistant Director shall be delegated to have administrative authority in the short-term absence of the Director, including illness, vacation, jury duty, professional seminars and meetings, or other times designated by the Director.

The Assistant Director is primarily charged with maintaining all licensing and contract guidelines for each resident, coordinating all the residents' school needs, medical needs, or any other need the resident may have during their stay at HAVEN.

Residential Paraprofessionals (Intervention Specialists)

HAVEN provides intervention services through specially trained QBHP paraprofessionals who have completed a 40-hour training program and who have successfully passed a comprehensive test demonstrating competency. Training is documented to include length and date of training.

Paraprofessional providers complete the training in order to provide services that cover child growth and development, attachment, grief and loss, the effects of placement on children, behavior management, learning deficits, confidentiality, applicable legal issues, cultural competency, illness in youth, medication, ethics, mental health issues, medication, and cultural competency, crisis de-escalation, communication skills and There is a specifically designed curriculum that is followed and a standardized test that is completed. HAVEN provides a specific plan for the provision of intervention services for each resident in care. This plan is part of Master Treatment Plan and the Individual Program Plan. The plan is designed with input from the referring agency caseworker, the resident, the Therapist, the Director and Assistant Director, and the paraprofessional case manager on the HAVEN staff assigned to the resident.

Child-Care Staff Ratio

HAVEN is staffed on a 24 hour a day basis 7 days a week. There shall be a minimum direct care staff-youth ratio of 1:9 during the waking hours and a maximum ratio of 1:12 during sleeping hours if all residents are ages six through seventeen years. However to ensure the safety and well being of residents and staff, HAVEN utilizes 2-3 staff members per shift based on the needs of the residents in the facility.

Criminal Background Checks/Adult and Child Maltreatment Background Checks/ Driving Record Check

All HAVEN employees are mandated reporters under State youth abuse statutes. At the time of hiring, new employees are advised of their mandated reporter status and are required to certify their understanding of such in writing. Procedures for reporting suspected child maltreatment are included in the Staff Manual and are explained to all staff. All employees are submitted to a yearly DMV Driving Background Check, State Police Criminal Records and/or a FBI Check at the time of employment and every (5) five years thereafter; and both the Adult and Child Maltreatment Central Registry Checks at the time of employment, and every (2) two years thereafter. These checks are documented in the employee file. HAVEN follows policy 7 procedures of CA regarding background checks.

No person convicted of a felony crime or a sexual offense documented through the background checks shall be employed by HAVEN. HAVEN shall not employ an employee whose record contains a substantiated child abuse allegation.

Recreation Duties

Staff members are designated to plan all recreational activities for residents. When appropriate, opportunities to participate in activities that would typically be found in a home are made available.

Staff Training

Counseling Associates understands the importance of developing a culture within our agency that is supportive of those who have been traumatized and also our staff who are exposed to the effects of this trauma. In a trauma informed setting, it is important to promote a safe environment where trusting relationships can be built. Through our staff training, these concepts are communicated and monitored to ensure that our clients are treated respectfully, that we promote empowerment and we foster resiliency.

The Director, Assistant Director, and any other full-time employees shall have a minimum of 30 hours per year training related to job duties. In-service training may be included in this training. Part time staff shall have at least 15 hours of job related training yearly. **All HAVEN Staff have been trained in Trust Based Relational Intervention (TBRI), which is an evidence based/trauma informed care model.**

Staff members are certified as QBHP/paraprofessionals with forty (40) hours of paraprofessional training. Training covers a variety of clinical areas related to client specific needs including but not limited to mental health system overview, documentation (including interpreting treatment plans), confidentiality, ethics, boundaries, clinical limitations; professional conduct; child abuse reporting; communication; medications/side effects and illnesses in youth; daily living skills, behavior modification, attachment theory/effects on youth, youth development, interviewing skills, cultural diversity, learning disabilities; service identification and area support services.

Paraprofessionals are trained and have working knowledge of available services and support systems to meet the needs of the persons served. They must pass a test after completion of the training demonstrating their ability to assess needs, and to provide services to the population that CA serves. Paraprofessionals are required to participate in 8 hours of paraprofessional refresher training yearly. In addition, certification in CPI training, CPR, and First Aid must be obtained and maintained according to CA policy. CPI, Confidentiality, Cultural Diversity and CPR are renewed yearly and First Aid is completed every 3 years.

All paraprofessionals are supervised by a mental health professional. All other employees and interns shall be provided a minimum of 15 hours per year of in-service training. All staff shall be certified in Crisis Prevention and Intervention and shall receive refresher training at least annually. Staff members are also required to be certified in First Aid and CPR. All in-service training is documented on the appropriate form and is kept on file in the individual employees personnel file as maintained by the Director, including type, length, and date.

The HAVEN therapist is continually training in Trauma Informed/Evidenced Based practices that support clinical interventions appropriate for the treatment of children in foster care.

RECORDS

Records of the Person Served

HAVEN resident records shall contain the following:

Record	Location
Name, Sex, Race, Religion, Status of Parental Rights	Pre-Admission Screening Self Assessment
Date of Birth	Pre-Admission Screening
Names, addresses, phone numbers of parents, brothers, sisters, and marital status of both parents	Self Assessment
Copies of legal documents of importance to resident, including birth record and court dispositions	Clinical Chart
Name, address, relationship, of person with whom resident was residing with prior to admission to HAVEN	Pre-Admission Screening
Name of person or agency requesting placement, date, circumstances of resident's situation RE: removal of resident from current living arrangement	Pre-Admission Screening
Intake study, including evaluation & individual service plan	HAVEN Program Plan of Care Self-Assessment
Documentation of HAVEN's legal right to care for resident and of financial responsibility	Placement Agreement Financial Forms

Record of physical examination and all available health and dental records, including immunization records	Medical Passport Clinical Chart
Copies of any incident report involving youth	Incident Report File
Copies of disciplinary action taken	Clinical Chart/Restriction Sheet
Summary of documentation of family contacts in relation to case plan	DCFS Placement Agreement Family Contact Records
Date of Admission	DCFS Placement Agreement
Date of Discharge	Discharge Summary
Psychiatric or Psychological Examination Reports	Clinical Chart
Consent Form for Medical Services	Placement Agreement
Records of School Progress	Report cards in chart, Intervention Progress Notes, DCFS Monthly Reports a & 180 Day Reviews
Progress Reports	Staffing Notes, 180 Day Reviews,
Record of Visitation to Home of Visiting Resources	Sign In-Out Sheets
Termination Evaluation and Plan for Discharge	Discharge Summary & Discharge Staffing Note

All records are kept confidential and in a locked office. Information is disclosed only for the direct and authorized services to the resident, licensing review for verification of contents, or for the administration of the facility.

Personnel Records

HAVEN follows all Counseling Associates policies and procedures on personnel records. In addition, the official personnel file located in Human Resources, HAVEN maintains a personnel file on each employee.

Each file includes the following:

- Completed CA application form.
- Reports from at least three (3) references, including a former employer, if any.
- Dates of employment, dates, and reasons for the termination of employment, as documented on personnel transactions.
- Six month and Annual Performance reviews. (now kept in HR file)
- A written job description, containing the title of the position, required qualifications, the duties and lines of authority, and salary grade that has been signed by the employee.
- A signed release of information and documentation that the employee has been cleared through the DCFS Arkansas Youth Abuse/Neglect Central Registry.
- A signed release of information and documentation that a criminal record check has been made on the employee, the check having been sent through DCFS and requested of the State Police, including an FBI fingerprint check.
- Certification of First Aid, CPR, and Crisis Prevention and Intervention Training.
- Verification of automobile insurance.

- Signed CA form indicating the employee has read and will comply with the Drug-Free Workplace policy of CA.
- A signed Mandated Reporter Responsibility Statement.
- Documentation of staff training.
- Documentation of Certification as Mental Health Paraprofessional/QBHP (if applicable).
- Documentation of orientation.

General Facility Records

General facility records of HAVEN include:

- Complete policy manual.
- Annual audits prepared by a Certified Public Accountant.
- Health and sanitation reports.
- Fire inspection reports.
- Articles of incorporation and amendments.
- Organizational chart.
- Person(s) assuming legal responsibility for operation of HAVEN.
- Staff Training records.

Incident Reports

HAVEN follows incident reporting guidelines as designated in the CA Safety Manual. In addition, any serious occurrence involving a resident shall be reported to the licensing specialist within 24 hours. These incidents include, but are not limited to: death, maltreatment, runaway, and the destruction of property, injury requiring medical attention or suicide attempt. The documentation of the incident includes the following:

- The date and time the incident occurred.
- The staff members and residents involved.
- The nature of the incident and any relevant circumstances surrounding it.
- Prompt notification to the family or the guardian of the resident.
- Documentation of an administrative review of incident and any actions taken.
- The incident is documented on DHS form #1910.

MEDICAL RECORDS

Management and Organization of the Records Department

Administrative Assistant at HAVEN maintains, supervises, and controls records persons served and is responsible for ensuring that records are current, accurate, complete, and in compliance with CA and other applicable policies and procedures.

In performing the above functions, the Administrative Assistant oversees the storage, compilation, dissemination, and accessibility of person's served records.

Security of Records for Persons Served

The Administrative Assistant at HAVEN is responsible for assuring confidentiality of person's served by protecting records from access by unauthorized persons and from loss. CA policy precludes the maintenance of duplicate records, or working records.

- All records of persons served are to be housed in locked cabinets and/or rooms at all times.
- Records of any kind cannot be taken home by HAVEN staff.
- Transporting Records of Persons Served: HAVEN will designate at least on staff member as a "Courier" transporting records of persons served between HAVEN and CA offices. When it is necessary to transport between HAVEN and CA offices, the Administrative Assistant documents the file's location. In transporting records of persons served, staff members must take those precautions necessary to prevent disclosure or loss of the records.
- All staff members will follow CA policies and procedures on security of PHI.

Discharge Policy/Transition Plan/Permanency Plan

Transition planning for the persons served is initiated as soon as possible after admission. The planned discharge of the person served will be after treatment goals have been reached for permanency. A discharge-planning meeting will be established to determine follow-up services. Present for the discharge summary plan will be any appropriate parties involved in the after-care services for the youth and family, such as the biological parents, adoptive parents, Department of Children and Family Services (DCFS), HAVEN Staff, education personnel, court personnel, and the youth in care.

An emergency discharge to an acute setting may be necessary if the person served could cause harm to the self or others. If an emergency discharge is necessary, the Counseling Associates (CA) Staff will assist in the assessment and referral for appropriate hospitalization.

A Discharge Summary will be prepared for all youth leaving the program. When continued services are no longer needed or being received, an agency discharge summary will be completed on the person served leaving CA following agency policies and procedures.

If a youth is continuing services, documentation will be placed in the Treatment Plan Update of the youth's file and the case will be discharged when services are no longer needed or requested. Appropriate referrals will be made including medication information, service needs, and contact information based on the needs of the family. HAVEN will continue to provide aftercare for six month per contract standards for the youth and family.

Discharge/transition planning for each youth will be initiated as soon as possible after admission. The planned discharge of the youth will be a part of the treatment plan process. The HAVEN therapist will participate in discharge planning meetings to assist in the development of a plan for after-care services for the youth and family, such as the biological parents, adoptive parents, DCFS, education personnel, court personnel and the youth in care to strengthen and assist in maintaining the family placement.