

**Table of Content
Response Packet
Qualified Residential Treatment**

<u>Item</u>	<u>Page Number</u>
Original signed Response Signature Page	2
Original signed Agreement and Compliance Pages	3
Original signed Proposed Subcontract Form	6
Signed Addenda, 1 and 2	7
EO 98-04 Disclosure Form	12
Equal Opportunity Policy	14
Information for Evaluation	
A. Residential Child Welfare Agency License	15
B. JCAHO Accreditation	15
C. Trauma-Informed Treatment Model	15
D. Staff	21
<u>Attachments</u>	
A-Residential Child Welfare Agency License	23
B-JCAHO Certificate of Accreditation	24
C-OBHA Certificate	25
C-Nursing and Clinical Personnel Licenses	28
D-Program Organization Chart	34

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Centers for Youth and Families		
Address:	PO Box 251970		
City:	Little Rock	State:	AR Zip Code: 72225
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned
AR Certification #: _____		* See Minority and Women-Owned Business Policy	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Lindsey Cooper	Title:	Grants Officer
Phone:	501-660-6869	Alternate Phone:	501-666-8686
Email:	lcooper@cfyf.org		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>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.</i>
ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , 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. <input checked="" type="checkbox"/> 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: Melissa Dawson Title: President/CEO
Use Ink Only.

Printed/Typed Name: Melissa Dawson Date: April 5, 2019

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:	Centers for Youth and Families	Date:	April 5, 2019
Authorized Signature:		Title:	President/CEO
Print/Type Name:	Melissa Dawson		

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:	Centers for Youth and Families	Date:	April 5, 2019
Authorized Signature:		Title:	President/CEO
Print/Type Name:	Melissa Dawson		

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:	Centers for Youth and Families	Date:	April 5, 2019
Authorized Signature:	<i>Melissa Dawson</i>	Title:	President/CEO
Print/Type Name:	Melissa Dawson		

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:

- Change of specification(s)**
Additional specification(s)
 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 may 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.

Melina Dawson
Vendor Signature

4-5-19
Date

Centers for Youth and Families
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:

- Change of specification(s)**
- Additional specification(s)
- Change of bid submission/opening date and time**
- Cancellation of bid
- 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-ugdah@dhs.arkansas.gov or 501-682-8743.

Melina Dawson
Vendor Signature

4-5-19
Date

Centers for Youth and Families
Company

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

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

SUBCONTRACTOR NAME: Centers for Youth and Families

YES NO

Contractor for which this is a subcontractor:

Estimated dollar amount of subcontract:

IS THIS FOR:

Goods? Services Both?

TAXPAYER ID NAME: 71-0415350

YOUR LAST NAME: Dawson

MI:

Both?

ADDRESS: PO BOX 251970

CITY: Little Rock

STATE: AR

ZIP CODE: 72225

COUNTRY: UNITED STATES OF AMERICA

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.)	Person's name(s)	Relation
	Current	Former		From MM/YY	To MM/YY			
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies

FOR A VENDOR (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, or 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	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	U of A-Board of Trustees Member	02/16	03/19	Kelly Eichler		Board Member
State Employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACHI-Director of Policy	08/95	03/19	Suzanne McCarthy		Board Member

None of the above applies

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

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 Melena Dawson **Title** Melissa Dawson **Date** April 5, 2019

Vendor Contact Person Lindsey Cooper **Title** Grants Officer **Phone No.** 501-660-6869

AGENCY USE ONLY

Agency Number 0710 **Agency Name** Department of Human Services **Agency Contact Person** _____ **Contact Phone No.** _____ **Contract or Grant No.** _____

EQUAL OPPORTUNITY EMPLOYMENT HRD-21

I. PURPOSE

To affirm Centers For Youth And Families' position regarding nondiscrimination in all matters relating to employment.

II. POLICY

The Centers will not discriminate against its employees or applicants for employment because of sex, sexual preference or orientation, race, color, religious opinions or affiliations, national origin, age, disability or veteran status provided they are qualified for employment for existing positions and that with reasonable accommodation can perform the essential functions of the job in question pursuant to Section 504 of the Rehabilitation Act of 1973 or veteran status.

III. PROCEDURE

- A.** All recruitment sources are notified by Human Resources of our equal employment opportunity policy.
- B.** All classified advertising includes the phrase "Equal Opportunity Employer".
- C.** The Centers maintains common facilities such as restrooms (gender excepted), lounges, cafeteria, and drinking fountains on a nonsegregated basis.
- D.** Supervisory personnel ensure that the principles of nondiscrimination are implemented in all policies and procedures affecting the employee's status with The Centers to include, but not limited to, recruitment, selection, interviewing, training, promotion, retention, discipline, termination, compensation, benefits, transfer, layoff, recall from layoff, and educational, social or recreational programs.
- E.** Management ensures this policy is communicated on a continuing basis to include, but not limited to employees engaged in employment, placement and training.

Information for Evaluation Minimum Qualifications

A. RESIDENTIAL LICENSE

Centers for Youth and Families is a licensed Residential Child Welfare Agency. *Refer to Attachment A for Residential Child Welfare Agency License obtained from the Arkansas Department of Human Services, Division of Child Care and Early Childhood Education.*

B. ACCREDITATION

Centers for Youth and Families is accredited by The Joint Commission on Accreditation of Healthcare Organizations. *Refer to Attachment B for Certificate of Accreditation from JCAHO.*

C. TRAUMA-INFORMED TREATMENT MODEL

Centers for Youth and Families' Qualified Residential Treatment Program (QRTP) will provide twenty-four (24) hour a day residential treatment and specific psychiatric services for up to twenty (20) youth referred by or in the custody of The Arkansas Department of Human Services whose emotional and/or behavioral problems cannot be remedied in a less restrictive level of care.

The QRTP will provide specialized care to youth referred who have a history of and/or current patterns of emotional, behavioral, and adjustment problems; youth with a diagnosis of conduct disorder, oppositional and disruptive behaviors; youth with a history of multiple placements and parent/youth conflict problems; delinquent youths; and Families in Need of Services (FINS) cases. The program will be highly specialized for treatment, crisis intervention and crisis stabilization for youth who have a history of chronic patterns of aggressiveness, delinquency, self-injurious behaviors, non-compliance and depression. The majority of youth will likely have experienced multiple unsuccessful out of home placements and may have histories of substance abuse, psychiatric hospitalizations, homicidal and/or suicidal ideation and/or features of psychosis. The Centers has extensive experience providing trauma-informed comprehensive services to this vulnerable population and will build upon this expertise to extend care to youth under the proposed contract.

Treatment provided will include behavioral health therapy, twenty-four (24) hour professional staffing and therapeutic activities under the supervision of an on-site behavioral health professional and psychiatric consultation. Educational needs will be met through local public schools or, if appropriate, through on-site schooling. Our QRTP program will be located in one of The Centers' existing stand-alone facilities that is safe, secure and already equipped with classrooms to accommodate the educational needs of clients who are unable attend local public schools.

The goal of the QRTP is to promote safety, permanency and well-being for youth as outlined in the QRTP assessment and the DCFS case plan. In order to accomplish this goal, clinical, medical and QBHP level staff will work as a team to address client-specific short and long term mental and behavioral health needs. The program will also assume responsibility for each client's needs related to family engagement, outreach, physical health and education.

Room, board, and appropriate supervision will be provided within the QRTP located at: 6425 W. 12th Street, Little Rock, AR 72207 for a maximum of twenty (20) clients. This location is a licensed Residential Child Welfare facility, with twenty-four (24) hour treatment provided. *Refer to Attachment A for agency license and Attachment B for OBHA certificate.* The QRTP program will be an important component in The Centers' continuum of care as it will provide a step-up or step-down treatment option for youth being served in The Centers' other programs including Therapeutic Foster Care, Psychiatric Residential Treatment and Day Treatment School.

The Centers has established a universal system of care that is trauma-informed, trauma-focused and trauma-responsible. As such, we provide a safe and supportive environment that fosters positive relationships to promote hope, healing and change for individuals and families. All staff receive trauma-informed care training upon hire and annual refresher trainings thereafter. Intervention services and supports are adhered to that recognize and respond to the varying impact of traumatic stress on children and their families.

Characteristics of our trauma-informed agency include:

- a. ensuring staff are provided with the criteria for identification of symptoms of trauma during new staff orientation
- b. recognizing the importance of identifying possible effects of complex trauma when developing an appropriate plan of care
- c. implementing and adhering to nationally recognized trauma-informed best practices
- d. providing trauma-informed trainings to local schools and community partners
- e. promoting system wide understanding of trauma prevalence and impact
- f. recognizing cultural competency
- g. supporting consumer voice, choice and self-advocacy
- h. understanding the role of beliefs in the interpretation of trauma and the recovery process

The Centers seeks to ensure that employees are provided with opportunities to develop, maintain and improve their job knowledge, skills and abilities and our treatment team is committed to implementing and adhering to clinically recognized best-practices.

Professionals are required to obtain the number of training hours as determined by the licensing agency of the department/division, plus other training sessions based on identified needs. All staff are required to complete thirty (30) hours of training annually with topics including:

- Trauma-Informed Care

- Cultural Competency
- Cultural Diversity and Sensitivity
- Handle with Care
- Mandated Reporting
- Confidentiality
- Crisis Prevention Intervention
- Suicide Prevention and Intervention
- Mental Health First Aid
- Conscious Discipline

Clinicians under the QRTP demonstrate expertise in managing children in crisis and are certified/trained in the following trauma-informed, evidence-based practices:

Evidence-Based Practice	Description
Trauma Focused-Cognitive Behavior Therapy (TF-CBT)	for children and adolescents impacted by trauma and their parents or caregivers
Trauma Resiliency Model	for helping individuals understand the biology of traumatic of traumatic stress situations
Eye Movement Desensitization and Reprocessing (EMDR)	for persons experiencing distress associated with traumatic memories
SAFE-T Assessment	for measuring immediate and potential safety needs during a crisis

Activities and services of the QRTP will include the following, without limitation:

- Provide twenty-four (24) hour a day placement for youth who have been removed from their homes by DCFS and need immediate placement and supportive services
- Deliver treatment in a safe and secure environment
- Be responsible for providing for the youth’s mental and physical health needs
- Ensure the child’s educational needs are met in compliance with state laws and regulations, and Department of Education guidelines
- Family engagement and outreach with the permanency team as indicated in the Family First Prevention Act (FFPSA)

Program Description

The QRTP will follow a strength-based, needs-based, youth-centered and family-focused philosophy. Trauma-informed treatment will be provided to address the needs, including clinical needs as appropriate, of youth with serious emotional and/or behavioral disorders or disturbances.

The Centers will follow a structured and coordinated process to admit and discharge youth to achieve effective transitions in and out of QRTP. Placement will be contingent upon the results of the client’s thirty (30)-day QRTP assessment conducted by an Independent Assessor. If a client is placed in the program prior to having a QRTP assessment, The

Centers will ensure the assessment takes place within thirty (30) days. Upon admission, the QRTP will provide supervision and services to youth with structured behavioral programming. The program will maintain a client/staff ration of 1:9 during work hours and 1:12 during sleep hours. The maximum length of stay for youth ages twelve (12) and under will be six (6) consecutive or non-consecutive months. The maximum length of stay for youth ages thirteen (13) and up will be twelve (12) consecutive months or eighteen (18) non-consecutive months. An intake study will be conducted for each client within ten (10) days of admission to the program.

Mental Health Services

Centers for Youth and Families is certified by the Arkansas Department of Human Services, Division of Provider Support and Quality Assurance, as a behavioral health provider. *Refer to Attachment B for certificate.* A staff psychiatrist will complete a psychiatric evaluation on all new QRTP admissions. A Master Treatment Plan will then be completed by a licensed mental health professional to describe the following: DSM-V diagnoses, goals and objectives to reduce clinical symptoms and improve overall functioning, referral for other services (e.g., substance abuse treatment, psychological evaluation, etc.) and a description of the discharge and aftercare plan. Effort will be made to involve the client, family and DCFS in every stage of the treatment planning process. The treatment plan will aim to return the client to his/her customary environment at the earliest possible time and will be reviewed at least every ninety (90) days.

The master treatment plan:

- Is developed based on the individual client's needs, which have been identified through the assessment process
- Contains specific and individualized goals and objectives with staff interventions, which are needed to help the client meet these goals and objectives
- Is signed by the client (if over 12 years of age) and parent/legal guardian to show his/her agreement with the written plan of treatment
- Signifies that staff actions/interventions will be carried out according to standardized policies and procedures of The Centers' clinical services
- Documents periodic review to determine the effectiveness of the actions and/or interventions taken to help the client meet treatment plan goals and objectives
- References the client's permanency plan

Treatment services provided to clients in the QRTP program will support the development of adaptive and functional behavior that enable the client to return successfully to his/her home community and to regularly attend and participate in work, school or training. Services will include:

- Psychiatric Evaluation
- Psychotherapy—individual, group, and family

- Psychoeducation
- Crisis Intervention
- Crisis Stabilization
- QBHP Behavioral Assistance
- Master Treatment Planning and Treatment Plan Reviews
- Substance Abuse Counseling, when indicated
- Psychological Assessment, when indicated
- Medication Management, when indicated
- Medical Services—on-site nurse or through scheduling appointments with external providers
- Behavior Management System—to promote appropriate socialization and coping
- Educational Services, when appropriate
- Transportation to and from appointments in the local area

For clients in the QRTP program, DCFS will continue its role as case manager. If a client is assigned to a PASSE, The Centers will work with the assigned Care Coordinator to ensure services are implemented.

Physical Health Services

The QRTP will provide for the client's medical needs, including scheduling of doctor, dentist, and eye appointments. A licensed practical nurse and advance practice registered nurse working under the QRTP will also provide medication management and nursing services for clients when appropriate. Transportation to and from the appointments will be provided by authorized QRTP personnel possessing a valid driver's license in accordance with the MLS. All medical treatment will be documented in the client's EMR and will contain, at a minimum, presenting symptoms; the name and address of physician or other health care professional to whom client was referred; their diagnosis, prognosis, and treatment plan as well as a record of compliance with physician orders. DCFS will be responsible for transportation to appointments occurring outside of the local area or appointments that were scheduled before the client was placed in the facility.

Education

The program will assure that QRTP client's educational needs are met in compliance with State law and Department of Education guidelines. The Centers will work with DCFS and local school districts to identify an appropriate educational setting for youth who are not able to attend public school. Alternative educational settings for youth unable to attend public school may include The Centers' Day Treatment School or on-site within the QRTP facility which is equipped with classrooms.

Family Engagement

The QRTP will promote safety, permanency and well-being for youth as outlined in the QRTP assessment and the DCFS case plan. The treatment team will, to the extent appropriate and in accordance with the client's best interest, facilitate participation of family members and members of the youth's permanency team in the client's treatment program. The program will work with DCFS to engage families to be involved in the youth's day-to-day activities as much as possible and facilitate outreach to the client's family members including siblings. How the outreach is made (including contact information) as well as maintaining contact information for any known biological family and fictive kin will be documented in the clients' EMR files. The only exception will be when the court has relieved the client's parents/guardians of any responsibility for and authority for the client, or when the treatment team has documented unsuccessful efforts to contact the parents/guardians to involve them.

Discharge Planning

Discharge planning will be an important component of the QRTP and planning will begin when establishing treatment goals at the time of admission. The plan will be revised as needed and communicated to all relevant parties including the client, treatment team, family members and DCFS.

Discharge of a client from the program will be planned and notice provided to DCFS thirty (30) days prior to the scheduled discharge in order to ensure that a sufficient transition plan is in place for the client. The Centers will prepare a discharge summary and submit to the referring DCFS County Office at least ten (10) days prior to the discharge date. The summary will contain:

- a. Description of admitting problems/why client was admitted to the QRTP;
- b. Educational services provided;
- c. Visitation with family and DCFS caseworker;
- d. Medical services provided/obtained how often and by whom;
- e. Incidents involving death, life-threatening injury, runaway or incidents which may be reported in the media;
- f. Legal problems;
- g. Social behavior;
- h. Mental health services provided; how often and by whom;
- i. Identification of problem areas that continue; and
- j. A recommendation for placement and future services.

If a client becomes a danger to self and/or others, The Centers will coordinate with DCFS to have the client assessed by a local community mental health provider or another appropriate entity. If the client is assessed as acute and placed in a psychiatric setting, The Centers will accept the client back into the program upon discharge from the acute stay if appropriate.

Family-Based After Care Support

The Centers will provide family-based aftercare support dependent upon the needs of the youth and timeframes necessary to provide the services upon discharge from the QRTP.

Family-based aftercare support will include:

- a. Completing referrals for community-based services in the youth's community
- b. Making contact with the youth's family via telephone for the follow-up and assistance when needed
- c. Coordination of services in conjunction with the PASSE Care Coordinator
- d. Participation in family and permanency team staffing via telephone
- e. Initial contact with client, family, resource parent or other placement provider within seventy-two (72) hours of discharge
- f. Weekly telephone calls with client and caretaker during the first thirty (30) days after discharge and monthly telephone calls thereafter

D. LISCENED STAFF

Centers for Youth and Families' QRTP will be staffed by registered and licensed nursing personnel and licensed clinical personnel who provide care within the scope of their practice as defined by the law. Staff will be on-site according to the trauma-informed treatment model and available twenty-four (24) hours a day, seven (7) days week.

The program will be staffed with a Program Manager (responsible for the day-to-day oversight of the program), licensed mental health professionals, a licensed practical nurse, an advance practice registered nurse, a psychiatrist and qualified behavioral health providers. Personnel will be on duty twenty-four (24) hours a day/ seven (7) days a week to supervise youth and program activities on-site. The Centers' Chief Clinical Officer will oversee the QRTP's clinical services. *Refer to Attachment D for Program Organization Chart.*

All clinical services will be provided by licensed mental health professionals. Psychiatric services will be provided by a licensed and board eligible psychiatrist. An advance practice registered nurse will provide medication management oversight and a licensed practical nurse will provide on-site nursing services. Paraprofessional intervention services including crisis stabilization and transportation will be provided by qualified behavioral health providers.

In addition, our Emergency Services Team made up of licensed mental health professionals and a licensed and board certified psychiatrist will be on-call twenty-four (24) hours a day, seven (7) days a week for mobile crisis response, including assessment. The on-call telephone number (501-666-8686) will be made available to program, agency and DCFS staff. Our Emergency Services team is trained in trauma-informed care and utilizes standardized crisis assessment and stabilization tools including the SAFE-T assessment. The SAFE-T is used to measure immediate and potential safety needs during a crisis and assists

with making clinically indicated recommendations based on medical necessity. The safety needs of clients are measured using age, gender and culturally appropriate defined criteria.

Credentialed QRTP staff will include:

- Dr. Zarina Shah, MD
- Cody Horn, APRN
- Lia Parks, LPN
- David Kuchinski, LCSW
- James Harris, LPE
- Katie Bodenner, LAC

QRTP staff are required to maintain their licenses in accordance with each licensing Board. *Refer to Attachment C for nursing and clinical personnel licenses.*

Attachment A

Residential Children Welfare Agency 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

Centers for Youth and Families, Inc.
Owner

Centers for Youth and Families Youth Emergency Shelter
Agency

6425 WEST 12TH STREET
LITTLE ROCK, AR 72204

Is hereby issued Residential license #: 158

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 20 CHILDREN AGES 5 TO 18

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 08/23/2011 AND WILL REMAIN IN EFFECT UNLESS
THERE IS A STATUS CHANGE.

In Witness whereof



Chairman, Child Welfare Agency Review Board

Effective: 08/23/2011



Attachment B

JCAHO Accreditation



February 27, 2019

Melissa Dawson, MPA
Chief Executive Officer
The Centers for Youth and Families
5800 W. 10th Street, Ste. 101
Little Rock , AR 72204

Joint Commission ID #: 3258
Program: Behavioral Health Care Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 2/26/2019

Dear Ms. Dawson:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Behavioral Health Care**

This accreditation cycle is effective beginning December 14, 2018 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

Attachment C

OBHA Certificate



**Division of Provider Services
and Quality Assurance**

P.O. Box 8059, Slot S408 · Little Rock, AR 72203
501-320-6408 · Fax: 501-682-8637



February 15, 2019

Melissa Dawson, CEO
Centers for Youth and Families
5800 West 10th Street, Suite 101
Little Rock, AR 72204

RE: Behavior health Certificate Corrections

Dear Ms. Dawson:

The Division of Provider Services and Quality Assurance (DPSQA) has reviewed the certificates for all Centers for Youth and Families sites and have made changes to them regarding the vendor numbers and the license number. Each site is required to have their own vendor and license number, please make note of the changes made in this area.

Please find enclosed License and/or Certification certificates for the following sites:

6501 West 12th Street Little Rock, AR 72204	Behavioral Health Agency Vendor # 11188 License # 189 Certification Dates: 07/01/2018 – 06/30/2019
5800 West 10th Street, Suite 600 Little Rock, AR 72204	Behavioral Health Agency Vendor # 11189 License # 190 Certification Dates: 07/01/2018 – 06/30/2019
500 North Main Street Harrison, AR 72601	Behavioral Health Agency Vendor # 11322 License # 322 Certification Dates: 08/31/2018 – 06/30/2019
6601 West 12th Street, Suite 101 Little Rock, AR 72204	Behavioral Health Agency Vendor # 11191 License # 192 Certification dates: 07/01/2018 – 09/30/2019

5800 West 10th Street, Suite 101
Little Rock, AR 72204
(Administration Building)

Behavioral Health Agency
Vendor # 11441
License # 383
Certification Dates: 07/01/2018 – 06/30/2019

936 Jordan Drive
Monticello, AR 71655

Behavioral Health Agency
Vendor # 11290
License # 292
Certification Dates: 07/01/2018 – 06/30/2019

6425 West 12th Street
Little Rock, AR 72204

Behavioral Health Agency
Vendor # 11442
License # 384
Certification dates: 07/01/2018 – 09/30/2019

Should you have any questions regarding your license or certification, please contact Theresa Forrest, Licensure and Certification, at 501-320-6235 or theresa.forrest@dhs.arkansas.gov.

Sincerely,



Sherri Proffer, RN
Assistant Director
Community Services Licensure and Certification
Division of Provider Services and Quality Assurance
Sherri.Proffer@dhs.arkansas.gov

C: Eyvonne Carbage, DXC
David Jones, OMIG
Sharon Donovan
Patricia Gann
Beacon Health Options

BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

CENTERS FOR YOUTH AND FAMILIES, INC.
6425 WEST 12TH STREET
LITTLE ROCK, AR 72204

Dates of Certification: 07/01/2018 - 6/30/2019

Vendor Number: 11442

License Number: 384



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



Attachment D

Nursing and Clinical Personnel Licenses



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.amedicalboard.org

5369

Vikki has a copy

Zarina S. Shah, M.D.
PO Box 251970
Little Rock, AR, USA 72225

Registration Year: 2019 Active/Unlimited


No.: R-4128 Issued: 12/5/1990 Expires: 1/31/2020

Below is your registration card to be carried with you.

You may make copies of this registration card, have them notarized and mail to any agency requiring registration verification.

Please keep this form; this is your receipt for proof of payment for your Arkansas license renewal for reimbursement and tax purposes.

You may return to this site at any time to notify this board of any address changes. Simply use the Change of Address link from the left-hand navigation menu found on your Account Home page. Name changes must be submitted in writing with supporting, legal documentation (i.e. marriage license or divorce decree).



Arkansas State Medical Board
1401 West Capitol, Suite 340
Little Rock, AR 72201

Registration Year: 2019 Active/Unlimited

No.: R-4128 Issued: 12/5/1990 Expires: 1/31/2020

Zarina S. Shah, M.D.
PO Box 251970
Little Rock, AR, USA 72225

Handwritten scribble and #7761

View License Information

Date Searched: 09-01-2017

CODY LAYNE HORN

Primary State of Residence: Level 2 Registration Required

License Information

License #: A005249	
License Status:	Active
License Type:	Certified Nurse Practitioner (CNP)
Multistate?	N/A
Date Issued:	07-07-2017
Expiration Date:	08-31-2019
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 #: R096254	
License Status:	Active
License Type:	Registered Nurse (RN)
Multistate?	Yes
Date Issued:	06-25-2014
Expiration Date:	08-31-2019
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.

Subscriber Acceptable Use Policy

Show/Hide

NOTICE TO USERS

This computer system is the private property of its owner, whether individual, corporate or government. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to your employer, to authorized site, government, and law enforcement personnel, as well as authorized officials of government agencies, both domestic and foreign. By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of such personnel or officials. Unauthorized access to this computer system and software is prohibited by Title 18, United States Code, Section 1030, Fraud and Related Activity in Connection with Computers. This system is for the use of authorized users only. Individuals using this computer system without authority, or in excess of their authority, are subject to having all of their activities on this system monitored and recorded by system personnel.

Handwritten date 9/1/2017 and signature

View License Information

Date Searched: 12-22-2017

LIA TRAMAINE PARKS

Primary State of Residence: Level 2 Registration Required

License Information

License #:	LTP-002255	License #:	L047790
License Status:	Null & Void	License Status:	Active
License Type:	Temporary Licensed Practical Nurse Permit	License Type:	Licensed Practical Nurse (LPN)
Multistate?	N/A	Multistate?	Yes
Date Issued:	07-15-2008	Date Issued:	08-04-2008
Expiration Date:	09-28-2017	Expiration Date:	09-30-2019
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

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.

Subscriber Acceptable Use Policy

NOTICE TO USERS

This computer system is the private property of its owner, whether individual, corporate or government. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.

Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to your employer, to authorized site, government, and law enforcement personnel, as well as authorized officials of government agencies, both domestic and foreign.

By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of such personnel or officials. Unauthorized access to this computer system and software is prohibited by Title 18, United States Code, Section 1030, Fraud and Related Activity in Connection with Computers. This system is for the use of authorized users only.

Individuals using this computer system without authority, or in excess of their authority, are subject to having all of their activities on this system monitored and recorded by system personnel.

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



Asa Hutchinson
Governor

Ruthie Balm
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

February 12, 2018



C. David Kuchinski Jr, LCSW
3711 Robinwood Circle
Bryant, AR 72022

C. David Kuchinski Jr, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of March 1, 2018 through February 28, 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, (February 28, 2020) you must obtain 48 hours of social work continuing education between the dates of March 1, 2018 through February 28, 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.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

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



Arkansas
Social Work License Card

License No.

1177-C

Expiration Date:

2/28/2020

C. David Kuchinski Jr, LCSW

3711 Robinwood Circle

Bryant AR 72022

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

Chairman

ARKANSAS PSYCHOLOGY BOARD



101 E. Capitol Ave. Ste. 415
Little Rock, AR 72201-3824
501-682-6167

THIS CERTIFIES THAT
James Allen Harris, M.S.



IS DULY LICENSED IN THE STATE OF ARKANSAS AS A
Psychological Examiner License No. 03-03E

Expires: 6/30/2019

Issue Date:

4/25/2003

Signature:

James Harris MS, CFE

#7654



Vikki has
a copy



Arkansas Board of Examiners in Counseling



• Certifies

Kaitlyn Anne Bodenner

Licensed Associate Counselor (LAC)

Specialization: None

License Number: A1604054

Valid 07/01/2017 to 06/30/2019

Theresa L. ... Director

Attachment D

Program Organization Chart

Centers for Youth and Families Qualified Residential Treatment Program

