

**COUNSELING ASSOCIATES**

**THERAPEUTIC  
FOSTER CARE RFQ-  
ORIGINAL**

**BID # 710-19-1027**

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



**COUNSELING  
ASSOCIATES**

**RESPONSE DOCUMENTS  
RESPONSE SIGNATURE PAGE**

## SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Counseling Associates			
Address:	350 Salem Road, Suite #9			
City:	Conway	State:	AR.	Zip Code: 72034
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input checked="" 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		
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@cainc.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.
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.
<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: Brian W. Davis Title: CEO  
Use Ink Only.

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



**COUNSELING  
ASSOCIATES**

**RESPONSE DOCUMENTS  
AGREEMENT AND COMPLIANCE PAGES  
SECTIONS: 1, 2, 3, 4, 5**

## 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  
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
n/a		

**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, & 3**

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:** 710-19-1027 Therapeutic Foster Care

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 has changed to **April 8, 2019**, 2:00 PM

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Revise Section 1.29 Schedule of Events:

Date and time for Opening Bids, April 8, 2019, 2:00 PM CST

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](mailto:Margurite.al-uqdah@dhs.arkansas.gov) or 501-682-8743.

Vendor Signature John W. Davin Date 4-2-19  
Company Counseling Associates, Inc.

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 19, 2019  
**SUBJECT:** 710-19-1027 Therapeutic Foster Care

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

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**CHANGES TO REQUIREMENTS**

**Section 2.2B**

**Delete:** For verification of the requirements specified above (A & B), Vendor **must** submit Vendor's Therapeutic Foster Care Placement Child Welfare Agency license obtained from the Arkansas Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE).

**Add:** For verification of requirements specified above (A & B), Vendor **must** submit one of the following:

- 1) Vendor's Therapeutic Foster Care Placement Child Welfare Agency License obtained from the Arkansas Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE), **or**
- 2) A copy of the application for licensure.

Vendor's license **must** be approved by the DCCECE board by June 1, 2019 in order to be awarded a contract.

**REVISED ATTACHMENT**

Revised 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](mailto:Margurite.al-uqdah@dhs.arkansas.gov) or 501-682-8743.

Brian W. Davio  
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 3**

**DATE:** March 26, 2019  
**SUBJECT:** 710-19-1027 Therapeutic Foster Care

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**

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<b>CHANGE SPECIFICATIONS</b>
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**Attachment C: Performance-Based Contracting**

**B. Delivery of Services**

**5.g: Delete:** "A physician and other personnel involved in the client's case will review each plan of care at least every ninety (90) days. The plan of care must be revised to reflect results of the review conducted as required herein."

**Add:** "Contractor shall review the plan at least semi-annually and shall update the plan to reflect the child's progress."

**Insert: #9**

**Service Criteria:**

Contractor shall maintain records of the TFC internal client specific treatment plan of care. This plan may be very similar to or mirror the youth's PCSP.

Documentation shall at a minimum reflect the following:

A. Treatment plan developed in accordance with recommendations made by a physician or other licensed professionals involved in the care of that client

B. Any revisions of the Treatment plan

**Acceptable Performance:**

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

**Damages:**

1st Incident: A Corrective Action Plan, acceptable to DHS, will be due to DHS within ten (10) business days of the request.

2nd incident: A ten percent (10%) penalty may be assessed in the following months' payments to the Vendor for each thirty (30) day period the Vendor is not in full compliance with these Service Criteria. The ten percent (10%) penalty shall be calculated from the total payment for the identified month in which the deficiency took place.

The total of all damage credits in any given month shall not exceed one hundred percent (100%) of the monthly invoice unless a third incident occurs for any of the Service Criteria.

3rd incident: DHS reserves the right to impose additional penalties including but not limited to: withholding payment on future invoices until Vendor is in full compliance, a substandard Vendor Performance Report maintained in DHS' Vendor file, and contract termination.

If you have questions, please contact the buyer [Margurite.al-uqdah@dhs.arkansas.gov](mailto:Margurite.al-uqdah@dhs.arkansas.gov) or 501-682-8743.

Brian W. Davis  
Vendor Signature

4-2-19  
Date

Counseling Associates, Inc.  
Company



**COUNSELING  
ASSOCIATES**

**RESPONSE DOCUMENTS ATTACHMENT A:  
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: \_\_\_\_\_ SUBCONTRACTOR NAME: \_\_\_\_\_  
 Yes  No

TAXPAYER ID NAME: Counseling Associates IS THIS FOR:  Goods?  Services?  Both?  
 M.I.: \_\_\_\_\_

YOUR LAST NAME: Koone FIRST NAME: Lee

ADDRESS: 350 Salem Road Ste #9 STATE: Ark ZIP CODE: 72034 COUNTRY: USA

CITY: Conway

**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								
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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
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 Koore, CESO Title Chief Clinical Officer Phone No. 501-208-2382

<small>Agency use only</small>			
Agency Number _____	Agency Name _____	Agency Contact Person _____	Contact Phone No. _____
			Contact or Grant No. _____



# **COUNSELING ASSOCIATES**

**RESPONSE DOCUMENTS  
EQUAL OPPORTUNITY POLICY**

## **NONDISCRIMINATION AND EQUAL OPPORTUNITY EMPLOYER**

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### **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**

**ATTACHMENT G**

**MINIMUM QUALIFICATIONS: A & B**  
**CHILD WELFARE LICENSE FOR FOSTER CARE (2.2 A & B)**

# THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



The Arkansas Department of Human Services  
Division of Child Care and Early Childhood Education



In cooperation with

Certifies that

**Counseling Associates, Inc.**  
OWNER

**Counseling Associates, Inc.**  
AGENCY

2504 WEST MAIN

RUSSELLVILLE, AR 72801

Is hereby issued Child Placement license #: 169

FOR THE PURPOSE OF PROVIDING, IN THE STATE OF ARKANSAS, THE FOLLOWING SERVICES:  
THERAPEUTIC FOSTER CARE

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 02/24/1998 AND WILL REMAIN IN EFFECT UNLESS  
THERE IS A STATUS CHANGE.

In Witness whereof

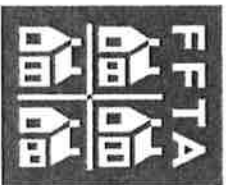
DATE: 9/27/2016



Chairman, Child Welfare Agency Review Board







Family  
Focused  
Treatment  
Association

# Certificate of Membership

*for*

## *Counseling Associates, Inc.*

\_\_\_\_\_  
FFTA President

\_\_\_\_\_  
Expiration Date

10/31/2019

The Family Focused Treatment Association strengthens agencies that provide family focused treatment services.

## **MINIMUM QUALIFICATIONS: C**

### **TRAUMA INFORMED MENTAL HEALTH SERVICES**

Counseling Associates, Inc., 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, Inc. 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 was approved for an additional 3-year accreditation. CA is governed by a Board of Directors who provides oversight to the agency. Counseling Associates, Inc. also received the *Quality Commitment Award* from Arkansas Quality Award Program in 1996. Counseling Associates, Inc. is an Arkansas Medicaid OBH Provider; *our Medicaid Provider Agency number is 116375726. Counseling Associates is certified by CARF and Child Welfare Licensing to provide Therapeutic Foster Care services.*

#### **Counseling Associates Therapeutic Foster Care Program**

Our goal is to provide Child and Family Centered, Evidence Based, Trauma Informed and Community-Based Wraparound services. Our primary objective is to provide a program that enables persons served to participate in normal daily living activities, both while in TFC and after discharge from our program. Therapeutic Foster Care seeks to promote a permanent family living arrangement for the youth we serve.

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 TFC and into the home if the family lives within our catchment area.

We are able to provide a variety of step down services above 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 is a 12-bed residential group home (preparing for QRTP) for females in foster care that will enable those clients 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 TFC Program provides intensive mental health services to ensure child, 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***

- **Family-driven**
- **Youth-guided**
- **Strengths and Community-based**
- **Culturally and linguistically competent**
- **Trauma Informed/Evidence based services and supports for children and families**

### ***Guiding Principles***

- **Voice and Choice:** The youth and family are full and active partners.
- **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 and families in their community settings.
- **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, community and family resources.
- **Continuation of Care:** An unconditional commitment to serve children and their families.
- **Outcome-Based Services:** Measurable benchmarks.

## **Purpose**

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.

TFC's primary role is to provide a safe, caring, supportive environment for the youth ensuring that safety is always a foremost issue, and all decisions are made with safety in mind. The long-term physical, mental, emotional, and social well-being of youth is our goal, and is the basis of all services.

Our TFC program also serves the families of the youth; we seek to involve youth and families in treatment planning and decision-making as members of the treatment team. We provide family reunification services to the person served and their families when return home is planned. Our team actively seeks to support and enhance a youth's relationship with their parents, siblings, and other family members throughout the period of placement in support of the permanency goal.

## **Program Components**

Therapeutic Foster Care is intensive therapeutic care for the person served and their families whose special needs can be met through this type of service. Therapeutic Foster Care is an accepted method of treatment in the mental health field and is supported as an evidence based practice. Specifically trained families who are supervised and supported by Counseling Associates, Inc. agency staff deliver these services. A monthly fee is paid to Therapeutic Foster Care Parents for this specialized care. Youth to whom this service is provided have physical, emotional, or behavioral problems that cannot be remedied in their own homes, in a routine foster parenting situation, or in a residential treatment program. The program is committed to being representative of the community served in composition of staff, as well as Therapeutic Foster Care Parent population. Respect and promotion of positive birth family connections and positive cultural or ethnic diversity is to be encouraged.

## **Services Available**

Youth in the Therapeutic Foster Care (TFC) 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
- TFC Staffing with DCFS, Foster Parents, Biological Parents, and Child
- **Trauma Informed Care: CPP, PCIT, TF-CBT**

- Individual Therapy-(including but not limited to CPP, TF-CBT, and/or PCIT)
- Group Therapy-(Stress, Sexual Abuse, Etc.)
- Family Therapy-(Bio or Adoptive and TFC Parent)
- Psychoeducation
- Multi-Family Group Therapy
- Behavioral Assistance 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.
- After-School Group-Social Skills Training
- Summer Program-Social Skills Training/Problem Solving/Behavior Modification
- Parent Support Groups/Education
- Psychiatric Evaluation And Medication Monitoring
- Psycho-Educational Testing if indicated
- 24 hour/7 Days a week Crisis Intervention/Emergency On-Call Services
- Court Attendance
- Transportation
- Medical Appointments
- Monthly Respite Care
- 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 TFC treatment team utilizes available 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 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.

### **EVIDENCE BASED TREATMENT**

CA utilizes a four-prong evidence based approach within our TFC program to address the trauma that the youth and families have experienced. The first approach encompasses the training model that we utilize with our TFC parents as it is recognized that the families are the first and most important daily support for these children and that adequate training is necessary for them to be able to provide the therapeutic, stable environments needed for these youth. Intensive therapy provided by Licensed Mental Health Professionals utilizing TF-CBT (Advanced) and CPP models of treatment are practiced to fidelity. Lastly, Wraparound philosophy is utilized in working with families to ensure needs are identified and addressed in efforts to ensure success.

#### **Pressley Ridge TFC parent training:**

Pressley Ridge is evidence based treatment foster parent training curriculum. The curriculum is evidenced based training reflects many years of research, writing, and experience. The twelve module curriculum is designed to assist treatment foster parents with the knowledge and skills necessary to promote growth and permanency while aid in healing from the trauma the foster child has endured. The program training is trauma-focused, and relates to the issues surrounding placement in the foster care system. Pressley Ridge TFC parent training is focused on treatment that is guided by a plan, implemented by the treatment parents and consists of a set of specific and measurable treatment goals which are tailored to each individual youth's needs and are monitored frequently. Pressley Ridge training involves the family or other caregivers of the youth who are in care and actively engages the family members with parenting skills and attention is given to the relationship the youth has with the family. All treatment goals are team based, showing greater success with the youth's progress in treatment, as they work towards goal of permanency.

#### **Child Parent Psychotherapy (CPP):**

Child–Parent Psychotherapy (CPP) is a dyadic, relationship-based treatment for parents (biological, adoptive and foster) and young children, which aims to help restore normal developmental functioning in the wake of domestic violence and trauma. CPP concentrates on restoring the attachment relationships that are negatively affected by violence, establishing a sense of safety and trust within the parent–child relationship and addressing the co-constructed meaning of the event or trauma shared by parent and child. CPP Integrates a focus on the way the trauma has affected the parent-child relationship and the family's connection to

their culture and cultural beliefs, spirituality, intergenerational transmission of trauma, historical trauma, immigration experiences, parenting practices, and traditional cultural values. Dyadic attachment-based treatment for young children exposed to interpersonal violence. CPP is one of the few empirically validated treatments for children under the age of 6.

The central goal of CPP is to support and strengthen the parent-child relationship. CPP assists parents in understanding how to best help their young children feel safe and secure. It helps parents learn that “behavior has meaning” and with that understanding, help their children name and cope with strong feelings. In CPP, the counselor does not tell the parent what to do. Rather, CPP helps a parent understand their feelings toward their child and how even their own early experiences may affect how they interact with their children. CPP focuses on stresses in the parent’s life that may affect the parent-child relationship. Parents learn to recognize their painful feelings and to cope with anger and sadness in ways that do not harm themselves or their children.

### **Trauma Focused Cognitive Behavioral Therapy (TFCBT):**

Trauma-focused cognitive behavioral therapy (TF-CBT) is an evidence-based treatment approach shown to help children, adolescents, and their parents (or other caregivers) overcome trauma-related difficulties, including child maltreatment. TF-CBT helps children address distorted or upsetting beliefs and attributions and learn skills to help them cope with ordinary life stressors. It also helps parents who were not abusive to cope effectively with their own emotional distress and develop skills that support their children. This factsheet is intended to help child welfare professionals build a better understanding of TF-CBT, including which clients should be referred for this approach, how it is implemented, and resources for additional information.

TFCBT intervention is designed to help children, adolescents, and their parents overcome the impact of traumatic events. For example, it is designed to help with traumas related to sexual abuse, physical abuse, domestic violence, and community violence, an unexpected death of a loved one, natural disasters and war.

The focus of treatment is to:

- Assist the child or adolescent to develop coping strategies for traumatic stress reactions.
- Reduce symptoms of depression, anxiety, or acting out behavior, which are common in children exposed to trauma.

TF-CBT is provided to children from 3 to 18 years of age by a professional who has received training in TF-CBT. The treatment typically lasts between 12 to 16 sessions.

These sessions include:

- Individual sessions for child or adolescent.
- Individual sessions for parents.
- Conjoint sessions between parent and child or adolescent.

Numerous studies have demonstrated that TF-CBT is more effective in helping children overcome trauma than other therapeutic interventions.

**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



## **SCOPE OF WORK: 2.4**

### **Treatment Components**

TFC provides a variety of therapeutic services to its persons served. Professionals trained in child/adolescent and family care including: Licensed Mental Health Professionals, Qualified Behavioral Health Providers, 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 TFC Coordinator, a licensed mental health professional, 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 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.

The TFC 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.

TFC therapist is responsible for assessment, treatment planning and ensuring that clinically appropriate care is delivered including but not limited to case management services **(2.5 C)**

### **Intake Assessment**

Each person served who enters TFC will be evaluated using the Child and Adolescent Diagnostic Assessment by the TFC Therapist, a mental health professional, to assess for mental health service needs. The assessment is explained as well as the treatment planning process, transition/discharge plans, and the use of interventions. The intake assessment may include the parent/legal guardian/custodian, a representative of the referring agency, and Therapeutic Foster Care (TFC) Staff.

The youth is evaluated according to their age, developmental level of functioning, culture, and education. Information is obtained from a multitude of sources including but not limited to the youth, the guardian, collateral information, past treatment records.

Assessments of each youth served includes their family relationship history and custody/parental rights status, developmental, medical, educational (school and learning abilities), substance abuse, and treatment histories, culture/ethnic group, native language, level of functioning (speech, hearing, learning, physical, visual, and intellectual), immunization records, prenatal exposure to substances, interaction with peers, and environmental surroundings. The assessment also documents the parent/guardian's participation in services.

All youth 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 youth can utilize.

### **Treatment Plan**

A Counseling Associates, Inc. (CA) clinical Master Treatment Plan will also be established with therapist, person served, TFC Parents, biological parents (if available), and DCFS (if available) at the time of admission. A Master Treatment Plan is established with the youth, which may include individual, group and family psychotherapy, alcohol and drug counseling, psychiatric evaluation and medication management, psychometric and/or psychological testing, and intensive intervention services. When an individual has multiple disability issues, the treatment plan will specifically address those issues. At the time of the CA agency staffing, the youth's treatment plan will be reviewed with a psychiatrist for clinical oversight of educational, medical, and mental health needs.

The 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 Therapist is responsible for the master treatment plan completion, the directing and implementation of all clinical services and for supervising the QBHP services.

### **Psychiatric Evaluation**

Each person served will receive an initial psychiatric evaluation within the first forty-five (45) days following admission and then at a minimum of yearly thereafter unless the youth is receiving medication.

The psychiatrist prescribes and monitors any medication needed and will see the youth as often as needed if medication is being prescribed, including crisis situations. 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.

### **Therapy**

Licensed mental health professionals with experience working with severely emotionally disturbed youth and their families provide therapeutic services to the person served in the Therapeutic Foster Care Program. A full range of services is provided to best meet needs of the person served utilizing evidence based, trauma informed methods of treatment previously described.

This includes, but is not limited to: acting as the primary therapist to the youth and family, collaborating with community agencies, supervising family visitations, pre-placements, and home monitoring as therapeutically indicated. The therapist will also inform the person served about local advocacy and consumer groups, self-help groups, and other support groups as needed. In addition, the person served will be educated about mental health and substance

abuse problems as necessary. Information and education is provided based on the needs of the persons served.

### **Intervention Specialists/Case Management**

Bachelor-level Qualified Behavioral Health Providers that have completed the forty (40)-hour specific training will be considered Intervention Specialists, to be supervised by the Therapeutic Foster Care (TFC) Coordinator and the TFC Therapists. Each person served will be assigned an Intervention Specialist who is trained to meet the emotional and behavioral needs of the person served.

The role of the Intervention Specialists is to coordinate and integrate a network of services and supports for each child and family. This Intervention Specialist is consistent in working with the person served, biological family and therapeutic foster care family. Intervention Specialists, along with other members of the treatment team, are responsible for monitoring and documenting each person's progress toward his/her treatment goals. The size of the caseload for each Intervention Specialist may vary from 6 to 12 cases. **(Clinical Capacity 2.5 D)**

Intervention Specialist services may vary according to intensity, generally referring to the amount of time and resources needed for each individual child and family based on need. The Intervention Specialists are encouraged to use the different wraparound services that are available in the Counseling Associates area. When there are multiple providers involved in the treatment of the person served, linkages are made to ensure the continuity of care and the reduction in service duplication.

Intervention Specialists will monitor the person served, in the TFC home, additionally, the Intervention Specialists will monitor the person served in school weekly or more often as needed. Intervention Specialists will also attend DCFS staffings, court, and/or other community agencies if appropriate.

The Intervention Specialists will monitor the TFC home at least once weekly after the person served is placed.

Intervention services include the following activities:

- Provision of services within a Wraparound approach.
- Implementation of the master treatment plan goals/individual plan of care and assist in goal and objective attainment through the delivery of Behavioral Interventions.
- Monitor and supervise symptoms and functioning, provide interventions targeted toward symptom reduction with documentation of progress toward goals.
- Resource assessment and management.
- Empower, outreach and support the youth to participate in services promoting recovery/stabilization and independence.
- Provide, along with the licensed mental health professional, 24/7 emergency on call crisis stabilization services per individualized crisis plan.
- Assist youth 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, consumer groups, and self help groups.
- Assist the resident to further utilize skills to develop, increase, and enjoy social support networks.
- Assist in the enhancement of functioning in the area of self care tasks.
- Assist staff psychiatrist in monitoring need and use of medications.
- Assist youth in developing community living, social and vocational skills.
- Assist in accessing activities including community, cultural, spiritual, and recreational activities.
- Transportation as necessary.
- 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 and the frequency of contact are individualized depending on the needs of the youth. Services are provided in a variety of locations for example; foster home, the community, and local schools. All intervention services are reflective on the Master Treatment Plan and are reviewed every 180 days.

### **Case Coordination/Planning (2.6)**

The TFC Team participates in weekly staff meetings, which are attended by the CA psychiatrist every other week; this ensures access to medical oversight. In addition, the CA psychiatrist is available for consultation at any time to staff. Reviews of the youth's placement and general functioning shall be made on a regular basis. Informal reviews will take place at weekly staffings by the treatment team, with staffing notes completed.

Monthly progress reports are submitted to DCFS reporting progress toward treatment plan goals, medical visits, educational issues, summary of incident reports, contact with family and any court involvement.

TFC shall make every effort to keep the youth in contact, where appropriate and possible, with their 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 youth who are in the custody of the Department of Human Services may only occur at the request and/or approval of the DHS caseworker.

DHS provides services for identifying, engaging and locating family members as appropriate. The status of the parental rights is documented at admission and throughout treatment.

TFC assists the youth and family with any supervised visitation as needed. DHS also refers a youth for adoption services as appropriate. TFC will assist in providing supportive therapies throughout the adoption/family reintegration process.

TFC 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.

### **Discharge Policy/Transition 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), Therapeutic Foster Care (TFC) Parents, TFC Staff, education personnel, court personnel, and the youth in care.

An emergency discharge may be necessary if failure to remove the person served could cause harm to the person served, others, or significant property damage. If an emergency discharge is necessary, the Counseling Associates, Inc. (CA) Staff will assist in the assessment and referral for appropriate placement (i.e. hospitalization or residential placement).

A TFC 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.

TFC follows all of Counseling Associates, Inc.'s policies and procedures on discharge plans. TFC submits to DCFS a list of all current clients in the program as well as clients who are discharging on a monthly basis.

## **ADMINISTRATIVE STRUCTURE (2.4 A)**

### **Therapeutic Foster Care Program Staff and Parents**

Counseling Associates, Inc. Therapeutic Foster Care Program currently has 39 staff members. These 39 staff members include a Children's Services Director, TFC Coordinator, 2 Master's Level Therapists, Recruiter/Trainer/Case Manager, 2 Case Managers, Administrative Assistant, and 29 therapeutic foster families.

### **Agency/Staff Qualifications and Experience**

Counseling Associates, Inc. has over 30 years of experience serving foster care children and providing mental health services. 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.

### **TFC Staffing Information/Licensure**

- **Lee Roberson Koone, LCSW, Licensed Certified Social Worker, Chief Clinical Officer.** Therapist-Administrator/Social Worker, 26 years experience working with emotionally disturbed children. TF-CBT trained, Wraparound Certified.
- **Kristy Kennedy, LCSW, Licensed Certified Social Worker Director of Children's Services.** Therapist-Administrator/Social Worker, 17 years experience working with emotionally disturbed children. Advanced TF-CBT Certified.
- **Beth Stevens, M.S. LPC, TFC Coordinator/ TFC Clinical Supervisor.** Mental Health Professional is an LPC. 25 years mental health experience in the TFC program working with emotionally disturbed children, former Therapeutic Foster Care Parent. Advanced TF-CBT Trained. CPP Certified. Trained in Love and Logic Parenting Model and the Defiant Child. Wraparound Certified.
- **Sarah Franklin, LPC, Licensed Professional Counselor, TFC Therapist.** 12 years experience as a clinician. Advanced TF-CBT Certified. Trained in Love and Logic Parenting Model and the Defiant Child.
- **Florence Duffee, LMSW, Licensed Master's Level Social Worker, TFC Therapist.** 27 years of experience as a clinician. TF-CBT Certified.
- **Allison Burt, B.S., TFC Case Manager/Recruiter Trainer-Mental Health QBHP.** 2 years mental health experience working with emotionally disturbed children.
- **Amy Douskurt Rentfro, B.A. in Rehabilitation Science, TFC Case Manager.** Mental Health QBHP. 17 years mental health experience working with emotionally disturbed children in the TFC program.
- **Carrie Strack, BSW, TFC Case Manager.** A QBHP with 15 years experience working with emotionally disturbed children in home, schools and as a TFC Respite Parent.

**COUNSELING ASSOCIATES**  
**LEADERSHIP TEAM/ORGANIZATIONAL CHART (2.4 A.1)**



# COUNSELING ASSOCIATES

## Board of Directors

**Brian Davis, LCSW**  
President/CEO

**Teresa Wilson**  
Marketing Coordinator

**Asim Raza, MD**  
Adult Medical Director

**Atif Akhtar, MD**  
Child Medical Director

**Brian Lutz**  
Chief Financial Officer

- Business Office
- Transportation System
- Facilities Management
- IT

**Erin Willcutt, LPC**  
Pope, Johnson and Yell Counties Program Operations Director

- Medical Staff
- Adult Outpatient
- EMR Team

**Brynda Lilley, LSW**  
Conway and Perry Counties Program Operations Director

- CSP (Pope Day Rehab, Intervention Services)
- Adult Outpatient
- Client Advocacy
- Health and Safety

**Lou Strain, LPE**  
Faulkner County Program Operations Director

- CSP (Faulkner Day Rehab & Intervention Services)
- Adult Outpatient
- Coordinator of Emergency Services

**Lisa Parks**  
Cleburne, Seary, Stone and Van Buren Counties Program Operations Director

- Medical Staff
- Adult Outpatient

**Lee Koone, LCSW**  
Chief Clinical Officer

- Quality, Accreditation and Corporate Compliance
- Outcomes Management
- Staff Training
- Children's Services Programs
- Human Resources
- Utilization Review
- Substance Abuse

**Kristy Kennedy, LCSW**  
Children's Services Director

- East and West End Children's Outpatient
- Child Intervention
- WRAP/IFS
- TFC
- Haven
- Juvenile Drug Court
- Infant Mental Health
- CASSP



## **QUALITY ASSURANCE STRUCTURE AND PROCESS (2.4 A.2)**

### **PERFORMANCE IMPROVEMENT PROGRAM OVERVIEW (Quality Assurance)**

To maintain an ongoing Performance Improvement Program designed to collect, analyze, and utilize information for the purpose of planning, monitoring, evaluating, and improving the quality of CA's services and to ensure services support our mission and core values. The Performance Improvement Program is intended to evaluate the quality and appropriateness of care, improve organizational systems and processes, identify opportunities for organizational growth and development, and the enhancement of care to persons served.

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. 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.

### **Components of Outcomes Management System**

Analysis of each program includes the following performance indications.

**Measurable Performance Indicators/Objectives and Performance Targets:** Each CA program is 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 symptomatology. 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 TFC 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 need 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.

<b>Children's Out of Home Services – Therapeutic Foster Care (TFC)</b>				
<b>PERFORMANCE INDICATORS/ OBJECTIVES</b>	<b>MEASURES</b>	<b>PERFORMANCE TARGETS</b>	<b>DATA COLLECTION PROCEDURES</b>	<b>RESULTS</b>
<i>To optimize client satisfaction with services delivered</i>	Customer Satisfaction Survey	90% Report Satisfaction With Overall Quality of Care and Services	Administered Annually	97% of persons served were satisfied with the overall quality of care. Goal was met.
<i>To increase efficiency of service delivery system</i>	Net Margin	Break Even or Positive Net Margin	Monthly Financial Report	Program met and exceeded budget projections.
<i>To improve Access to service delivery system</i>	Number of Program Beds Utilized vs. Budgeted Contract Beds	Utilization of 100% of Contracted Beds	Monthly Finance Report: Census Report	TFC underutilized available beds for the FY. 19 Program Beds were Utilized vs. 22 Budgeted Contract Beds. Goal as not met but improved from last fiscal year.
<i>To enhance effectiveness of services delivered to persons served</i>	Hospitalization Rate of Persons served in Program	85% of Program Persons served Do Not Require Hospitalization	Monthly Utilization Management Reports/Yearly TFC Report and Credible EHR Reports	The program had 5 persons served hospitalized for the year with a census of 43. 88% did not require hospitalization. Goal was met.

## **ELECTRONIC MEDICAL RECORDS SYSTEM (2.4 A.3)**

There is a complete record kept on each person served who has received at least one face-to-face scheduled evaluation or treatment service and was admitted to Counseling Associates as either an Active or Crisis status in the ***Credible EMR System***.

Records of persons served are maintained and provide the following information:

1. Provide a database for the evaluation of program, methods, and provider efficiency and effectiveness in the provision of services and for the monitoring and evaluation of the quality and appropriateness of the person's served care.
2. Serve as a means of communication between providers, program units, and service systems, as appropriate.
3. Facilitates care in an emergency situation; i.e. provides history of treatment modality and lethality/risk assessments.
4. Provides basis for continuity of care. Reflects what happened over time/course of treatment and results.
5. Reflect compliance with professional standards of care, ethical standards, and applicable laws and regulations.
6. Reflect the fact that care was given as planned and that such care was warranted by the condition of the person served. Sufficient data should be available to justify the diagnosis and the appropriateness of treatment as well as to document the results.
7. The individual record's communication and documentation must be organized, clear, complete, current, and legible.
8. All documentation whether paper records or the Credible EMR system require the signature and credentials of the provider along with the location of the service.
9. Documentation is required to be completed within one business day of the service. CA encourages completion of all progress notes on a concurrent basis. Documentation is monitored through the Credible EMR reports for timely completion and compliance with reimbursement standards.

Information that may be available in the EMR system depending on the level of service is the following-all services provided with corresponding reimbursement sources are found in Credible:

- Orientation of Persons Served
- Consent to Treat
- Financial Agreement
- Client Programs and Treatment Team Members
- Diagnostic Intake Assessment with Diagnosis
- Self-Assessment-Health Information Included
- Master Treatment Plan-Person Centered

- 180 Day Treatment Plan Reviews
- Yearly Master Treatment Plan
- Diagnostic Intake Assessment Update
- Psychiatric Assessments/Medication Management
- Medical Profile-Health Information/Allergies
- Medication Logs-including current medications
- Emergency Screenings/Single Point of Entry
- Crisis Follow Up and Diversion
- Court Time
- Progress Notes
- Correspondence
- External Records
- Internal Referrals and External Referrals when appropriate
- Releases of Information
- Transition/Discharge Summaries

## **CLINICAL CAPACITY 2.5**

### **Training Requirements of Therapeutic Foster Parents (2.5 A & B)**

Each foster parent will receive a minimum of thirty (30) hours of required skill based, pre-parenting classes, as well as (24) hours of continuing education classes each year –excluding CPR and First Aid.

Training will include, but is not limited to: Pressley Ridge, Attachment Theory/Grief and Loss, Cardiopulmonary Resuscitation, First Aid, Crisis Prevention and Intervention, Confidentiality, Learning Disabilities, Behavior Management, Child Development, Effects of Placement on Children, and Cultural Sensitivity. These will be provided at monthly parent meetings and separately scheduled times.

All training will be documented in the TFC Parent file with type, date, and hours of training. Training will be complete prior to a child being placed in a home.

Furthermore, the parent meetings will offer a forum to discuss foster parent attitudes regarding persons served, support, and other relevant issues for continued collaboration among TFC Staff and Parents, aiding the treatment of the person served.

Training descriptions follow:

- *Pressley Ridge* teaches the importance of teamwork, behavior management skills, the applicable legal issues, trauma impact, attachment, abuse and neglect, child growth and development, and the effects of placement on the person served;
- *Cardiopulmonary Resuscitation* and *First Aid* teaches rescue and treatment efforts;
- *Crisis Prevention and Intervention* teaches how to defuse high risk safety situations;
- *Confidentiality* emphasizes the protection of a youth's information;
- *Cultural Sensitivity* reinforces awareness of socioeconomic, spiritual and ancestral differences and appropriate mannerisms;
- *Infection Control and Communicable Diseases* indicates how to reduce risks of exposure to possible infectious or contagious materials. This training is completed at initial hire.
- *Mental Health Issues*: including but not limited to Attachment Disorders, abuse, mental health diagnosis, ADHD, and parenting.

### **Training Requirements of Program Staff**

All new staff members are required to complete orientation training as established by Counseling Associates, Inc. policies and procedures. Various topics are covered including agency policies and procedures, corporate compliance, quality improvement, and documentation. All training is documented and includes type, length and date of training. All staff members will receive yearly trainings in compliance with agency regulations.

These trainings include CPR, First Aid, Crisis Prevention and Intervention, Client Rights, Confidentiality and Cultural Diversity. In addition to the mandatory training, staff members have access to monthly in-service trainings.

## **Intervention Specialists/Qualified Behavioral Health Provider Training (2.5 C)**

Intervention Specialists are bachelor's level and certified as QBHPs with forty (40) hours of QBHP training which is completed within 60 days of hire.

Training descriptions follow:

- **QBHP 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), emergency response/oncall, confidentiality, ethics, foster care system, boundaries, clinical limitations; professional conduct; child abuse reporting; communication; medications/side effects and illnesses in children; daily living skills, behavior modification, effects of placement on children, attachment theory including grief and loss issues, child development, interviewing skills, cultural diversity, learning disabilities; service identification and area support services.
- **Pressley Ridge** teaches the importance of teamwork, behavior management skills, the applicable legal issues, child growth and development, and the effects of placement on the person served;
- **Wraparound Model**
- **Cardiopulmonary Resuscitation and First Aid** teaches rescue and treatment efforts;
- **Crisis Prevention and Intervention** teaches how to defuse high risk safety situations;
- **Confidentiality** emphasizes the protection of a youth's information;
- **Cultural Sensitivity** reinforces awareness of socioeconomic, spiritual and ancestral differences and appropriate mannerisms;
- **Infection Control and Communicable Diseases** indicates how to reduce risks of exposure to possible infectious or contagious materials. This training is completed at initial hire.

Intervention Specialist/QBHPs are trained and have working knowledge of available services and support systems to meet the needs of the persons served.

Intervention Specialist/QBHPs 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.

Intervention are required to participate in 8 hours of QBHP refresher training yearly. CA maintains records of all staff training. All Intervention Specialist/QBHPs are supervised by a mental health professional per OBH, CARF and CA guidelines.

Training is also provided to clinical staff on documentation treatment planning, assessment skills, as well as a variety of other issues. All clinical staff must maintain training per licensure board requirements and all must maintain supervision per CA and licensing boards.

## **MINIMUM QUALIFICATIONS: D**

### **MOBILE CRISIS INTERVENTION SERVICES**

#### **Crisis Intervention (2.2 D)**

Crisis intervention, designed to de-escalate and calm the person served, will be provided twenty-four (24) hours daily, seven (7) days per week (including weekends and Holidays) by Therapeutic Foster Care (TFC) Parents, Intervention Specialist, and Therapists. TFC Staff is available on-call to provide support, suggestions, and supervision as needed. The assigned on-call number is distributed among TFC Parents. The TFC Coordinator, TFC therapists or the Children's Services Director, all mental health professionals, are always available to respond to urgent situations or provide supervision as needed.

CA has a team of licensed mental health professionals, all who have been trained extensively in Crisis Services. CA also has an agency after hour's hotline number that may be accessed for backup purposes for emergency screening and assessment by a licensed mental health professional with physician backup.

The goal of Emergency Mobile Crisis/Crisis Intervention Services is to provide the best possible solution to those requesting services, aimed at the assessment and immediate stabilization of persons with acute symptoms or emotional distress. The TFC mobile crisis teams provide individualized triage services to any individual experiencing a Psychiatric Crisis or Behavioral Crisis.

The specific objectives of the program include the following:

1. To ensure the safety of persons served through behavioral stabilization and prevention of deterioration in level of functioning.
2. To serve the person in the least restrictive environment
3. To enhance effectiveness of services delivered to persons served.
4. To improve the quality of life by access to service delivery system.

#### **Clinical Supervision/Medical Backup**

The CA Children's Director/TFC Coordinator ensure that the following administrative and clinical oversight services are provided:

- Provide 24/7 consultation and emergency backup
- Maintain monthly schedules
- Review and sign SPOEs
- Collaboration with Medical Directors and Chief Clinical Officer.



The Chief Clinical Officer and the CA Medical Directors are accessible by phone for afterhours emergencies. During the day, the treating Medical Doctor or APRN is contacted if it is a current or past client.

### **Population Served**

Mobile Crisis population:

- TFC Children: Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS/TFC program are currently and will continue to have available face-to-face crisis intervention and assessment services in the community setting. The community setting includes, without limitation, foster home, school, or DCFS office. Crisis services must focus on stabilization of the client within the community, ensure hospital diversion when appropriate, must include a safety plan.

### **Location of Services**

A mobile crisis team of trained behavioral health professionals is available to respond to Psychiatric and (or) Behavioral Crises in the community in a place that provides safety for the individual, the community, and the team. CA provides screenings in a variety of locations based on where the person is located. For the DCFS population, this also includes foster homes, DCFS offices, and schools.

### **SPOE Screening Assessment Tool**

All Crisis Interventions are documented on the Crisis Intervention/SPOE form. CA utilizes the state approved screening assessment and protocol which uses age, gender, and culturally appropriate defined criteria to measure the immediate and potential safety needs (danger to self and others or gravely impaired) and the following information is included:

- CA has had multiple trainings by our Mental Health Risk Retention insurance on assessing for Suicide and Violence. We have added an in depth risk assessment that we have used and have incorporated the Safe-T into our assessment as well.
- Symptom assessment,
- Clear documentation of existing support network; corroboration of facts and collaboration with support network for assessment and feedback.
- Clinical recommendations and disposition.
- If Diversion occurs because of crisis de-escalation, treatment recommendations are documented along with appointment times, and client feedback. Crisis plans are developed.

### **Screening Assessment Protocols**

Upon screening, the Mobile Crisis team triages the individuals into the least restrictive services in efforts to divert from inpatient care. Services may include outpatient treatment by a behavioral health professional, crisis stabilization services, and or psychiatric appointments. In the event that a youth needs acute care, CA will ensure that placement occurs in collaboration with DCFS. Follow up with the inpatient provider for discharge planning and aftercare services will also be provided through the placement.

## CONTACT INFORMATION OF CONTRACT MANAGERS

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