



STATE OF ARKANSAS
OFFICE OF PROCUREMENT
ARKANSAS DEPARTMENT OF HUMAN SERVICES
700 Main Street
Little Rock, Arkansas 72203

Bid Number: 710-19-1027
Therapeutic Foster Care
Bid Opening: April 8, 2019
Bid Opening Time: 2:00 pm

Northeast Arkansas
Community Mental Health
Center d/b/a Midsouth Health
Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

1	Response Signature Page
2	All Agreement and Compliance Pages
3	Proposed Subcontractors Form
4	Signed Addendas
5	E.O. 98-04- Contract Grant and Disclosure Form
6	Equal Opportunity Policy
7	Response to the Information for Evaluation section of the Response Packet
8	Other Attachments/ Enclosures

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc.			
Address:	2707 Brown Lane			
City:	Jonesboro	State:	AR	Zip Code: 72401
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Carolyn Lewis	Title:	TFC Director
Phone:	870-972-4917	Alternate Phone:	
Email:	clewis@mshs.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.
<p><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></p>

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: *RADover* Title: CEO
Use Ink Only.

Printed/Typed Name: Ruth Allison Dover Date: 4-1-19

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:	Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc.	Date:	4-1-19
Authorized Signature:		Title:	CEO
Print/Type Name:	Ruth Allison Dover		

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:	Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc.	Date:	4-1-19
Authorized Signature:		Title:	CEO
Print/Type Name:	Ruth Allison Dover		

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:	Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc.	Date:	4-1-19
Authorized Signature:	<i>RA Dover</i>	Title:	CEO
Print/Type Name:	Ruth Allison Dover		

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**

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 or 501-682-8743.

RA Dover
Vendor Signature

Date

Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc.
Company

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

ADDENDUM 2

DATE: March 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

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-ugdah@dhs.arkansas.gov or 501-682-8743.



Vendor Signature

04-01-19

Date

Northeast Arkansas Community Mental Health d/b/a Midsouth Health Systems, 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

CHANGE SPECIFICATIONS

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 or 501-682-8743.



Vendor Signature

04-01-19

Date

Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems
Company

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 NAME: _____

Yes No SUBCONTRACTOR NAME: Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc.

TAXPAYER ID NAME: 71-0774925

IS THIS FOR:
 Goods? Services? Both?

YOUR LAST NAME: _____

FIRST NAME: _____

M.I.: _____

ADDRESS: 2707 Browns Lane

STATE: AR

ZIP CODE: 72401

COUNTRY: United States

CITY: Jonesboro

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?	Person's Name(s)	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY				
General Assembly		✓	Representative			Marvin Steele	0	0	Board Pres.
Constitutional Officer									
State Board or Commission Member									
State Employee	✓		State University Employee			Henry Torres; Paul Rhodes	0	0	Board Mem

* 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

Carolyn Lewis

Title CEO

Date 04/01/2019

Vendor Contact Person Carolyn Lewis

Title TFC Director

Phone No. 870-972-4917

Agency use only

Agency Number

Agency Name

Agency Contact Person

Contact Phone No.

Contact or Grant No.

Mid-South Health Systems, Inc.
PERSONNEL POLICIES AND PROCEDURES

SUBJECT Equal Employment Opportunity	POLICY NUMBER 1.10
EFFECTIVE DATE: July 1, 1999	PAGE NO. 1 OF 1 FILE UNDER SECTION: Employment Practices
REVISION DATE: November 12, 2008; August 1, 2013	APPROVED BY: Bonnie White, Chief Executive Officer

POLICY:

It is the official policy of this organization that no one will be denied service or be subjected to any form of discrimination on the basis of race, color, national origin, age, gender, sexual orientation, veteran's status, disability, ancestry or religion. The organization will not discriminate against individuals in the admission or access to, or treatment, or employment in, its programs and activities. This policy is adopted pursuant to Section 601, Title VI and Title VII of the Civil Rights Act of 1964, Public Law 88-352, section 504 of the Rehabilitation Act of 1973 and Title VI and XVI of the Public Health Service Act and Americans with Disabilities Act of 1992.

We will endeavor to ensure that qualified applicants are employed, and that employees are treated equally during employment without regard to their race, color, religion, gender, sexual orientation, national origin, disability, veteran's status, ancestry, age or other legally protected status. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, transfer recruitment or recruitment advertising, lay-off or termination, rates of pay, other forms of compensation and selection of training. We will post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

The Human Resources Department will promote principles of equity in its efforts to staff available positions. The department will monitor labor market information and maintain contact with staffing sources to further these principles.

We will comply with all provisions of applicable laws prohibiting discrimination.

Any employee may request a reasonable accommodation under the Americans with Disabilities Act of 1992. Such requests should be made to the Human Resources Director. The HR Director shall review the request and respond in writing to the employee within a reasonable amount of time. The written response shall be retained in the employee's personnel file.

Attachment G. has the Minimum Qualification Checklist that your RESPONSE will be checked against. You must submit all information requested so that information can be verified. Failure to submit the requested information may cause your response to be disqualified. **Do not complete and return this form with your response.** It is for information only.

INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.*
- **Do not** include additional information if not pertinent to the itemized request.

Mid-South Health Systems, Inc.

Northeast Arkansas Community Mental Health Center d/b/a Mid-South Health Systems Inc. (MSHS) proposes to provide Therapeutic Foster Care Services for Arkansas Department of Human Services to eligible children placed in out-of-home care.

MSHS is a comprehensive 501(c)(3) private non-profit community mental health center located in the Mississippi Delta Region of Eastern Arkansas. Since its inception, over fifty years ago, the agency's mission "to ensure the availability of comprehensive, affordable, and quality-driven community-based mental health services that are accessible to the public and promote recovery, integrity and ethical standards for all involved" has not changed. In 1997 MSHS (formerly the George W. Jackson Community Mental Health Center) reorganized to become a private 501(c)(3) non-profit organization. In October 1998, MSHS entered into a management contract to provide Administrative oversight and management services to Counseling Services of Eastern Arkansas. The relationship that developed as a result of this contract, was so beneficial that July 1, 2010 the two agencies merged. This merger not only strengthened the organization but allowed for the provision of comprehensive mental health services to residents in a 13 county catchment area. In September 2018, MSHS was honored with the opportunity to contract with the State of Arkansas to add 7 additional counties to the agency's catchment area. As a result, MSHS currently provides services to residents in a total of 20 counties, making it the largest Community Mental Health Center in the state. *(An organizational chart is attached)* Mid-South Health Systems employs approximately 500 individuals and currently services more than 16,000 individuals annually.

As a non-profit organization, MSHS is governed by a Board of Directors who volunteer their time to represent MSHS. Each of the 20 counties is represented by a seat on the Board of Directors. The Board is made up of a diverse group of community citizens including sheriffs, county judges, educators, bankers, a lawyer, a foster parent, a mayor, and a business owner. The current Board President has served on the Board for over 12 years and has served as President for over 8 years. *A list of the current Board of Directors is attached.*

MSHS has been licensed as an Outpatient Behavioral Health Agency since July 1, 2018. MSHS has also been enrolled as a behavioral health service provider in the Arkansas Medicaid Program since its inception (OBH License and Medicaid Provider Numbers for each clinic are attached). As such, MSHS is licensed by the Division of Aging, Adult and Behavioral Health Services of the Arkansas Department of Human Services to provide Mental Health and Substance Abuse Treatment Services. (Agency licenses, credentials and documentation of qualifications are attached.) MSHS is also accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for the following programs: Integrated AOD/MH Case Management for Adults, Children and Adolescents; Integrated AOD/MH Crisis Intervention for Adults, Children and Adolescents; Integrated AOD/MH Outpatient Treatment for Adults, Children and Adolescents; Adult Residential Treatment for Alcohol and Other Drugs/Addictions; and Integrated AOD/MH Residential Treatment for Adults. MSHS' services are consistently awarded exceptional ratings. During a recent CARF review, the accreditation team stated, "Services are provided by a cadre of caring, competent and committed staff members who take obvious pride in their work and the many accomplishments of the persons served. The enthusiasm and skills of the staff members contribute much to the development and provision of

high-quality programming for which the persons served are truly appreciative.” The team further noted, “MSHS is well respected in the communities in which it provides services. Collaboration, respect, and professionalism is how the organization is described by other groups it links with to provide outstanding mental health services as part of a holistic focus on the needs of the persons served.”

MSHS currently operates twenty clinics and provides a full range of psychiatric and educational services to the residents of Clay, Craighead, Crittenden, Cross, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Lee, Mississippi, Monroe, Phillips, Poinsett, Randolph, Sharp, St. Francis, White, and Woodruff Counties. MSHS invests strategically in the training and development of its professional staff by providing opportunity for up to three days of continuing education through the Annual Mental Health Institute, Basic and Advanced Trauma Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, First Episode Psychosis, Motivational Interviewing, and Living in Balance. Each of MSHS’ clinics is staffed by seasoned mental health professionals who have diverse experience and expertise in providing services to a variety of client populations to include children, youth, adults and individuals who are aged, the LBGTQ community, individuals with Serious Emotional Disturbances, Chronic Mental Illnesses, Substance Use Disorders, Personality Disorders, Developmental and/or Intellectual Disabilities and individuals with Co-Occurring Disorders. Additionally, MSHS’ staff have experience providing services to individuals and families being serviced by the Division of Children and Family Services and the Division of Youth Services. MSHS strategically assesses individual’s functionality by use of the Daily Living Activities scale-20 (DLA-20). The DLA-20 is an evidence based outcome assessment endorsed by the National Council for Behavioral Health. The results of the DLA-20 are utilized by clinicians to regularly monitor for outcomes and improvement in functionality for all individuals who are Seriously Mentally Ill or Seriously Emotionally Disturbed.

MSHS provides Treatment Services utilizing an array of evidence-based and promising practices. As such, MSHS employs a number of Mental Health Professionals who have been trained and/or certified to provide Specialty Services such as Trauma Informed Care, Substance Use Disorders, Motivational Interviewing, Acceptance and Commitment Therapy, LBGTQ, Infant Mental Health, Eye Movement Desensitization Reprocessing, Dialectical Behavior Therapy, Play Therapy, Sexual Rehab Therapy, Moral Reconciliation Therapy, Cognitive Behavioral Therapy, Emotionally Focused Therapy, Gambling Addiction, Sand Therapy, Psychological Testing, Marriage and Family Therapy, Child Problematic Sexual Behaviors, Crisis Management, Telehealth, Suicide Prevention Therapy, Cognitive Behavior Therapy for Psychosis, and Hypnotherapy. Moreover, a number of our staff is dually licensed and/or licensed mental health professionals with substance abuse certification. MSHS has an extensive telehealth network across its 20 counties making specialty services readily available throughout the catchment area.

The Treatment Services offered by MSHS are provided in the home, community, natural and office environment. The services provided by MSHS include adult and child/adolescent outpatient mental health and substance abuse treatment services including assessment and case management, individual/group/family counseling, medication evaluation and management, school based services, wrap around and supportive family services, therapeutic foster care, psychiatric rehabilitation day treatment, substance abuse partial day, residential substance abuse

treatment, medication assisted treatment, supportive and transitional housing, Assertive Community Treatment, therapeutic communities, peer support, supervised employment, psychological testing, forensic psychological evaluation and restoration, and assistance with accessing benefits and entitlements. Clinic hours are generally 8:00 a.m. to 5:00 p.m., Monday – Friday; although many clinics offer extended hours to better serve the clientele. With the volume of over 100 Mental Health Professionals, MSHS is positioned to provide flexible schedules offering appointments far beyond normal business hours including evenings and weekends. Additionally, MSHS offers 24-hour mobile crisis intervention.

MidSouth Health Systems is committed to ensuring availability of trauma focused treatment to all clients in need of such services. We have partnered with UAMS/ARBEST to access training for Trauma Focused Cognitive Behavior Therapy (TF-CBT) to build our capacity to offer evidence based treatment when trauma is a primary issue for the client.

At this time, across our original 13 counties, we have TF-CBT trained therapists in 11 clinics. Of the two remaining, the clinic opened on 4/1/19, and that therapist will be trained at the next available date. As soon as the remaining clinic is staffed adequately, we will obtain training for a therapist to cover that clinic as well. We are working to link therapists in those areas to upcoming training, as well, so that we can offer TF-CBT across all of our 20 counties.

Program Description

The MSHS Therapeutic Foster Care Program of MSHS serves children and young people between the ages of 5 and 18, who are emotionally and /or behaviorally disturbed. These children present with a mirage of issues that are addressed on an individual basis. Diagnosis' often seen in the treatment of these children include ADHD, depression with or without the presence of psychotic features, bipolar disorder, disruptive behavior disorder, oppositional defiant disorder, learning disabilities, PTSD, neglect and physical and/or sexual abuse.

The goal for each of the children in TFC is permanency whether through reunification with their biological family, adoption or permanent residential setting. The length of time a child remains in TFC is influenced by several things, including but not limited to the severity of their issues, the presence of familial support. However, the typical stay in the TFC program is between 15 and 18 months.

Program Location:

MSHS' Therapeutic Foster Care (TFC) Program operates out of both the Jonesboro and West Memphis Clinics. The Jonesboro Clinic is located at 2707 Browns Lane, Jonesboro, AR 72401. The telephone number is (870) 972-4000 and fax number is (870) 972-4905. Along with Craighead County, this clinic provides TFC services to Clay, Lawrence, Poinsett, Randolph, Mississippi, and Greene Counties. The West Memphis Clinic is located at 905 N. 7th Street, West Memphis, AR 72301. The telephone number is (870) 735-5118 and fax number is (870) 735-5260. In addition to Crittenden County, this clinic provides TFC services to Cross, Lee, Monroe, Phillips and St. Francis Counties. The program may place clients in foster homes throughout any of the counties in our catchment area. The expansion of TFC services is planned for newly acquired western counties (Salem, Izard, Independence, White, Poinsett, Jackson and Woodruff).

Admission Criteria:

Children appropriate for admission into our TFC program are children who are in the custody of DCFS. Children appropriate for admission have typically had multiple failed placements, displaying symptoms warranting a treatment-orientated environment. These children have been evaluated by a physician and been determined to be severely emotionally disturbed, however possess the ability to participate in and benefit from treatment.

The program accepts only those children in the custody of, and referred by, the Division of Health and Human Services. Children and youth ages 5 to 18 are available for admission. DHS should use the standard TFC Referral Packet to request admission to the program. These children may have emotional, behavioral, physical or developmental disabilities. However, children must be medically stable and maintained on a treatment protocol that is reasonable to implement in the foster home. To ensure a successful placement, children are admitted only when there is an available home that seems to meet the needs and preferences of the child and the foster parent(s). The program generally excludes fire setters and those children with severe or profound retardation.

Program Components:

Therapeutic Foster Care, as a treatment modality, addresses emotional and behavioral disturbances through various components. First and foremost, the primary treatment setting is the foster parent(s) and foster home. This setting is designed to be safe, nurturing and corrective. Second, a team approach to treatment planning and service provision is utilized. TFC staff work closely with DHS and other agencies involved in the lives of the children in care. TFC staff attends all pertinent staffing and meetings outside the agency where a TFC child is involved to ensure that their needs are being properly addressed.

The quality of the services we provide to our clients is of utmost importance, and is monitored closely at MSHS. This is especially true of our TFC program. Across our agency, there is a Quality Assurance protocol that provides for frequent and consistent review of documentation, with a focus on ensuring high quality mental health services to all of our clients. This process is thoroughly documented in our Quality Improvement Plan. *A copy of this plan is included in other attachments.* In addition to the agency wide QA efforts, our TFC coordinators do a great deal of quality review at the local level. This includes weekly review of frequencies of service provision, weekly review of scheduling of TFC client appointments for therapy and prescriber services, quarterly review for submission of service units provided per client, and monthly review of records to ensure appropriate billing.

Mid-South Health Systems' Therapeutic Foster Care Program is a family-based program that provides intensive, therapeutic care to children through specially trained family homes. These families are supported by licensed mental health professionals and paraprofessionals. TFC provides an array of treatment services that include but are not limited to:

- Evaluation and Assessment
- Individual therapy
- Family therapy
- Group therapy

- TFC Parent Education
- TFC Parent Support Group
- Community Intervention Services (Qualified Behavioral Health Provider (QBHP))
- Medication Management
- Psychological Evaluation
- Psychiatric Evaluation
- Psychoeducation
- Crisis Management
- Trauma Informed Care

MSSH TFC program provides trauma informed mental health services for clients placed in the TFC program. Additionally, MSSH provides (24)-hour, seven (7) days a week mobile crisis intervention in the home and community settings. MSSH also work with other community based providers to access necessary clinical services, as needed.

Mid South Health Systems is committed to ensuring availability of trauma focused treatment to all clients in need of such services. We have partnered with UAMS/ARBEST to access training for Trauma Focused Cognitive Behavior Therapy (TF-CBT) to build our capacity to offer evidence based treatment when trauma is a primary issue for the client.

At this time, across our original 13 counties, we have TF-CBT trained therapists in 11 clinics. Of the two remaining, the clinic opened on 4/1/19, and that therapist will be trained at the next available date. As soon as the remaining clinic is staffed adequately, we will obtain training for a therapist to cover that clinic as well. We are working to link therapists in those areas to upcoming training, as well, so that we can offer TF-CBT across all of our 20 counties.

Services are delivered via a family-based service delivery approach that provides individualized treatment for children, youth and families. Therapeutic services are delivered through an integrated constellation of services and mental health providers. Key intervention and support is provided by therapeutic foster parents who are trained, supervised and supported by the TFC Program Directors, licensed mental health professionals, paraprofessional qualified behavioral health providers (case managers/intervention specialist), staff psychiatrists and the Directors of Children's Services. *Copies of the Program Directors, Assistant Director of Clinical Services, Licensed Mental Health Professional (Therapist) and Qualified Behavioral Health Providers' resumes and job descriptions are attached.*

The maximum number of youth allowable, at this time, is 67 (25 for our Northern Counties and 42 for our Southern Counties).

The ultimate goal for each youth in care is (1) learn positive emotional and behavioral self-control and (2) be transitioned into a permanent placement in a timely manner.

Service Delivery:

TFC services are delivered to children and families via a treatment team approach. The treatment team is composed of a caseworker, clinician/therapist, psychiatrist, the youth and his/her TFC parents(s), biological parents or relative when appropriate, and other professionals (closely involved with the child and parents), such as teachers or special education instructors.

Clinical therapists provide therapies, e.g. individual, family, and group. They also develop treatment plans and do periodic reviews of the child's treatment. Qualified Behavioral Health Providers provide community intervention services (case management) and parent support services. Staff Psychiatrists provide medication management and medication education services. The TFC Directors are responsible for the day-to-day operation of the program. They are responsible for programmatic and administrative supervision of staff, 24-hour crisis intervention, parent recruitment, orientation, training and hiring, youth intake and placement, record keeping and program evaluation. The Assistant Director of Clinical Services maintain clinical oversight of the program. Clerical support is provided by the TFC Parent Coordinators and other clerical support staff in various clinics throughout our catchment area.

The specific process begins with the DHS referral. The TFC Directors carefully considers each child's special needs, strengths, and the best possible fit for a foster family. All needed assessment and evaluations are completed at this time. Upon completion of the assessment process, the TFC Directors will arrange for a pre-placement visit with the prospective foster family. After this visit, individual conferences are held with the family and the child, to determine the outcome of the pre-placement visit. Assuming a good fit, a pre-placement staffing is conducted with the TFC Directors, Qualified Behavioral Health Providers, DHS officials, the foster parents and the child. Here, an initial case plan is developed and the child is officially placed in the foster home. Qualified Behavioral Health Providers (case management) and individual therapy services are begun immediately. A psychiatric evaluation is scheduled to occur within the first 30 days, unless psychiatric/medication needs are evident, in which case the child is scheduled within 7 to 10 days. Staffing are held quarterly or more frequently, if needed with DHS officials and weekly among TFC staff, where the child's needs, progress, and other pertinent issues may be addressed. The child's progress is evaluated during staffing and modifications in treatment planning are made accordingly. If the biological parents are involved, every effort is made to include them in the child's treatment planning and ongoing staffing. When possible, family therapy is conducted with the child and biological parent(s) in the clinic, and parents are encouraged to pursue individual and/or marital therapies, as needed.

MSSH provides therapeutic foster care services in compliance with the Minimum Licensing Standards for Child Welfare Agencies, incorporated herein by reference. Services are provided in therapeutic foster family homes for children who are identified to need individualized intensive therapeutic service approach that cannot be remedied in a routine foster parenting situation but for whom higher levels of care are not appropriate. MSSH TFC placements are based on levels of care; Level 1: Non-Severe Emotional Disturbance client(s) that are sibling to a TFC client and or a step-down client, Level 2: Client approved for TFC and Level 3: Sexually Reactive Program clients. Only children and youth in the custody of the Department of Human Services (DHS) will be accepted into a Division of Children and Family Services (DCFS) funded slot. Placement is contingent upon the client meeting the admissions criteria stated submitted in the program description. In the event that a child is moved from one therapeutic foster home to another home within the program, written notification stating the reason for the move is provided to the DCFS county office assigned to the client within twenty-four (24) hours of the move.

MSSH's TFC program works in conjunction with the Provider-Led Arkansas Shared Savings Entity (PASSE) Care Coordinator to ensure services are put in place based on the needs of the

child. MSHS maintain records of the Person-Centered Service Plan (PCSP). The PCSP is developed in conjunction with the PASSE Care Coordinator. The services provided through the TFC program are based on the child's PCSP. MSHS TFC case managers will ensure delivery of services as needed based on the PCSP. Each PCSP is designed to address the client's emotional, behavioral, and psychological problems. As such all TFC are provided in an effort to address the individual needs of the child(ren) and to ensure that they maintain stability while placed in the community.

For each client in the program, MSHS involves the client's family in treatment planning and maintains contact with the client's parents, relatives and/or fictive kin to discuss the client's progress, continuing needs, and any problem areas, when appropriate. A DCFS Family Service Worker works in tandem with the TFC program to develop a visitation schedule with the client's family. Visitation takes place unless such visitation is contrary to court order, parental rights have been terminated or potential visitation has been ordered stopped or visitation is temporarily halted or terminated for therapeutic reasons.

MSHS maintains documentation of all services provided. Documentation at a minimum reflect the that a Treatment Plan has been developed in accordance with recommendations made by licensed professionals and the family and permanency team involved in the care of a client and any revisions of that plan. MSHS has a variety of policies to ensure that records are secure, retained according to standard guidelines, released appropriately, and destroyed responsibly according to state/federal requirements. MSHS utilizes an electronic medical record called Credible Behavioral Health. Credible has attained the 2014 Edition Complete Ambulatory EHR Certification from the ICSA Lasb ONC Health. And, Credible has been certified by an ONC-ACB by the Office of the National Coordinator for Health Information Technology in accordance with the application certification criteria adopted by the Secretary of Health and Human Services. MSHS has a Designated Record Set policy that outlines what is maintained in the record. Credible allows us to document all billable and non-billable services for clients. In addition, outside information received from collaborating providers is scanned and uploaded into the chart.

Delivery of Treatment in a Safe and Secure Environment

MSHS maintains on site copies of all required licenses and certifications and will notify DCFS immediately upon any changes in licensure, certification status, and any reports produced by DCCECE or the Child Welfare Agency Review Board in relation to MSHS. MSHS meets DCFS TFC Program Standards and Minimum Licensing Standards for Child Welfare Agencies: Placement Child Welfare Agency. *A copy of this license is included in other attachments.*

MSHS will participate in the Arkansas State Vehicle Safety Program (ASVSP) incorporated herein by reference in maintaining and monitoring the driving records of all staff that transport foster care clients. (The SSU will provide the Program policy and forms). The policy states how the records will be monitored and what actions may be taken when the employee record accrues an excess of traffic violation points.

MSHS will immediately notify the Child Abuse and Neglect Hotline of all cases of suspected abuse or neglect, as required by state law and DHS policy. MSHS will notify DCFS by phone or fax, on the next business day, of all reports of suspected abuse or neglect involving clients referred by or in the custody of DHS.

MSSH must allow the DCFS Family Service Worker to visit in the therapeutic foster home at any time. Each visit will include a private conversation with the client outside the presence of the foster parent and the TFC program staff. The DCFS staff has the right to make unannounced visits in the TFC home.

During the first twelve (12) weeks of foster care placement, MSSH will visit the client in the foster home no less than once a week. Each visit will include a private conversation with the client outside the presence of the foster parent.

MSSH maintains foster home files for each foster parent participating in the program. The file will contain written documentation that the foster home is current in its foster home re-evaluation, including up to date Central Registry and criminal background checks, including local criminal background checks and Department of Motor Vehicle (DMV) checks; and will include Foster Parent training records. MSSH will submit a monthly report to the SSU listing the names of the therapeutic foster homes re-evaluated each month and whether the home continues to meet licensing standards and the required information is current. Upon request, the MSSH will immediately produce and make copies of all documents available to DCFS.

MSSH and its agents will pursue all legal remedies, including filing criminal charges in a court of competent jurisdiction, against a client who has committed any delinquent act unless MSSH or its agents can demonstrate that such action would be therapeutically contraindicated.

Providing Health Needs

MSSH will be responsible for providing for the child's health needs, both mental and physical. MSSH will provide for the child's medical needs, including scheduling of doctor, dentist, or eye appointments and necessary transportation to and from the appointment. MSSH will maintain records, which reflect that needed medical treatment was delivered. The records will, at a minimum, reflect 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 more than fifty (50) miles from the TFC home and appointments that were scheduled before the child was placed in the facility.

MSSH will provide for the mental health needs of the child, including scheduling of and providing transportation to the appointments occurring outside of the local area. The MSSH will have a licensed mental health professional either on staff or have access to a licensed mental health professional in the community to meet the ongoing and crisis mental health needs of the child. All staff will be trained in trauma and demonstrate expertise in managing children in crisis.

MSSH will adhere to DCFS Family Service Policy and Procedure Manual, Procedure VI-C4, incorporated herein by reference in maintaining the Medical Passport (medical and psychological history) for each DCFS foster child in placement.

MSSH is aware that it is the responsibility of the DCFS worker assigned to the child to originate the Medical Passport and provide to the Contractor at time of placement. MSSH will document receipt of passport. If not readily available, MSSH will have documentation within ten (10) days that it has been received or requested from caseworker.

Educational Needs

MSHS will ensure the child's educational needs are met in compliance with state law and regulation and Department of Education guidelines. MSHS will maintain records that describe educational plans, which comply with state law and regulations and progress made toward implementation of it.

Permanency

MSHS understands that TFC is a short-term treatment alternative, with the client progressing to a less-restrictive placement within eighteen months or less. If additional time is needed, the MSHS will submit a written justification request to the SSU Manager for an extension. No single extensions will exceed six (6) months.

MSHS understands that the overarching goal is to achieve permanency, whenever possible. As such, MSHS works with the client's team to establish permanency based on the client(s) identified permanency case plan goal. MSHS provides services to enable the client to successfully return to his or her home, school and community in a timely manner or in another permanent situation such as adoption. MSHS is in adherence to DCFS/DHS requirements regarding the planned or unplanned discharge of a child from the program and submits discharge summaries in accordance with applicable policies and procedures.

Accountability of Funding

MSHS ensures that the accountability of funding for TFC services are in the best interest of the foster child (client) as defined by policies and procedures of DCFS. MSHS monitors monthly expenditures of services to include maintenance of records identifying TFC staff time and those needed to support the determination of indirect costs in addition to costs associated with data collection and reporting. MSHS submits billing and reports in accordance with DHS requirements.

MSHS hires BKD CPAs & Advisors annually to audit the financial statements of MSHS to express an opinion on the financial statements in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. These audits are used to gain reasonable assurance about whether the financial statements are free from material misstatement, whether due to fraud or error. The audit also includes evaluating the appropriateness of accounting policies used, the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. The auditors issue their report based on their consideration of their tests of MSHS' compliance with certain provisions of laws, regulations, contracts and grant agreements (covering all programs; including Therapeutic Foster Care) and other matters. For the last 10 years, MSHS has received an Unmodified Opinion with no material weaknesses and no matters reportable. MSHS continues to be a low-risk auditee. MSHS will continue to undergo an annual audit conducted by a certified public accounting firm.

Staffing Patterns:

Administrative oversight of the Therapeutic Foster Care program at Mid South Health Systems is as follows: Lori Poston, LCSW is the Assistant Clinical Director. She provides direct oversight to the two TFC Coordinators, Carolyn Lewis, LPC and Yvonne Holmes, LMSW. Both Carolyn and Yvonne provide direct oversight of the TFC programs at the local level, as well as, supervise direct care staff.

MSHS Assistant Clinical Service Director, Lori Poston, LCSW provides clinical oversight to the program in all twenty counties of our catchment area. MSHS employs two TFC Directors to adequately manage the TFC Programs for our catchment area. TFC Director, Carolyn Lewis, LPC provides provide direct oversight of the TFC program at the local level in the seven northern counties (Clay, Greene, Craighead, Lawrence, Mississippi, Poinsett, and Randolph), as well as, supervise direct care staff . Yvonne Holmes, LMSW provides direct oversight of the TFC program at the local level in the six southern counties (Crittenden, Cross, Lee, Monroe, Phillips, and St. Francis) as well as, supervise direct care staff. Shared oversight is provided to the newly acquired western counties (Salem, Izard, Independence, White, Poinsett, Jackson and Woodruff) through both Carolyn and Yvonne. The Directors reports to the Assistant Clinical Services Director. *MSHS TFC program organizational chart is attached.*

The TFC Program Directors are master's level professionals who are responsible for the day-to-day operation of the program. They provide programmatic and administrative supervision of staff, 24-hour crisis intervention, parent recruitment, orientation, training and hiring, youth intake and placement, record keeping and program evaluation. The TFC Program Directors report to the Director of Children's Services with oversight for their particular region.

In addition to the TFC Program Directors the clinical staff for this program is composed of five (5) bachelor's level Qualified Behavioral Health provider . Clinical support is provided by therapists (licensed mental health professionals) within the Children's Clinics. The program is staffed with two Child/Adolescent Psychiatrists as well as general psychiatrists, and masters or doctoral trained child/adolescent therapists. Our mobile crisis team is also available 24 hours a day to address emergencies. The team is trained and proven to be successful in crisis stabilization, and in minimizing the number of emergency admissions to the hospitals. Clerical support is provided by the TFC parent coordinators and clerical staff throughout the clinics in our catchment area.

MSHS presently has forty-five (45) therapeutic foster homes. Fifteen (15) foster homes in our northern location and thirty (30) in the southern location. All parents for our foster homes have been trained and are ready to accept clients. *The resumes and job descriptions for program staff and foster parents are enclosed.* Resumes for non-specific staff (i.e. other outpatient clinicians/therapists, psychiatrists, are available upon request

Pre-Service and In-Service Training Requirements:

All staff, including paraprofessionals, is required to complete a minimum of twenty-four (24) hours of continuing education training. Additionally, staff is required to receive CPR and First Aid Training every 2 years. Training may include or be added to the specific requirements for licensure, as prescribed by each discipline's licensing board.

Foster parents must complete an entire pre-service curriculum, before caring for the TFC children. The curriculum used in this program is Pressley Ridge. Mid-South Health Systems' Foster Parents complete 36 hours of pre-service training and 24 hours of annual training, in addition to CPR and Crisis Prevention. This may be accomplished through a variety of local and regions training workshops, media training, or other approved coursework. One-on-one intervention, training, and educational material including reading and videos are provided as needed to assist the parent in managing the behavior of a particular child. A monthly in-service training is also available. The content of this instruction may include, but is not limited to the following:

- Introduction to Foster Care
- Qualities of a Good Parent
- Roles and Responsibilities of TFC parents
- Common Diagnosis/Characteristics
- Medication Management
- Protecting Yourself from False Allegations
- Love and Logic Behavioral Techniques
- Teamwork-Working with DCFS, Biological Families and the Courts
- Preparation for Adoption and Lifebooks
- Independent Living
- Social Skills Development
- Anger Management
- Stress Reduction and Self Care
- Attachment Disorder
- Sexual Reactivity and Safety Plans
- Paperwork, Documentation and Confidentiality
- Sexual, Physical and Emotional Abuse
- Cultural Competency

Respite Care Guidelines:

The Qualified Behavioral Health Provider assigned to the family facilitates respite services. Final arrangements must be approved by the program director. Respite care is only provided by families within the program. Requested unpaid respite services is available to each family as often as needed.

All respite is provided by equally trained/certified Therapeutic Foster Care Parents in the Mid-South Health Systems' TFC Program. Parents have access to unlimited emergency respite care 24 hours a day/7 days a week. This respite is provided by certified TFC parents within the program.

Child Welfare Agency License
from
Arkansas Department of Human Services

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

Northwest Arkansas Community Mental Health Center, Inc. dba :
Owner

Mid-South Health Systems, Inc.
Agency

2707 BROWNS LANE
JONESBORO, AR 72401

Is hereby issued Child Placement license #: 194

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

Therapeutic Foster Care

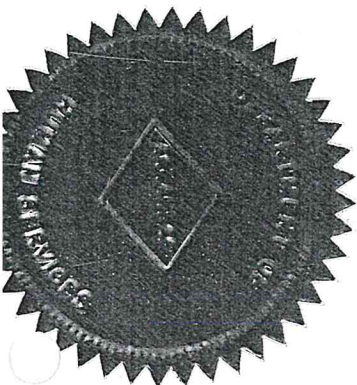
THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 08/30/1999 AND WILL REMAIN IN EFFECT UNLESS
THERE IS A STATUS CHANGE.

In Witness whereof

Chairman, Child Welfare Agency Review Board

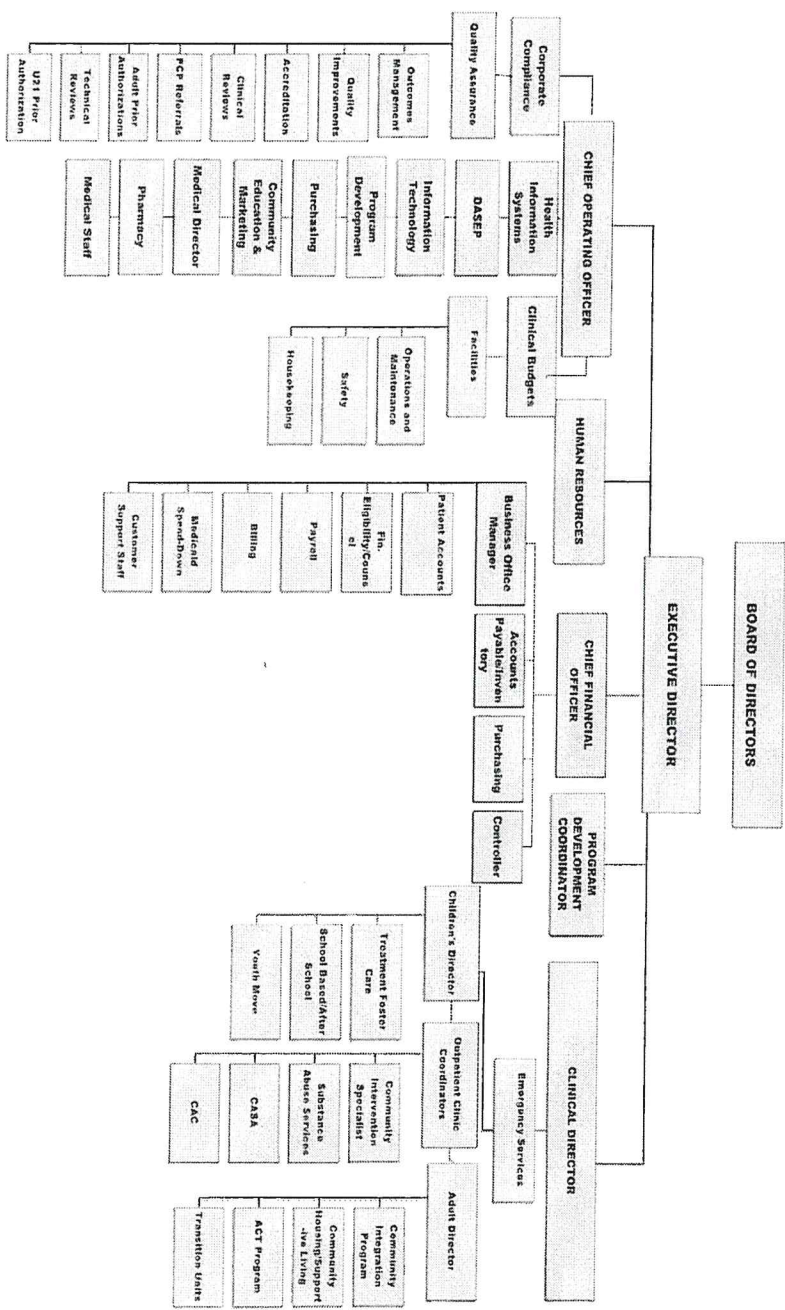


Effective: 08/30/1999



Organizational Chart

MID-SOUTH HEALTH SYSTEMS, INC.
 ORGANIZATIONAL CHART
 December, 2016



Board of Directors

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dba MID-SOUTH HEALTH SYSTEMS, INC.
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MSHS Therapeutic Foster Care Program
Organizational Chart

**Mid-South Health Systems, Inc.
Therapeutic Foster Care Program
Organizational Chart**

