



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

***RESPONSE PACKET***  
***710-19-1025***

**CAUTION TO VENDOR**

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.

## SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	United Methodist Children's Home Inc.				
Address:	1600 Aldersgate Road				
City:	Little Rock	State:	AR	Zip Code:	72205
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:	Craig Gammon	Title:	Administrator
Phone:	501-906-4904	Alternate Phone:	501-772-3021
Email:	cgammon@methodistfamily.org		


CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

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

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

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


Authorized Signature:  Title: CEO  
Use Ink Only.

Printed/Typed Name: William A. Altom Date: 4/01/2019

**SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE**

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

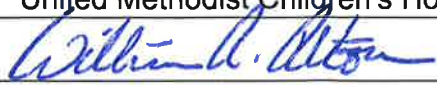
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	United Methodist Children's Home Inc	Date:	4/01/2019
Authorized Signature:		Title:	CEO
Print/Type Name:	William A. Altom		

**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:	United Methodist Children's Home	Date:	4/01/2019
Authorized Signature:		Title:	CEO
Print/Type Name:	William A. Altom		

**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:	United Methodist Children's Home Inc.	Date:	4/01/2019
Authorized Signature:		Title:	CEO
Print/Type Name:	William A. Altom		

## 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
United Methodist Behavioral Hospital	1601 Murphy Drive	Maumelle, AR 72113
Mid-South Health Systems	801 Newman Drive	Helena, AR 72342

**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.

<b>Vendor Name:</b>	United Methodist Children's Home Inc.	<b>Date:</b>	4/1/19
<b>Authorized Signature:</b>	<i>William A. Altom</i>	<b>Title:</b>	CEO
<b>Print/Type Name:</b>	<i>William A. Altom</i>		

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.

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

**ADDENDUM 1**

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

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

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

**BID OPENING DATE AND TIME**

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

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

**CHANGE TO PAGE ONE OF THE SOLICITATION DOCUMENT**

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

**REPLACE ATTACHMENT**

Replace Attachment G

**CHANGES TO REQUIREMENTS**

**Delete Section 2.2A and replace with the following:**

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



**Delete Section 2.2B and replace with the following:**

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

- 1) Current Certificate of Accreditation from one of the organizations listed below **or**
- 2) A copy of the accreditation application **and** a copy of the application payment that was submitted to one of the entities below:
  - a. The Commission on Accreditation of Rehabilitation Facilities (CARF);
  - b. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
  - c. The Council on Accreditation (COA).

**Section 2.3 A**

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

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

**Attachment C: Performance Standards**

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

Service Criteria:

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

Acceptable Performance:

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

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

Damages:

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

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

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

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



Vendor Signature

4/01/2019

Date

United Methodist Children's Home Inc.

Company

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

**ADDENDUM 2**

**DATE: March 26, 2019**

**SUBJECT: 710-19-1025 Qualified Residential Treatment Program**

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

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

**BID OPENING DATE AND TIME**

Bid opening date and time

**CHANGE EFFECTIVE DATE OF CONTRACT**

Revise

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

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

**CHANGE SPECIFICATIONS**

**2.1 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) MINIMUM QUALIFICATIONS**

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

**REVISE ATTACHMENT**

Revise Attachment G

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

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

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

  
Vendor Signature

4/01/2019  
Date

United Methodist Children's Home Inc.  
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: SUBCONTRACTOR NAME:  Yes  No

TAXPAYER ID NAME: United Methodist Children's Home Inc. IS THIS FOR:  Goods?  Services?  Both?

YOUR LAST NAME: FIRST NAME: M.I.:

ADDRESS: 1600 Aldersgate Road

CITY: Little Rock STATE: AR ZIP CODE: 72205 COUNTRY: U.S.

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

None of the above applies

### FOR AN ENTITY (BUSINESS) \*

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

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member	✓		Child Welfare Agency Review	4/2009	present	William A Altom	0%	CEO
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  Title Administrator Date 4/01/2019

Vendor Contact Person Craig Gammon Title Administrator Phone No. 501-906-4904

*Agency use only*

Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_



# Equal Opportunity Employment

## **Equal Opportunity Employment**

In accordance with Title VI and VII of the Civil Rights Acts of 1964 and their implementing regulations, Methodist Family Health is an equal opportunity employer. Our policy is to recruit, hire, promote and compensate without regard to race, age, religion, sex, national origins, creed, handicap or color. Employment opportunities are open to qualified applicants on the basis of their experience, aptitude and ability.

**United Methodist Children's Home Inc.**

**Order of attachments for Response Packet 710-1025**

Clinician and nursing personnel licensure information – (may be updated prior to contract start date)

DCCEC Licenses (more facilities than these are licensed: response requirements only asked for a single license and not per facility, also we are waiting updated copies of licenses from DCCEC licensing specialists as some of the forms were not sent when updated) Other facilities include facilities in Magnolia, Heber Springs, Searcy and Lexa.

Certificate of Accreditation from the Joint Commission

Detailed information on the Teaching Family Model including trauma informed care.





Arkansas State Board of Examiners in Counseling  
(501) 683-5800

## Anitra Bradford

LICENSE #: P1012084 | TYPE: LPC

### ADDITIONAL INFO

Date of Issue: 12/3/2010

Date of Expiration: 6/30/2019

Standing: Good Standing



Arkansas Board of Examiners in Counseling

Certifies

**Anitra Lynette Bradford**

Licensed Professional Counselor (LPC)

Specialization: None

License Number: **P1012084**

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

Director

[Home](#)

Name	Tisdale, Austin Matthew
Location	Little Rock, AR
Level	LMSW
License Number	8815-M
Date Issued	7/3/2018
Expiration	7/31/2020

[Back](#)**Licensure Level Key:****LCSW:** Licensed Certified Social Worker**LMSW:** Licensed Master Social Worker**LSW:** Licensed Social Worker**PLMSW:** Provisional Licensed Master Social Worker**PLSW:** Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

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



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

Issue Date: July 3, 2018

Austin Matthew Tisdale, LMSW  
3401 Fair Park Blvd. Apt A304  
Little Rock, AR 72204

Dear Austin;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Master Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LMSW" after your name on all professional correspondence.

Your license, No. 8815-M, is subject to renewal July 31, 2020 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (August 1, 2018 – July 31, 2020). The specifics of the continuing education requirement can be found online at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb). Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

Leigh Hudson, LCSW  
Chairman of the Board

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

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



Arkansas  
Social Work License Card

License No. 8815-M      Expiration Date: 7/31/2020

Austin Matthew Tisdale, LMSW  
3401 Fair Park Blvd. Apt A304  
Little Rock AR 72204

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

Chairman

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

A r k a n s a s

SOCIAL WORK  
LICENSING BOARD

SEARCH

GO

[Home](#)

Name	Newman, Sarah Allison
Location	Helena, AR
Level	LMSW
License Number	8073-M
Date Issued	8/23/2016
Expiration	8/31/2020

[Back](#)**Licensure Level Key:**

- LCSW:** Licensed Certified Social Worker
- LMSW:** Licensed Master Social Worker
- LSW:** Licensed Social Worker
- PLMSW:** Provisional Licensed Master Social Worker
- PLSW:** Provisional Licensed Social Worker

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[Home](#)

Name	Mortenson, Melody M.
Location	Fayetteville, AR
Level	LCSW
License Number	2551-C
Date Issued	11/15/2010
Expiration	11/30/2020

[Back](#)

**Licensure Level Key:**

**LCSW:** Licensed Certified Social Worker

**LMSW:** Licensed Master Social Worker

**LSW:** Licensed Social Worker

**PLMSW:** Provisional Licensed Master Social Worker

**PLSW:** Provisional Licensed Social Worker

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**Arkansas  
Social Work License Card**

**License No.**

**2551-C**

**Expiration Date:**

**11/30/2020**

**Melody M. Mortenson, LCSW**

**312 S. College Ave.**

**Fayetteville AR 72701**

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

*Sign Nelson, LCSW*

**Chairman**

3  
2  
7



# QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

## HALEY BRIDGET JAGGERS [NCSBN ID: 23388175]

Wednesday, February 27 2019 02:19:09 PM

### Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

**JNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
JAGGERS, HALEY BRIDGET	PN	ARKANSAS	L058988	YES	UNENCUMBERED	06/30/2017	10/31/2019	MULTISTATE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
JAGGERS, HALEY BRIDGET	RN	ARKANSAS	R107809	YES	UNENCUMBERED	07/26/2018	10/31/2019	MULTISTATE

### Where can the nurse practice as an RN and/or PN?

#### Authorized to Practice in

- |                    |                          |                          |
|--------------------|--------------------------|--------------------------|
| ARIZONA (RN & PN)  | MARYLAND (RN & PN)       | SOUTH CAROLINA (RN & PN) |
| ARKANSAS (RN & PN) | MISSISSIPPI (RN & PN)    | SOUTH DAKOTA (RN & PN)   |
| COLORADO (RN & PN) | MISSOURI (RN & PN)       | TENNESSEE (RN & PN)      |
| DELAWARE (RN & PN) | MONTANA (RN & PN)        | TEXAS (RN & PN)          |
| FLORIDA (RN & PN)  | NEBRASKA (RN & PN)       | UTAH (RN & PN)           |
| GEORGIA (RN & PN)  | NEW HAMPSHIRE (RN & PN)  | VIRGINIA (RN & PN)       |
| IDAHO (RN & PN)    | NEW MEXICO (RN & PN)     | WEST VIRGINIA (RN & PN)  |
| IOWA (RN & PN)     | NORTH CAROLINA (RN & PN) | WISCONSIN (RN & PN)      |
| KENTUCKY (RN & PN) | NORTH DAKOTA (RN & PN)   | WYOMING (RN & PN)        |
| MAINE (RN & PN)    | OKLAHOMA (RN & PN)       |                          |

Non-participating: MI. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details. APRN authorization to practice details are not available.

**JNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

#### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner



- **CNS:** Critical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

#### License status information

- Unencumbered (full unrestricted license to practice)
- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

#### Nurse Licensure Compact (NLC/eNLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC/eNLC) and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC/eNLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



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[www.nursys.com](http://www.nursys.com)

The Natural State  
 DLN: 910032680 DOB: 10-06-1987  
 NOT FOR FEDERAL IDENTIFICATION

JAGGERS  
 HALEY  
 B  
 1801 MESQUITE CIR  
 LITTLE ROCK, AR 72211-5414

Issued: 12-05-2017 Expires: 10-06-2025  
 Sex: F Height: 5-04 Eyes: BLU  
 Endors: Restr:

ORGAN DONOR

Arkansas  
**State Board of Nursing**

Registered Nurse (RN)  
**HALEY BRIDGET JAGGERS**

License No. R-107809  
 Initials/Restrictions: H2517

To verify current status check the ASBN registry search at [www.arsbn.org](http://www.arsbn.org)

CLASS: D Non-Commercial Vehicle  
 RESTRICTIONS  
 (none)

ENDORSEMENTS  
 (none)

MEDICAL CODES  
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 KEEP ARKANSAS BEAUTIFUL

SHINE  
 KEEP ARKANSAS CLEAN & GREEN

Click It or Ticket \$40.00

Signature of licensee

**Immediately notify the Board of name and/or address change.  
 Directions are on the ASBN website.**

Arkansas State Board of Nursing  
 1123 So. University Ave., Suite 800  
 Little Rock, AR 72204

Phone: 501.686.2700 email: [info@arsbn.org](mailto:info@arsbn.org)  
 Fax: 501.686.2714 website: [www.arsbn.org](http://www.arsbn.org)

# QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

**BARBARA ANN TURNER [NCSBN ID: 41885771]**

Friday, October 26 2018 11:43:21 AM

### Disclaimer of Representations and Warranties

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This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

**JNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
TURNER, BARBARA ANN	PN	ARKANSAS	L011828	NO	EXPIRED	09/19/1975	08/31/1995	NONE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
TURNER, BARBARA ANN	RN	ARKANSAS	R042855	YES	UNENCUMBERED	10/19/1993	08/31/2019	MULTISTATE

## Where can the nurse practice as an RN and/or PN?

### Authorized to Practice in

ARIZONA (RN)	MARYLAND (RN)	SOUTH CAROLINA (RN)
ARKANSAS (RN)	MISSISSIPPI (RN)	SOUTH DAKOTA (RN)
COLORADO (RN)	MISSOURI (RN)	TENNESSEE (RN)
DELAWARE (RN)	MONTANA (RN)	TEXAS (RN)
FLORIDA (RN)	NEBRASKA (RN)	UTAH (RN)
GEORGIA (RN)	NEW HAMPSHIRE (RN)	VIRGINIA (RN)
IDAHO (RN)	NEW MEXICO (RN)	WEST VIRGINIA (RN)
IOWA (RN)	NORTH CAROLINA (RN)	WISCONSIN (RN)
KENTUCKY (RN)	NORTH DAKOTA (RN)	WYOMING (RN)
MAINE (RN)	OKLAHOMA (RN)	

Non-participating: HI, MI. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details. APRN authorization to practice details are not available.

**JNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner

- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

#### **License status information**

- Unencumbered (full unrestricted license to practice)
- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

#### **Nurse Licensure Compact (NLC/eNLC) information**

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the Individual's home state provided both states are party to the Nurse Licensure Compact (NLC/eNLC) and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC/eNLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



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# QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

**JAMES WHAYNE NEAL [NCSBN ID: 21429242]**

Friday, June 29 2018 09:26:26 AM

### Disclaimer of Representations and Warranties

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**JNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
NEAL, JAMES WHAYNE	RN	ARKANSAS	R083877	YES	UNENCUMBERED	07/02/2009	10/31/2019	MULTISTATE

## Where can the nurse practice as an RN and/or PN?

### Authorized to Practice in

ARIZONA (RN)	MARYLAND (RN)	SOUTH CAROLINA (RN)
ARKANSAS (RN)	MISSISSIPPI (RN)	SOUTH DAKOTA (RN)
COLORADO (RN)	MISSOURI (RN)	TENNESSEE (RN)
DELAWARE (RN)	MONTANA (RN)	TEXAS (RN)
FLORIDA (RN)	NEBRASKA (RN)	UTAH (RN)
GEORGIA (RN)	NEW HAMPSHIRE (RN)	VIRGINIA (RN)
IDAHO (RN)	NEW MEXICO (RN)	WEST VIRGINIA (RN)
IOWA (RN)	NORTH CAROLINA (RN)	WISCONSIN (RN)
KENTUCKY (RN)	NORTH DAKOTA (RN)	WYOMING (RN)
MAINE (RN)	OKLAHOMA (RN)	

Non-participating: HI, MI. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details. APRN authorization to practice details are not available.

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## View License Information

Date Searched: 01-31-2019

**CONNIE ELIZABETH WILLIS**

**Primary State of Residence:** Level 2 Registration Required

### License Information

License #: R016575

**License Status:** Active

**License Type:** Registered Nurse (RN)

**Multistate?** Yes

**Date Issued:** 09-15-1976

**Expiration Date:** 11-30-2019

**Disciplinary Action** Y

**Last Renewal:** Level 1 Registration Required

**Advanced Practice Issue Date:** Level 3 Registration Required

**Prescriptive Authority:** Level 3 Registration Required

**Collaborating Physician:** Level 3 Registration Required

### Discipline Action Information

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

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# 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

**The United Methodist Children's Home, Inc.**

Owner

**United Methodist Children's Home Little Rock Campus**

Agency

2002 SOUTH FILLMORE

LITTLE ROCK, AR 72204

Is hereby issued Residential license #: 115

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

Emergency Residential Child Care Facility FOR 10 CHILDREN AGES 0 TO 18

Residential Child Care Facility FOR CHILDREN AGES 5 TO 18

Psychiatric Residential Treatment Facility FOR 37 CHILDREN AGES 5 TO 18

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 05/23/2012 AND WILL REMAIN IN EFFECT UNLESS THERE IS A STATUS CHANGE.

In Witness whereof



Chairman, Child Welfare Agency Review Board

Effective: 05/23/2012



# 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

**The United Methodist Children's Home, Inc.**

Owner

**Methodist Children's Home- Fayetteville Boy's Home**

Agency

1745 NORTH RUPPLE ROAD

FAYETTEVILLE, AR 72704

Is hereby issued Residential license #: 110

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

RESIDENTIAL CHILD CARE FACILITY FOR 8 CHILDREN AGES 12 TO 18

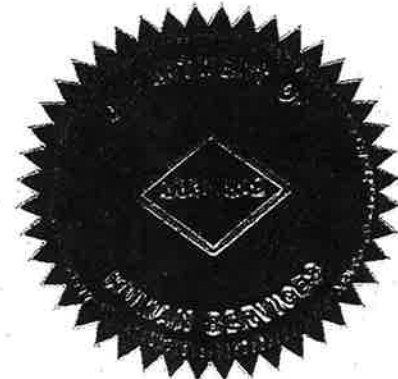
THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 03/27/2012 AND WILL REMAIN IN EFFECT UNLESS  
THERE IS A STATUS CHANGE.

In Witness whereof



Chairman, Child Welfare Agency Review Board

Effective: 03/27/2012



# 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

**The United Methodist Children's Home, Inc.**  
Owner

**United Methodist Children's Homes Springdale Home**  
Agency

19243 BLUE SPRINGS ROAD  
FAYETTEVILLE, AR 72703

Is hereby issued Residential license #: 109

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

Independent Living Program FOR 8 CHILDREN AGES 16 TO 18

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 03/27/2012 AND WILL REMAIN IN EFFECT UNLESS  
THERE IS A STATUS CHANGE.

In Witness whereof



Chairman, Child Welfare Agency Review Board

Effective: 03/27/2012



# United Methodist Children's Home, Inc..

Little Rock, AR

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
Behavioral Health Care Accreditation Program

June 30, 2018

Accreditation is customarily valid for up to 36 months.

  
Craig W. Jones, FACHE  
Chair, Board of Commissioners

ID #147240  
Print/Reprint Date: 10/01/2018

  
Mark R. Chassin, MD, FACP, MPP, MPH  
President

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## The Teaching-Family Model is:

- A treatment approach
- An innovative philosophy for promoting and ensuring excellence
- Delivery systems for measuring progress and supporting administration

## Benefits of The Teaching-Family Model:

- Transforms practitioners into treatment providers, empowering and requiring them to do more than custodial care
- Empowers practitioners with decision-making power which increases their investment, productivity, and retention
- Views behavior as learned and changeable
- Holds clients accountable for their behaviors while teaching them skills to replace problem behaviors with positive ones
- Teaches skills that are individualized and strength-based
- Helps clients understand the control they have over their own lives and how they can achieve their individual goals
- Involves clients and their families in all decisions where possible
- Emphasizes relationship development while creating a family-style therapeutic living environment providing clients with a loving and caring atmosphere
  - Allows clients to live as normalized a life as possible in the least restrictive setting

## An Evidence-based & Trauma-informed Best Practice Treatment Approach

The Teaching-Family Association is the only entity in North America that defines and implements standards and review procedures related to the actual performance and quality of treatment and service delivery systems at all organizational levels.

## The Teaching-Family Model



**The Teaching-Family Association**  
**3300 North Main Street, Suite D, PMB 333**  
**Anderson, SC 29621**

For more information about the Teaching-Family Model or TFA, visit the website or contact the association office.

**804-632-0155**  
**[www.teaching-family.org](http://www.teaching-family.org)**

**An Evidence-based & Trauma-informed  
Best Practice Treatment Approach**

# Essential Elements

## An Evidence-based & Trauma-informed Best Practice Treatment Approach for those served

Essential elements are Teaching-Family Model tools for direct care practitioners. They include:

- Teaching
- Self-determination
- Relationship building
- Family-sensitivity
- Diversity
- Professionalism

## Integrated Support Systems

Integrated support systems are Teaching-Family Model tools for the administrative team. They include:

- Training
- Consultation
- Supervision
- Evaluation

## Clearly Defined Goals

Teaching-Family Model goals set a philosophy and culture that provides a roadmap to success. They include:

- Humane, effective, and individualized treatment
- Trauma-Informed approach
- Consumer satisfaction

# The Teaching-Family Model

Reliable, Positive Outcomes from Fidelity and Quality Assurance

## Integrated Administration

### Staff Selection & Training

Practitioners are selected based on their ability to provide individual treatment in a positive, affirming manner. The training typically begins with pre-service training and lasts one year. Training includes concepts, skill behavior rehearsal, practice to criterion, and the teaching procedures. Ongoing training establishes and maintains knowledge and skills.

### Consultation & Supervision

This system provides competency-based management support through a consultant who is available for on-call trouble-shooting, coaching, and coordination. The consultant also observes practitioner implementation of skills and gives feedback. Through feedback, the consultant and practitioner conduct problem-solving discussions and data analysis. The consultant develops the practitioner's ability to individualize principles for maximum effect.

### Evaluation

Evaluation provides assurance that the Teaching-Family Model and strategies defined by individualized treatment plans are implemented. Evaluation culminates in the sought-after goal of accreditation for practitioners and organizations. Accreditation is attained through a comprehensive review of all program components by trained evaluators who conduct on-site observation.

### Ensuring Constant Improvement

Accreditation is designed to improve quality. It is peer-supported, with accountability built-in at all levels. Member agencies must undergo review and reaccreditation tri-annually. The Teaching-Family Association allows agencies a voice in the development and application of standards. It also provides a connection to a network of agencies.

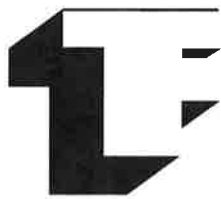






# The Teaching-Family Model

Teaching-Family Association



Collective<sup>®</sup>

*An International Organization*

Evidence-based  
Trauma-informed  
Model of Care

# The Teaching-Family Model

The Teaching-Family Model (TFM) is a philosophy and practice of care and treatment that prioritizes therapeutic relationships with caregivers as the primary conduit of effective treatment in supportive family-style settings.

Family-style relationships are seen as essential to healthy development of social, relational, and interpersonal skills. The TFM is a strength-based, comprehensive, and trauma-informed model of care that builds positive change while remaining focused on the holistic development of the person served.

The Model is rooted in cognitive behavioral theory and can be used with children, youth, and adults with a range of diagnoses and symptoms, as well as with those who have experienced significant trauma, maltreatment and loss.

## Evidence-based & Trauma-informed

The Teaching-Family Model is an evidence-based approach which is fully integrated at both the individual and the organizational level. It provides effective individualized and trauma-informed treatment services to children, youth, adults, and families.

Through peer-reviewed research and clinical practice, the Teaching-Family Model is recognized to be cost-effective, replicable, and highly effective for all participants.

The following promote the Teaching-Family Model as a leading evidence-based practice for youth in residential care settings:



*American  
Psychological  
Association*



*USA Office  
of Juvenile Justice  
and Delinquency Prevention*



*USA Office  
of the Surgeon  
General*

### *California Evidence-based Clearinghouse (CEBC)*

Scientific rating: 3; Promising Research Evidence  
(Currently under review for a higher rating)

### *National Registry of Evidence-based Programs and Practices (NREPP)*

Recognizes the Teaching-Family Model as a promising practice.



# Goals

The Teaching-Family Model outlines five primary goals to help achieve the best outcomes possible. These five goals encompass the following principles:

1

## HUMANE & RESPECTFUL PRACTICES

that ensure the safety, well-being, and rights of the person served

2

## EFFECTIVE TREATMENT

that has measurable outcomes and achieves child, youth, adult, and family goals

3

## INDIVIDUALIZED TREATMENT

that meets social, emotional, cognitive, and developmental needs

4

## TRAUMA-INFORMED APPROACH

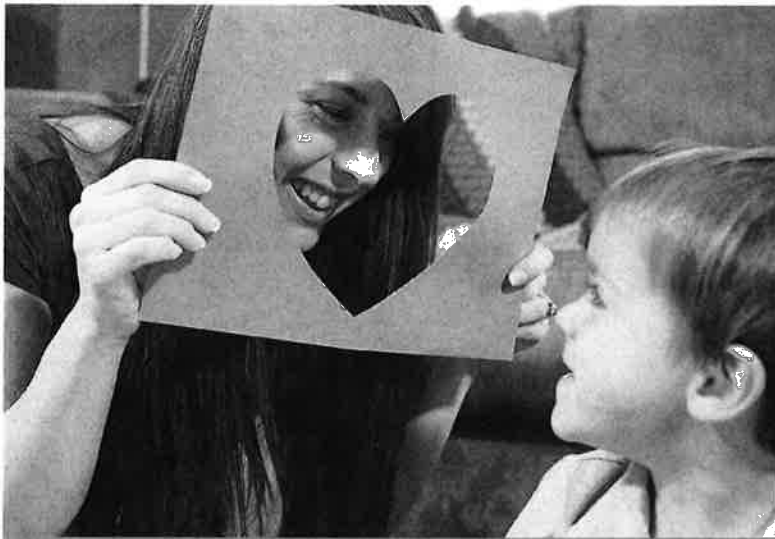
to understanding and responding to the individual's life experiences

5

## QUALITY ASSURANCE SYSTEMS

that are responsive to client feedback and program outcomes

The Teaching-Family Model is defined by Standards of Service and Ethical Conduct which enable agencies to implement treatment with fidelity and reliability. The Teaching-Family Association (TFA) oversees the implementation of these standards through an annual peer review process that leads to international accreditation status.



*Development*

*Research*

*Analysis*

*Proven*

## Research History

The development of the Teaching-Family Model began in 1967 with the opening of Achievement Place, a group home for delinquent boys in Lawrence, Kansas. The research history of the Teaching-Family Model is intertwined with the evolution of the Bureau of Child Research and the Department of Human Development and Family Life (HDFL) at the University of Kansas. All three served as an incubator for the establishment of applied behavior analysis as a distinct arm of the science and practice of psychology.

The Teaching-Family Model is unique among current evidence-based programs. The early research on the Model was applied research done in Teaching-Family group homes with Teaching Parents (married couples who live in a home with 5 or 6 youths) as the key treatment agents. Nearly all of the approximately 200 individual experimental studies conducted in Teaching-Family group homes employed 'within subject' experimental designs based on direct observation of youth behaviors.

After operationalizing observed intervention methods, those practice-based solutions became the subject of the next study. In this way, the core components of the Teaching-Family Model were developed and evaluated. The development and refinement of the core intervention components are based on published research.

A copy of the Teaching-Family Bibliography can be viewed/downloaded at:  
<http://teaching-family.org/wp-content/uploads/2013/10/tefabibliography.pdf>



*Measurable*

*Treatment*

*Outcomes*

# Program Delivery Applications

## Family Homes



Group home programs offer campus-based and community-based residential programs for children, adolescents, or dependent adults in a family-like setting. Delivery of treatment is carried out by a well-trained treatment team. TFM practitioners, either a couple known as 'Teaching Parents' or a staff team, provide services in family-style environments, using precise, trauma-informed intervention strategies to create daily opportunities for emotional, relational, and social skills learning. This provides the client and their families the opportunity to learn, develop, and practice the skills needed to successfully live in the community, achieve at school, and to be able to return home to their families.

## Treatment Foster Care



Foster care programs serve children and adolescents in need of supportive, treatment-oriented family environments that promote healing and skill learning. Programs are characterized by their commitment to marshal the resources, expertise, and support necessary to maintain each individual's placement and to assure continuing goal attainment. Treatment Foster Parents are supported in a variety of ways including ongoing training, support groups, respite care, and 24-hour-a-day consultation services.

## Home-based Treatment



Home-based family support programs offer intensive, short-term intervention for children and families within the context of their home, school, and community. Home-based treatment is family-centered, builds on existing family strengths, and focuses on developing a collegial partnership with parents. It is characterized by the belief that children and families belong together and features a strong commitment to preserving, maintaining, and reunifying the family unit. Family Specialists use Model elements sensitively and respectfully as they partner with families to improve family functioning and meet the family's treatment goals.



### Adults with Developmental Disabilities

Programs offered for adults with severe intellectual and physical impairment are based in the community with a live-in TFM practitioner. Services are person-centered and support the individual to function to their full potential in the community, work placements, and in their homes. Service features individualized daily schedules, positive behavioral supports, a focus on self-determination, and a well-trained staff of Family Teachers who are encouraged to build lasting, positive relationships with the people they serve.



### Mental Health Programs

Programs in this application include, but are not limited to, psychiatric in-patient settings, short-term crisis/emergency placements, outpatient clinics, and other clinical environments. Treatment in this environment is focused on intensive therapeutic interventions designed to effect behavior change relevant to specific mental health disorders. Practitioners are trained in Model philosophy and practice as a partner to other clinical methodologies.



### School-based Programs

Programs offered in an educational setting specialize in providing interventions and behavioral support for children and adolescents who have been unsuccessful in traditional classroom environments. Services are centered on empowering educators to recognize and respond to at-risk students using proven Model techniques to promote school success. The Model demonstrates research-based efficacy in regular education classrooms, self-contained classrooms for special needs students, and Mental Health Day Treatment programs.







## **Supporting High Fidelity Implementation**

To support high fidelity implementation of the Model's program components, four integrated support systems create a framework in which the treatment elements can be delivered. These supports are wrapped around the practitioner to ensure that their skill set and treatment interventions are of the highest quality and effectiveness. The data collected on each of the following systems provides the organization with the ability to analyze treatment implementation and program effectiveness.



1

**Training:** Direct care practitioners are provided with an intensive curriculum of competency-based training before working with children, youth, adults, and families. Engagement and relationship development, learning theory, applied behavior analysis, skill-based teaching procedures, client rights, self-determination, trauma-informed approaches, emotional regulation, management of challenging behaviors, and clinically based treatment planning form the core intervention strategies. Practitioners develop a professional skill repertoire that empowers them to recognize and meet the therapeutic needs of each youth.

2

**Consultation, Coaching, & Supervision:** Each team of practitioners is supported by a Consultant/Supervisor/Coach. Consultation continues the training process through frequent observations and precise development of the practitioners' skills. Through coaching, modeling, practice, and verbal and written feedback, the supervisor supports the practitioner in achieving criteria to be certified in the Model.

3

**Evaluation & Quality Assurance:** The rigorous evaluation system provides accountability both at the practitioner and program levels, with built-in feedback by the client, parents, and external and internal stakeholders. Practitioners achieve certification by meeting criteria in a comprehensive review of all program components by trained evaluators. The practitioner level review includes an on-site observation of the practitioners' implementation of Model skills with persons served, review of program data, and a satisfaction survey of program consumers.

4

**Facilitative Administration:** The theoretical constructs of the Model emphasize the essential role of the practitioner as the catalyst for change and healing in the lives of persons served. In accordance with these principles, agency administrators using the Teaching-Family Model have a primary goal of supporting practitioners by providing the work environment, treatment and fiscal resources needed to equip them to deliver outcome focused services. Organizational structure supports the work of the practitioner at every level.

5

**Systems Integration:** Essential to Model fidelity is the supervision and continual feedback between the four system components (training, consultation, evaluation, administration). While all of the components fulfill independent roles, they maintain fluid responsiveness to one another. A systemic change in one area will automatically necessitate adjustments in all other components to insure comprehensive service delivery. Demonstrated integration of all Model components facilitates excellence in the organization and is required to meet criteria as an accredited Teaching-Family Model provider.



Teaching-Family Association  
**TF**  
Collective  
An International Organization



# Accreditation

Since 1975, the Teaching-Family Association (TFA) has grown out of the demand to replicate this effective, humane model of treatment. The Teaching-Family Association represents agencies supporting common elements and tenets of the Model across an array of programs service applications. Today, the Model serves a wide range of vulnerable families, physically, emotionally and sexually abused children, delinquent youth, emotionally disturbed and autistic children and adults, medically fragile children, and adults with disabilities.

In all of these program service delivery adaptations of the Teaching-Family Model, the same careful attention is paid to high fidelity of implementation. All of these applications make use of the Teaching-Family Model-based training, coaching/supervision, evaluation, and facilitative administrative support systems. TFM programs providers participate in an organized community of practice that holds them accountable for performance standards. The TFM is non-proprietary and therefore what is learned in one agency can be shared with other agencies within the Association and incorporated into the standards and quality assurance processes within the Association.

Agencies wanting to implement the Teaching-Family Model are equipped with all training materials, and supervision and evaluation competencies to sustain their own programs and practice. To develop internal competency in providing TFM evidence-based programs, agencies are mentored and trained by an agency, developer, or consultant/employee who has achieved Accreditation status in the Model.

- Accredits Members Agencies through a peer review process supervised by the Accreditation and Ethics Committee
- Trains and qualifies Peer Reviewers and ensures the reliability of the Agency Review process
- Leads and supports research and advocacy initiatives
- Supports all members in providing outstanding treatment for clients in care through yearly conferences, trainings, and newsletters
- Builds a professional network for Practitioners & Agency Service Providers





*An International Organization*

**The Teaching-Family Association**  
**3300 North Main Street, Suite D, PMB 333**  
**Anderson, SC 29621**

For more information about the Teaching-Family Model or TFA, visit the website or contact the association office.

**804-632-0155**  
**[www.teaching-family.org](http://www.teaching-family.org)**



# TFM...a Solution

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- The TFM creates positive change and healing from the effects of trauma through an individualized approach to building and strengthening neural pathways by teaching the youth through positive, corrective experiences.

# TFM ~ 6 Core Elements

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## *Trauma Processing and Integration*

- Therapeutic Family Style Relationships-
  - Belonging, Connectedness, Identity, Safety
- Teaching Procedures/Psycho-Educational
  - Hearing, Seeing, Doing, Repeat...Building Skills
  - Managing Intense Maladaptive Behaviors
  - Emotional Expression & Regulation Skills
  - Anxiety Management & Related Skills
  - Cognitive Behaviorally-Based Interventions



# TFM ~ 6 Core Elements

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- Self-determination & Empowerment
- Client Advocacy
- Diversity
- Professionalism

# Building Resilience

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- Consistent predictable environment
- Supports and creates healthy relationships
- Skilled caregivers (practitioners) facilitate growth
- Decrease risk and increase protective factors



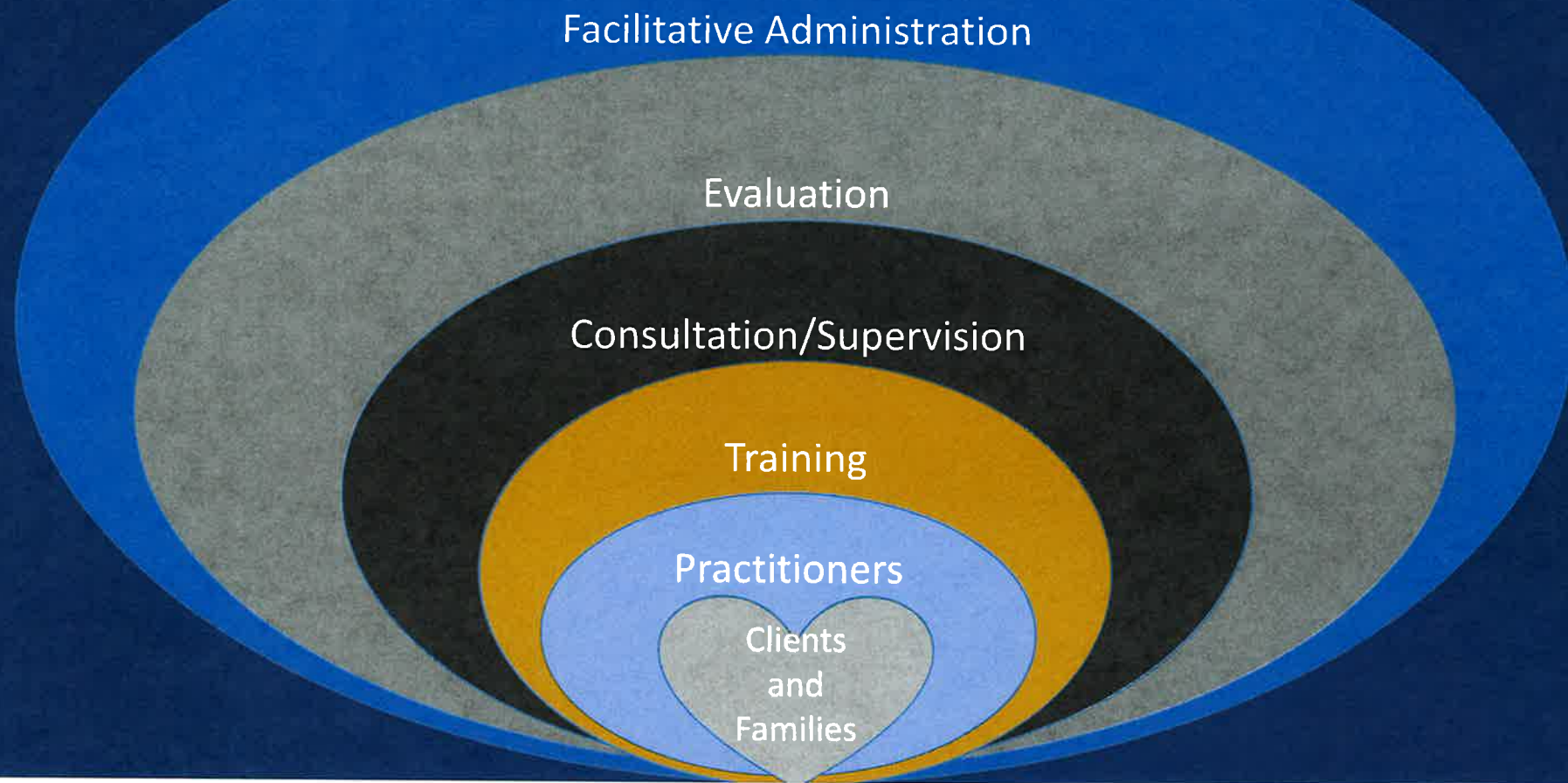
# TFM ~ 4 Integrated Systems

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- Framework for Quality Assurance & Model Fidelity
- Supports Practitioner Skill Development & Therapeutic Outcomes
- Ensures Program & Agency Accountability
- Provides Process & Outcome Data



# TFM Integrated Systems



# Training

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Competency-Based Training that is designed to build the Practitioners skill, knowledge and expertise:

- Includes theory and application of knowledge
- Empowers staff to focus on mastery of required skills
- Maintains fidelity of the Model at the caregiver level





# Supervision/Consultation

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- Systematic approach to practitioner skill development
- Direct observation and feedback of practitioner implementation of treatment
- 24/7 support & crisis response to ensure treatment continues daily
- Individualized Treatment Planning

# Evaluation Systems

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- International Certification of Practitioners (observations/consumers)
- Evaluation of Model Implementation- Standards of Service
- Program Outcomes



# Facilitative Administration

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- Ensures TFM values and principles permeate all levels of the organizational culture
- Ensures that all goals, systems and core elements are working together to support best practice and client-centered outcomes
- Ensures the adherence to the Teaching Family Model Standards of Service