

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Western Arkansas Counseling & Guidance Center, Inc.				
Address:	3111 South 70th Street				
City:	Fort Smith	State:	Ar	Zip Code:	72903
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			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Christi Johnston	Title:	Administrative Specialist
Phone:	479-452-6650 x 1031	Alternate Phone:	
Email:	christi.johnston@wacgc.org		

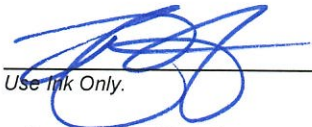
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<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:

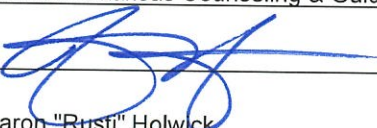
Authorized Signature:  Title: CEO
Use Ink Only.

Printed/Typed Name: Aaron "Rusti" Holwick Date: 3-2-2020

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.

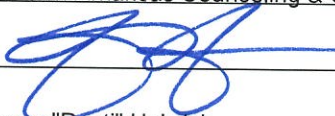
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Western Arkansas Counseling & Guidance Center, Inc.	Date:	3-2-2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Aaron "Rusti" Holwick		

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.

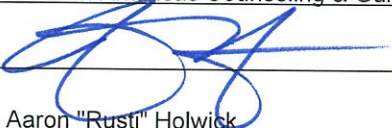
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Western Arkansas Counseling & Guidance Center, Inc.	Date:	3-2-2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Aaron "Rusti" Holwick		

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:	Western Arkansas Counseling & Guidance Center, Inc.	Date:	3-2-2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Aaron "Rusti" Holwick		

PROPOSED SUBCONTRACTORS FORM

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

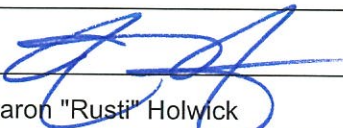
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

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

✓ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

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

Vendor Name:	Western Arkansas Counseling & Guidance Center, Inc.	Date:	3-2-2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Aaron "Rusti" Holwick		

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: February 13, 2020
SUBJECT: 710-20-0024 Supervised Independent Living 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 remains the same

Adding Subcontractor Form. Please include this form in your response packet.

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

3-2-2020

Date

Western Arkansas Counseling & Guidance Center, 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: February 26, 2020
SUBJECT: 710-20-0024 SUPERVISED INDEPENDENT LIVING 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 has changed to March 4, 2020, 10:30 am CST
Submission date and time has changed to March 4, 2020, 10:00 am CST

Adding revised Official Bid Price Sheet

Revisions to the following sections:

2.3 SCOPE OF WORK

A. Regardless of SIL setting: (page 13 of 28 of RFP)

- No firearms, dangerous weapons, or illegal substances shall be permitted in any living unit. ~~Smoking and the use of other tobacco products shall be discouraged but not prohibited unless the youth is pregnant or parenting.~~ The contractor will be required to ensure to the best of its ability that no minors, as defined in Act 580 of the 92nd Arkansas General Assembly, Regular Session, who participate in the Supervised Independent Living Program purchase, use, or possess tobacco products, vapor products, alternative nicotine products, e-liquid products and cigarette papers. Smoking cessation information and activities shall be made available to any youth who identifies as a smoker or user of other tobacco products.

C. Contractor' Case Managers shall: (page 17 of 28 of the RFP)

Level 1 Supervised Independent Living	Level 2 Supervised Independent Living
Provide a monthly summary of activities conducted with the youth, to include information about any particular successes/highlights and/or concerns during that month, to the youth's Family Service Worker (FSW), FSW Supervisor, and Transitional Youth Services (TYS) Coordinator and designated DCFS Program Management staff by the fifth eighth day of the month (or next business day if the fifth eighth of the month falls on a weekend or holiday) following the preceding month.	Provide a monthly summary of activities conducted with the youth, to include information about any particular successes/highlights and/or concerns during that month, to the youth's Family Service Worker (FSW), FSW Supervisor, and Transitional Youth Services (TYS) Coordinator and designated DCFS Program Management staff by the fifth eighth day of the month (or next business day if the fifth eighth of the month falls on a weekend or holiday) following the preceding month.

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.



Vendor Signature

3-2-2020

Date

Western Arkansas Counseling & Guidance Center, Inc.

Company

Contract Number _____
Attachment Number _____

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

IS THIS FOR:

Goods? Services? Both?

TAXPAYER ID NAME: Western Arkansas Counseling & Guidance Center, Inc.

YOUR LAST NAME: Holwick

FIRST NAME Aaron "Rusji"

M.I.: L

ADDRESS: 3111 South 70th Street

CITY: Fort Smith

STATE: AR

ZIP CODE: 72903

COUNTRY: USA

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

FOR INDIVIDUALS *

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

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

None of the above applies

Co. Number _____
Attachment Number _____
Action Number _____


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 CEO Date 3-2-2020

Vendor Contact Person Aaron "Rusti" Holwick Title CEO Phone No. 479-452-6650

Agency use only

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

EQUAL EMPLOYMENT OPPORTUNITY POLICY

Policy: The Western Arkansas Counseling and Guidance Center, Inc. is committed to the concept of equal employment opportunity without regard to race, color, gender, religion, age, disabilities, marital status, ethnicity, or national origin. It shall be the policy of the Center to comply with the nondiscrimination provisions of all State and Federal regulations, such as the Equal Opportunity Act of 1972, the Rehabilitation Act of 1975, and the Americans with Disabilities Act of 1990.

Purpose: It is the purpose of this policy to comply with all federal, state, and local legislation, regulations and guidelines regarding non-discrimination in employment.

Guidelines:

1. The Center assures that efforts to recruit, hire, and promote in all job classifications will be carried out on a nondiscriminatory basis. We further insure that all other personnel actions such as compensations, benefits, transfers, demotions, terminations, assignments, layoffs, returning from layoffs, training, education, and tuition assistance will not be denied on the grounds of race, color, gender, political or religious opinions or national origin, affiliations, age, or disabilities (except where age, gender, or physical requirements constitute a Bona Fide Occupational Qualification).
2. The Board of Directors and employees are also committed to compliance with applicable legal requirements and regulations of all governmental agencies under whose authority it operates.
3. All employees and potential employees of the Western Arkansas Counseling and Guidance Center, Inc. shall be informed of their civil rights including the right to complain regarding employment practices if they believe they have been discriminated against. These complaints shall be dealt with in a confidential manner so that the employee or potential employee is free of workplace harassment, reprisal, intimidation, and/or insults.
4. This Center policy will be carried out in all activities and programs which are conducted in conjunction with other agencies, institutions, organizations or political subdivisions where financial assistance, through sub-grants, sub-contracts, formula funds or other transactions involving the utilization of Federal and State funds, is received.
5. All management, administrative and supervisory employees are charged with the responsibility for ensuring the implementation of this policy and not employ tactics designed to circumvent the goals of this policy. They are also charged to assure that subordinate employees are aware of this Affirmative Action Plan and are committed to compliance with its goals.
6. Employees of the Western Arkansas Counseling and Guidance Center, Inc. who fail to adhere to the Equal Employment Opportunity Policies and/or Programs will be subject to appropriate disciplinary action, up to and including termination.

Procedures:

1. The Board of Directors designates the Chief Executive Officer as the responsible agent for implementation of the Equal Employment Opportunity Policy.
2. The Chief Executive Officer and/or his/her designee shall ensure that all criteria for employment related decision making are program-based and job related.
3. Upon request, the Center will make available to interested persons and funding sources information regarding its Affirmative Action Policy.

DIVISION OF CHILDREN AND FAMILY SERVICES
SUPERVISED INDEPENDENT LIVING PROGRAM
AREAS/ COUNTIES

- Please Check each county in which you are willing to provide the service.
- Do not include additional information if not pertinent to the itemized request.
- Please return with your response packet.

AREA 1

- Benton
 Washington

AREA 2

- Crawford
 Sebastian

AREA 3

- Garland
 Saline

AREA 4

- Columbia
 Miller

Area 5

- Faulkner
 Pope

Area 6

- Pulaski

Area 7

- Jefferson
 Lonoke

Area 8

- Craighead
 Greene

Area 9

- White

Area 10

- Drew

E.1A.

The Contract Administrator, Abby Rundell, has a bachelor's degree with extensive experience in serving youth of all ages in foster care. She has been working with children in foster care for over eight years. She currently oversees programs for tier 3 youth in Arkansas' only community reintegration program, Fostering Change, and currently under the supervision of a master's level Chief Operations Officer. The Contract Administrator is also certified as a therapeutic foster parent trainer with Pressley Ridge and has been an independent living program sponsor to youth in extended foster care.

7-19-2030 12

Colorado Christian University

Upon the recommendation of
the Faculty and by virtue of the authority vested in them,
the Board of Trustees of the University has conferred upon

Abby Rundell

the degree of

Bachelor of Science
Psychology

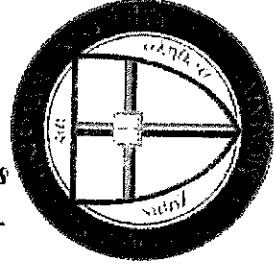
With all its rights, honors, and privileges.

In witness whereof, the seal of the University and the signature of
the proper officers are herewith affixed.

Given in the State of Colorado

this 21st day of December, in the Year of Our Lord, two thousand nineteen.

Arnold W. Swartz
President



Ray E. Amundson
Chairman, Board of Trustees

E.2A.

Who we are: In 1960, under the guiding hand of Dr. Roger Bost, the Child Family Guidance Center was established. Financial assistance came enthusiastically from Sebastian and Crawford County Quorum Courts, Fort Smith School System, Junior League, Rosalie Tilles Home Board, Sebastian County United Fund, and many private citizens. A non-profit, charitable corporation, it had as its goal to provide relatively low-cost psychological services for citizens of Sebastian and Crawford Counties. Among the services offered by the Child Family Guidance Center were diagnostic and treatment services, training programs, consultation services to other community institutions and agencies, and psychological testing.

The Arkansas Rehabilitative Services joined the Child Family Guidance Center in 1968, further expanding their capabilities for service. In 1972, a federal staffing grant was received to establish a community mental health center. Therefore, in April of 1972, the Child Family Guidance Center, the Family Service Agency, and the Traveler's Aid were consolidated into one entity--the Western Arkansas Counseling and Guidance Center, Inc. (WACGC). WACGC is a private, non-profit, tax-exempt corporation and Community Mental Health Center serving a 6 county catchment area including Sebastian, Crawford, Franklin, Logan, Scott and Polk counties.

Western Arkansas Counseling and Guidance Center promotes the "No wrong door" philosophy in handling behavioral health issues no matter where they fall on the spectrum. We welcome individuals and will help them find the right path whether they walk in off of the street, come in by law enforcement, brought by DCFS, hospital, school or other source. We want confidence within our community to have the knowledge if someone comes to us by whatever means, they can be assured that person/family was taken care of once they have been touched by our agency. This agency holds as a priority efforts of creating a value based organization by instilling and enhancing the values of each employee, having well informed and trained staff and only recruiting and retaining passionate persons who are champions for the organization and its mission. We want this to truly be the best place to work. We aim to achieve a pipeline of diverse talent. We believe this adds to the quality of life for our staff, their families and ultimately to the community. Western Arkansas Counseling and Guidance Center ensures the delivery of necessary behavioral health and co-occurring services to anyone who needs them, regardless of sex, gender, gender identity, race, religion, ethnic background, education, social class, economic status, or ability to pay. Western Arkansas Counseling and Guidance Center staff is also versed in assisting those who are in need of counseling in regards to the LGBTQ community. A trauma informed care service system is ensured that recognizes the potential for certain vulnerabilities of trauma survivors. The agency is innovative and eager to continue to develop programming such as the establishment expanding programs for children and families in foster care, juvenile sex offenders and expanding treatment programs to better provide seamless, integrated care for co-occurring issues, especially in efforts to overcome the lives effected by trauma or other adverse life experiences using evidence based treatment approaches.

Securing the plan: WACGC provides the only community re-integration program in the State of Arkansas. The Fostering Change Program opened in April 2018 to Arkansas children in DCFS, deemed tier 3 by an Independent Assessment process. It is evident these children need a continuum of care to support changes in their level of progress or care needed that allows for the supportive relationships to be maintained within the existing care being provided. The positive youth development approach supports this need to maintain stability in positive relationships and prevent further traumatization with unnecessary disruptions to stability in a youth's life. The RFP is tailored for WACGC to expand upon existing services and infrastructure to provide Supervised Independent Living for both level 1 and 2.

WACGC is utilizing an Apartment setting for both Level 1 and 2 SIL. SIL2 plan: The apartment is not currently owned by WACGC, but apartment spaces will be designated for WACGC's programs and will be managed by WACGC to house 1 individual per single apartment. The apartment setting meets all RFP requirements having standard living features of bathroom, kitchen and other independent living features; is conveniently located in a clean and safe neighborhood and centrally located within the Fort Smith Public School District and accessible to University of Arkansas Fort Smith and Vista Colleges. WACGC's number one priority is safety; therefore all health and safety needs are met with smoke alarms, fire extinguishers, operable phones/cell phones and clear policies on No firearms, dangerous weapons or illegal substances. Act 580 of the 92nd Arkansas General Assembly, Regular Session, will be enforced and will ensure to the best of our ability no minor(s) use, or possess tobacco products/vaping, or alternative nicotine/tobacco products. Smoking and/or vaping cessation information and activities will be provided to youth identified as a smoker or user of these mentioned substances. Education and training are available or provided to all individuals as warranted. Pets (SIL1 only) shall be approved by the case worker and will have appropriate vaccinations and meet policy guidelines. Youth will be trained in CPR/first aid as an opportunity to gain a new skill set. The apartment complex for SIL2 is conveniently located adjacent to the proposed new location for Fostering Change and QRTP program. SIL1 apartment complexes, meeting the same RFP standards and leased will be within a 25 mile radius of the campus. SIL1 apartments will not be managed by WACGC, but will have easy accessibility to WACGC support staff and a collaborative partnership to aid in successful mission of this endeavor. Apartment owners have agreed to work collaboratively with WACGC's SIL program. Lease agreements will be established with the apartment owner and the youth.

E.2B.

WACGC is utilizing an Apartment setting for both Level 1 and 2 SIL. SIL2 plan: The apartment is not currently owned by WACGC, but apartment spaces will be designated for WACGC's programs and will be managed by WACGC to house 1 individual per single apartment. The apartment setting meets all RFP requirements having standard living features of bathroom, kitchen and other independent living features; is conveniently located in a clean and safe neighborhood and centrally located within the Fort Smith Public School District and accessible to University of Arkansas Fort Smith and Vista Colleges. WACGC's number one priority is safety; therefore all health and safety needs are met with smoke alarms, fire extinguishers, operable phones/cell phones and clear policies on No firearms, dangerous weapons or illegal substances. Act 580 of the 92nd Arkansas General Assembly, Regular Session, will be enforced and will ensure to the best of our ability no minor(s) use, or possess tobacco products/vaping, or alternative tobacco/nicotine products. Smoking and/or vaping cessation information and activities will be provided to youth identified as a smoker or user of these mentioned substances. Education and training are available or provided to all individuals as warranted; computer resources and internet access will be available to residents. Pets (SIL1 only) shall be approved by the case worker and will have appropriate vaccinations and meet policy guidelines. Youth will be trained in CPR/first aid as an opportunity to gain a new skill set. The apartment complex for SIL2 is conveniently located just adjacent to the proposed new location for Fostering Change and QRTP program. SIL1 apartment complexes, meeting the same standards and leased will be within a 25 mile radius of the campus.

E.2C.

Primary apartment address: 412 South 17th Street, Fort Smith, AR 72901

E.2D.

DESCRIPTION

As a program of the Western Arkansas Counseling & Guidance Center, the Supervised Independent Living Program provides a transitional level of treatment and housing for youth in foster care over the age of 18 and up. This program will provide a safe and stable housing option and provide life skills training to equip this youth for the responsibilities and demands of adult life.

An admitting resident's appropriate level will be determined through consultation with DCFS caseworker, an assessment and interview process, and reviewing their current Arkansas PASSE tier level. Those who are tiered at a 2 or 3 will most likely be placed in Level 2 SIL. Additionally, residents will be deemed Level 2 if they have a history with the juvenile justice system, low IQ, learning disabilities, or symptoms of a learning disability.

Level 1 will be provided housing and some wrap-around supports for residents who are capable of living independently but would benefit from additional support services. These residents will be provided twice weekly face to face meetings and one additional phone or text contact with their assigned case manager during the first month of residence. After the first month these face to face meetings will reduce as appropriate.

Level 2 will be provided housing and on-site wrap-around supports. They will be provided intensive services from their case manager including daily face to face meetings and an additional phone or text contact on non-business days. As progress is made, the frequency of their services will also be reduced.

ADMISSION CRITERIA

Policy:

The Supervised Independent Living (SIL) Program is a treatment program for adolescents over the age of 18 who are in the foster care system.

Purpose:

Specific admission criteria have been established for use in determining which potential clients are appropriate for admission into the Supervised Independent Living Program.

Guidelines:

The admission criteria are to be followed for each potential client.

Procedures:

1. The Supervised Independent Living Program accepts males and females between the ages of 18 and 21.
2. The young adult may be accepted into the SIL program with a broad range of psychiatric diagnoses but may not be actively psychotic, suicidal, or violent. If the young adult is deemed a danger to self or others a plan for safety will be used which might include interventions by other community resources.
3. The Supervised Independent Living Program requires that the young adult either be in school full-time, working full-time, or a combination of part-time school and part-time employment.

4. The Supervised Independent Living Program is a voluntary program. Therefore, the young adult must be willing to participate in treatment.
5. The Supervised Independent Living Program is a chemical-free living environment. The young adult will be willing to live in such an environment and must not be struggling with acute substance misuse issues.
6. Young adults shall not be discriminated against on the grounds of race, color, religion, sex, or national origin.
7. Guidelines of the Americans with Disabilities Act shall be followed.
8. The young adult must not be diagnosed as intellectually disabled or be a sexual perpetrator.

COMPLIANCE WITH FEDERAL REGULATIONS: ADMISSION & TREATMENT

Policy:

The Supervised Independent Living Program shall follow federal regulations in admission and treatment of clients to the program.

Purpose:

Federal regulations shall be followed to ensure legal compliance in all areas of the program.

Guidelines:

All staff is expected to adhere to federal regulations that affect the treatment of clients. Staff shall be made aware of regulations through orientation and training.

Procedures:

In all situations, young adults will only be admitted upon written consent of the client, and all services shall be performed only with consent of the young adult.

No person shall be denied treatment solely because he/she has withdrawn from treatment on a prior occasion.

An individualized treatment plan shall be prepared and maintained on a current basis for each client.

LINKAGE SERVICES

Behavioral health services available to residents of the Supervised Independent Living Program include outpatient mental health services at The Guidance Center. Those clients who are serious suicidal risks or otherwise cannot be managed by the facility will be given staff supervision while being transferred to another lesser restrictive facility for acute hospitalization. Upon stabilization, if the client is deemed appropriate they will return to the Supervised Independent Living Program in order to continue with their treatment.

PATIENT RIGHTS

You are entitled to fundamental rights while receiving mental health services. These include but are not limited to the following:

- To have access to treatment regardless of race, religion, sex, ethnicity, age, or handicap
- To have my personal dignity respected
- To be treated as an adult
- To continue to have legal rights to which all citizens are entitled, except as provided by law
- To know the identification of the clinical staff responsible for my case
- To know the reasons for any proposed change in treatment or for any transfer of care within or outside the organization
- To participate in developing a treatment plan which is reviewed and implemented by a qualified professional staff within the least higher level of care
- To be informed of treatment procedures used, rules for patient conduct, and discharge plans
- To voluntarily participate in work activities as part of the treatment plan
- To have the right to request the opinion of a consultant at my own expense, or to have an in-house review of the treatment plan
- To be informed of the risks, side effects, and benefits of medications and treatment procedures used and to be informed of alternate procedures
- When refusing treatment, to be informed of the organization's responsibility to seek legal alternatives or to terminate treatment based upon professional standards.
- To have personal privacy regarding visits from family and significant others, sending and receiving mail, and making telephone calls. (Will receive full explanation of any therapeutic restrictions in these areas)
- To be informed of the cost of services, reimbursement, and limitation of services
- To refuse specific medications or treatment procedures to the extent permitted by law
- To have confidentiality of communications with staff and of written records maintained
- To initiate a complaint or grievance procedure
- To be informed of my rights in a language I understand

- To be informed of my rights through appropriate communication if hearing or visually impaired
- To be informed of the use of observation and audiovisual techniques
- To participate in any research project by written informed consent
- To give written consent for use of audiovisual equipment or any treatment procedure where consent is required by law
- To refuse to participate in any research project without compromising access to the services of the organization

LINE OF RESPONSIBILITY

The President and CEO of Western Arkansas Counseling & Guidance Center delegates the responsibility of operating the Supervised Independent Living Program on a daily basis to the Program Facility Director.

During an absence of the Program Facility Director, the Program Lead Therapist will assume the appropriate responsibilities of operating the program. If the Program Facility Director and the Program Lead Therapist are not present, a designee will be assigned by the Program Facility Director for line of responsibility.

In all cases, operating the Supervised Independent Living Program in the Director's absence shall be done with the approval of the Center's President/CEO as well as the Manager of Nursing Services.

Note: In the absence of supervisory personnel listed above, every effort will be made by the on-location staff to contact the Program Facility Director or the Lead Therapist via telephone before taking action when faced with difficult or unusual circumstances.

DISASTER PLAN

General Information:

- To provide for the safety and well-being of clients, visitors, and staff during disaster situations
- To determine and follow through with the appropriate dispensation of clients during disaster situations
- To develop and maintain a prepared staff
- To perform emergency services and support as needed

INTRODUCTION

Both natural disasters and disasters caused by the acts of men could affect the Supervised Independent Living Program or the Fort Smith community at any time. It is the inherent obligation of those charged with responsibility for the care of the sick, injured and infirm to provide an effective disaster preparedness program. Each employee of the Supervised Independent Living Program is expected to be familiar with the contents of the Disaster Plan in order to carry out his or her responsibilities during an emergency. A designated staff member

will be readily available, at least by phone, 24 hours/day, if a resident feels they are experiencing a crisis and/or disaster emergency.

ORGANIZATION

The Supervised Independent Living Program's Disaster Plan Committee is the Health and Safety Committee.

Administrative and clinical staff, in consultation with the Disaster Plan Committee, will evaluate all situations and decide on appropriate responses. Staff will be trained to react quickly and safely in a number of different scenarios.

All personnel are cautioned to use standard operating procedures whenever possible and are to vary from these procedures only when called to do so by the Disaster Plan, when necessary because of the emergency condition, or under order of the person in charge.

Personnel are also reminded to maintain client confidentiality.

DEFINITIONS

Minor Community Disaster

- Disasters such as storm, fire, flood, plane wreck, etc., involving a relatively small number of casualties and possibly requiring expansion of treatment areas to care for any walk-ins until they can be transferred to general hospitals.

Major Community Disaster

- Disasters, such as storm, flood, epidemic, earthquake, mass food poisoning, etc., involving a large number of casualties and possibly requiring:
 - Expansion of reception area and initiation of treatment area to provide first aid care
 - Evacuation or discharge of clients to free beds for casualties or emergencies
 - Evaluation and transfer of casualties to general hospitals
 - Provision of critical incident stress debriefing

Extensive Disaster

- Disasters or threats of disasters such as impending flood, enemy attack, nuclear attack, etc., involving either the facility or the whole community possibly requiring:
 - Precautionary evacuation (partial or total)
 - "Alert" notification of staff

AUTHORITY

Authority to initiate evacuation or other procedures required for overall safety is vested in the senior staff member on duty within the area involved in the disaster. This person becomes responsible for making immediate staff assignments in that specific area.

The senior staff coordinator on duty at the time of the disaster will coordinate and carry out the Disaster Plan and is responsible for making all other staff assignments.

The senior staff coordinator on duty will make the final determination of needs and advise those involved of commencement of any partial or total evacuation to safer areas.

Authority to order total evacuation procedure (off grounds) is vested in the Director or designee.

Full authority shall be given to the ranking official of the fire or police department upon his/her arrival, in liaison with the person in charge.

NOTIFICATION

The senior staff member on duty is responsible for notifying the following:

1. Director
2. Senior Staff Coordinator
3. If unable to reach either of the above persons, and if facility operations are disrupted or discontinued, notify:

The Division of Children and Family Services
Child Care Licensing
(501) 682-8839 or (501) 682-8590

and

The Division of Behavioral Health Services
(501) 686-9164

In case of an extensive disaster requiring all staff members be on duty, the senior staff member on duty will initiate the Emergency Alert and Notification System, and employees will follow through by contacting assigned personnel and reporting to the Supervised Independent Living Program as soon as possible.

In the event an extensive disaster is severe to the extent that telephones become inoperable, the Supervised Independent Living Program will rely on its employees to report for duty as soon as possible. Every effort will be made to also notify personnel by way of any operating communications media.

RESPONSE

The first concern is for the safety and comfort of clients, visitors, and personnel.

Necessary evacuation from threatened or affected areas will be carried out in as rapid and safe a manner as possible under the existing disaster situation.

For all evacuations, the route is via the nearest safe exit.

When evacuation occurs, stay as far away from the building as possible.
Keep driveways and parking lots clear for access and use by emergency vehicles.

Evacuate most hazardous areas first--often those farthest from exits are nearest to the danger.

Transportation may require the use of employees' vehicles.

All actions taken will be properly documented.

Client confidentiality will be kept under all circumstances.

REVIEW AND UPDATE

The Disaster Plan shall be reviewed by the Health and Safety Committee on an annual basis, with specific attention given to goals, scope, performance, and effectiveness of the plan.

Fire and Explosion

BASIC RESPONSE

R = Remove patients from danger.

A = Alarm must be given.

Pull the alarm.

Notify senior staff member on duty and secretary (if on duty) of nature and location of the fire.

C = Contain the fire.

Close and unlock doors behind you.

E = Extinguish the fire if it is safe to do so and if you have been trained to do so.

STAFF RESPONSIBILITIES

Senior Staff Person on Duty Within Affected Area:

- Remove clients and visitors from danger.
- If you discover the fire, sound the alarm by pulling the nearest alarm box.
- Be sure all doors are closed; unlock doors if possible.
- Contact local emergency number if necessary.
- If possible without endangering yourself, use nearest fire extinguisher to put out a small fire.
- Take first aid kit, flashlights, and current client census book to assembly point.

All Other Staff Members:

- Staff members in building or area affected shall offer assistance to the staff person in charge in carrying out his/her designated responsibilities.
- Staff in other areas should gather with any remaining clients or visitors at nearest safe exit and proceed to assembly point.

ADDITIONAL INSTRUCTIONS

- When exiting, follow the posted emergency exit plan for your area if possible.
- Stay low to avoid toxic smoke and fumes.
- Feel doors before opening them to be sure there is no fire on the other side.
- If you are trapped, close and seal doors between you and the fire when possible and stay alert for rescue.

Tornado

BASIC RESPONSE

The safest location is an interior corridor.

Evacuation of the building may be ordered if there is substantial building damage.

Instruct all persons to keep away from windows and outside walls and to move out from under light fixtures. If necessary, shelter in areas such as under tables or desks for protection from falling objects or debris.

STAFF RESPONSIBILITIES

Senior Staff Member on Duty:

- Designate a staff member to take a first aid kit, flashlight, and radio to the assembly point.
- If the disaster is major, proceed with carrying out those procedures and instructions listed under "EXTERNAL DISASTERS".
- Contact the police, fire department, or other emergency service to report any broken utility lines.

All Other Staff Members:

- In each area, staff members shall assist the staff person in charge in carrying out his/her responsibilities.
- Render first aid where necessary. More seriously injured persons will be evacuated as soon as possible to an appropriate medical facility.

ADDITIONAL INSTRUCTIONS

- Persons should be instructed to avoid touching electrical wires that may have fallen.
- Damaged utility systems are to be turned off.
- Do not operate electrical switches if there is danger of a gas leak.
- Do not use open-flame illumination.
- Open all doors if there is a smell of gas.

Earthquake

BASIC RESPONSE

Instruct all persons to keep away from windows and outside walls, move out from under light fixtures, and, if possible, take shelter in areas such as under tables or desks for protection from falling objects or debris. Stay inside until the shaking stops. Render first aid where necessary.

ADDITIONAL INSTRUCTIONS

- Remain indoors until signal to evacuate buildings is given.
- Persons out of doors should be instructed to move as soon as possible away from buildings, trees, and power lines.
- Avoid touching electrical wires that may have fallen.
- Turn off damaged utility systems. Do not operate electrical switches if there is danger of a gas leak.

- Do not use open flame illumination.
- Open all doors if there is a smell of gas.
- In most cases, the initial earth shock is the most severe. However, there are times when the subsequent shocks (aftershocks) may be more severe than the initial tremor. This should be taken into consideration when determining how soon buildings may be reoccupied.

Bomb Threat

BASIC RESPONSE

Any person receiving a bomb threat should remain as calm as possible and follow through the steps outlined below.

STAFF RESPONSIBILITIES

Any Staff Member Receiving a Threat:

- Should obtain as much information as possible.
- Write the information down as soon as possible.
- Request the following information:
 - What time is the bomb set to detonate?
 - How many bombs are involved?
 - Where is the bomb located?
 - What type of bomb is it? (Give description)
 - Any other information that can be obtained
 - Name of caller
 - Exact time call received; time call terminated
 - Background noises (music, traffic, laughter, TV broadcast, etc.)
- In the event a note is used to make the threat:
 - Obtain as complete a description as possible of the person passing the note. (sex, height, weight, hair, eyes, nationality, clothing, scars, birthmarks, tattoos, prominent features, anything unusual)
 - Do not handle or let anyone else handle the note more than necessary. Remember who has handled the note for the purpose of elimination of fingerprints.
- Notify the senior staff member on duty, quoting as much of the conversation as possible when reporting the threat.

Senior Staff Member On Duty:

- Remove all clients and visitors from danger.
- Proceed with evacuation procedures as in case of fire.
- Notify the Police Department.
- Upon arrival of police:
 - Be available for conference.
 - Have the person receiving the bomb threat available for an interview.
 - Have a facility map and necessary keys available.
 - Prevent re-entry of clients or unauthorized persons into the building until an "all clear" signal has been given by the ranking officer of the law enforcement agency.

ADDITIONAL INSTRUCTIONS

- A thorough search will be directed by law officers and employees may be used to conduct the search. Employees know the facility and are aware of what items should and should not be in various places.
- Ranking members of the bomb team will advise when search is completed and the results of the search.
- If Bomb Or Suspicious Looking Object Is Found
 - DO NOT TOUCH OR DISTURB ITEM REGARDLESS OF HOW HARMLESS OR HOW INNOCENT IT MAY APPEAR. It may be armed with an anti-disturbance device or timing mechanism.
 - Immediately contact a member of the bomb team or an officer who will make contact with a member of the bomb team.
 - When a bomb or suspicious item is found, members of the bomb team will immediately assume full command of the situation. They will evaluate the situation and may order more extensive evacuation. They will make a decision on how to handle the bomb--disarm at location, move the bomb, detonate at scene, etc.
- Things To Remember
- There is no set appearance for a bomb.
- A bomb may have an anti-disturbance device so that it will detonate if moved.
- A bomb may have two fuses, and the use of electric blasting caps may have a secondary power source.
- A partially burned fuse might be obvious so that it will be assumed the bomb is not dangerous; however, it may contain an anti-disturbance or timing device.
- DO NOT TAKE ANYTHING FOR GRANTED. IF YOU DON'T KNOW, DON'T ACT.

Riot or Disturbance

BASIC RESPONSE

Every effort should be made to take and keep control of the situation. Staff are to act calmly and follow through with proper procedures.

STAFF RESPONSIBILITIES

Senior Staff Member On Duty:

- If warranted, call the law enforcement agency when notified of the disturbance.
- Send assistance to the disturbance area.

All Other Staff Members:

- All personnel on duty, at the sign of a disturbance or in response to notification of a disturbance, shall make themselves available until the situation is under control.
- When law enforcement personnel arrive, the ranking officer shall be in charge. All orders are to be followed.
- Make all attempts to keep disturbance in an enclosed area and centralized.

Utility/Water Outage Plan

ELECTRICAL OUTAGE

In the event of electrical outage, whether planned or not, the following steps will be taken:

- Staff and persons served will be reassured and told to continue normal activities to the extent possible.
- If the outage is prolonged, the power company and Center Administration will be informed of the situation.
- Emergency light sources, including battery-powered flashlights will be issued.
- If loss of heat/air-conditioning threatens to cause serious problems or injuries, arrangements may be made for reduced hours or temporary evacuation to another location.

WATER OUTAGE

Water outages may be planned or unplanned. In the event of a planned outage, the following steps will be taken:

- Staff and persons served will be notified in advance that the water will be shut off and told how long the outage is expected to last. Personnel will then determine their needs and collect enough water to meet minimum requirements. Baths and other open containers may be filled to provide water for flushing toilets. Drinking water will be stored in closed, sanitized containers.
- Use of water will be restricted during the outage.
- Contact with Administration will be maintained and, if necessary, Administration will assist in replenishing water supplies.

If an unplanned outage occurs, the following steps will be taken:

- The senior facility manager will check with the local city public works department to determine the probable duration of the outage and, if the outage is likely to be protracted, take the following additional steps.
- Inform staff and persons served of the situation and notify Administration.
- Restrict water usage as necessary.
- Coordinate with Administration and local utility authorities for emergency water re-supply.
- If necessary coordinate with Administration for temporary evacuation to another Center facility and/or the cessation of Center activities during the outage.

RECORD KEEPING

With regard to electronic record keeping, the Clinical Information System is stored electronically and not in the physical charts within Medical Records. This new procedure became effective July 1, 2002. The Clinical Information System is the Center's database on the AS/400 is not currently archived. In April 2012, the Center converted to an entirely Electronic Medical Record (EMR). Currently, no e-records are destroyed within the Clinical Information System.

CODE OF CONDUCT AND DISCIPLINARY POLICY

Resident Responsibilities:

In order to be a productive member of the society, residents are asked to be responsible for their actions and willing to accept consequences for their behaviors.

Basic Responsibilities

- Must abide by all federal, state, and local laws
- Must abide by the terms of your lease
- Must treat others with respect
- Must adhere to rules and guidelines

Rules and Guidelines

Overnight guests must:

- Be pre-approved by the program coordinator
- Guests cannot stay more than two consecutive nights
- Guests cannot stay more than three days in the week
- Guests cannot stay more than seven total days in a month

Anyone that is under the age of 16 and unrelated to the resident may not be in the apartment under any circumstances.

Fort Smith has laws in regards to noise levels. Noise levels are to be kept at a minimum after 10pm and until 7am.

Physical violence, verbal aggression, and intimidation are not permitted. Residents who engage in such behaviors threaten the safety of the community and could jeopardize residency status.

Participation in support services is required in order to get the greatest benefit from the program.

All personal property is your responsibility and not the program's responsibility.

No smoking inside the unit.

No alcohol allowed for any resident under the age of 21.

No weapons of any kind allowed on premises. This includes knives, guns, bows, martial arts equipment, etc.

No drug use or activity is allowed.

Residents must adhere to the program's policy regarding education and/or employment.

Do not burn candles or incense in the units.

Apartments are to be kept in good condition.

Smoke detectors should be working properly.

Any problems/concerns involving the safety of others in the program should be communicated to the program staff.

Any minor problems with other residents should be attempted to be resolved with proper communication before reporting to the program staff.

Residents are responsible for their guests' actions. Therefore, no guests are allowed in apartments when residents are not there.

Residents will actively seek to enhance and improve their independent living skills on a daily basis.

Residents are responsible for their own garbage. It should be placed in the appropriate dumpster and not left out.

The only pets allowed in the apartments are fish, unless given permission by program case manager.

SAFETY POLICY

No firearms, dangerous weapons, or illegal substances shall be permitted in any living environment. Due to current Arkansas laws, smoking and the use of other tobacco products are prohibited if under the age of 21. Those who are permitted to smoke should do so in appropriately designated smoking areas and not in the living quarters. Smoking cessation information and activities shall be made available to any resident who identifies as a smoker or user of tobacco products.

MEDICATION MANAGEMENT

Residents of the Level 1 SIL program will be given the responsibility of storing and administering their own medication. During the first month of residence, the case manager will help assist and be available for any questions thereafter. Residents enrolled in the Level 2 SIL program will have their medication stored by staff and be required to the designated area at prescribed times to take their medication. Each resident on medication will be scheduled regular pharmacological management appointments through Western Arkansas Counseling and Guidance Center.

TRANSPORTATION

Case management will help the youth in obtaining appropriate transportation. In the event that residents do not have their own transportation secured, Level 1 SIL residents will be given a list of appropriate transportation in the community including public transit, taxi, Uber, and approved volunteer transporters. Staff will work along with DCFS for any additional transportation needs such as court or staffing meetings. Level 2 SIL residents' transportation will be collaborated between DCFS and case manager and determined depending on their individual abilities.

FULL-TIME EMPLOYMENT GUIDELINES

Residents who plan to be employed full time, at least thirty hours weekly, must either maintain employment or be consistently making efforts to obtain a job. Those who are not just employed are required to show proof of efforts made to obtain a job, such as copies of turned in

applications. Residents who are unemployed must apply for at least one day each day until employment is obtained. It is encouraged that residents remain employed once they obtain a job and should not quit a job until they have secured another job.

FULL-TIME EDUCATION GUIDELINES

Residents who choose to be enrolled in school full time are required to be enrolled in at least 12 credit hours per semester and maintain a 2.5 GPA. If a resident chooses to attend a trade school full time, they must remain within good standing of the program. Staff at the Supervised Independent Program will be in open communication with professionals at the school to ensure required standards are being met.

PART-TIME EMPLOYMENT /PART-TIME EDUCATION

Residents may also choose to be employed part-time as they are pursuing a higher education part-time. In this case, residents are required to work at least 15 hours per week and be enrolled in at least 6 credit hours per semester. The same standards are expected in order to maintain employment and have good standing with school.

PLANNED ABSENCE

Residents enrolled in the Level 1 SIL program do not have to request permission to be absent but should notify their direct staff to inform them of when they plan to stay out overnight. Level 2 SIL program residents should request permission in writing to be absent if the absence will be overnight or longer.

VISITS/GUESTS

Residents enrolled in the Level 1 SIL program are allowed guests or visitors without permission during the day/evening, unless safety concerns arise. Overnight guests are only allowed with pre-approval. Visits are only allowed to be occasional and cannot break any lease guidelines. Residents enrolled in the Level 2 SIL program must have pre-approval for any guests but are not permitted to have overnight guests. Residents are responsible for their guests' actions. Therefore, no guests are allowed in apartments when residents are not there.

INFRACTIONS AND CONSEQUENCES

Infractions

The purpose of the Supervised Independent Living Program is to help shape residents into productive citizens of their community. One aim of the program is to teach that life comes with consequences. Neglecting to meet minimum requirements or follow program policies will result in consequences.

Consequences

Major or repeated infractions placing the resident or staff/other residents at risk could result in immediate termination of residency. Minor infractions will generally result in natural and logical consequences for these behaviors. If minor infractions are repeated after intervention by case manager or other staff, a resident may be placed on a 30-day probationary period in which certain privileges may be revoked and frequency of interventions and staff involvement will be

increased. Any additional minor infractions during this probationary period could result in termination of residency.

PATIENT GRIEVANCE PROCEDURE

Fostering Change's primary concern, in relation to our clients, is to ensure that all clients are treated fairly and equitably if there should be any problems.

If a client and/or guardian feels he/she has not been treated fairly, he/she should follow this procedure. If each of the following corresponding actions do not resolve the issue, please go to the next one.

- A. Talk to his/her primary therapist (PT).
- B. Request a meeting with the PT and his/her supervisor.
- C. Make the complaint in writing and present it to the Program Director in the presence of the PT.
- D. Include the President/CEO of Western Arkansas Counseling and Guidance Center in the above mentioned group.
- E. After meeting with this group, if he/she is not satisfied, he/she should ask for a meeting with the Grievance Committee.

If applicable, the President/CEO will forward the written information to the Chair of the Grievance Committee for review.

The Chair of the Grievance Committee will convene the Committee and ask the client to attend.

The Committee will then cause the President and CEO and the Center's Vice President/Chief Clinical Officer to meet with the Committee. They will review their findings with the President/CEO and the Vice President/Chief Clinical Officer, seeking any additional information that might have a bearing on the issue.

Following the hearing and investigation, when the Grievance Committee feels it has all the facts relating to the client's case, they will transmit their findings, together with their recommendations, to the President of the Board of Directors.

The Board of Directors, at their next regular meeting, will act on the matter. Their decision will be transmitted to the client in writing. The decision of the Board of Directors will be final.

GRIEVANCE COMMITTEE:

1. Administrative or clerical (President/CEO excluded)
2. Clinical
3. Board Members--one of whom shall be the Chair
4. Total Members

CRITICAL INCIDENTS

A critical incident is defined as an event or occurrence which falls outside the range of the usual functioning of the facility. Examples of such incidents include (but are not limited to):

1. Events resulting in the harm or potential harm to individuals (staff, clients, or the general public) or damage to property (e.g., accidents, assaults, suicides or attempted suicides or homicides, deliberate or accidental property destruction).

2. Events potentially resulting in litigation (e.g., threats of lawsuits, erroneous breeches of confidentiality, significant negative reactions to prescription drugs, physical restraint of a client).
3. Events resulting in the need to contact law enforcement officials, the fire department, or similar agencies or individuals for intervention, particularly of an emergency nature (e.g., threats of bodily harm by clients toward staff; need for assistance in subduing and/or restraining acting-out aggressive and/or imminently suicidal or homicidal individuals; fires accidentally or deliberately set; minors, gravely disabled; or imminently homicidal or suicidal individuals leaving or fleeing the facility without necessary permission and/or supervision.
4. Other events that would require critical incident reporting include: medication errors, communicable diseases, infections, use or possession of weapons, vehicular accidents, biohazardous accidents, use or possessions of licit or illicit substances, and abuse and/or neglect.

Reporting Critical Incidents

In the event of a critical incident, both clinical, and/or business office staff involved should seek consultation/supervision from a qualified individual as soon as possible, preferably during the incident or immediately following the incident. Qualified individuals from whom supervision or consultation may be requested include a clinician's or staff member's immediate supervisor, the CEO, Director of Primary Services Programming, Nursing Manager, Program Facility Director or other administrative or clinical supervisors.

The supervisor's/consultant's role is to provide perspective and assistance regarding actions taken and further actions warranted. Even those individuals who do not routinely consult a clinical or other supervisor regarding their regular activities (e.g., psychiatrists, clinical supervisors, the CEO) should seek peer consultation as soon as possible during or after the critical incident. Particularly if the incident involves a client or a clinical issue, the person consulted should be a member of the clinical staff.

From a professional standpoint, receiving clinical peer consultation helps assure that all reasonable avenues have been explored in the proper disposition of the critical incident and the welfare of the individuals involved.

Reporting Guidelines, Critical Incidents

One formal critical incident report is to be prepared by the primary clinician or staff member most integrally involved in the management of the incident. Other clinical or staff, as well as non-staff, witnesses to critical incidents should each complete a "Witness Report" form, with staff assisting non-staff witnesses as necessary. These reports should be complete as soon as possible following the incident. Staff critical incident and witness reports should be completed within twenty-four (24) hours if possible.

Critical Incident and Witness Reports will follow a prescribed format. The formal Critical Incident Report will be signed by the staff member preparing the report and the individual from whom the staff member received consultation or supervision. Other staff members integrally involved in the incident may sign the report as well.

The original of each report should be given to the Chairperson of the Quality Improvement Committee for that Committee's review at their next meeting. Copies of all reports are also to be distributed to the individual's Regional Coordinator, the Director of Primary Services Programming, and CEO. It is up to the judgment of the preparer of the report and their supervisor or consultant to decide if other critical individuals (e.g., the client's primary therapist) should receive a copy of their report.

When making a report, you will need as much precise information as you can obtain, including:

- Child's name and address
- Child's date of birth, gender and race
- Parent's or guardian's name and address
- Physical and/or behavioral indicators observed
- Description of incident
- Extent of injury or damage
- Place, time, and date of incident
- Names, Addresses, and phone numbers of persons involved
- The name of the person within the facility to whom the incident was reported.
- The time and date that the incident was reported.

CRITICAL INCIDENT REPORT

Reporter: _____ Date of Report: _____

Location: _____

Consultant(s)/Supervisor(s): _____

Date of Incident: _____ Time of Incident: _____ AM/PM

Individual(s) involved in Incident: _____

Witness(es) to Incident: _____

If Applicable:

Client's Name: _____ Chart #: _____

Client's Age: _____ DOB: _____

Client's Primary Clinician: _____

Description of Event(s): Please be sure to include: What led to the incident? What were the consequences of the incident? Who was notified?

(If more room is needed, please continue on separate page.)

Reporter's Name, Degree, Title	Supervisor's Name, Degree, Title
Date	Date
cc: Director of CQI (Original) Incident Supervisor	
CEO Program Director	
Dir. of Primary Services Programming Reporter	
Human Resource Director	

CRITICAL INCIDENT WITNESS REPORT (Employee)

Reporter: _____ Date of Report: _____

Location: _____

Consultant(s)/Supervisor(s): _____

Date of Incident: _____ Time of Incident: _____ AM/PM

Individual(s) involved in Incident: _____

Please describe the events you observed from an "eye witness" point of view in chronological order with as much detail as possible. Describe what you actually witnessed NOT what you assume people are thinking, feeling, or anticipating what could have happened. If you feel you need assistance in completing this form, please ask a member of the staff or someone with whom you feel comfortable. The back of this form may be used if additional space is needed.

Witness

Witness to Your Signature

Date

Date

cc: Director of CQI (Original) Incident Supervisor
CEO Program Director
Dir. of Primary Services Programming Reporter
Human Resource Director

CRITICAL INCIDENT WITNESS REPORT

Witness: _____ Age: _____ DOB: _____

Location: _____

Address: _____

Telephone #: (Home) _____ (Work/Cell) _____

Occupation: _____

Please describe the events you observed from an "eye witness" point of view in chronological order with as much detail as possible. Describe what you actually witnessed NOT what you assume people are thinking, feeling, or anticipating what could have happened. If you feel you need assistance in completing this form, please ask a member of the staff or someone with whom you feel comfortable. The back of this form may be used if addition space is needed.

Witness

Witness to Your Signature

Date

Date

cc: Director of CQI (Original) Incident Supervisor
CEO Program Director
Dir. of Primary Services Programming Reporter
Human Resource Director

E.2E.

We will ensure that a case manager will not have more than 7 youth on his/her caseload by maintaining a tracker. This tracker will have a past clients, current roster and forecast of new clients with their potential arrival dates. This will ensure that there will never be an overload of youth on one case manager. The purpose of this arrangement will be to guarantee the youth are provided appropriate treatment. Each case manager will utilize a youth development approach. These case managers will provide regular life skills training and groups for the purpose of empowering residents and strengthening their skills, providing opportunities to learn and grow, helping to develop a support system and positive relationships, and providing opportunities to build leadership and instill a sense of responsibility. The case manager will stay in contact with DCFS staff by regular conference calls and meetings, as requested.

E.2F.

Western Arkansas Counseling and Guidance Center will provide therapeutic services for each resident of the SIL. They will be provided consistent individual therapy and group therapy. Those on medication will be scheduled regular medication management appointments with our clinic. Each resident will be assigned a case manager who is a Qualified Behavioral Health Provider who will utilize a positive youth development approach. These case managers will provide regular life skills training and groups to each resident. Each case manager will also provide a list of local community resources to residents and assistance with obtaining these resources with the help of community partners. Additionally, case managers will assist residents in obtaining community resources such as SNAP and preparing a monthly budget. Residents will be issued a \$400 monthly stipend to be broken down as follows: \$350 to purchase food, toiletries, clothing, and living expenses according to the resident's approved DCFS budget and \$50 deposited into the resident's savings account.

Youth will have opportunities through mentorship, leadership, education or employment to explore personal dreams and/or interests based on each individual's unique life schema and purpose. This will be handled in a manner in which they do not compete against one another, but rather each have their own path for personal age/stage development and accomplishment. A learning atmosphere will allow trial and error to lead to a path of success; in essence, life coaching with the knowledge of the dynamics at work in persons with intertwined complex trauma and loss. Helping young people find their unique way in this world with stability, hope and a purpose.

E.2G.

As employees of Western Arkansas Counseling and Guidance Center, each professional is required to uphold a certain standard of practice and is monitored regularly by their supervisor. All employees working with youth undergo the appropriate background checks. Additionally, each employee has yearly evaluations. As a CARF accredited agency, all WACGC staff undergo competency based skills assessments each year. Each employee involved in the SIL program will complete Critical Ongoing Resource Family Education (CORE) Teen Training along with yearly continuing education.

E.2H.

An admitting resident's appropriate level will be determined through consultation with DCFS caseworker, an assessment and interview process, and reviewing their current Arkansas PASSE tier level. Those who are tiered at a 2 or 3 will most likely be placed in Level 2 SIL. Additionally, residents will be deemed Level 2 if they have a history with the juvenile justice system, low IQ, learning disabilities, or symptoms of a learning disability.

Level 1 will be provided housing and some wrap-around supports for residents who are capable of living independently but would benefit from additional support services. These residents will be provided twice weekly face to face meetings and one additional phone or text contact with their assigned case manager during the first month of residence. After the first month these face to face meetings will reduce as appropriate.

Level 2 will be provided housing and on-site wrap-around supports. They will be provided intensive services from their case manager including daily face to face meetings and an additional phone or text contact on non-business days. As progress is made, the frequency of their services will also be reduced.

E.3A.

With regard to electronic record keeping, the Clinical Information System is stored electronically and not in the physical charts within Medical Records. This new procedure became effective July 1, 2002. In April 2012, the Center converted to an entirely Electronic Medical Record (EMR). Currently, WACGC uses Credible for the electronic medical record. Additionally, no e-records are destroyed within the Clinical Information System.

WACGC will maintain all applicable financial and accounting records for five (5) years from expiration date and final payment on the contract and/or extension. Upon request, WACGC will make all records relevant to the contract available for review to the State of Arkansas or Federal Government entities or any their duly authorized representatives.

Case managers assigned to residents will submit quarterly progress evaluations and updates to DCFS Program Manager and other deemed staff. Additionally an annual summary will be provided based upon post discharge information from client surveys.

E.3B.

Our goal in this program is to make life-long relationships that can continue to be supportive even after the resident has completed the program. As part of the program, case managers will work with residents to build their support systems, including the case manager who will be working with them. Each case manager will have a tracker listing their past residents assigned to them and will reach out to the resident monthly after their discharge for the first 6 months. At this time the case manager will conduct a survey to assess the past resident's current functioning and success and offer any additional resources or guidance needed. This survey will be repeated a year and two years post-discharge with an incentive (less than \$25 value) offered if necessary.

E.4A.

Contract Administrator - Abby Rundell BA QBHP
Case Manager - Maya'Neisha Johnson BS QBHP
Case Manager - Erica Caudill AAS QBHP

Colorado Christian University

Upon the recommendation of
the Faculty and by virtue of the authority vested in them,
the Board of Trustees of the University has conferred upon

Abby Kundell

the degree of

Bachelor of Science
Psychology

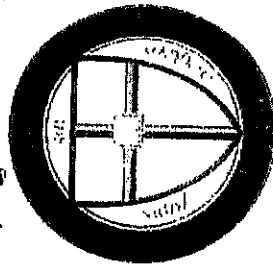
With all its rights, honors, and privileges.

In witness whereof, the seal of the University and the signature of
the proper officers are hereunto affixed.

Given in the State of Colorado

this 21st day of December, in the Year of Our Lord, two thousand nineteen.

Arnold W. Swartz
President



Sam E. Austrey
Chairman, Board of Trustees

Abby L. Rundell

5126 Mt Zion Rd Hackett, AR 72937

mrundell00@gmail.com

♦ Phone (479) 847-5427

Professional Profile

Obtain a position that allows me to utilize and further develop my current skills, increase my knowledge in a professional environment, practice the acquired experiences, and become a worthy representative within the organization.

Professional Experience

Fostering Change Program Director

The Guidance Center Fort Smith, AR

April 2018 – Present

- Supervise a team of 14 employees
- Interview, hire and train new employees
- Ensure program operations and activities adhere to legal guidelines and internal policies
- Ensure program meets licensing requirements and facilitate communication with licensing
- Review client records, conduct interviews with potential clients, and determine admission
- Provide 24/7 supervision to treatment team in case of emergencies or critical incidents
- Conduct and supervise daily/weekly treatment team meetings
- Administrative tasks such as creating employee schedule and approving time
- Oversee budget of the program and work with Chief Financial Officer on financial reports
- Communicate with DCFS state employees about current and potential clients

Mental Health Paraprofessional

Horizon Residential Treatment Center, The Guidance Center Fort Smith, AR

September 2016-April 2018

- Provide case management for clients of co-occurring residential treatment program
- Meet with clients twice weekly to provide support services and psychoeducation
- Communicate with juvenile probation officers and guardians of clients regularly
- Attend weekly outings and outdoor activities
- Work with clients on relapse prevention and recovery

House Parent

Maggie House Charleston, AR

October 2015 – September 2016

- Teach life skills to all clients
- Prepare daily case notes of client progress and services performed
- Schedule all appointments for clients
- Transport clients to locations outside the home, such as to physicians' offices
- Attend court hearings
- Collaborate with clients' DCFS case workers
- Instruct or advise clients on issues such as household cleanliness, hygiene, or nutrition
- Oversee daily activities of all clients

Program Assistant

*Department of Human Services (DCFS) Fort Smith, AR
January 2012 – August 2012*

- Transport clients to and from visitation and or appointments
- Supervise visitation between children and family
- Weekly in home visit with assigned cases
- Maintain and input accurate case notes in data base
- Maintain and input accurate mileage records
- Provide one on one parenting to assigned cases
- Attend staffing for assigned cases
- Remain available to assist clients with needs and questions
- Assist assigned clients with reaching case plan goals

Lead Child Advocate

*Crisis Intervention Center Fort Smith, AR
March 2009 – January 2012*

- One on one intervention with children residing in the safe house on a weekly basis
- One on one session with mothers to discuss and evaluate progress with an action plan
- Conduct family meetings on a weekly basis and discuss family dynamics while in safe house
- Create and present parenting curriculum
- Lead weekly teen support group at Fort Smith girl's shelter
- Collaborate with Fort Smith public school's homeless liaison
- Coordinate back to school clothing drive
- On call advocate for sexual assault exams
- Maintain and input accurate client information in data base

Personal Skills

- Capable of developing and maintaining effective interpersonal relationships
- Great communication skills, both written and oral
- Able to exercise patience at all times
- CPR and First Aid Certified
- Crisis Prevention Intervention Certified
- Therapeutic Foster Parent Trainer Certified with the Pressley Ridge Curriculum
- Long-term interest in managing physical and social development of others

Personal Qualities

- A fast learner with the ability to solve problems
- Can accomplish more than one duty at a time while prioritizing them
- Work well with minimum supervision, within a team, and under pressure
- A confident and hard working individual

Education

- | | | |
|------|--------------------------------|------------------------------------|
| 2009 | Paris High School, Paris, AR | Diploma |
| 2019 | Colorado Christian University, | Bachelors of Science in Psychology |

University of Arkansas Fort Smith

confers upon

Alaya' Zeisha Johnson

the degree of

**Bachelor of Science
Criminal Justice**

and all the rights, privileges, and honors appertaining.

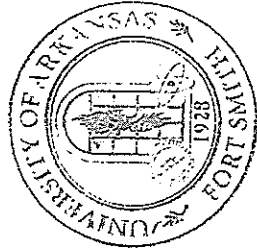
Awarded upon completion of all requirements of the University on this day,
the eighth of May, Two Thousand Fifteen,
in Fort Smith, Arkansas.

Ben H. ...

Chair, Board of Trustees,
University of Arkansas

Dwain K. ...

President, University of Arkansas



Robert ...

Chancellor, University of Arkansas Fort Smith

Maya'Neisha Johnson

6738 Jackson Street

Fort Smith, Arkansas 72903

Mizmj22@gmail.com

(479)-651-8975

www.linkedin.com/in/mayaneishajohnson

KEY QUALIFICATIONS

- Prepare reports
- Communication Skills
- Detailed oriented
- Typing 65+ WPM
- Leadership Skills
- Public Speaking

EXPERIENCE

WACGC, Fort Smith, AR

April 2018- Present

Qualified Behavior Health Provider

Provide youth who are in DHS custody with daily guidance and support. The end goal is to place each youth in a therapeutic foster home or reunification with their family. Attend Individualized Education Plan meetings, take youth to their medical appointments, provide crisis intervention as needed. Ensure that every youth is provided with individualized care based on needs.

Fort Sam Houston, San Antonio, TX

April 2017 – January 2018

Paralegal Specialist

Assist trial lawyers; provide legal assistance to supporting supervisors. Perform administrative duties, contact witness, conduct witness interviews, compose official correspondence, prepare and serve subpoenas, transcribe case and trial proceedings.

United States Army Garrison Yongsan, Seoul, South Korea

March 2016 – March 2017

Paralegal Specialist

Cultivated and developed a plan to remain productive during time period stated above. Collected and compiled logs to generate reports of company misconduct to give a presentation to further the knowledge of superiors.

Fort Lee, Alexandria, Virginia
Paralegal Specialist
Advanced Individual Training for Paralegal Specialist

November 2015 to February 2016

Sebastian County Sheriff's Office, Fort Smith, AR
Sherriff's Detention Deputy

September 2014 – August 2015

Perform the task and duties of detention deputy which include but are not limited to periodic perimeter checks, storing of evidence, conducting pat-downs, securing personal belongings, photographing and fingerprinting inmates.

Wal-Mart Supercenter, Fort Smith, Arkansas
Sales Associate

June 2012 to August 2014

University of Arkansas at Fort Smith
Student

August 2011- May 2015

EDUCATION AND TRAINING

- Bachelor of Science, Criminal Justice, Minor Psychology University of Arkansas Fort Smith, Fort Smith, Arkansas
- Liberty University, Lynchburg, Virginia: 18 semester units in Master's of Divinity
- 40 hours of Training Curriculum for QBHP
- CPR Certified
- CPI Certified

Arkansas Tech University

Russellville, Arkansas

Be it known that

Erica Nicole Candill

having completed the course of study as prescribed by the Faculty and Board of Trustees, and having complied with all other requirements of the University, is awarded the Degree of

Associate of Applied Science

In Testimony Whereof, the Board of Trustees, upon recommendation of the Faculty has granted this diploma bearing the seal of the University.

Dated at the University in Russellville, Arkansas,

July 3, 2014.

Jammy Rhodes Weaver
Registrar

John Webb
Vice President for Academic Affairs



Don Jensen
Chairman, Board of Trustees

Robin E. Bowen
President



Erica Caudill

Experience

October 16, 2018 – Present **Western Arkansas Counseling and Guidance** **Fort Smith, AR 72903**

QBHP

Provides clinical interventions to reinforce, practice and model therapeutic techniques and treatments as directed by the Mental Health Professional. Responsible for providing support to clients in their treatment, observing and documenting day-to-day behaviors and activities and reporting to the clinical team to constantly update each individual's treatment plan.

April 2015 – October 2018 **The Maggie House** **Charleston, AR 72933**

Residential Technician

Maintained complete and accurate records to include daily document notes, transporting and accompanying individuals to and from medical appointments and recreational activities. Provided medication dispensing to clients. Assisted in maintaining a clean and sanitary environment for residential living

January 2016- September 2018 **Savannah Park Apartments** **Charleston, AR 72933**
Manager

Managed two low-income apartment complexes consisting of 52 units. Daily duties included performed background checks and credit history, review applications and interview prospective clients, keeping property occupied with qualified tenants, collected deposits and rents, enforced terms of rental agreements, resolved tenant complaints and oversaw eviction proceedings. Supervised a staff of two employees.

April 2009-January 2016 **Baptist Healthcare Systems** **Charleston, AR 72933**

Certified Nursing Aide

Provided high quality patient care as an in-demand CNA within an oncology setting. Preserved patient dignity and minimized discomfort while carrying out duties such as taking a recording vital signs, toileting, emptying drainage bags, recording input and output and bathing. Commended for

Erica Caudill

chart accuracy, effective team collaboration and patient relations.

Education

2012-2014

Arkansas Tech University

Russellville, AR
72802

Associate of Science

- Graduated Summa Cum Laude
- Cumulative GPA 4.0, Chancellor's List 4 Semesters

References

References are available on request.

E.4B.

It is mandated by Arkansas Code Annotated 12-12-502-516 that all employees and prospective employees of Western Arkansas Counseling and Guidance Center are subject to background checks with the Arkansas State Police, the Division of Child and Family Services Abuse/Neglect Central Registry and FBI. Under this mandate, no child-care facility in the State of Arkansas shall, under those provisions knowingly employ anyone who has a history of violent felony behavior, child abuse and neglect, or sex offences. All persons being offered employment shall undergo background checks. All employees shall undergo background checks at designated intervals.