

***TECHNICAL PROPOSAL PACKET***  
***710-20-0003***

East Arkansas Youth Services, Inc.

response for

REGION 4

"ORIGINAL"

ORGANIZATION of RESPONSE DOCUMENTS / TECHNICAL PROPOSAL PACKET

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## PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	East Arkansas Youth Services, Inc.				
Address:	104 Cypress				
City:	Marion	State:	AR	Zip Code:	72364
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:	Madelyn P. Keith		Title:	Dir. of Development, Contracting & Compliance Reporting	
Phone:	870-739-4219		Alternate Phone:	870-636-8166 Mobile	
Email:	madelyn.keith@eays.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 shall 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 proposal to be disqualified.

Authorized Signature:  Title: Executive Director  
Use Ink Only.

Printed/Typed Name: Jessica Sampley Date: 4/1/2020

**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.

Authorized Signature: Jessica Sampley  
Use Ink Only.

Printed/Typed Name: Jessica Sampley Date: 4/1/2020

**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.

Authorized Signature: Jessica Sampley  
Use Ink Only

Printed/Typed Name: Jessica Sampley Date: 4/1/2020

**SECTIONS 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(s) of the bid solicitation.

Authorized Signature: Jessica Sampley  
Use Ink Only.

Printed/Typed Name: Jessica Sampley Date: 4/1/2020

**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.**

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203  
501-682-6327

**ADDENDUM 1**

**DATE:** March 25, 2020  
**SUBJECT:** 710-20-0003

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

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

1. **“Final Appendix A Catchment Area Map” shall replace “Appendix A Catchment Area Map.”**
2. **“Final Appendix B Community Based Programs Funding Formula” shall replace “Appendix B Community Based Programs Funding Formula.”**

---

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED,  
If you have questions, please contact the buyer at Chorsie.Burns@dhs.arkansas.gov. or 501-682-6327

  
Vendor Signature

4/1/2020

Date

East Arkansas Youth Services, Inc.

Company



State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203  
501-682-6327

**ADDENDUM 1**

**DATE:** April 3, 2020

**SUBJECT:** 710-20-0003 Juvenile Justice Community Based Re-Entry & Vocational & Career Support Services

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

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

**RFP: 710-20-0003**

Page 15: 2.3.A.6

The Contractor **shall** provide an Independent Living Skills (ILS) program for all juveniles **sixteen (16) and older** referred by DYS and admitted to the Contractor's program. A copy of the current ILS curriculum **shall** be provided to DYS for its review and approval prior to implementation. The ILS **must** include, at a minimum, the following components:

- a. money management;
- b. food preparation;
- c. nutrition;
- d. health; and
- e. housekeeping.

Page 16: 2.3.B.7

The Contractor **shall** provide an Independent Living Skills (ILS) program for all juveniles **sixteen (16) and older** referred by DYS and admitted to the Contractor's program a minimum of one (1) time for sixty (60) minutes every other week. A copy of the current ILS curriculum **shall** be provided to DYS for its review and approval prior to implementation. The ILS **must** include, at a minimum, the following components:

- a. money management;
- b. food preparation;
- c. nutrition;
- d. health; and
- e. housekeeping.

Page 17: C.1

Vocational Services and Career Support

1. Contractor **must** recruit and retain a qualified, ~~dedicated~~ vocational staff member to serve as Job and Career Coach who offers job readiness training (e.g., completing applications, preparing a resume, searching for jobs, effective interpersonal skills, interviewing skills, time management, problem solving, and conflict resolution).
2. The Contractor's ~~dedicated~~ vocational staff member may provide a career assessment, along with assisting the juvenile to explore career options.

3. The Contractor's ~~dedicated~~ vocational staff member **shall** coordinate with Job Corps and the Arkansas Department of Workforce Services (ADWS) in connecting juveniles transitioning to the labor market to appropriate vocational services and career supports, including employment opportunities.
4. The Contractor's ~~dedicated~~ vocational staff member **shall** coordinate with vocational and technical departments at technical, vocational, and two- or four-year colleges or universities to provide opportunities for juveniles who qualify.
5. The Contractor's ~~dedicated~~ vocational staff member **shall** assist juveniles in enrollment and actively support attainment of trade licenses or certifications, and subsequent job or apprenticeship placement.

Page 22: 2.7.A.2

~~The Contractor shall be subject to an audit of overall operations by the Arkansas Department of Health and the Arkansas Department of Corrections pursuant to Arkansas Code Annotated §§9-28-301 and 9-28-302. In addition to the above audits, Contractor shall be subject to audit by DHS and the Arkansas Legislative Audit Legislature as deemed necessary.~~ Contractor **shall** cooperate fully with all auditing entities.

Page 22: 2.7.A.3

This section is stricken from the document.

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## Performance Indicators

Page 2 of PIs, Section 1.D

The Contractor **shall** provide an Independent Living Skills (ILS) program for all juveniles **sixteen (16) and older** referred by DYS and admitted to the Contractor's program. A copy of the current ILS curriculum **shall** be provided to DYS for its review and approval prior to implementation. The ILS **must** include, at a minimum, the following components:

- b. money management;
- c. food preparation;
- d. nutrition;
- e. health; and
- f. housekeeping.

Page 6 of PIs, Section 4.E.3

The Contractor **shall** provide an Independent Living Skills (ILS) program for all juveniles **sixteen (16) and older** referred by DYS and admitted to the Contractor's program a minimum of one (1) time for sixty (60) minutes every other week. A copy of the current ILS curriculum **shall** be provided to DYS for its review and approval prior to implementation. The ILS **must** include, at a minimum, the following components:

- b. money management;
- c. food preparation;
- d. nutrition;
- e. health; and
- f. housekeeping.

Page 7 Section 4.G

Vocational services and career support shall be provided.

1. Contractor shall employ a ~~dedicated~~ Job and Career Coach to provide job readiness training.
2. The Job and Career Coach shall have no other duties outside of this position.
3. ~~Dedicated~~ vocational staff shall coordinate with Job Corps and the Arkansas Department of Workforce Services (ADWS) in connecting juveniles transitioning to the labor market to appropriate vocational services and career supports, including employment opportunities.
4. ~~Dedicated~~ vocational staff shall coordinate with vocational and technical departments to provide opportunities for juveniles who qualify.
5. ~~Dedicated~~ vocational staff shall assist juveniles in enrollment and actively support attainment of trade license or certifications, and subsequent job or apprenticeship placement.
6. All services shall be documented in the juvenile's individual case file outlining the services provided, dates, times, units, and signed by the ~~dedicated~~ vocational staff. This information shall be entered into JJIS in the form and manner specified by DYS.

Page 9 of PI's, Section 5, C.1.

The Contractor ~~shall~~ be subject to an audit of overall operations by the Arkansas Department of Health and the Arkansas Department of Corrections pursuant to Arkansas Code Annotated §§9-28-301 and 9-28-302. In addition to the above audits, Contractor **shall** be subject to audit by DHS and the Arkansas **Legislative Audit** Legislature as **deemed necessary**. Contractor **shall** cooperate fully with all auditing entities.

The Contractor shall submit a budget to DYS and the Arkansas Legislative Council and go through the budget procedures process in the same manner as State Departments, agencies, institutions, boards, and commissions. Budgets shall be submitted based on operating revenues and expenses of each Contractor, and each Contractor shall provide information related to financial status required by the Legislative Council and/or Joint Budget Committee.

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED,

If you have questions, please contact the buyer at Chorsie.Burns@dhs.arkansas.gov. or 501-537-2283

Jessica Sampson  
Vendor Signature

East Arkansas Youth Services  
Company

4/6/2020  
Date

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

**ADDENDUM 3**

**TO:** All Addressed Vendors  
**FROM:** Chorsie Burns, Buyer  
**DATE:** April 8, 2020  
**SUBJECT:** 710-20-0003 Juvenile Justice Community Based Reentry & Vocational & Career Support Services

The following change(s) to the above referenced bid have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other-(Additional Vendor Questions)

**CHANGE OF BID OPENING DATE AND TIME**

Bid Opening Date and Time: April 16, 2020 @ 2:00pm CST

Bid Submission Date and Time: April 16, 2020 @ 1:30pm CST

**OTHER**

Additional Vendor Questions (see attachment on website)

The specifications by virtue of this addendum become a permanent addition to the above referenced bid. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact Chorsie Burns at [chorsie.burns@dhs.arkansas.gov](mailto:chorsie.burns@dhs.arkansas.gov) or (501) 682-6327.

Jessica Sompley  
Vendor Signature

4/8/2020  
Date

East Arkansas Youth Services, Inc. Company

Contract Number \_\_\_\_\_  
 Attachment Number \_\_\_\_\_  
 Action 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

TAXPAYER ID NAME: East Arkansas Youth Services, Inc. IS THIS FOR Goods?  Services?  Both?

YOUR LAST NAME: Sampley FIRST NAME: Jessica M.I.: C

ADDRESS: 104 Cypress Avenue STATE: AR ZIP CODE: 72364 COUNTRY: United States

CITY: Marion

**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						Person's Name(s)	
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

**FOR AN ENTITY (BUSINESS) \***

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

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly						Person's Name(s)		
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

## Contract and Grant Disclosure and Certification Form

**Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.**

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:  

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature Jessica Sampley Title Executive Director Date 4/1/2020  
Vendor Contact Person Jessica Sampley Title Executive Director Phone No. (870) 739-4219

*Agency use only*  
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_

## **Equal Opportunity Policy**

### **Excerpted from EAYS Policy Manual**

**Equal Employment Opportunity-** EAYS shall have one Equal Opportunity Officer who shall report directly to the Board of Directors on Equal opportunity matters. Unless otherwise designated, the agency's Executive Director located at 106 Cypress, Marion, AR will be the EEO Officer.

**Submission of EEO Complaints-**Any person who believes he/she has encountered discrimination because of race, color, gender, sexual orientation, creed, national origin, age, political affiliation, beliefs, disability, handicap or other protected status must first file a complaint (verbal and written) with the Equal Employment Opportunity (EEO) Officer not more than 180 calendar days after the act complained of has occurred. The EEO Officer shall make every effort to resolve the complaint informally. The EEO Officer shall if requested by the complainant, assist in discussions with any party to the complaint and may take other steps which may assist in the resolution of the complaint. When the EEO Officer has completed attempts to resolve the complaint, a report shall be prepared setting out a summary of the complaint, the preliminary inquiry and the disposition of the complaint, indicating the basis for that disposition. Copies of the report shall be given to the Board Of Directors and the complainant. EAYS is not required to comply with this portion of the act enacted by the Federal Government as it has less than 50 employees in total or at any location. Therefore, these efforts are above the required standards.

**INFORMATION FOR EVALUATION**

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

TECHNICAL SOLUTIONS AND SCOPE OF WORK	Maximum Available RAW Score
<b>Contractor Qualifications</b>	
<p>Describe Bidder's experience meeting the requirement in RFQ Section 2.2(A)3:</p> <p>Included in this response packet in the narrative that follows, <b>pages 20-21</b>, is a description of the history and experience of EAYS and of the timeframe, contract amounts, scope of work and services and contact information for verification of work performed.</p>	5 points
<p>Provide Bidder's table of organization with all required licensure and certification documents as required in RFQ Section 2.2(A)8</p> <p>Included in the response packet, <b>pages 87-91</b>, are the most recently updated organizational chart for EAYS, a copy of the Residential and the Placement License for EAYS, the Health Department License, the Certificate of Accreditation from the Council on Accreditation (COA) and the Final Accreditation Report from COA.</p>	5 points
<b>Community Collaborations</b>	
<p>Provide Bidder's draft Community Partnerships Matrix with one (1) letter of support from each proposed partner as specified in RFP Section 2.4.</p> <p>Included in this response packet, <b>pages 92-116</b>, is the Community Partnership Matrix Document with a narrative which explains how each service is provided in partnership as indicated on the matrix. Also, included are letters of support from each partner. This section also outlines the Scope of Work that is outlined in Section 2.3.and a signed letter of acknowledgement from one judge.</p>	5 points
<b>Staffing requirements</b>	
<p>Provide Bidder's proposed staffing roster for all services specified in the scope of work as specified in RFP Section 2.5(A)</p> <p>Included in this response packet, <b>pages 119-128</b>, is the Staffing Roster and Resume' List containing ALL information requested. Also, referenced in this section is the updated or proposed Organization Chart which is slightly different than the currently effective one provided in Section 2.2 (A) 8.</p> <p>Further provided as requested are training specifications for the agency and the plan to implement a Vocational Career Support Position and services.</p>	5 points



**CONTRACTOR QUALIFICATIONS**

Referenced in RFQ Section -

2.2 Minimum Qualifications

A.1.

East Arkansas Youth Services, Inc. is registered to do business in Arkansas with the Secretary of State. See document on the following page of this response packet reflecting a status of "Good Standing".



## Search Incorporations, Cooperatives, Banks and Insurance Companies

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	EAST ARKANSAS YOUTH SERVICES, INC.
Fictitious Names	
Filing #	100073819
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp. 176 of 1963
Status	Good Standing
Principal Address	104 CYPRESS MARION, AR 72364
Reg. Agent	JESSICA C SAMPLEY
Agent Address	104 CYPRESS MARIONARION, AR 72364
Date Filed	11/02/1988
Officers	SEE FILE, Incorporator/Organizer JESSICA SAMPLEY, Director KELSEY HENSELY, Director CARL WEATHERFORD, Director
Foreign Name	N/A
Foreign Address	
State of Origin	AR

[Purchase a Certificate of Good Standing for this Entity](#)

[Submit a Nonprofit Annual Report](#)

[Change this Corporation's Address](#)

**CONTRACTOR QUALIFICATIONS**

Referenced in RFQ Section -

2.2 Minimum Qualifications

A.2.

East Arkansas Youth Services, Inc. is a nonprofit corporation listed and approved by the Internal Revenue Service as reflected in the IRS Letter in the following page of this response packet for documentation of this status with the IRS.

East Arkansas Youth Services, Inc.  
Technical Proposal, Region 4  
INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
C - 1130  
ATLANTA, GA 30301

Bid No. 710-20-0003  
DEPARTMENT OF THE TREASURY

MAR 1 REC'D

Date: **FEB 24 1993**

EAST ARKANSAS YOUTH SERVICES INC.  
C/O MADELYN MCCRACKIN  
104 CYPRESS  
MARION, AR 72364

Employer Identification Number:  
71-0670700  
Contact Person:  
BETH FOSTER  
Contact Telephone Number:  
(404) 331-0190

Our Letter Dated:  
February 12, 1990  
Addendum Applies:  
Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you could be treated as an organization that is not a private foundation at the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code and are an organization of the type described in section 509(a)(1) and (2) of the Code.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, under your section 509(a)(1) status, a grantor or contributor who acts in reliance on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she had acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

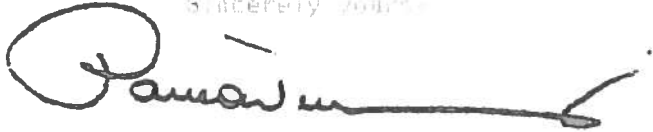
If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your 509(a)(1) foundation status, please keep it in your permanent records.

EAST ARKANSAS YOUTH SERVICES, INC.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Paul Williams". The signature is written in a cursive style with a large initial "P" and a long horizontal stroke extending to the right.

Paul Williams  
District Director

Enclosures:  
Addendum

410 1 2017

EAST ARKANSAS YOUTH SERVICES, INC.

If your organization conducts fund-raising events, such as car washes, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid complications on their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you must, in advance of events, determine the fair market value of the benefits received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1891, "Deductibility of Payments Made by Charities Conducting Fund-Raising Events." You may obtain copies of Publication 1891 from your local IRS office. Guidelines for deductible amounts are also set forth in Revenue Rulings 74-196, 1967-2 C.B. 104 and Revenue Procedure 90-13, 1990-1 C.B. 311 and Rev. Proc. 92-49, 1992-26 I.R.B. 10.

Your classification as an organization described in sections 170(b)(1)(D) and 509(a)(1) of the Code is contingent upon you continuing to meet the support requirements of these Code sections. Please refer to Publication 597, page 20, for further details concerning these requirements. If your annual tax support changes significantly in the future, you should notify the local IRS Director so that we can consider the effect of any on your continued status.

## **CONTRACTOR QUALIFICATIONS**

Referenced in RFQ Section -

### 2.2 Minimum Qualifications

A.3.

History/Experience - Time Period of Work Performed

East Arkansas Youth Services, Inc. (EAYS) has 31 years of experience providing services in the juvenile justice system in Arkansas including to those classified as Family In Need of Services (FINS), Court ordered Delinquents, Diversions and Aftercare/Re-Entry for youth committed to the custody of the Division of Youth Services. In January 1989, EAYS assumed from the county the operation of the East Arkansas Regional Youth Shelter located at 104 Cypress, Marion, Arkansas, and also the outreach and aftercare treatment services in Crittenden County. The Shelter Facility served Crittenden, Cross, Lee, Monroe, Phillips and St. Francis Counties.

In July 1996, the newly formed Division of Youth Services issued an RFP for all community-based youth services by Judicial District thus doing away with the contract for Crittenden County only with East Arkansas Youth Services. EAYS partnered with Consolidated Youth Services (CYS) in Jonesboro, Arkansas and Multi-County Youth Services in Forrest City as a subcontractor for their proposals. CYS was awarded the contract for all community-based youth services for the 2nd Judicial District (Craighead, Greene, Poinsett, Mississippi, Crittenden, Clay) Counties. Due to the fact that Crittenden County had a well-established youth services program, CYS subcontracted with the agency, East Arkansas Youth Services, for all community-based youth services in Crittenden County. Multi-County Youth Services in Forrest City was awarded the contract for all services in Cross, Monroe, Lee, Phillips, St. Francis and Woodruff counties and subcontracted with EAYS for the residential services. In January of 1997, EAYS obtained the contract for all services in the First Judicial District as a result of DYS canceling the contract with Multi-County Youth Services due to allegations of bad management and fraud. EAYS has been awarded the contract through competitive bid process each time it has gone through the procurement process since then for a total of (3) times.

In August 2018, DYS asked EAYS to assume the community-based contract for the 17<sup>th</sup> Judicial District when the state cancelled all of its contracts with Health Resources of Arkansas / Preferred Family Health. This includes White and Prairie Counties.

Scope of Work – All Services Provided

EAYS is currently the community-based youth service provider for Crittenden County in the Second Judicial District through subcontract with CYS and for all the counties in the First Judicial District which includes: Cross, Monroe, Lee, Phillips, St. Francis and Woodruff counties. EAYS is also the DYS provider for the 17<sup>th</sup> Judicial District which includes White and Prairie Counties. This is a total of (9) counties served for the DYS- Juvenile Justice population. EAYS provides all of the community based youth services in this area's continuum of care including: residential or emergency shelter, day services – GED program, casework or case management, therapy for youth with no pay source, substance use services of individual counseling and groups, a day & evening reporting center, all of the aftercare and the sanctions services that are offered including intensive supervision and tracking and community service. EAYS is also a Residential Services provider statewide for the Division of Children and Family Services for youth in foster care.

Current contract amounts for these areas are listed below:

Division of Youth Services – First Judicial District \$917,014.75 & Seventeenth Judicial District \$517,678  
Consolidated Youth Services, Inc.- Subcontract for Crittenden County \$431,740.00  
Division of Children and Family Services - Qualified Residential Treatment \$363,020.75

Contact information for Experience Verification/References:

Ann B. Hudson-Circuit Judge/Juvenile-1<sup>st</sup>JD-[annbudson@gmail.com](mailto:annbudson@gmail.com) cell:870-270-1242/office:870-633-5995  
P.O. Box 995  
Forrest City, AR 72336-0995

Robert Morris-Juvenile Officer-1<sup>st</sup> JD [buckmorris400@yahoo.com](mailto:buckmorris400@yahoo.com) cell:870-317-5279/office: 870-261-1757  
P.O. Box 2691  
Forrest City, AR 72336-2691

Amy Light-Juvenile Officer-17<sup>th</sup> JD- Searcy [amy.light@wcjuv.com](mailto:amy.light@wcjuv.com) cell: 501-593-6222/office:501-279-6235  
411 N Spruce Street  
Searcy, AR 72143

Jamie Parsons -Juvenile Officer-17<sup>th</sup> JD- Des Arc [pracojuvcourt@hotmail.com](mailto:pracojuvcourt@hotmail.com) cell:870-830-6575  
Prairie County Courthouse  
Des Arc, Arkansas 72040

Vince Guest- Deputy Prosecuting Attorney Cross County-Wynne- office 870-208-8881  
P.O. Box 1437  
Wynne, AR 72396-1437

Jarvis Smith-Juvenile Officer-1<sup>st</sup> JD [jarvislsmith2200.e@gmail.com](mailto:jarvislsmith2200.e@gmail.com) office :870-816-0007  
Phillips County Courthouse  
626 Cherry Street  
Helena, AR 72342



**CONTRACTOR QUALIFICATIONS**

Referenced in RFQ Section -

2.2 Minimum Qualifications

A.6.

East Arkansas Youth Services, Inc. is an accredited agency with The Council on Accreditation. See the following documents of this response packet for verification of our accreditation status. These documents are the Certificate of Accreditation and results of the most recent review of our agency's compliance with COA standards which is contained in this Final Accreditation Report.



## COUNCIL ON ACCREDITATION

*Attests That*

**East Arkansas Youth Services, Inc.  
Marion, AR**

*Is*

**ACCREDITED**

**Achieving the Highest Standards of Professional Practice for the Services It Provides**

**Accredited Through**

**1/31/2021**



February 9, 2017

Madelyn Keith  
Executive Director  
East Arkansas Youth Services, Inc.  
104 Cypress  
Marion, AR 72364

**Richard Klarberg**  
President & Chief Executive Officer

**Markus Trice**  
Chair, Board of Trustees

**Sponsoring Organizations**

Alliance for Children and Families  
Association of Jewish Family and  
Children's Agencies  
Catholic Charities USA  
Children's Home Society of America  
Child Welfare League of America  
Foster Family-based  
Treatment Association  
Joint Council on International  
Children's Services  
Lutheran Services in America  
National Council For Adoption  
National Foundation for  
Credit Counseling  
National Network for Youth  
National Organization of State  
Associations for Children  
Volunteers of America

**Council on Accreditation**  
45 Broadway, 29th Floor,  
New York, NY 10006  
212.797.3000  
Fax 212.797.1428  
[www.COAnet.org](http://www.COAnet.org)

Dear Ms. Keith:

It is our great pleasure to inform you that the Council on Accreditation (COA) has approved the accreditation of **East Arkansas Youth Services, Inc.** through **January 31, 2021**. Let me again say how significant this achievement is! It represents the fulfillment of countless hours of hard work and the dedication of many people—most notably your staff and the members of your board and/or leadership. Please extend my congratulations to them.

This formal notification includes a list of programs and services for which **East Arkansas Youth Services, Inc.** is accredited, as well as your Final Accreditation Report (FAR). A plaque attesting to your agency's accredited status will be sent to you shortly.

Your Final Accreditation Report (FAR) is an important and incredibly valuable document. It contains the observations and recommendations of your Peer Reviewer colleagues based on your self-study and site visit. In essence, the FAR provides a unique view of your organization as seen through the eyes of highly experienced professionals. In it you will find a copy of the full accreditation ratings for all Purpose, Core, and Practice standards, identifying the Fundamental Practice standards. It may also contain any noted organizational strengths and areas for opportunities.

Please refer to the Promotional Tool Kit web page to find resources that can assist you with leveraging your organization's COA accreditation to internal and external stakeholders.

Private: <http://coanet.org/accreditation/private-organization-accreditation/promote-your-accreditation/>

Public: <http://coanet.org/accreditation/public-agency-accreditation/promote-your-accreditation/>

Canadian: <http://coanet.org/accreditation/canadian-organisation-accreditation/promote-your-accreditation/>

At the very least, however, we recommend that you provide relevant excerpts to those members of your staff who are directly responsible for the respective findings. Should you do so, please explain that the report is intended to be *constructive*, and that the goal is to provide specific, tangible examples of how they can make your organization even stronger and even better.

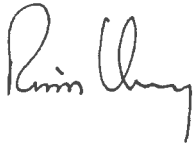
Having said that, you should know that those ratings for which you did not demonstrate implementation should be addressed through your PQI process.

Even though they did not require correction in order to achieve accreditation, they will be made a part of your file and reviewed during your next accreditation cycle. Remember, COA accreditation is not an end in and of itself. Rather, it is a process by which your organization can consistently strive for and achieve new levels of excellence.

Finally, let me say that your relationship with COA does not end with this letter. Ours is a partnership. As such, I would ask that you feel free to share with me your ideas and concerns. Additionally, please feel free to contact Sierra Kraft, Manager of Accreditation Commission, either by email at [skraft@coanet.org](mailto:skraft@coanet.org) or by telephone at 212-797-3000, extension 204, if you have any questions. Together we can enrich the lives of children, individuals, and families in need everywhere.

We are proud to be associated with you and your colleagues. We wish you the very best in your continuing service to persons in your community. *That is the power of accreditation.*

Sincerely,



Richard Klarberg  
President and Chief Executive Officer

Attachment



East Arkansas Youth Services, Inc.  
 Organization ID: 2865  
 Private Standards

Expiration date: January 31, 2021

The accreditation of East Arkansas Youth Services, Inc. includes the following services and associated programs:

Program Name	COA Service Standard(s)	Service Subsections	Address
Group Living / Case Management / Therapy	Case Management Services (CM), Services for Mental Health/Substance Use (MHSU), Group Living Services (GLS)	MHSU: Mental Health-Clinical Counseling	106 Cypress Ave, Marion, AR 72364
Group Living / Case Management / Therapy	Case Management Services (CM), Services for Mental Health/Substance Use (MHSU), Group Living Services (GLS)	MHSU: Mental Health-Clinical Counseling	318 East Cook, Forrest City, AR 72335



## Organizational Strengths

East Arkansas Youth Services, Inc.  
Organization ID# 2865

### Administrative and Management Standards

Ethical Practice (ETH), Financial Management (FIN), Governance (GOV) or Administration & Management (AM) (for Public State Systems), Human Resources (HR), Performance and Quality Improvement (PQI), Risk Prevention and Management (RPM)

- ETH The agency has very high ethical standards, policies and procedures in place. Confidentiality policies are in place and followed. The agency operates in a very open fashion and also sets performance expectations for all staff.
- FIN The agency is on very strong ground fiscally. Audits are done annually with no out of compliance findings. Internal controls are in place and followed. The Board of Directors does fiscal oversight. The agency does not engage in fundraising and has few significant investments. The financial procedures of the agency are impressive and all throughout the agency staff are competent and committed to the mission of the agency.
- GOV This is a well managed agency with a strong and active Board of Directors. The Board is professionally diverse and also representative of the community. All required committees are in place. The Board is involved in PQI and strategic planning.
- HR Human Resources are managed well and are in compliance with federal and state laws. Job descriptions were evident in personnel files and annual employee evaluations are done. Staff satisfaction is measured annually and the agency has a grievance process in place. Personnel files were complete and easy to find necessary documentation.
- PQI The agency provides multiple levels of review for incident reporting to ensure various perspectives are offered, which allows the agency to evaluate trends. Board engagement in strategic quality review is commendable. Recommendations from service recipients are included as the agency prioritizes areas of focus.
- RPM The agency does a very good job of assessing and planning for risk at both the program and financial levels. An annual risk assessment is completed and provided to the Board of Directors. Incidents are reviewed and corrective action takes place. Management does a very thorough job of assessing and planning for risk. Agency has all required

insurance.

### **Service Delivery Administration Standards**

Administrative and Service Environment (ASE), Behavior Support and Management (BSM), Client Rights (CR), Training and Supervision (TS)

- ASE The agency is committed to serving as many youth and families as possible since it the region lacks resources for those in need. The agency has good practices in place to monitor staff safety off-site.
- BSM Agency staff of all levels and board members are knowledgeable about the agency's use of behavior management techniques. Thoughtful analysis is completed following events that escalate including antecedents and training needs. Leadership demonstrates a commitment to recognizing that restrictive interventions can be particularly threatening to traumatized youth and do not create an environment conducive to building trust with authority figures.
- CR The agency works with youth from varied referral sources and appears to seek information from other entities to help in developing an informed service plan to support the successful achievement of goals.
- TS New employee orientation is routine and thorough. Many of the staff have mandated trainings and also the opportunity for elective training. Supervision policies are in place and followed. Staff morale seems very high and turnover is low. There is a training plan and a line item in the budget for training.

### **Service Standards**

- CM The agency staff are dedicated to ensuing service recipients have the resources necessary to achieve their service goals including significant time investments to transportation. This is particularly important because of the lack of transportation access within the rural service area. Further, the staff maintain positive relationships with the courts to provide effective advocacy on behalf of service recipients, making every effort to prevent incarceration or further interaction with the justice system.
- GLS The agency accommodates a variety of youth backgrounds and encourages staff and residents to be respectful of individual differences. Screening and program intake considers trauma experienced, whether a less restrictive environment should be pursued, and the current milieu. Staff actively advocate on behalf of residents to promote family contact, permanency planning, and improve the likelihood of success following discharge.
- MHSU This is an impressive Mental Health program. Services are delivered in sites other than

the office and often in the homes of the children and families. The one therapist attached to this program is highly qualified and competent with a great deal of clinical experience. Children who were interviewed gave high reviews of the services they had received. Case records were in outstanding shape and current. Agency may need to pay attention to providing the therapist with clinical supervision. An absolutely outstanding and much needed service.





## AREAS FOR OPPORTUNITIES

The following ratings have not been fully implemented and we ask that you address them through your PQI process. Even though these standards did not require correction in order to achieve accreditation, they will be made a part of your file and reviewed during your next accreditation cycle. We request that you begin demonstrating implementation on all of the below standards before your next accreditation cycle.

Standard Code	Rating	Peer Team Report
MHSU 13.01	3	The one therapist in the MHSU program provided wonderful services they were very impressive. She does receive administrative support and supervision but there is no evidence that the agency provides clinical supervision by a qualified clinical supervisor.
MHSU 4.06	3	Despite the outstanding work done in this program there was insufficient evidence found that the one therapist in the program is providing clinical supervision by the organization.



## FINAL RATINGS

### Private Standards

East Arkansas Youth Services, Inc.  
 Org #:2865

Standard Code	Rating	NA
ETH	1	<input type="checkbox"/>
ETH 1	1	<input type="checkbox"/>
ETH 1.01	1	<input type="checkbox"/>
ETH 1.02	1	<input type="checkbox"/>
ETH 1.03	1	<input type="checkbox"/>
ETH 1.04		<input checked="" type="checkbox"/>
ETH 2	1	<input type="checkbox"/>
ETH 2.01	1	<input type="checkbox"/>
ETH 2.02	1	<input type="checkbox"/>
ETH 2.03	1	<input type="checkbox"/>
ETH 3		<input checked="" type="checkbox"/>
ETH 3.01		<input checked="" type="checkbox"/>
ETH 3.02		<input checked="" type="checkbox"/>
ETH 3.03		<input checked="" type="checkbox"/>
ETH 3.04		<input checked="" type="checkbox"/>
ETH 3.05		<input checked="" type="checkbox"/>
ETH 4	1	<input type="checkbox"/>
ETH 5	1	<input type="checkbox"/>
ETH 5.01	1	<input type="checkbox"/>
ETH 5.02	1	<input type="checkbox"/>
ETH 5.03	1	<input type="checkbox"/>
ETH 5.04		<input checked="" type="checkbox"/>
ETH 6		<input checked="" type="checkbox"/>
ETH 6.01		<input checked="" type="checkbox"/>
ETH 6.02		<input checked="" type="checkbox"/>
ETH 6.03		<input checked="" type="checkbox"/>
FIN	1	<input type="checkbox"/>
FIN 1	1	<input type="checkbox"/>
FIN 2	1	<input type="checkbox"/>
FIN 3	1	<input type="checkbox"/>
FIN 4		<input checked="" type="checkbox"/>
FIN 5	1	<input type="checkbox"/>

Ratings: 1 = Full Implementation; 2 = Substantial Implementation; 3 = Partial Implementation; 4 = Unsatisfactory Implementation; 5 or  = NA

Standard Code	Rating	NA
FIN 5.01	1	<input type="checkbox"/>
FIN 5.02	1	<input type="checkbox"/>
FIN 5.03	1	<input type="checkbox"/>
FIN 5.04	1	<input type="checkbox"/>
FIN 5.05	1	<input type="checkbox"/>
FIN 5.06	1	<input type="checkbox"/>
FIN 6	1	<input type="checkbox"/>
FIN 6.01	1	<input type="checkbox"/>
FIN 6.02	1	<input type="checkbox"/>
FIN 6.03	2	<input type="checkbox"/>
FIN 6.04	1	<input type="checkbox"/>
FIN 7	1	<input type="checkbox"/>
FIN 7.01	1	<input type="checkbox"/>
FIN 7.02	1	<input type="checkbox"/>
FIN 7.03	1	<input type="checkbox"/>
FIN 7.04	2	<input type="checkbox"/>
FIN 7.05	1	<input type="checkbox"/>
FIN 7.06	1	<input type="checkbox"/>
FIN 7.07	1	<input type="checkbox"/>
FIN 7.08	1	<input type="checkbox"/>
FIN 7.09	1	<input type="checkbox"/>
FIN 7.10		<input checked="" type="checkbox"/>
FIN 8	1	<input type="checkbox"/>
FIN 8.01	1	<input type="checkbox"/>
FIN 8.02	1	<input type="checkbox"/>
GOV	1	<input type="checkbox"/>
GOV 1	1	<input type="checkbox"/>
GOV 2	1	<input type="checkbox"/>
GOV 2.01	1	<input type="checkbox"/>
GOV 2.02	1	<input type="checkbox"/>
GOV 2.03	1	<input type="checkbox"/>
GOV 2.04		<input checked="" type="checkbox"/>
GOV 3	1	<input type="checkbox"/>
GOV 4	1	<input type="checkbox"/>
GOV 4.01	1	<input type="checkbox"/>
GOV 4.02	1	<input type="checkbox"/>
GOV 4.03	1	<input type="checkbox"/>
GOV 5	1	<input type="checkbox"/>
GOV 5.01	1	<input type="checkbox"/>
GOV 5.02	1	<input type="checkbox"/>
GOV 5.03	1	<input type="checkbox"/>
GOV 5.04	1	<input type="checkbox"/>
GOV 6	1	<input type="checkbox"/>

Standard Code	Rating	NA
GOV 6.01	1	<input type="checkbox"/>
GOV 6.02	1	<input type="checkbox"/>
GOV 6.03	2	<input type="checkbox"/>
GOV 6.04	1	<input type="checkbox"/>
GOV 6.05	1	<input type="checkbox"/>
GOV 6.06	1	<input type="checkbox"/>
GOV 7	1	<input type="checkbox"/>
GOV 7.01	1	<input type="checkbox"/>
GOV 7.02	1	<input type="checkbox"/>
GOV 7.03	2	<input type="checkbox"/>
GOV 8	1	<input type="checkbox"/>
GOV 8.01	1	<input type="checkbox"/>
GOV 8.02	1	<input type="checkbox"/>
GOV 8.03	1	<input type="checkbox"/>
GOV 9		<input checked="" type="checkbox"/>
GOV 9.01		<input checked="" type="checkbox"/>
GOV 9.02		<input checked="" type="checkbox"/>
GOV 9.03		<input checked="" type="checkbox"/>
GOV 9.04		<input checked="" type="checkbox"/>
HR	1	<input type="checkbox"/>
HR 1	1	<input type="checkbox"/>
HR 1.01	1	<input type="checkbox"/>
HR 1.02	1	<input type="checkbox"/>
HR 1.03	1	<input type="checkbox"/>
HR 2	1	<input type="checkbox"/>
HR 2.01	2	<input type="checkbox"/>
HR 2.02	2	<input type="checkbox"/>
HR 3	1	<input type="checkbox"/>
HR 3.01	1	<input type="checkbox"/>
HR 3.02	1	<input type="checkbox"/>
HR 3.03	1	<input type="checkbox"/>
HR 3.04		<input checked="" type="checkbox"/>
HR 3.05	1	<input type="checkbox"/>
HR 4	1	<input type="checkbox"/>
HR 4.01	1	<input type="checkbox"/>
HR 4.02	1	<input type="checkbox"/>
HR 4.03	2	<input type="checkbox"/>
HR 4.04	2	<input type="checkbox"/>
HR 4.05	1	<input type="checkbox"/>
HR 5	1	<input type="checkbox"/>
HR 5.01	2	<input type="checkbox"/>
HR 5.02	1	<input type="checkbox"/>
HR 5.03	2	<input type="checkbox"/>

Standard Code	Rating	NA
HR 5.04	2	<input type="checkbox"/>
HR 6	1	<input type="checkbox"/>
HR 6.01	1	<input type="checkbox"/>
HR 6.02	1	<input type="checkbox"/>
HR 6.03	1	<input type="checkbox"/>
HR 6.04		<input checked="" type="checkbox"/>
HR 7	1	<input type="checkbox"/>
HR 7.01	1	<input type="checkbox"/>
HR 7.02		<input checked="" type="checkbox"/>
HR 7.03	1	<input type="checkbox"/>
HR 7.04	1	<input type="checkbox"/>
HR 7.05	1	<input type="checkbox"/>
PQI	1	<input type="checkbox"/>
PQI 1	1	<input type="checkbox"/>
PQI 2	1	<input type="checkbox"/>
PQI 2.01	1	<input type="checkbox"/>
PQI 2.02	1	<input type="checkbox"/>
PQI 2.03	1	<input type="checkbox"/>
PQI 2.04	1	<input type="checkbox"/>
PQI 3	1	<input type="checkbox"/>
PQI 3.01	2	<input type="checkbox"/>
PQI 3.02	1	<input type="checkbox"/>
PQI 3.03	2	<input type="checkbox"/>
PQI 4	1	<input type="checkbox"/>
PQI 4.01	2	<input type="checkbox"/>
PQI 4.02	1	<input type="checkbox"/>
PQI 4.03	1	<input type="checkbox"/>
PQI 4.04	2	<input type="checkbox"/>
PQI 4.05	1	<input type="checkbox"/>
PQI 5	1	<input type="checkbox"/>
PQI 5.01	2	<input type="checkbox"/>
PQI 5.02	1	<input type="checkbox"/>
PQI 5.03	2	<input type="checkbox"/>
PQI 6	1	<input type="checkbox"/>
PQI 6.01	1	<input type="checkbox"/>
PQI 6.02	1	<input type="checkbox"/>
PQI 6.03	2	<input type="checkbox"/>
PQI 6.04	1	<input type="checkbox"/>
PQI 7	1	<input type="checkbox"/>
PQI 7.01	1	<input type="checkbox"/>
PQI 7.02	2	<input type="checkbox"/>
PQI 7.03	1	<input type="checkbox"/>
PQI 7.04	1	<input type="checkbox"/>

Ratings: 1 = Full Implementation; 2 = Substantial Implementation; 3 = Partial Implementation; 4 = Unsatisfactory Implementation; 5 or  = NA

Standard Code	Rating	NA
RPM	1	<input type="checkbox"/>
RPM 1	1	<input type="checkbox"/>
RPM 2	1	<input type="checkbox"/>
RPM 2.01	1	<input type="checkbox"/>
RPM 2.02	1	<input type="checkbox"/>
RPM 2.03	1	<input type="checkbox"/>
RPM 2.04	1	<input type="checkbox"/>
RPM 2.05		<input checked="" type="checkbox"/>
RPM 2.06	2	<input type="checkbox"/>
RPM 3	2	<input type="checkbox"/>
RPM 3.01	2	<input type="checkbox"/>
RPM 3.02		<input checked="" type="checkbox"/>
RPM 3.03	2	<input type="checkbox"/>
RPM 3.04	1	<input type="checkbox"/>
RPM 3.05	1	<input type="checkbox"/>
RPM 3.06	2	<input type="checkbox"/>
RPM 4	1	<input type="checkbox"/>
RPM 4.01	1	<input type="checkbox"/>
RPM 4.02	1	<input type="checkbox"/>
RPM 5	2	<input type="checkbox"/>
RPM 5.01	2	<input type="checkbox"/>
RPM 5.02	1	<input type="checkbox"/>
RPM 5.03	2	<input type="checkbox"/>
RPM 6	1	<input type="checkbox"/>
RPM 6.01	1	<input type="checkbox"/>
RPM 6.02	1	<input type="checkbox"/>
RPM 6.03	2	<input type="checkbox"/>
RPM 6.04	1	<input type="checkbox"/>
RPM 6.05	2	<input type="checkbox"/>
RPM 6.06	2	<input type="checkbox"/>
RPM 6.07		<input checked="" type="checkbox"/>
RPM 7	1	<input type="checkbox"/>
RPM 7.01	1	<input type="checkbox"/>
RPM 7.02	1	<input type="checkbox"/>
RPM 7.03	1	<input type="checkbox"/>
RPM 7.04	1	<input type="checkbox"/>
RPM 7.05	1	<input type="checkbox"/>
RPM 7.06	2	<input type="checkbox"/>
RPM 7.07	2	<input type="checkbox"/>
RPM 8	1	<input type="checkbox"/>
RPM 8.01	1	<input type="checkbox"/>
RPM 8.02	1	<input type="checkbox"/>
RPM 8.03	1	<input type="checkbox"/>

Standard Code	Rating	NA
RPM 9	1	<input type="checkbox"/>
RPM 9.01	1	<input type="checkbox"/>
RPM 9.02	1	<input type="checkbox"/>
RPM 9.03	2	<input type="checkbox"/>
RPM 9.04	1	<input type="checkbox"/>
RPM 9.05		<input checked="" type="checkbox"/>
RPM 9.07	1	<input type="checkbox"/>
RPM 10		<input checked="" type="checkbox"/>
RPM 10.01		<input checked="" type="checkbox"/>
RPM 10.02		<input checked="" type="checkbox"/>
RPM 10.03		<input checked="" type="checkbox"/>
RPM 10.04		<input checked="" type="checkbox"/>
ASE	2	<input type="checkbox"/>
ASE 1	2	<input type="checkbox"/>
ASE 1.01	2	<input type="checkbox"/>
ASE 1.02	1	<input type="checkbox"/>
ASE 1.03	1	<input type="checkbox"/>
ASE 1.04	2	<input type="checkbox"/>
ASE 1.05	2	<input type="checkbox"/>
ASE 1.06	1	<input type="checkbox"/>
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ASE 2.02	1	<input type="checkbox"/>
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ASE 3	1	<input type="checkbox"/>
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ASE 3.02	1	<input type="checkbox"/>
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ASE 6	1	<input type="checkbox"/>
ASE 6.01	1	<input type="checkbox"/>
ASE 6.02	1	<input type="checkbox"/>
ASE 6.03	1	<input type="checkbox"/>
ASE 6.04		<input checked="" type="checkbox"/>
ASE 6.05		<input checked="" type="checkbox"/>
ASE 6.06	1	<input type="checkbox"/>
ASE 7	1	<input type="checkbox"/>
ASE 7.01	1	<input type="checkbox"/>
ASE 7.02	1	<input type="checkbox"/>
ASE 7.03	1	<input type="checkbox"/>
ASE 7.04	1	<input type="checkbox"/>
ASE 8	1	<input type="checkbox"/>
ASE 8.01	1	<input type="checkbox"/>

Ratings: 1 = Full Implementation, 2 = Substantial Implementation, 3 = Partial Implementation, 4 = Unsatisfactory Implementation, 5 or  = N/A

Standard Code	Rating	NA
ASE 8.02		<input checked="" type="checkbox"/>
BSM	1	<input type="checkbox"/>
BSM 1	1	<input type="checkbox"/>
BSM 1.01	1	<input type="checkbox"/>
BSM 1.02	1	<input type="checkbox"/>
BSM 1.03	1	<input type="checkbox"/>
BSM 1.04	1	<input type="checkbox"/>
BSM 2	2	<input type="checkbox"/>
BSM 2.01	1	<input type="checkbox"/>
BSM 2.02	1	<input type="checkbox"/>
BSM 2.03	1	<input type="checkbox"/>
BSM 2.04	2	<input type="checkbox"/>
BSM 2.05	2	<input type="checkbox"/>
BSM 2.06	2	<input type="checkbox"/>
BSM 3	1	<input type="checkbox"/>
BSM 3.01	1	<input type="checkbox"/>
BSM 3.02	1	<input type="checkbox"/>
BSM 3.03	1	<input type="checkbox"/>
BSM 4	1	<input type="checkbox"/>
BSM 4.01	1	<input type="checkbox"/>
BSM 4.02	1	<input type="checkbox"/>
BSM 4.03	1	<input type="checkbox"/>
BSM 5	1	<input type="checkbox"/>
BSM 5.01	1	<input type="checkbox"/>
BSM 5.02	1	<input type="checkbox"/>
BSM 5.03		<input checked="" type="checkbox"/>
BSM 5.04		<input checked="" type="checkbox"/>
BSM 5.05	1	<input type="checkbox"/>
BSM 5.06	1	<input type="checkbox"/>
BSM 5.07	2	<input type="checkbox"/>
BSM 6	1	<input type="checkbox"/>
BSM 6.01	1	<input type="checkbox"/>
BSM 6.02	1	<input type="checkbox"/>
BSM 6.03	1	<input type="checkbox"/>
BSM 6.04	1	<input type="checkbox"/>
CR	2	<input type="checkbox"/>
CR 1	1	<input type="checkbox"/>
CR 1.01	2	<input type="checkbox"/>
CR 1.02	1	<input type="checkbox"/>
CR 1.03	1	<input type="checkbox"/>
CR 1.04	1	<input type="checkbox"/>
CR 1.05	1	<input type="checkbox"/>
CR 1.06	1	<input type="checkbox"/>

Ratings: 1 = Full Implementation, 2 = Substantial Implementation, 3 = Partial Implementation, 4 = Unsatisfactory Implementation, 5 or  = NA



Standard Code	Rating	NA
CR 1.07	1	<input type="checkbox"/>
CR 1.08		<input checked="" type="checkbox"/>
CR 1.09	1	<input type="checkbox"/>
CR 2	2	<input type="checkbox"/>
CR 2.01	1	<input type="checkbox"/>
CR 2.02	2	<input type="checkbox"/>
CR 2.03	1	<input type="checkbox"/>
CR 2.04	2	<input type="checkbox"/>
CR 2.05	2	<input type="checkbox"/>
CR 3	1	<input type="checkbox"/>
TS	2	<input type="checkbox"/>
TS 1	2	<input type="checkbox"/>
TS 1.01	1	<input type="checkbox"/>
TS 1.02	1	<input type="checkbox"/>
TS 1.03	2	<input type="checkbox"/>
TS 2	1	<input type="checkbox"/>
TS 2.01	1	<input type="checkbox"/>
TS 2.02	2	<input type="checkbox"/>
TS 2.03	1	<input type="checkbox"/>
TS 2.04	1	<input type="checkbox"/>
TS 2.05	1	<input type="checkbox"/>
TS 2.06	2	<input type="checkbox"/>
TS 2.07	1	<input type="checkbox"/>
TS 2.08		<input checked="" type="checkbox"/>
TS 2.09	1	<input type="checkbox"/>
TS 3	1	<input type="checkbox"/>
TS 3.01	2	<input type="checkbox"/>
TS 3.02	2	<input type="checkbox"/>
TS 3.03	1	<input type="checkbox"/>
TS 3.04	1	<input type="checkbox"/>
TS 3.05	1	<input type="checkbox"/>
TS 3.06	1	<input type="checkbox"/>
TS 3.07	1	<input type="checkbox"/>
TS 3.08	2	<input type="checkbox"/>
CM	1	<input type="checkbox"/>
CM 1	2	<input type="checkbox"/>
CM 2	1	<input type="checkbox"/>
CM 2.01	1	<input type="checkbox"/>
CM 2.02	1	<input type="checkbox"/>
CM 2.03	1	<input type="checkbox"/>
CM 3	2	<input type="checkbox"/>
CM 3.01	2	<input type="checkbox"/>
CM 3.02	2	<input type="checkbox"/>

Standard Code	Rating	NA
CM 3.03	1	<input type="checkbox"/>
CM 3.04	2	<input type="checkbox"/>
CM 3.05	2	<input type="checkbox"/>
CM 3.06	1	<input type="checkbox"/>
CM 3.07	2	<input type="checkbox"/>
CM 4	1	<input type="checkbox"/>
CM 4.01	1	<input type="checkbox"/>
CM 4.02	1	<input type="checkbox"/>
CM 4.03	2	<input type="checkbox"/>
CM 4.04	1	<input type="checkbox"/>
CM 4.05	1	<input type="checkbox"/>
CM 4.06	1	<input type="checkbox"/>
CM 5	1	<input type="checkbox"/>
CM 5.01	1	<input type="checkbox"/>
CM 5.02	1	<input type="checkbox"/>
CM 5.03	2	<input type="checkbox"/>
CM 5.04	1	<input type="checkbox"/>
CM 5.05	1	<input type="checkbox"/>
CM 6	1	<input type="checkbox"/>
CM 7	2	<input type="checkbox"/>
CM 7.01	1	<input type="checkbox"/>
CM 7.02	1	<input type="checkbox"/>
CM 7.03	1	<input type="checkbox"/>
CM 7.04	1	<input type="checkbox"/>
CM 7.05	2	<input type="checkbox"/>
CM 8	1	<input type="checkbox"/>
CM 8.01	1	<input type="checkbox"/>
CM 8.02	1	<input type="checkbox"/>
CM 8.03		<input checked="" type="checkbox"/>
CM 8.04	1	<input type="checkbox"/>
CM 8.05		<input checked="" type="checkbox"/>
CM 9	1	<input type="checkbox"/>
CM 9.01	1	<input type="checkbox"/>
CM 9.02	1	<input type="checkbox"/>
CM 9.03	1	<input type="checkbox"/>
CM 9.04	1	<input type="checkbox"/>
CM 10	1	<input type="checkbox"/>
CM 10.01	1	<input type="checkbox"/>
CM 10.02	1	<input type="checkbox"/>
CM 10.03	1	<input type="checkbox"/>
CM 10.04	1	<input type="checkbox"/>
CM 10.05	1	<input type="checkbox"/>
CM 10.06	1	<input type="checkbox"/>

Ratings: 1 = Full Implementation; 2 = Substantial Implementation; 3 = Partial Implementation; 4 = Unsatisfactory Implementation; 5 or  = NA

Standard Code	Rating	NA
CM 10.07	1	<input type="checkbox"/>
GLS	1	<input type="checkbox"/>
GLS 1	1	<input type="checkbox"/>
GLS 1.01	2	<input type="checkbox"/>
GLS 1.02		<input checked="" type="checkbox"/>
GLS 1.03	1	<input type="checkbox"/>
GLS 1.04	1	<input type="checkbox"/>
GLS 2	1	<input type="checkbox"/>
GLS 2.01	1	<input type="checkbox"/>
GLS 2.02	1	<input type="checkbox"/>
GLS 2.03	1	<input type="checkbox"/>
GLS 2.04	1	<input type="checkbox"/>
GLS 2.05	2	<input type="checkbox"/>
GLS 2.06	1	<input type="checkbox"/>
GLS 2.07	1	<input type="checkbox"/>
GLS 3	1	<input type="checkbox"/>
GLS 3.01	1	<input type="checkbox"/>
GLS 3.02	1	<input type="checkbox"/>
GLS 3.03	1	<input type="checkbox"/>
GLS 3.04	1	<input type="checkbox"/>
GLS 3.05	1	<input type="checkbox"/>
GLS 4	2	<input type="checkbox"/>
GLS 4.01	2	<input type="checkbox"/>
GLS 4.02	2	<input type="checkbox"/>
GLS 4.03	1	<input type="checkbox"/>
GLS 4.04	2	<input type="checkbox"/>
GLS 4.05	1	<input type="checkbox"/>
GLS 4.06	2	<input type="checkbox"/>
GLS 4.07	1	<input type="checkbox"/>
GLS 5	1	<input type="checkbox"/>
GLS 5.01	1	<input type="checkbox"/>
GLS 5.02	1	<input type="checkbox"/>
GLS 5.03	1	<input type="checkbox"/>
GLS 5.04	1	<input type="checkbox"/>
GLS 5.05	1	<input type="checkbox"/>
GLS 5.06	1	<input type="checkbox"/>
GLS 6	1	<input type="checkbox"/>
GLS 6.01	1	<input type="checkbox"/>
GLS 6.02	1	<input type="checkbox"/>
GLS 6.03	1	<input type="checkbox"/>
GLS 6.04	1	<input type="checkbox"/>
GLS 6.05	1	<input type="checkbox"/>
GLS 7	1	<input type="checkbox"/>

Standard Code	Rating	NA
GLS 7.01	1	<input type="checkbox"/>
GLS 7.02	1	<input type="checkbox"/>
GLS 7.03	1	<input type="checkbox"/>
GLS 7.04	1	<input type="checkbox"/>
GLS 7.05	1	<input type="checkbox"/>
GLS 7.06	1	<input type="checkbox"/>
GLS 7.07		<input checked="" type="checkbox"/>
GLS 8	1	<input type="checkbox"/>
GLS 8.01	2	<input type="checkbox"/>
GLS 8.02	1	<input type="checkbox"/>
GLS 8.03	1	<input type="checkbox"/>
GLS 8.04	1	<input type="checkbox"/>
GLS 8.05	2	<input type="checkbox"/>
GLS 8.06	2	<input type="checkbox"/>
GLS 8.07	1	<input type="checkbox"/>
GLS 9	1	<input type="checkbox"/>
GLS 9.01	1	<input type="checkbox"/>
GLS 9.02	1	<input type="checkbox"/>
GLS 9.03	1	<input type="checkbox"/>
GLS 9.04	1	<input type="checkbox"/>
GLS 9.05	1	<input type="checkbox"/>
GLS 10	1	<input type="checkbox"/>
GLS 10.01		<input checked="" type="checkbox"/>
GLS 10.02		<input checked="" type="checkbox"/>
GLS 10.03		<input checked="" type="checkbox"/>
GLS 10.04		<input checked="" type="checkbox"/>
GLS 10.05		<input checked="" type="checkbox"/>
GLS 10.06	1	<input type="checkbox"/>
GLS 10.07	1	<input type="checkbox"/>
GLS 10.08	2	<input type="checkbox"/>
GLS 11	1	<input type="checkbox"/>
GLS 11.01	1	<input type="checkbox"/>
GLS 11.02	1	<input type="checkbox"/>
GLS 11.03	1	<input type="checkbox"/>
GLS 12	2	<input type="checkbox"/>
GLS 12.01	2	<input type="checkbox"/>
GLS 12.02	1	<input type="checkbox"/>
GLS 12.03	2	<input type="checkbox"/>
GLS 12.04	2	<input type="checkbox"/>
GLS 12.05	1	<input type="checkbox"/>
GLS 13	1	<input type="checkbox"/>
GLS 13.01	1	<input type="checkbox"/>
GLS 13.02	1	<input type="checkbox"/>

Standard Code	Rating	NA
GLS 13.03	1	<input type="checkbox"/>
GLS 13.04	1	<input type="checkbox"/>
GLS 13.05	2	<input type="checkbox"/>
GLS 13.06	2	<input type="checkbox"/>
GLS 14	2	<input type="checkbox"/>
GLS 14.01	2	<input type="checkbox"/>
GLS 14.02	2	<input type="checkbox"/>
GLS 14.03		<input checked="" type="checkbox"/>
GLS 14.04	2	<input type="checkbox"/>
GLS 14.05	2	<input type="checkbox"/>
GLS 14.06	2	<input type="checkbox"/>
GLS 14.07	1	<input type="checkbox"/>
GLS 15	1	<input type="checkbox"/>
GLS 15.01	1	<input type="checkbox"/>
GLS 15.02	1	<input type="checkbox"/>
GLS 15.03	1	<input type="checkbox"/>
GLS 15.04	1	<input type="checkbox"/>
GLS 15.05	1	<input type="checkbox"/>
GLS 15.06	1	<input type="checkbox"/>
GLS 16	1	<input type="checkbox"/>
GLS 16.01	1	<input type="checkbox"/>
GLS 16.02	1	<input type="checkbox"/>
GLS 16.03	1	<input type="checkbox"/>
GLS 16.04	1	<input type="checkbox"/>
GLS 16.05	1	<input type="checkbox"/>
GLS 16.06	1	<input type="checkbox"/>
GLS 16.07	1	<input type="checkbox"/>
GLS 16.08	1	<input type="checkbox"/>
GLS 16.09	1	<input type="checkbox"/>
GLS 16.10	1	<input type="checkbox"/>
GLS 17	1	<input type="checkbox"/>
GLS 17.01	1	<input type="checkbox"/>
GLS 17.02	1	<input type="checkbox"/>
GLS 17.03	1	<input type="checkbox"/>
GLS 17.04	1	<input type="checkbox"/>
GLS 17.05	1	<input type="checkbox"/>
GLS 18	1	<input type="checkbox"/>
GLS 18.01	1	<input type="checkbox"/>
GLS 18.02	1	<input type="checkbox"/>
GLS 18.03	1	<input type="checkbox"/>
GLS 18.04	1	<input type="checkbox"/>
GLS 19	1	<input type="checkbox"/>
GLS 19.01	1	<input type="checkbox"/>

Ratings: 1 = Full Implementation, 2 = Substantial Implementation, 3 = Partial Implementation, 4 = Unsatisfactory Implementation, 5 or  = NA

Standard Code	Rating	NA
GLS 19.02	1	<input type="checkbox"/>
GLS 19.03	1	<input type="checkbox"/>
GLS 19.04	1	<input type="checkbox"/>
GLS 19.05	1	<input type="checkbox"/>
GLS 19.06	1	<input type="checkbox"/>
MHSU	2	<input type="checkbox"/>
MHSU 1	1	<input type="checkbox"/>
MHSU 1.01	1	<input type="checkbox"/>
MHSU 1.02	1	<input type="checkbox"/>
MHSU 1.03	1	<input type="checkbox"/>
MHSU 1.04	1	<input type="checkbox"/>
MHSU 2	1	<input type="checkbox"/>
MHSU 2.01	1	<input type="checkbox"/>
MHSU 2.02	1	<input type="checkbox"/>
MHSU 2.03	1	<input type="checkbox"/>
MHSU 3	1	<input type="checkbox"/>
MHSU 3.01	1	<input type="checkbox"/>
MHSU 3.02	1	<input type="checkbox"/>
MHSU 3.03	1	<input type="checkbox"/>
MHSU 3.04	1	<input type="checkbox"/>
MHSU 3.05	1	<input type="checkbox"/>
MHSU 3.06	1	<input type="checkbox"/>
MHSU 3.07	1	<input type="checkbox"/>
MHSU 3.08	1	<input type="checkbox"/>
MHSU 4	1	<input type="checkbox"/>
MHSU 4.01	1	<input type="checkbox"/>
MHSU 4.02	1	<input type="checkbox"/>
MHSU 4.03	1	<input type="checkbox"/>
MHSU 4.04	1	<input type="checkbox"/>
MHSU 4.05	1	<input type="checkbox"/>
MHSU 4.06	3	<input type="checkbox"/>
MHSU 4.07	1	<input type="checkbox"/>
MHSU 4.08	1	<input type="checkbox"/>
MHSU 5	1	<input type="checkbox"/>
MHSU 5.01	1	<input type="checkbox"/>
MHSU 5.02	1	<input type="checkbox"/>
MHSU 5.03	1	<input type="checkbox"/>
MHSU 5.04	1	<input type="checkbox"/>
MHSU 5.05	1	<input type="checkbox"/>
MHSU 6	1	<input type="checkbox"/>
MHSU 6.01	1	<input type="checkbox"/>
MHSU 6.02	1	<input type="checkbox"/>
MHSU 6.03	1	<input type="checkbox"/>

Ratings: 1 = Full Implementation, 2 = Substantial Implementation, 3 = Partial Implementation, 4 = Unsatisfactory Implementation, 5 or  = NA

Standard Code	Rating	NA
MHSU 6.04	1	<input type="checkbox"/>
MHSU 6.05	1	<input type="checkbox"/>
MHSU 9	1	<input type="checkbox"/>
MHSU 9.01	1	<input type="checkbox"/>
MHSU 9.02	2	<input type="checkbox"/>
MHSU 10	1	<input type="checkbox"/>
MHSU 9.03	2	<input type="checkbox"/>
MHSU 10.01	1	<input type="checkbox"/>
MHSU 9.04	1	<input type="checkbox"/>
MHSU 10.02	1	<input type="checkbox"/>
MHSU 9.05	1	<input type="checkbox"/>
MHSU 10.03		<input checked="" type="checkbox"/>
MHSU 11	1	<input type="checkbox"/>
MHSU 11.01	1	<input type="checkbox"/>
MHSU 11.02	1	<input type="checkbox"/>
MHSU 11.03		<input checked="" type="checkbox"/>
MHSU 11.04	1	<input type="checkbox"/>
MHSU 11.05	2	<input type="checkbox"/>
MHSU 12	2	<input type="checkbox"/>
MHSU 12.01	2	<input type="checkbox"/>
MHSU 12.02	2	<input type="checkbox"/>
MHSU 13.01	3	<input type="checkbox"/>
MHSU 12.03	2	<input type="checkbox"/>
MHSU 12.04	2	<input type="checkbox"/>
MHSU 13	2	<input type="checkbox"/>
MHSU 13.05	1	<input type="checkbox"/>
MHSU 13.02	2	<input type="checkbox"/>
MHSU 13.03	1	<input type="checkbox"/>
MHSU 13.04	2	<input type="checkbox"/>
MHSU 13.06	1	<input type="checkbox"/>
MHSU 13.07		<input checked="" type="checkbox"/>
MHSU 13.08		<input checked="" type="checkbox"/>
MHSU 13.09	1	<input type="checkbox"/>





**CONTRACTOR QUALIFICATIONS**

Referenced in RFQ Section -

2.2 Minimum Qualifications

A.7.

East Arkansas Youth Services, Inc. receives "clean" or "unqualified" audits from the accounting firm of Watkins Uiberall, CPA's. This means that there were "no findings" to report as reflected in the reports. See audits and financial statements from FY 2017-2018 and FY2018-2019 on the following pages of this response packet for documentation requested in this section of sound financial practices and sustainability.

**EAST ARKANSAS YOUTH SERVICES, INC.**

**FINANCIAL STATEMENTS**

June 30, 2019



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**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING  
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT  
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH  
GOVERNMENT AUDITING STANDARDS**

To the Board of Directors  
East Arkansas Youth Services, Inc.  
Marion, Arkansas

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of East Arkansas Youth Services, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2018, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 14, 2018.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered East Arkansas Youth Services, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of East Arkansas Youth Services, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### Compliance and Other Matters

As part of obtaining reasonable assurance about whether East Arkansas Youth Services, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Memphis, Tennessee  
September 14, 2018

**EAST ARKANSAS YOUTH SERVICES, INC.**  
**SCHEDULE OF FINDINGS AND RESPONSES**

For the Year Ended June 30, 2018

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There were no findings for the 2018 and 2017 fiscal years.

## **CONTRACTOR QUALIFICATIONS**

Referenced in RFQ Section -

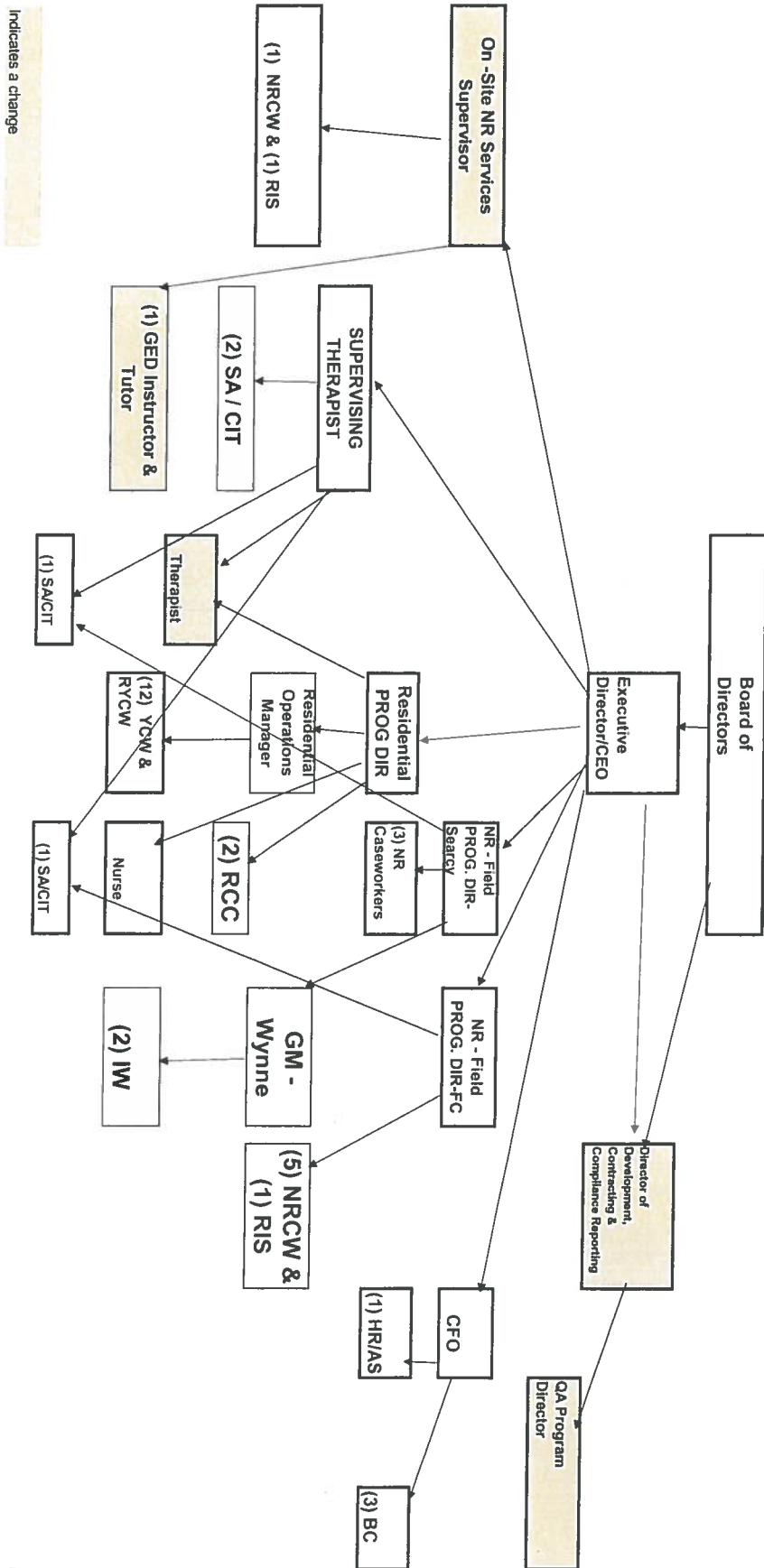
2.2 Minimum Qualifications

A.8.

On the following pages of this response packet are documents requested in this section. These are the agency's current  
1) Organizational Chart, 2) the Residential and Placement Licenses and 3) the Health Department License.

East Arkansas Youth Services, Inc. Organizational Chart

2019-2020  
 1/1/2020



Indicates a change

\* Treatment staff have joint supervision with the Program Director and Supervising Therapist



# The Arkansas Child Welfare Agency Review Board

*in cooperation with*

## Arkansas Department of Human Services

### Division of Children and Family Services

*Certifies that*

EAST ARKANSAS YOUTH SERVICES, INC.  
104 CYPRESS STREET  
MARION, ARKANSAS 72363

is hereby issued LICENSE # 10064 effective date February 24, 1998

FOR THE PURPOSE OF PROVIDING RESIDENTIAL CARE/PLACEMENT SERVICES IN THE STATE OF ARKANSAS  
THE SPECIFIC SERVICES AUTHORIZED BY THIS LICENSE ARE:

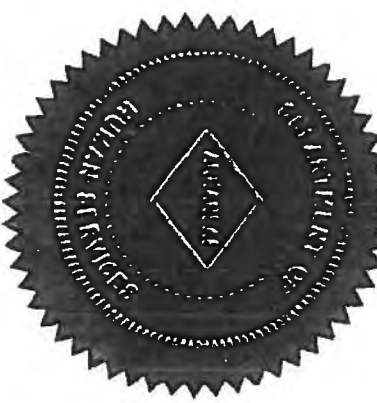
- Residential Services: Capacity: 20
- Residential Facility
- Emergency Shelter
- Psychiatric Residential Treatment Facility
- Sexual Offender Program

- Placement Services:
- Adoptive Placement
- Foster Care Placement
- Residential Placement
- Therapeutic Foster Care Placement

THIS IS A REGULAR LICENSE AND WILL REMAIN IN EFFECT UNTIL SUCH TIME AS IT IS CHANGED TO ANOTHER TYPE OF LICENSE OR CLOSED.

In Witness whereof, we have set our hand on this 24/1998

By [Signature]  
Chairman  
Child Welfare Agency Review Board



CFS-337 (01/98)

# The Arkansas Child Welfare Agency Review Board

In cooperation with

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

Certifies that  
East Arkansas Youth Services, Inc.  
104 Cypress  
Marion, AR 72364

Bid No. 710-20-0003

Is hereby issued LICENSE #: 10084 Effective Date: April 27, 2010

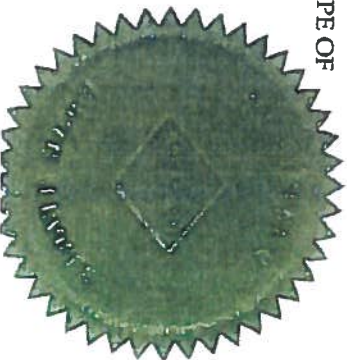
FOR THE PURPOSE OF PROVIDING RESIDENTIAL CARE/PLACEMENT SERVICES IN THE STATE OF ARKANSAS.  
THE SPECIFIC SERVICES AUTHORIZED BY THE LICENSE ARE:

- |   |                       |  |
|---|-----------------------|--|
| Residential Services:   | Capacity: _Ages: ____ | Placement Services:  |
| <input type="checkbox"/> Residential Facility                       |                       | <input type="checkbox"/> Adoptive Placement                |
| <input type="checkbox"/> Emergency Shelter                          |                       | <input type="checkbox"/> Foster Care Placement             |
| <input type="checkbox"/> Psychiatric Residential Treatment Facility |                       | <input checked="" type="checkbox"/> Residential Placement  |
| <input type="checkbox"/> Sexual Offender program                    |                       | <input type="checkbox"/> Therapeutic Foster Care Placement |
| <input type="checkbox"/> Independent Living                         |                       |  |

THIS IS A REGULAR LICENSE AND WILL REMAIN IN EFFECT UNTIL SUCH TIME AS IT IS CHANGED TO ANOTHER TYPE OF LICENSE OR CLOSED.

In Witness whereof

By: [Signature] 02/26/2013  
Chairman, Child Welfare Agency Review Board





**Arkansas Department of Health**

East Arkansas Youth Services, Inc.

4815 West Markham Street

Little Rock Arkansas 72205-3867

Bid No. 710-20-0003

78

Invoice Number 22872955

Please return permit fee within 30 days. 50% Penalty on Accounts 60 days past due. Questions call 501-661-2171

EAST ARKANSAS YOUTH SERVICES C  
104 CYPRESS

MARION AR 72364

Date: 6/3/2019  
Customer Number: 0010180242  
License Number: 180242  
County: Crittenden

22872955	Invoice	Balance Brought Forward	\$0.00
		Retail Food Establishments	\$35.00
		Please Pay This Amount -->	\$35.00

Now Renew Your License Online!  
Go to [https://www.ark.org/dhhs\\_permits/index.php](https://www.ark.org/dhhs_permits/index.php)  
Login Using Your Renewal ID and Verification Code

RECEIVED  
JUN 12 2019  
BY: *ap*

Email:

Renewal ID: 0010180242

Verification Code: 1113

EAST ARKANSAS YOUTH SERVICES C  
104 CYPRESS

MARION AR 72364  
8707394219

Account #: \_\_\_\_\_  
Approved By: *JS*  
Date Approved: *6/12/19*

PLEASE DETACH AND RETURN WITH YOUR CHECK PAYABLE TO  
ARKANSAS DEPARTMENT OF HEALTH

Invoice 22872955 Qty. 1

EAST ARKANSAS YOUTH SERVICES C  
104 CYPRESS

MARION AR 72364

Arkansas Department of Health  
Env Food Retail  
4815 W Markham St, Slot 29  
Little Rock AR 72205

DATE:	CUSTOMER NUMBER
6/3/2019	0010180242

TYPE	NUMBER:
FS101	180242

AMOUNT DUE:	\$35.00
-------------	---------

If you have address, phone, or company corrections, use the back of this stub and check this box

## **COMMUNITY COLLABORATION**

Referenced in RFQ Section -

### 2.4 Community Collaborations and Partnerships

On the pages that follow of this response is a Community Partnership Matrix for REGION 4 which combines two Judicial Districts 1 and 17.

The Matrix, and the accompanying narrative and support letters, outline the "Scope of Work" referenced in Section 2.3 of the RFQ. To meet the requirement of (A)10 of this section, is an Acknowledgement of Mandatory and Optional Services for the Region. There are three Judges in this region: Ann Hudson – 1<sup>st</sup> JD, Craig Hannah – 17<sup>th</sup> JD and Robert Edwards -17<sup>th</sup> JD. As of the submission of this response only one of these Acknowledgement documents have been signed (Judge Hudson). Judge Edwards is hospitalized. Judge Hannah has not responded to our e-mail, fax or telephone attempts to contact him. The Courts and courthouses are closed due to the COVID19 pandemic and we anticipate that we will be able to obtain the other two signatures when business resumes at a more normal level. The RFQ indicates that these can be submitted 30 calendar days prior to the contract start date.

The Matrix narrative documents and explains how that the proposed response meets all of the requirements of mandatory and optional services proposed and how they will be delivered in Region 4.

**REGION 4**

**East Arkansas Youth Services, Inc.**

**COMMUNITY PARTNERSHIP MATRIX**

**OF**

**DYS FUNDED COMMUNITY BASED YOUTH SERVICES**

**FOR**

**CROSS, LEE, MONROE, PHILLIPS, PRAIRIE, ST. FRANCIS, WHITE & WOODRUFF COUNTIES**

REGION 4											
Community Partnership Matrix	Judicial System including Prosecutors	Juvenile Intake & Probation Staff	Behavioral Health Treatment Providers	Substance Use/Abuse Treatment Providers	Law Enforcement	Community Service Organizations	Advocacy Organizations	Minority Health Organizations	Peer support Groups	Schools	CBP - EAYS
Mandatory Services											
Utilization of SAVRY when applicable	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
Case Management/Casework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Behavioral Treatment Approach Individual & Groups						<input type="checkbox"/>					<input type="checkbox"/>
Independent Living Skills						<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Parenting Classes for parents and Juvenile who are Parents	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>					<input type="checkbox"/>
Court Appearance	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
Mentoring						<input type="checkbox"/>					<input type="checkbox"/>
Vocational Services & Career Support						<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Community/Field Evaluations for Re-Entry Youth Treatment & Re-Entry Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-DYS Residential Re-Entry Services for Committed Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Services											
Substance Use Individual & Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>							<input type="checkbox"/>
Short-Term Placement Emergency Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual & Group Therapy when no Pay Source by an LCSW				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>
Intensive Supervision & Tracking	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>
Day & Evening Reporting	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service Supervision	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
Transportation											<input type="checkbox"/>

The following narrative explains the **Region 4 Community Partnership Matrix** and how the services are provided by the Community Based Youth Service Provider - East Arkansas Youth Services, Inc. and how the agency will interface, interact, collaborate and partner to deliver the listed services in Region 4. In addition, the services and programs will be provided within the guidelines and performance standards set forth by the Division of Youth Services.

Community Based Youth Service Provider or CBP and East Arkansas Youth Services, Inc. or EAYS will be used synonymously throughout this document.

**Mandatory Services:**

**Utilization of the SAVRY** – The Courts will ensure that the SAVRY is performed on each youth when it is appropriate and applicable. These assessments are completed by trained court staff/ juvenile officers. When youth are court ordered to CBP services with EAYS, the court will share with EAYS the results of recommended services and other information that could impact the manner and method of which services are delivered to provide for the most effective treatment approach.

**Case Management/Casework** – When youth are ordered by the Court or referred by Juvenile Officers for case management or casework services, depending on the presenting problem, the CBP may refer to an outside behavioral health professional or agency and assist in enrollment if the youth has Medicaid or another payment source. The CBP may also refer to another community service organization, a health clinic or peer support group if/as outlined in the youth’s individual case plan. The CBP will also interact directly with the school or the educational program that is most appropriate to meet the youth’s needs to assist with and treat the presenting problem. There are several interventions that can be accomplished directly by the CBP such as Substance Use/Abuse Counseling, Advocacy in the community or with the school on behalf of the youth, Cognitive Based Treatment Groups, Parenting Groups and several other direct services listed in the Matrix.

**Cognitive Behavioral Treatment** - The CBP of EAYS will administer Cognitive Behavioral Treatment (CBT) groups to youth through its casework staff. The groups will be facilitated by staff who have been trained in an approved CBT curriculum that utilizes the risk, need, and responsivity model. The CBP will also continue to facilitate the evidence-based program of Power Source, which is also a CBT program, that is used for individual and group sessions. These groups will take place at the Day & Evening Reporting Center where EAYS is in active partnership with the Boys2Men/Girls2Women Program which is a Community Service Organization. EAYS also has two other physical sites in the Region where groups will be conducted.

**Independent Living Skills** – The CBP of EAYS will and has delivered Independent Living Skills through its casework staff. The CBP will also augment this by engaging the assistance of the local school to enroll appropriate students in classes offered through the curriculum that address these topics. Also, groups and individual sessions will take place at the Day & Evening Reporting Center where EAYS is in active partnership with the Boys2Men/Girls2Women Program which is a Community Service Organization. EAYS also has two other physical sites in the Region for gathering youth for instruction and interaction. The CBP will provide materials, examples, workbooks, presentations regarding living independent within

an approved curriculum is which staff have been trained for age appropriate youth to ensure their success and/or re-entry in the community where they live.

**Parenting Classes for parents of youth and for youth who are parents-** The Court and/or Juvenile Intake and Probation staff will order and/or refer a youth and his parents or guardians as appropriate to participate in Parenting Classes as part of a Diversion Agreement or the Disposition of a Delinquency Case. The curriculums used by EAYS are Active Parenting of Teens and Power Source Parenting which is for youth who are parents. Both are evidence- based. Sessions will take place at the Day & Evening Reporting Center where EAYS is in active partnership with the Boys2Men/Girls2Women Program which is a Community Service Organization. EAYS also has two other physical sites in the Region for gathering youth and/or parents for instruction and interaction.

**Court Appearance** – The EAYS caseworkers and program directors routinely attend Juvenile Court to 1) provide the court with alternatives to more restrictive measures like detention or commitment 2) advocate for youth to receive the most appropriate least restrictive services 3) assist probation staff by providing progress reports or updates on the youth referred to them during the review hearing process 4) assist the Court and court staff with details of individual youth’s re-entry plan and process. EAYS currently has and will continue to have staff in Juvenile Court on any date that it is scheduled. EAYS staff takes referrals, gives testimony and numerous other tasks as needed.

**Mentoring** – The CBP will, with the assistance and input of the parents/family, identify appropriate mentors for all youth in the re-entry phase of the system. Mentors could be a family member, family friend, school personnel or other positive responsible adult that can offer support to the youth during and beyond the period of formal re-entry. It may even be a CBP staff person or caseworker. When the mentors are identified, EAYS staff will provide an orientation and guidance of the mentoring role. If needed, the CBP can offer safe spaces for mentors to meet with the youth, including the Community Service Organization – Boys2Men, where EAYS has a service site and active partnership/agreement and also at two other locations in the Region where EAYS has facilities that can be used for this purpose. EAYS has not in the past provided a formal mentoring program, but we have had association with other programs that provide informal mentoring programs.

**Vocational Services & Career Support** – The CBP through the TANF program, a federal source, will apply for TANF funds through DYS for the purpose of hiring a Vocational Career Coach that will serve all of the eight counties of Region 4. This staff person will assist in steering youth to the appropriate vocational training and career preparations and then encouraging and supporting them in this path. In addition, the Vocational Career Coach will use the local school curriculum offerings when appropriate, local vocational schools and the Community Service Organization of Workforce Services as resources to complete and strengthen the service.

**Community Field Evaluations for Re-Entry Youth** – The CBP will provide a Community Field Evaluation for all youth committed to the Division of Youth Services. Casework staff are present in Court when youth are committed and begin this process at that time. EAYS caseworkers meet with parents and the youth immediately following the youth being committed. The staff begin collecting information for the Field Evaluation at that time. The CBP staff will gather information from court and probation records with the cooperation of the Court and court staff. Further, it is possible that the CBP could access all of the community partners in this effort depending on the history of the youth pulling together data and documents from the school, the mental health provider, if applicable, law enforcement and any other



community partner with which the youth has been involved. This is a comprehensive document that when completed is provided to DYS institutional placement staff to aid in guiding the youth's treatment regimen.

**Treatment & Re-Entry Planning** - The CBP and the Court Staff will work with the DYS treatment team, possibly local mental health professionals and the local school or other education program in development of the Re-Entry or Aftercare Plan. The family where the youth is going to live will most definitely be engaged fully in this effort. All partners have the potential to be accessed in this phase of re-entry on a case by case basis based on the needs of the individual youth.

**Post DYS Residential Re-Entry** – When youth are released to the community from DYS residential for re-entry, depending on the presenting problem, the CBP may refer to an outside behavioral health professional or agency and assist in enrollment if the youth has Medicaid or another payment source. The CBP may also refer to another community service organization, a health clinic or peer support group if/as outlined in the youth's individual case plan. The CBP will also interact directly with the school or the educational program that is most appropriate to meet the youth's needs to assist with and aid in the reintegration in accordance with the established re-entry plan. There are several interventions that can be accomplished directly by the CBP such as Substance Use/Abuse Counseling, Advocacy in the community or with the school on behalf of the youth, Cognitive Based Treatment Groups, Parenting Groups, Mentoring, Vocation & Career Support and several other direct services listed in the Matrix.

#### **Optional Services:**

**Substance Use/Abuse Individual & Group Counseling** – When ordered or referred by Court or Court Staff the CBP will assess and provide Individual and/or Group Counseling using (3) Counselors In Training (CITS) in Region 4, employed by the CBP, and registered with the State Substance Abuse Counseling Board on a specific tract for certification by the State of Arkansas. (One staff member has completed all course work and supervision, has taken the test and is waiting on official results.) These staff receive on-site supervision by a Licensed Professional Social Worker and also Clinical Supervision of staff provided by contractual arrangement with a Certified Substance Abuse Counselor who is employed by the Department of Corrections. (This is not a contract to provide the service to clients, but to provide the required clinical supervision to staff as part of the certification process.) This person has an added certification to perform Clinical Supervision of CITS. Youth in this service receive individual and group counseling, if assessed at this level, or group only if the assessment performed does not indicate the need for counseling yet the court has ordered. Youth in this program are subject to drug testing but for therapeutic purposes as these tests do not meet evidentiary standard to be used in court.

**Short-Term Placement Emergency Shelter** – EAYS will provide or designate a total of (5) beds in the EAYS Group Home in Marion for Region 4 for when youth are ordered by the Court or referred by Court staff to this service. While in this service, youth will receive a health screening and education by a Registered Nurse employed by the CBP. Residents of the Group Home attend public school in the Marion School District or the on-site GED Day Services Program provided by EAYS, whichever is most appropriate. Each youth will have an individual case or treatment plan to guide their treatment while at the Group Home. Depending on the need youth in this service may also be provided with therapy interventions by a Behavioral Health Treatment Provider and may receive services by a Health Clinic and a Peer Support Group. EAYS Group Home directly provides other services or interventions as needed for example: Substance Use/Abuse Individual & Group Counseling, Community Service Supervision,

Advocacy and other positive rewards and incentives. EAYS provides group work and individual interventions in the Group Home, through the Power Source curriculum, a cognitive based approach, that is published and distributed by the Lion Heart Foundation. Power Source is an evidence-based program. Since the Group Home is not a “lock-up” or secure facility, youth sometimes leave without permission or “runaway”. It is during this time that we must utilize our partnership with law enforcement to assist us in finding and bringing them back to safety.

**Individual & Group/Family Therapy by an LCSW (when there is no Pay Source)** – EAYS will provide on a limited case by case basis Individual or Family Therapy by a Licensed Clinical Social Worker employed by EAYS, when youth who are ordered by the court or referred by court staff do not have Medicaid or a pay source to provide needed therapy as part of a treatment or case plan.

**Intensive Supervision & Tracking** - This service is popular with the Court as a Sanction, for youth with whom it is difficult to locate or maintain contact. When referred by the Court, EAYS caseworkers will have (3) face-to-face contacts with clients per week ideally, at home, school or in the community. With this service, if staff cannot locate the youth at the first attempt they continue to “track” the youth until all options are exhausted. The Day & Evening Reporting Center does provide an opportunity for clients in some areas of the Region the opportunity to be proactive and report initially without having to be tracked. Intensive Supervision & Tracking does not have the “technology” that electronic monitoring devices have, but it has face-to-face human contact with a youth service professional which has much more therapeutic value. (Our agency had in the past provided electronic monitoring. Then several years ago in an article published by OJJDP on the benefits of electronic monitoring. The article indicated that it was determined that the service has almost no effect on re-offending except when paired with casework services and direct contact with a youth service professional.)

**Day & Evening Reporting** - The Day & Evening Reporting Center operated by EAYS is much more than just an office opened after hours. It is a “hub” of community activities for a low-income neighborhood serving an immediate geographic area and beyond. When ordered by the Court, youth who are not attending school for a variety of reasons can come to the site and do their school work using technology provided by EAYS and in partnership with the school. Probation staff can check on them at the Reporting Center anytime they are there. The Center is also the headquarters of the grassroots Community Service Organization, Boy2Men/Girls2Women. The Center is a gymnasium that was previously part of a school, now in the center of a City Park with its use granted to the Boys2Men program. EAYS has been in partnership with the City and Boys2Men at growing and continuing levels for approximately 6 years. The General Manager of the Reporting Center is an employee of EAYS and is also the founder of the Boys2Men program. Other activities at the facility in addition to “compliance reporting” include: Power Source, Power Source Parenting, Substance Use/Abuse Groups, Structured Recreation, Motivational Presentations, Community Service and many other opportunities for youth under DYS services to participate and benefit from that are at no cost to the youth. A positive relationship with local law enforcement provides for assistance in keeping the area safe. (One of the staff members at the center is also a police officer in a small neighboring city.)

**Community Service Supervision** – This is a sanction service when ordered by the Court to provide Community Service as part of the disposition in a Delinquency Case. Youth providing Community Service are supervised by EAYS staff and the amount of time that the youth provides the service is documented. Sometimes this work is performed in the park of the Day & Evening Reporting Center or can be done at any approved site where local government or other community agencies are agreeable to host.

Particularly service that is related to giving back to the community or to more vulnerable populations and operations (i.e. animal shelters) are the most effective at making impressions on youth.

**Transportation** – Whether Diversion, FINS, Delinquents or Re- Entry Youth, the CBP will provide transportation when needed to youth served and/or their primary care giver and legal guardian and when this is necessary for following the treatment or case plan. EAYS will not use a partnership with any agency to provide this service. It will be provided in total by the CBP.

**List of Letters of Agreement & Support Letters from Community Partners:**

Judicial System/Prosecutor's Office

Vincent Guest – Deputy Prosecuting Attorney, Cross County – 1<sup>st</sup> JD  
Jarvis Smith – Juvenile Probation Officer, Phillips, Lee & Monroe Counties – 1<sup>st</sup> JD  
Jamie Parson- Juvenile Intake Officer, Prairie County – 17<sup>th</sup> JD  
Amy L. Light – Juvenile Chief of Staff, White County – 17<sup>th</sup> JD

Behavioral Health Treatment Provider

Catherine Nelson, LCSW -Midsouth Health Systems – 1<sup>st</sup> & 17<sup>th</sup> JD's

Licensed Substance Abuse Treatment Provider

Syrna Bowers, Clinical Supervisor- Arkansas Department of Corrections  
Independent Consultant – 1<sup>st</sup> & 17<sup>th</sup> JD's

Law Enforcement

Felica Ester- Sheriff's Department, Saint Francis County – 1<sup>st</sup> JD  
Dewayne Mayher – Assistant Chief of DesArc Police, Prairie County – 17<sup>th</sup> JD  
Jackie E. Clark – Chief of Wynne Police, Cross County – 1st JD  
Deon Lee- Chief of Forrest City Police, Saint Francis County – 1<sup>st</sup> JD

Community Service/ Advocacy & Peer Support Organizations

Darin McCollum- CEO Boys & Girls Club Crittenden Co. – Serves Group Home for 1<sup>st</sup> & 17<sup>th</sup> JD's  
John G. Smith- General Manager Boys2Men Program, Cross Co. – Serves 1<sup>st</sup> JD & 17<sup>th</sup> JD's  
Chelsea Long- Area Director Young Life Inc.- Serves Group Home for 1<sup>st</sup> & 17<sup>th</sup> JD's

Schools

Cheryl Holland, Principal DesArc High School, Prairie County – 17<sup>th</sup> JD  
Debra Chapman, Teacher Forrest City Junior High School, Saint Francis County – 1<sup>st</sup> JD  
Julie Coveny, Director of Federal Programs Marion Schools – Serves Group Home  
for 1<sup>st</sup> & 17<sup>th</sup> JD's  
Lisa Lovely, School Counselor, Counselor Marion Junior High School – Serves Group Home  
for 1<sup>st</sup> & 17<sup>th</sup> JD's

- The letters collected are not exhaustive of all of the collaborative partnerships that exist between community entities and EAYS. For example: EAYS has an ongoing relationship with East Arkansas Family Health Center (which also operates school-based clinics in the Region) but due to the current COVID19 pandemic, our contacts were not able to secure a letter at this time. We will continue to work to secure letters from this minority health organization and others when contact restrictions are relaxed.

East Arkansas Youth Services, Inc.  
Technical Proposal - Region 4

Bid No. 710-20-0003

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

This letter is written in support of East Arkansas Youth Services, Inc. (EAYS) and its proposal to continue providing State Contracted Community Based Youth Services in my community in Eastern Arkansas.

EAYS has a long history in youth services beginning in 1989 in Crittenden County with a shelter facility. Then in 1997 through a competitive bid process, EAYS became the community-based provider for the six counties of the 1<sup>st</sup> Judicial District basing its office in Forrest City. Most recently (2018), EAYS has assumed the provider role in the 17<sup>th</sup> Judicial District for White and Prairie Counties after the contracting agency in that area was dissolved.

This letter serves as acknowledgement and in support of the agency's proposal and to communicate to the State Division of Youth Services that my staff, my office and/or I will continue to work with EAYS in finding appropriate alternatives to secure confinement and/or commitment to DYS in the service area where I work or have jurisdiction. We/I will work with EAYS using evidence-based methods and best practices to ensure to the best of my ability that youth in our community are getting the most appropriate and needed services possible to prevent their further penetration into the Juvenile Justice System.

Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

<u>Vincent Guest DPA</u>	<u>Vt E. JT</u>	<u>04.01.20</u>
Name	Title	Signature
		Date

E-mail: vequest@gmail.com Phone: 870-208-8881

Relationship to the Juvenile Justice System (Please check all that apply):

Judicial System

Prosecutor's Office

Behavioral Health Treatment Provider \_\_\_\_\_

Licensed Substance Abuse Treatment Provider \_\_\_\_\_

Law Enforcement \_\_\_\_\_

Community Service Organization \_\_\_\_\_

Advocacy Organization \_\_\_\_\_

Minority Health Organization \_\_\_\_\_

Peer Support Group \_\_\_\_\_

School \_\_\_\_\_

Other (specify) \_\_\_\_\_

East Arkansas Youth Services, Inc.  
Technical Proposal - Region 4

Bid No. 710-20-0003

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

This letter is written in support of East Arkansas Youth Services, Inc. (EAYS) and its proposal to continue providing State Contracted, Community Based Youth Services in my community in Eastern Arkansas.

EAYS has a long history in youth services beginning in 1989 in Crittenden County with a shelter facility. Then in 1997 through a competitive bid process, EAYS became the community-based provider for the six counties of the 1<sup>st</sup> Judicial District basing its office in Forrest City. Most recently (2018), EAYS has assumed this provider role in the 17<sup>th</sup> Judicial District for White and Prairie Counties after the contracting agency in that area was dissolved.

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Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

JARVIS Smith J.P.O. Jarvis Smith 4/2/20  
Name Title Signature Date  
E-mail: JARVIS.LSmith@2200.ca Phone: (870) 714-5488

Relationship to the Juvenile Justice System (Please check all that apply):

- Judicial System 1st Judicial District
- Prosecutor's Office \_\_\_\_\_
- Behavioral Health Treatment Provider \_\_\_\_\_
- Licensed Substance Abuse Treatment Provider \_\_\_\_\_
- Law Enforcement  \_\_\_\_\_
- Community Service Organization \_\_\_\_\_
- Advocacy Organization \_\_\_\_\_
- Minority Health Organization \_\_\_\_\_
- Peer Support Group \_\_\_\_\_
- School \_\_\_\_\_
- Other (specify) \_\_\_\_\_

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

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Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

Jamie Parson Juvenile Intake Jamie Parson 4-1-20  
Name Title Signature Date  
E-mail: prcojjuvcourt@hotmail.com Phone: 870-256-4990-ofc  
870-830-6575-cell

Relationship to the Juvenile Justice System (Please check all that apply):

- Judicial System  \_\_\_\_\_  
Prosecutor's Office \_\_\_\_\_  
Behavioral Health Treatment Provider \_\_\_\_\_  
Licensed Substance Abuse Treatment Provider \_\_\_\_\_  
Law Enforcement \_\_\_\_\_  
Community Service Organization \_\_\_\_\_  
Advocacy Organization \_\_\_\_\_  
Minority Health Organization \_\_\_\_\_  
Peer Support Group \_\_\_\_\_  
School \_\_\_\_\_  
Other (specify) \_\_\_\_\_

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

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Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

Amy L. Light	White Co. Juvenile Chief of Staff/Intake	<i>Amy L. Light</i>	04/02/2020
Name	Title	Signature	Date

E-mail: amy.light@wcjuv.com Phone: 501-279-6235, ext. 1

Relationship to the Juvenile Justice System (Please check all that apply):

Judicial System

Prosecutor's Office

Behavioral Health Treatment Provider

Licensed Substance Abuse Treatment Provider

Law Enforcement

Community Service Organization

Advocacy Organization

Minority Health Organization

Peer Support Group

School

Other (specify)

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

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Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

<u>Catherine Nelson, LCSW</u>	<u>Catherine Nelson, LCSW</u>	<u>4/3/2020</u>
Name	Title	Signature
		Date

E-mail: cnelson@mskhs.org Phone: 870-815-0281

Relationship to the Juvenile Justice System (Please check all that apply):

Judicial System \_\_\_\_\_

Prosecutor's Office \_\_\_\_\_

Behavioral Health Treatment Provider  Mid South Health Systems

Licensed Substance Abuse Treatment Provider \_\_\_\_\_

Law Enforcement \_\_\_\_\_

Community Service Organization \_\_\_\_\_

Advocacy Organization \_\_\_\_\_

Minority Health Organization \_\_\_\_\_

Peer Support Group \_\_\_\_\_

School \_\_\_\_\_

Other (specify) \_\_\_\_\_



East Arkansas Youth Services, Inc.  
Technical Proposal - Region 4

Bid No. 710-20-0003

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

This letter is written in support of East Arkansas Youth Services, Inc. (EAYS) and its proposal to continue providing State Contracted Community Based Youth Services in my community in Eastern Arkansas.

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This letter serves as acknowledgement and in support of the agency's proposal and to communicate to the State Division of Youth Services that my staff, my office and/or I will continue to work with EAYS in finding appropriate alternatives to secure confinement and/or commitment to DYS in the service area where I work or have jurisdiction. We/I will work with EAYS using evidence-based methods and best practices to ensure to the best of my ability that youth in our community are getting the most appropriate and needed services possible to prevent their further penetration into the Juvenile Justice System.

Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

Syrena L. Bowers Clinical Supervisor [Signature] 03/31/2020  
Name Title Signature Date

E-mail mslivi33@gmail.com Phone: 870 413 6334

Relationship to the Juvenile Justice System (Please check all that apply):

- Judicial System \_\_\_\_\_
- Prosecutor's Office \_\_\_\_\_
- Behavioral Health Treatment Provider \_\_\_\_\_
- Licensed Substance Abuse Treatment Provider  \_\_\_\_\_
- Law Enforcement  \_\_\_\_\_
- Community Service Organization \_\_\_\_\_
- Advocacy Organization \_\_\_\_\_
- Minority Health Organization \_\_\_\_\_
- Peer Support Group \_\_\_\_\_
- School \_\_\_\_\_
- Other (specify) Professional Development Consultant





LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

This letter is written in support of East Arkansas Youth Services, Inc. (EAYS) and its proposal to continue providing State Contracted Community Based Youth Services in my community in Eastern Arkansas.

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Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

<u>Dewayne Maucher</u>	<u>Asst Chief</u>		<u>04/01/2020</u>
Name	Title	Signature	Date

E-mail: asmacher@duasapd.com Phone: 870-256-3011

Relationship to the Juvenile Justice System (Please check all that apply):

- Judicial System \_\_\_\_\_
- Prosecutor's Office \_\_\_\_\_
- Behavioral Health Treatment Provider \_\_\_\_\_
- Licensed Substance Abuse Treatment Provider \_\_\_\_\_
- Law Enforcement  \_\_\_\_\_
- Community Service Organization \_\_\_\_\_
- Advocacy Organization \_\_\_\_\_
- Minority Health Organization \_\_\_\_\_
- Peer Support Group \_\_\_\_\_
- School \_\_\_\_\_
- Other (specify) \_\_\_\_\_

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

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Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

Jackie E Clark Chief [Signature] 4/1/2020  
Name Title Signature Date

E-mail: jclark@cityofwayne.com Phone: 870-238-8718

Relationship to the Juvenile Justice System (Please check all that apply):

- Judicial System \_\_\_\_\_
- Prosecutor's Office \_\_\_\_\_
- Behavioral Health Treatment Provider \_\_\_\_\_
- Licensed Substance Abuse Treatment Provider \_\_\_\_\_
- Law Enforcement  \_\_\_\_\_
- Community Service Organization \_\_\_\_\_
- Advocacy Organization \_\_\_\_\_
- Minority Health Organization \_\_\_\_\_
- Peer Support Group \_\_\_\_\_
- School \_\_\_\_\_
- Other (specify) \_\_\_\_\_

East Arkansas Youth Services, Inc.  
Technical Proposal - Region 4

Bid No. 710-20-0003

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

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DEAN LEE POLICE CHIEF [Signature] 04/02/2020  
Name Title Signature Date

E-mail: police@cityofforrestcityar.com Phone: (870) 633-3434

Relationship to the Juvenile Justice System (Please check all that apply):

- Judicial System \_\_\_\_\_
- Prosecutor's Office \_\_\_\_\_
- Behavioral Health Treatment Provider \_\_\_\_\_
- Licensed Substance Abuse Treatment Provider \_\_\_\_\_
- Law Enforcement  \_\_\_\_\_
- Community Service Organization \_\_\_\_\_
- Advocacy Organization \_\_\_\_\_
- Minority Health Organization \_\_\_\_\_
- Peer Support Group \_\_\_\_\_
- School \_\_\_\_\_
- Other (specify) \_\_\_\_\_

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

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Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

Darin McCallum CEO Darin McCallum 3/31/2020  
Name Title Signature Date

E-mail: wmdarin@aol.com Phone: 870-735-1458

Relationship to the Juvenile Justice System (Please check all that apply):

Judicial System \_\_\_\_\_

Prosecutor's Office \_\_\_\_\_

Behavioral Health Treatment Provider \_\_\_\_\_

Licensed Substance Abuse Treatment Provider \_\_\_\_\_

Law Enforcement \_\_\_\_\_

Community Service Organization  Boys + Girls Club of Crittenden County

Advocacy Organization \_\_\_\_\_

Minority Health Organization \_\_\_\_\_

Peer Support Group \_\_\_\_\_

School \_\_\_\_\_

Other (specify) \_\_\_\_\_

East Arkansas Youth Services, Inc.  
Technical Proposal - Region 4

Bid No. 710-20-0003

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

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<u>John E Smith</u>	<u>General Manager</u>	<u>[Signature]</u>	<u>4/1/2020</u>
Name	Title	Signature	Date

E-mail: John.Smith@EAYS.org Phone: 870-587-4631

Relationship to the Juvenile Justice System (Please check all that apply):

- Judicial System \_\_\_\_\_
- Prosecutor's Office \_\_\_\_\_
- Behavioral Health Treatment Provider \_\_\_\_\_
- Licensed Substance Abuse Treatment Provider \_\_\_\_\_
- Law Enforcement \_\_\_\_\_
- Community Service Organization ✓
- Advocacy Organization ✓
- Minority Health Organization \_\_\_\_\_
- Peer Support Group ✓
- School \_\_\_\_\_
- Other (specify) mentoring ✓

LETTER OF AGREEMENT & SUPPORT

March 31, 2020


To: The Arkansas Division of Youth Services-Department of Human Services

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Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

Chelsea Long	Area Director		3/31/20
Name	Title	Signature	Date

E-mail: chelseahollandyl@gmail.com Phone: 615-785-8617

Relationship to the Juvenile Justice System (Please check all that apply):

Judicial System \_\_\_\_\_

Prosecutor's Office \_\_\_\_\_

Behavioral Health Treatment Provider \_\_\_\_\_

Licensed Substance Abuse Treatment Provider \_\_\_\_\_

Law Enforcement \_\_\_\_\_

Community Service Organization \_\_\_\_\_

Advocacy Organization \_\_\_\_\_

Minority Health Organization \_\_\_\_\_

Peer Support Group  \_\_\_\_\_

School \_\_\_\_\_

Other (specify) Local Ministry- Young Life





LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

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Debra Chapman Teacher Debra Chapman 4-2-2020  
Name Title Signature Date

E-mail: Chapman2@cablelynx Phone: 870-633-1735

Relationship to the Juvenile Justice System (Please check all that apply):

Judicial System \_\_\_\_\_

Prosecutor's Office \_\_\_\_\_

Behavioral Health Treatment Provider \_\_\_\_\_

Licensed Substance Abuse Treatment Provider \_\_\_\_\_

Law Enforcement \_\_\_\_\_

Community Service Organization \_\_\_\_\_

Advocacy Organization \_\_\_\_\_

Minority Health Organization \_\_\_\_\_

Peer Support Group \_\_\_\_\_

School X St. Francis (Forrest City Junior High)

Other (specify) \_\_\_\_\_

LETTER OF AGREEMENT & SUPPORT

March 31, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

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Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

Julie Coveny, Director of Federal Programs Marion School District  
Name Title Signature Date 3/31/20

E-mail: icoveny@msd3.org Phone: 870-729-5100

Relationship to the Juvenile Justice System (Please check all that apply):

- Judicial System \_\_\_\_\_
- Prosecutor's Office \_\_\_\_\_
- Behavioral Health Treatment Provider \_\_\_\_\_
- Licensed Substance Abuse Treatment Provider \_\_\_\_\_
- Law Enforcement \_\_\_\_\_
- Community Service Organization \_\_\_\_\_
- Advocacy Organization \_\_\_\_\_
- Minority Health Organization \_\_\_\_\_
- Peer Support Group \_\_\_\_\_
- School X \_\_\_\_\_
- Other (specify) \_\_\_\_\_

LETTER OF AGREEMENT & SUPPORT

March 27, 2020

To: The Arkansas Division of Youth Services-Department of Human Services

This letter is written in support of East Arkansas Youth Services, Inc. (EAYS) and its proposal to continue providing State Contracted Community Based Youth Services in my community of Eastern Arkansas.

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Please consider my signature as my commitment to partnering with EAYS and DYS in this important endeavor.

LISA LOVELY School Counselor Lisa S. Lovely 4/1/2020

Name Title Signature Date  
E-mail: llovely@msd3.org Phone: 870-733-7752

Relationship to the Juvenile Justice System (Please check all that apply):

Judicial System \_\_\_\_\_

Prosecutor's Office \_\_\_\_\_

Behavioral Health Treatment Provider \_\_\_\_\_

Licensed Substance Abuse Treatment Provider \_\_\_\_\_

Law Enforcement \_\_\_\_\_

Community Service Organization \_\_\_\_\_

Advocacy Organization \_\_\_\_\_

Minority Health Organization \_\_\_\_\_

Peer Support Group \_\_\_\_\_

Other (specify) Counselor - Manion Junior High

**Acknowledgement of**  
**Mandatory and Optional Services**

**Region 4**

First and Seventeenth Judicial Districts

&

East Arkansas Youth Services, Inc.

In response to requirements set forth by the Arkansas Division of Youth Services (DYS), for the community-based service contracts East Arkansas Youth Services, Inc. and the Court acknowledge and agree to the following mandatory and optional services:

- I. Mandatory or Services Required by the Division of Youth Services:**
  - A. Utilization of the SAVRY Assessment
  - B. A Core Set of Community-Based Youth Services including:
    - Case management including coordination and/or transportation to visits, appointments and services outlined in the treatment or case plan
    - Cognitive Behavioral Treatment Approach – Groups
    - Independent Living Skills – Group or Individual
    - Parenting classes for both parents of clients and for clients who are parents
    - Attendance/participation in scheduled Court hearings, as requested by the court or DYS
    - Mentoring as arranged as part of a case or treatment plan
    - Vocational Services and Career Supports
  - C. Community Field Evaluations, Treatment and Re-Entry Planning and Post DYS Residential Re-Entry Services for youth committed to DYS

The above services are required as set forth in the DYS Bid # 710-20-0003.

Further, the following optional services will also be provided as part of the community-based continuum of care:

- II. Optional Services provided as part of the DYS contract:**
  - A. Substance Use Counseling – Individual and Groups by Counselors In Training Supervised by an Licensed Clinical Social Worker and a Certified Substance Abuse Counselor.
  - B. Short-term placement (Emergency Shelter) for up to 60 days in the EAYS Group Home potentially for an estimated 12 youth referred during a 12-month period from the 17<sup>th</sup> JD and an estimated 18 youth referred during a 12-month period from the 1<sup>st</sup> JD.

- C. Therapy provided by a Licensed Clinical Social Worker for youth who do not have Medicaid or a pay source on a limited basis.
- D. Intensive Supervision and Tracking as a Sanction for youth that require a higher level of services than standard casework. (Also, known as IST, this service is 3 face to face contacts per week and if the staff person does not locate them at first attempt, they will continue to "track" them.)
- E. Day & Evening Reporting Center – Located in Cross County, regularly serves Cross, St. Francis and Woodruff Counties, but can be available to the Region.
- F. Community Services as a sanction.

This list may not be reflective or exhaustive of all service components provided by the agency but by the DYS contract.

This array of services shall remain in effect throughout the initial contract period and may be updated/ revised upon agreement by DYS, EAYS and the Court upon review and renewal of each contract cycle.

  
\_\_\_\_\_  
Jessica Sampley, Executive Director, EAYS

3-31-2020  
Date

Ann B. Hudson, Circuit Judge – 1<sup>st</sup> Judicial District  
Printed Name/Title of Court Representative

  
\_\_\_\_\_  
Signature

3-31-2020  
Date

**Staffing Requirements**

Referenced in RFQ Section -

2.5 Staffing Requirements

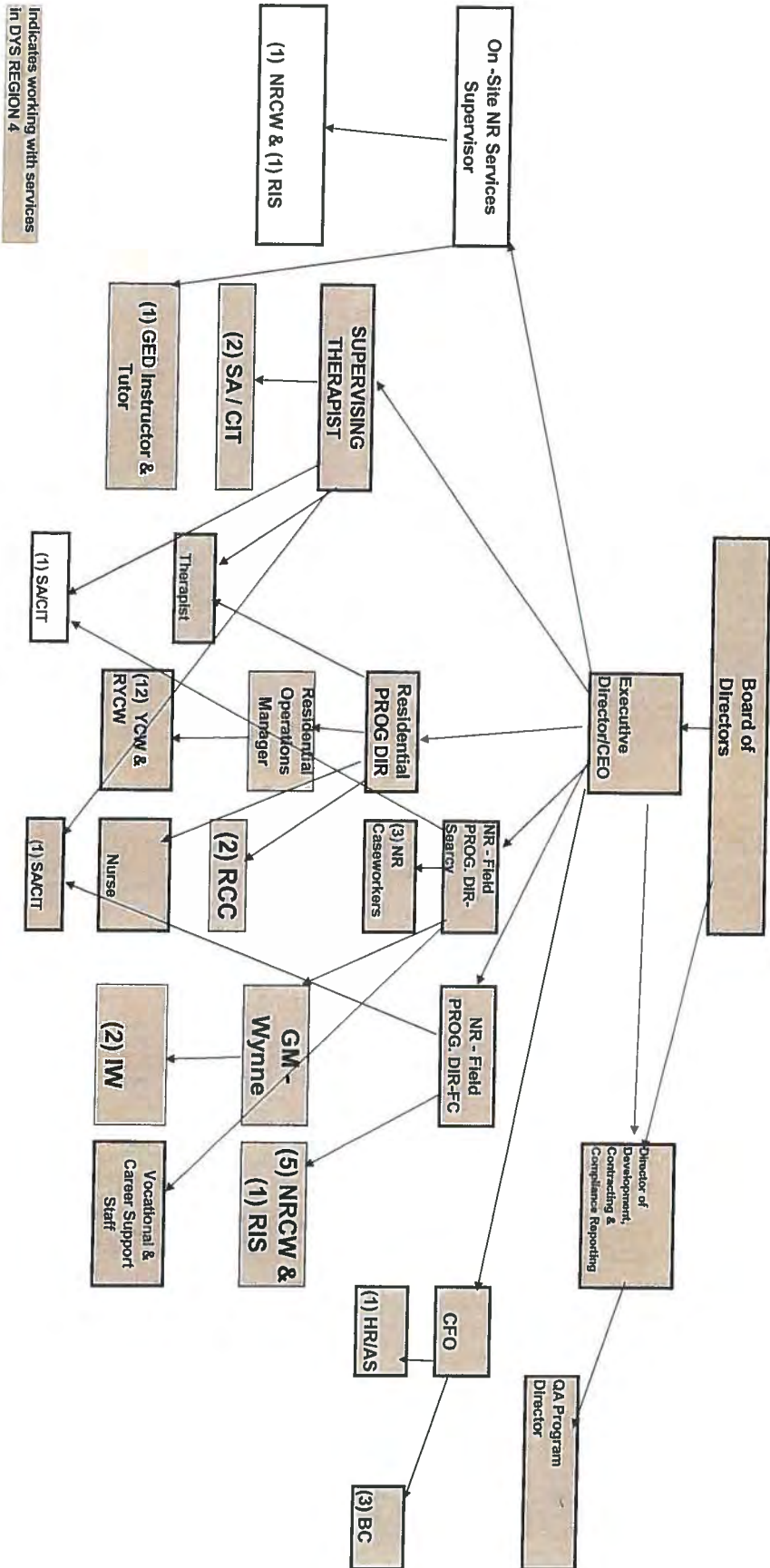
A.

Included in this section is a proposed organizational chart of the agency identifying those positions involved in this proposal.

Included in the staffing requirements on the following pages is a comprehensive document that meets the requirement of this section. It is a complete **Staff Roster and Resume List** outlining each staff members' name, position title, qualifications, years of service in the current role, educational and work background, any applicable licensure and a listing of the components or projects that they are working and involved in. Two staff members hold professional licenses, the registered nurse and the licensed clinical social worker, and copies of their credentials are at the end of the document.

East Arkansas Youth Services, Inc. Organizational Chart

2019-2020  
 7/1/2020



Indicates working with services in DYS REGION 4

\* Treatment staff have joint supervision with the Program Director and Supervising Therapist



East Arkansas Youth Services Staff Resume' List 2020

Bid No. 71-20-0003

EMPLOYEE	Residential ADDRESS	DATE OF HIRE	POSITION	EDUCATIONAL BACKGROUND	WORK EXPERIENCE	# YEARS EMPLOYED @ EAYS	Enhanced Qualifications	* PROF. LICENSES (ATTACHED) OR CERTIFICATIONS	Responsible for Contracts /Programs in Specific Area
Jessica Sampley	621 Pryor Dr. West Memphis, AR 72301	4/29/2005	Executive Director	Bachelor of Science in Psychology, Working towards MS I/O Psychology	1 Yr and 6 mos of Tax Preparation, Customer Service and Tutoring, 9 mos as a Non-Residential Caseworker and 12 yrs 9 mos. as Caseworker Supervisor, 1 yr 3 mos as Ex. Dir @ EAYS	14 yrs. 11 mos	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Admin -DYS 1st & 17th.CYS, QRT
Madelyn P. Keith	545 Evelyn Road, Marion, AR 72364	3/6/1990	Director of Development, Contracting & Compliance Reporting	Master in Business Administration/BS in Criminal Justice	5 yrs. experience in the Criminal Justice Field and 28 yrs. 10 mos as Exec. Director, Dir of DCCR for 1 year 3 mos @ EAYS	30 yrs.	Power Source, Mental Health 1st Aid and COA Peer Reviewer	CPR & First Aid Certified, CPI	QA -DYS 1st & 17th.CYS, QRT
Rachel Hess	1210 E. Union Wynne, AR 72396	2/21/1997	Chief Financial Officer	BS in Business Adm.	28 yrs. in Accounting experience and 23 yrs. 1 mos as Financial & Supervisor @ EAYS	23 yrs. 1 mos	Mental Health 1st Aid	CPR & First Aid Certified, CPI	Finance-DYS 1st & 7th.CYS, QRT
Brenda Burns	711 Belmont Dr. West Memphis, AR 72364	7/6/2004	Billing Clerk	High School Diploma and 2 years of college	20 yrs of Clerical, payroll and tax preparation, 3 yrs. of working with children as a Dev. Tech, 5 mos Direct Care 2 yrs. 6 mos as HR/Admin. & 12 yrs. 7 mos billing @ EAYS	15 yrs. 8 mos	Mental Health 1st Aid	CPR & First Aid Certified, CPI	Billing -DYS 1st & 17th.CYS, QRT
Catrina Price	1558 Cartwright St. Earle, AR 72331	3/19/2018	HR/Administrative Services/Payroll Clerk	Associates Arts Degree Psychology	Medicaid Coding, Billing, 19 years A/P, A/R, Payroll duties and clerical, 2 yrs @ EAYS	2 yrs.	Mental Health 1st Aid	CPI, CPR & First Aid Certified	HR/Payroll - DYS 1st & 17th.CYS, QRT
Janet Moody	713 Turtle Creek WmPhs, AR 72301	10/1/2003	Non-Residential Caseworker	BS in Criminal Justice	4 Yrs. Security Officer, 16 Yrs 6 mos as caseworker @ EAYS	16 years 6 mos	Power Source and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Case Management - CYS
William Savala	818 Jackson Sq. Marion, AR 72364	01/06/201	Reintegration Intervention Specialist	BA in Social Services	18 yrs mental health and 3 mos Intervention Specialist @ EAYS	3 mos	Power Source	CPI, CPR & First Aid Certified and Power Source	Case Management - CYS
Latoya Taylor	194 Anna Lane West Memphis, AR 72301	8/21/2019	Gen Teacher	BS in Psychology	7 yrs in case work and 7 mos in GED classroom @ EAYS	7 mos	Power Source	CPI, CPR & First Aid Certified	GED Tutor -CYS, QRT, DYS 1ST & 17TH, TITLE I
Kristin Young	5060 Alrose Ave. Memphis, TN 38117	3/16/2009	Supervising Therapist	MA in Social Work	25 yrs experience in social work	11 years	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, LSCW	Clinical -DYS 1st & 17th.CYS, QRT

## East Arkansas Youth Services Staff Resume' List 2020

EMPLOYEE	Residential ADDRESS	DATE OF HIRE	POSITION	EDUCATIONAL BACKGROUND	WORK EXPERIENCE	# YEARS EMPLOYED @ EAYS	Enhanced Qualifications	* PROF. LICENSES (ATTACHED) OR CERTIFICATIONS	Responsible for Contracts /Programs in Specific Area
Sheleeta Willis	628 Big Lake Rd. Marion, AR 72364	10/19/2006	Substance Abuse Counselor in Training	Associate's Degree & Substance Abuse Counselor in Training - Registered with AR Licensing Board	1yr experience of clerical & customer service, 13 yrs 5 mos working with children-( 6 years as CIT with EAYS)	13 yrs 5 mos	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, CPI, 72 mos toward SA Counselor Cert. waiting to take test for SAC Cert.	Substance Abuse Services -CYS
Lakeisha Frost	908 Cleveland St. S. Wynne, AR 72396	4/15/2019	Substance Abuse Counselor in Training	Bachelor of General Studies& Substance Abuse Counselor in Training - Registered with AR Licensing Board	12 yrs of clerical experience and 11 mos of CIT	11 mos	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Substance Abuse Services -DYS 1st JD
Tonya Yager	15 Nevada Dr. Perryville, AR 721265	4/3/2019	Substance Abuse Counselor in Training	BS in Addiction Studies	9 yrs personal care assistant, 1 yr 6 mos clerical, 3 yrs cashier/cook and 1 yrs @ EAYS	1 year	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, CPI, waiting on official test results from Arkansas Board.	Substance Abuse Services DYS- 17th JD
Tina Harris	102 Meritt Cove, Marion, AR 72364	11/1/1993	Program Dir. Residential and Alternative Education Services	BS in Criminology, some graduate classes	4 yrs. Clerical, 2 yrs. Caseworker, 6 yrs. Supervisor and 14 yrs. 11 mos Director of QC, 6 mos Residential Program Director @ EAYS.	26 yrs. 5 mos	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLE I
Briahna Mathews	6462 Crossbrook Lane, Apt. #1 Memphis, TN 38134	10/21/2019	Residential Case Coordinator	MSW in Social Work Concentration: Family & Child Welfare	2 yrs food service, intern with youth, 5 mos as Residential Case Coordinator @ EAYS	5 mos	Power Source, Narcan	CPR & First Aid Certified, CPI	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLE I
Kayla Pope	2700 State Hwy 149 N Earle, AR 72331	8/21/2019	Residential Case Coordinator	Bachelor of Science in Psychology minor in Child and Family Development	10 mos as Substance Abuse Counselor, 7 mos as Residential Case Coordinator @ EAYS	7 mos	Power Source, Narcan	CPR & First Aid Certified, CPI	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLE I
Paige Davis	6999 At Hwy 77 Crawfordsville, AR 72327	10/26/2017	Residential Operation Manager	Bachelor Social Work	4 yrs 6 mos of food service, clerical experience. 1 yr 5 mos as Reintegration/Intervention, 6 mos GED, and 7 mos Residential Operation Manager @ EAYS	2 yrs 5 mos	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, Residential Child & Youth Care Professional Trainer, MS Licensed Social Worker/ Applied for AR License	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLE I
Florence Young	PO Box 1446 WmPhs, AR 72303	7/31/1998	Youth Care Worker	High School Diploma	Clerk 3 yrs., Seamstress 9 Yrs., Direct Care 21 yrs 8 mos @ EAYS	21 yrs 8 mos	Mental Health 1st Aid	CPR & First Aid Certified, Residential Child & Youth Care Professional	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLE I

## East Arkansas Youth Services Staff Resume' List 2020

Bid No. 71-20-0003

EMPLOYEE	Residential ADDRESS	DATE OF HIRE	POSITION	EDUCATIONAL BACKGROUND	WORK EXPERIENCE	# YEARS EMPLOYED @ EAYS	Enhanced Qualifications	* PROF. LICENSES (ATTACHED) OR CERTIFICATIONS	Responsible for Contracts /Programs in Specific Area
LaDonna Stinson	1404 Main St. Edmondson, AR 72332	9/21/2016	Youth Care Worker	High School Diploma	6 years exp. w/ kids. 3 yrs 6 mos @ EAYS	3 yrs 6 mos	Mental Health 1st Aid	CPR & First Aid Certified, Residential Child & Youth Care Professional	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLEI
Mae Dixon	340 Regineilli Drive Marion, AR 72364	9/3/2011	Youth Care Worker	BSE	18 years experience as a youth care worker	8 yrs 7 mos	Mental Health 1st Aid	CPR & First Aid Certified, Residential Child & Youth Care Professional	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLEI
Jasmine James	102 Opaline St. Parkin, AR 72373	11/18/2019	Youth Care Worker	High School Diploma and attending Cosmetology school	1 yr educational experience and 4 yrs clerical experience and 4 mos Youth Care Worker @ EAYS	4 mos		CPR & First Aid Certified, Residential Child & Youth Care Professional	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLEI
Denise Lewis	977 Lackey Rd. Marion, AR 72396	2/25/2020	Youth Care Worker	High School Diploma	12 yrs of security work and 17 yrs clerical	1 mos		CPR & First Aid Certified, Residential Child & Youth Care Professional	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLEI
Sylvia Starling	441 Birdie Dr, Apt. #2 Marion, AR 72364	6/29/2019	Youth Care Worker	GED	11 yrs 9 mos as direct care staff and 9 mos with EAYS	9 mos		CPR & First Aid Certified, Residential Child & Youth Care Professional, CPI	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLEI
Prongue Griffin	1085 Holiday Dr. Forrest City, AR 72335	8/26/2015	Youth Care Worker	High School Diploma Academy of Hair Design Diploma	19 yrs of barber experience and 2 mos of Youth Care Worker @ EAYS	2 mos		CPR & First Aid	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLEI
Tawanna Hudson	252 Casa View Marion, AR 72364	6/1/2019	RN	BS in Nursing	18 yrs 10 mos of Nursing experience	10 mos		RN License CPR & First Aid Certified	Emergency Shelter-CYS, QRT, DYS 1ST & 17TH, TITLEI
Larry Boyd	319 Crystal Ave. East Wynne, AR 72396	10/26/2007	Field Office Program Director Substance Abuse Counselor in Training	BS in Family Psychology	5 yrs. Counseling experience & 12.5 Caseworker(CIT 5 yrs) and 1 yr and 3 mos as Field Office Program Director @EAYS	12 yrs 5 mos	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified Instructor, Mental Health Paraprofessional	Supervise Case Management Services DYS - 1st

## East Arkansas Youth Services Staff Resume' List 2020

Bid No. 71-20-0003

EMPLOYEE	Residential ADDRESS	DATE OF HIRE	POSITION	EDUCATIONAL BACKGROUND	WORK EXPERIENCE	# YEARS EMPLOYED @ EAVS	Enhanced Qualifications	* PROF. LICENSES (ATTACHED) OR CERTIFICATIONS	Responsible for Contracts /Programs in Specific Area
Alanna Hillis	199 Lakeview Dr. Hughes, AR 72348	8/17/2017	Admin/Billing Clerk	High School Diploma, some college courses	9 yrs 7 mos of clerical experience, 2 yrs 7 mos @ EAVS	2 yrs 7 mos	Narcan and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Billing -DYS - 1st
Cynthia Taper	PO Box 3303 Forrest City, AR 72336	8/26/2015	Non-Residential Caseworker	BS Interdisciplinary Studies emphasis in Social Work, Sociology and Health: BA in Sociology	4 yrs clerical work, 6 yrs of casework, 4 yrs 7 mos @ EAVS	4 yrs 7 mos	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Case Management DYS - 1st
Shirlela Lee	2102 N. Grand Brinkley, AR 72021	5/29/2014	Non-Residential Caseworker	BA of Arts	3 years experience as Caseworker	3 years	Power Source and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Case Management DYS - 1st
Rodrick Moore	205 E Davis St. Forrest City, AR 72335	6/5/2008	Non-Residential Caseworker	BS in Criminal Justice	14 yr working w/children 5 yrs Correctional Facility experience	9 years	Power Source and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Case Management DYS - 1st
Shirley Harvell	846 Inglewood Rd. Forrest City, AR 72335	10/26/2017	Reintegration Intervention Specialist	BA Psychology	36 yrs combined career, human resource and social security disabilities services. 2 yrs 5 mos Reintegration Intervention Specialist @ EAVS	2 yrs 5 mos	Power Source and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Case Management DYS - 1st
Shanteka Dean	6352 hwy 242 West Rd. Lexa, AR 72355	10/26/2017	Non-Residential Caseworker	BA in Social Work	3 yrs of volunteer at various companies and 2 yrs 5 mos Non-Residential Caseworker @ EAVS	2 yrs 5 mos	Power Source and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Case Management DYS - 1st
Ashley McKinney	1218 McAdoo Street Forrest City, AR 72335	10/26/2017	Non-Residential Caseworker	BA Sociology	7 mos as an associate at Walmart and 2 yrs and 5 mos Non-Residential Caseworker @ EAVS	2 yrs 5 mos	Power Source and Mental Health 1st Aid	CPR & First Aid Certified, CPI, Power Source Training	Case Management DYS - 1st
Teresa Ward	9215 Oak Grove Lane Little Rock, AR 72209	6/24/2004	Field Office Program Director	BA in Social Work, enrolled in MA program	9 years experience in Social/Case worker, 14 yrs 3 mos as Residential Program Director, Field Office Prog. Dir 1 yr 2 mos @ EAVS	13 years	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, CPI Instructor	Supervise General Manager and Case Management DYS 1st & 17th

## East Arkansas Youth Services Staff Resume' List 2020

EMPLOYEE	Residential ADDRESS	DATE OF HIRE	POSITION	EDUCATIONAL BACKGROUND	WORK EXPERIENCE	# YEARS EMPLOYED @ EAYS	Enhanced Qualifications	* PROF. LICENSES (ATTACHED) OR CERTIFICATIONS	Responsible for Contracts /Programs in Specific Area
John G. Smith	2000 Wyrbridge Wynne, AR 72396	1/26/2011	General Manager	BS in Theology & some Graduate Classes	21 yrs supervisory experience, 15 yrs pastor, 7 yrs 6 mos caseworker, 1 yr 6 mos supervisory experience @ EAYS,	9 yrs 2 mos	Power Source and Mental Health 1st Aid	CPR & First Aid Certified, CPI Licensed Minister	Day & Evening Reporting Center DYS - 1st
Alvin Miller	529 SFC 254 Colt, AR 72326	6/11/2019	Intervention Worker	Undergraduate classes	19 yrs Mental Health Paraprofessional, 23 yrs Certified Law Enforcement Officer and 9 mos Intervention worker @ EAYS	9 mos	Power Source	CPR & First Aid Certified, CPI	Direct Care - DYS - 1st
Stephanie Fulmer	355 Morgan Rose Bud, AR 72137	9/17/2018	Admin/Billing/ QA Clerk	High School Diploma	6 yrs car sales, 2 yrs food services company 6 yrs 6 mos clerical Admin/Billing Clerk 1 yr and 6 mos @ EAYS	1 yr 6 mos	Mental Health 1st Aid	CPR & First Aid Certified, CPI	Billing & QA DYS- 17th JD
Ethel Carter	700 Southwest 4th St, Apt. 1 Kensett, AR 72082	9/17/2018	Non-Residential Caseworker	BS in Criminal Justice	2 yrs security, 3 yrs machine operator, 5 yrs aide, 1 yr food safety inspector and 1 yr and 6 mos Non-Residential Caseworker @ EAYS	1 yr 6 mos	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Case Management - DYS- 17th JD
Kylie Wornble	595 Dewey Rd. Pangburn, AR 72121	9/17/2018	Non-Residential Caseworker	Bachelor of Social Work Working on becoming LSW	2 yrs sales associate and 5 mos intern social work and 1 yr 6 mos as caseworker @ EAYS	1 yr 6 mos	Power Source, Narcan and Mental Health 1st Aid	CPR & First Aid Certified, CPI	Case Management - DYS- 17th JD
Sharon Roach	PO Box 734 Des Arc, AR 72040	8/17/2018	Non-Residential Caseworker	AA Degree Early Childhood minor in Sociology	2 yrs clerical, 17 yrs 7 mos of casework with 1 yr and 7 mos @ EAYS	1 yr 7 mos	Power Source and Mental Health 1st Aid, Mental Health Parapro.	CPR & First Aid Certified, CPI	Case Management - DYS- 17th JD

\* Copies of Professional Licenses on the following pages for the Registered Nurse & the Licensed Clinical Social Worker

# STATE OF ARKANSAS

## SOCIAL WORK LICENSING BOARD

In the Name and By the Authority of the State of Arkansas, the Arkansas Social Work Licensing Board hereby certifies that:

*Kristin Irene Young*

has been duly examined and found qualified to practice as a Licensed Certified Social Worker and is hereby licensed with all rights, privileges and responsibilities prescribed by Act 791 of 1981.

In testimony hereof we have set forth our hands upon this document at Little Rock, Arkansas this 12<sup>th</sup> day of March Two Thousand eight.

*Michael W. [Signature]*  
Chairperson

*[Signature]*  
Vice-Chairperson

*[Signature]*  
Secretary



Certificate No. 2225 -C





Primary Source  
 License Verification

# Verification Report

Primary Source Board of Nursing Report Summary for

## TAWANA CAROL HUDSON

Monday, April 06 2020 08:42:44 AM

*For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above. Partial name searches are accepted*

*This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.*

*For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the Nurse License Verification (<https://www.nursys.com/>) service to request the required verification of licensure.*

### Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
HUDSON, TAWANA CAROL	RN	R085654	Active	03/09/2010	09/30/2021	Multistate	NO

#### 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

#### Nurse Licensure Compact (NLC) 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 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.
- More information about the Nurse Licensure Compact (NLC) (<https://www.ncsbn.org/nurse-licensure-compact.htm>)



### **Staffing Requirements**

Referenced in RFQ Section -

#### 2.5 Staffing Requirements

*B. The following is Excerpted from EAYS Policy Manual*

**Training-** *All new employees will be provided with at least 16 hours orientation and training before assuming any job responsibilities. Direct Care staff will be provided a minimum of 24 hours direct supervision before being allowed to supervise clients independently. Staff responsible for direct care will receive documented training in the EAYS crisis management policies and documented training on acceptable means of client discipline. No staff member will be allowed to use any method of physical force (only those mentioned in the crisis policy are acceptable) for which he/she does not have properly documented training. There is no use mechanical restraints in any of EAYS programs. (see Forms& Appendices Section -Crisis Intervention of the complete operating Manual)*

*All full time direct service employees of EAYS will be provided and required to attend a minimum of 40 hours training per year. Part Time direct service staff will receive 20 hours per year and indirect non-service full time will receive 24 hours per year.*

On the pages that follow this policy excerpt is the training agenda that is followed for all new employees' orientation and training, as well as, the agency's staff training plan. The agenda is very detailed and demonstrates all the facets of training and exposure that new staff members receive upon beginning employment. The training plan is also very thorough and the format is adaptable to all positions and provides an overview of all trainings that are required of staff annually. In addition, to in-service trainings that senior staff present, EAYS also subscribes to a training website called Relias Learning that offers many up to date courses in the field of Human Services, in Management, general Human Resource guidelines and many other relevant topics that are applicable the EAYS operations.

Also, in this section is a Staff Training Documentation Form for staff to complete and submit to the supervisor and Executive/CEO for approval. When staff complete training from the web-based system a certificate of completion is printed. All this documentation is given to the HR staff person who records the information in the agency Excel Workbook. A report is compiled a minimum of quarterly and provided to the staff, the supervisor and the Executive Director and the Quality Assurance Team for review and intervention if needed. Staff are required to have completed ¼ or 25% or their required training at the end of each quarter as indicated on the documentation form.

EAYS, Inc.

**New Employee Orientation/Training Agenda**

**DAY ONE**

**TOPIC-Completion of Personnel File/ Required Forms and Benefits Information**

**TIME -8AM – 12 PM (4 hrs)**

**TRAINER/STAFF - Human Resource/ Administrative Services Clerk**

**MANDATORY FOR: ALL POSITIONS**

Items covered:

Review Application Packet for:

Required Background Checks, References/ Past Employment & Drug Screens Completed  
Complete:

- 1) Arkansas State Vehicle Safety Program
- 2) Emergency Notification
- 3) Authorization for Direct Deposit
- 4) I-9
- 5) Employee Information Sheet
- 6) Federal W-4 Form
- 7) Arkansas W-4 Form
- 8) Medical Insurance Application
- 9) Dental Application
- 10) Retirement Program Information & Enrollment
- 11) Alarm Code, E-mail & Reliance User and Passwords
- 12) Cell Phone Stipend
- 13) Pay Periods

**ISSUE ORIENTATION AGENDA AND EMPLOYEE MANUAL**

**LUNCH BREAK**

**TIME – 12 noon – 1PM (1hr)**

**TOPIC - EAYS Policy and Procedures Manual**

**TIME - 1PM- 5PM (4hrs)**

**TRAINER/STAFF - Administrative Staff (E.D., P.D. or Supervisor)**

**MANDATORY FOR: ALL POSITIONS**

Items covered:

Review Employee Policies Manual in its Entirety

Sections

Agency Background

Philosophy

Agency Programs

General Policies and Procedures

Residential Programmatic Policies & Procedures

Personnel Policies & Procedures

Employee Benefits

Attachments

Organizational Chart & Board List

Starting Salary Schedule

**Job Descriptions – Review & Sign Employee Job Description**

**Boundary Code of Ethics – Review & Sign**

**Employee Manual Receipt & Acknowledgement of Crisis Intervention / Suicidal Threats Policy-sign**

**HIPAA an Overview & HIPAA the Basics – Relias (Approx. 1 ½ hours)**

EAYS, Inc.  
**New Employee Orientation/Training Agenda**

**DAY TWO**

**TOPIC - EAYS Policy and Procedures - Continued**

**TIME - 8AM- 12PM (4hrs)**

**TRAINER/STAFF - Administrative Staff (E.D., P.D. or Supervisor)**

**MANDATORY FOR: ALL POSITIONS**

**Items covered:**

**Review Policy & Procedures - Continued**

**Forms**

1. General Policies and Procedures – Vehicle Report, Van Report, Van Log, Travel, Per-Diem Rates, Training Plan – Include Youth Care Worker Certification Program, CPR and CPI (if applicable), Training Documentation Form
2. Personnel Policies and Procedures – Evaluation & Employee Satisfaction
3. Crisis Intervention Steps (page 16 –policy), Emergency Response Codes, Succession Contingency Plan
4. Employee Benefits – Leave Request FORM

**5. Other Regulatory Bodies / Standards - Review**

**Residential Child Care & Placement Licensing Standards**

**<http://humanservices.arkansas.gov/dccece/Pages/PlacementResidentialLicensing.aspx>**

Visit DHS Website for a Complete Copy of the Standards

Council on Accreditation-

**<http://coanet.org/about/about-coa/>**

Visit website to review and print standards

**6. System of Quality Control, Risk Prevention and Plan for Performance Quality Improvement**

Review of the Plan

Review of the Annual Goals

Why do we do this?

How do staff have input?

**LUNCH BREAK**

**TIME – 12 noon – 1PM (1hr)**

EAYS, Inc.  
**New Employee Orientation/Training Agenda**

**DAY TWO- Continued**

**IF NON-MANDATORY SKIP TO NEXT TOPIC**

**TOPIC – Administration of Medication to Clients**

**TIME - 1PM- 1:45PM (45 minutes)**

**TRAINER/STAFF - Debbie Shivers, APN – Coast to Coast**

**MANDATORY FOR: ALL RESIDENTIAL STAFF POSITIONS**

**Program Director, Case Coordinators, YCW Supervisor,  
Youth Care Workers, Relief Youth Care Workers & any other position volunteer or paid**

**ALL DAY SERVICES/GED STAFF POSITIONS**

**Teacher, Teacher's Aide & any other position volunteer or paid**

**RECOMMENDED FOR: ALL OTHER DIRECT SERVICES STAFF POSITIONS and SUPERVISORS**

**Items Covered: VIDEO & TRAINING PACKET**

Review of Policy and Procedures

Reading Medication Rx and OTC Labels

Post Test

**TOPIC – Review of Employee Specific Program Component and Job Duties**

**TIME - 1:45PM- 5PM (3 hours 15 minutes)**

**TRAINER/STAFF - Supervisor**

**MANDATORY FOR: ALL POSITIONS**

**Items Covered:**

Employee Job Description – In detail

Casework Training Manual (if applicable)

Intake/ Casefile Residential or Other (as applicable)

Day to Day Job Specific Duties & Activities- Residential, Non-Residential or Administrative (as applicable)

Sign in and In Sheets and/or Time Card (if applicable)

**New Employee Orientation/Training Agenda**

**IF CPI NON-MANDATORY SKIP TO DAY 5**

**DAY THREE**

**TOPIC- CPI/Non-violent Crisis Intervention Training**

Time- 9:00 am-4:00 p.m. (6 hours)

One hour lunch from 12:00 pm-1:00 pm

**TRAINER/STAFF- Residential and/or Non-Residential Program Director**

**MANDATORY FOR: ALL RESIDENTIAL STAFF POSITIONS**

**Program Director, Case Coordinators, Residential Operations Manager,  
Youth Care Workers, Relief Youth Care Workers & any other residential position volunteer or paid**

**ALL DAY SERVICES/GED STAFF POSITIONS**

**Teacher, Teacher's Aide & any other position volunteer or paid**

**RECOMMENDED FOR: ALL DIRECT SERVICES STAFF POSITIONS and SUPERVISORS**

**Items covered:**

Introductions/Pre-Test

The CPI Crisis Development Model Lecture

Proxemics and Kinesics Exercises and Lecture

The CPI Supportive Stance Lecture

Paraverbal Communication Exercise

Paraverbal Communication Lecture

The CPI Verbal Escalation Continuum Exercise and Lecture

Verbal Intervention Tips and Techniques Lecture

Empathic Listening

Precipitating Factors Lecture

Rational Detachment Lecture

Integrated Experience Lecture

Staff Fear and Anxiety Exercises and Lecture

CPI's Personal Safety Techniques Lecture/Review of Safety Rules

**DAY FOUR**

**TOPIC- CPI/Non-violent Crisis Intervention Training- Continued**

Time- 9:00 am-4:00 p.m. (6 hours)

One hour lunch from 12:00 pm-1:00 pm

**TRAINER/STAFF- Residential and/or Non-Residential Program Director**

**MANDATORY FOR: ALL RESIDENTIAL STAFF POSITIONS**

**Program Director, Case Coordinators, Residential Operations Manager,  
Youth Care Workers, Relief Youth Care Workers or any other residential position volunteer or paid**

**ALL DAY SERVICES/GED STAFF POSITIONS**

**Teacher, Teacher's Aide – other position volunteer or paid**

**RECOMMENDED FOR: ALL DIRECT SERVICES STAFF POSITIONS and SUPERVISORS**

**Items covered:**

Review of Day one

Introduction to Nonviolent Physical Crisis Intervention

And Review of Safety Rules

Nonviolent Physical Crisis Intervention /Demonstration & Practice

Control Dynamics Lecture

Team Intervention Lecture

The CPI Transport Position/ Interim Control Position

Demonstrations & Practice

Situational Role-Plays

Postvention: Establishing

Therapeutic Rapport Lecture

EAYS, Inc.  
**New Employee Orientation/Training Agenda**

Post-Test

**DAY FIVE**

**TOPIC-On the job training**  
**Time- 8:00 am-5:00 p.m. (8 hours)**  
**One hour lunch from 12:00 pm-1:00 pm**  
**TRAINER/STAFF- Supervisor**  
**MANDATORY: ALL POSITIONS**

Items covered:  
**ON THE JOB TRAINING**  
Job shadowing and Peer Training included

**DAY SIX**

**TOPIC-On the job training**  
**Time- 8:00 am-5:00 p.m. (8 hours)**  
**One hour lunch from 12:00 pm-1:00 pm**  
**TRAINER/STAFF- Supervisor**  
**MANDATORY: ALL POSITIONS**

Items covered:  
**ON THE JOB TRAINING**  
Job shadowing and Peer Training included

UPDATED 1/2019  
MPK

**New Employee Orientation/Training Agenda**

**EMPLOYEE NAME:** \_\_\_\_\_

**Your e-mail address will be your name : first.last@eays.org  
all lower case:**

\_\_\_\_\_

**Your Reliance Learning Web based training user name will be your:  
INITIAL OF YOUR FIRST NAME AND YOUR FULL LAST NAME all lower case.  
For Example: Mary Smith  
User name: msmith**

**Create the password that you want to use for your e-mail and your Reliance Learning  
Account  
and enter it here:**

\_\_\_\_\_

**Create a 4 digit code for you Alarm Passcode  
And enter it here:**

\_\_\_\_\_

**Please complete and return to me.  
Thank you and let me know if you have any questions.**

**Rachel Hess, CFO**





Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_ EAYS Training Plan Component: \_\_\_\_\_ YEAR: \_\_\_\_\_

Page 2	DATE INITIATED	DATE COMPLETED	EMPLOYEE INITIAL	SUPERVISOR INITIAL
<b>New Employee - Continued</b>				
Admin. of Medication-D. Shivers APN				
- Review Policy				
- Reading RX and OTC Labels				
- Video / Post Test				
<b>Employee Specific Program Component</b>				
Job Descript., Training Plan, Daily Duties				
Casework Training Manual - Includes Aftercare				
CPI - Non-Violent Crisis Intervention				
CPR/ First Aid				
<b>On the Job Training</b>				
Job Shadowing/ Peer Training				
Non-Violent Crisis Intervention				
CPR / First Aid				
Rite Track				
Residential Childcare Worker Certification				

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_ EAYS Training Plan Component: \_\_\_\_\_ YEAR: \_\_\_\_\_

<b>Page 1</b>				
<b>Continuing Education &amp; Reviews</b>				
<b>ALL EMPLOYEES</b>				
<b>Mandatory for All Positions</b>				
Hipaa - Review yearly				
Confidentiality and Filing Guidelines - yearly				
Mandated Reporting - yearly				
Boundary Code of Ethics - 6months-year				
Crisis Intervention Steps - Yearly				
Emergency Response Codes - Yearly				
Succession/Contingency Plan - Yearly				
Suicide Prevent. - yearly				
<b>A System of Quality Control -yearly</b>				
PQI Plan and Goals				
<b>Admin. of Medication-D. Shivers APN</b>				
- Review Policy/Video - yearly				
- Reading RX and OTC Labels - yearly				
<b>CPI - Recertification</b>				
<b>CPR/ First Aid - 2 years</b>				
Residential Childcare Worker RE-Certification				
Mandatory for All Positions				
Mandatory for Residential/Day Services Only				
Recommended				
Mandatory for Casework Staff Only				
Optional or Elective				
Mandatory for ALL NEW EMPLOYEES				
Mandatory for Residential Staff ONLY				
Employee Signature: _____		Executive Director/Board Member Signature: _____		
Date: _____		Date: _____		

Employee Name: \_\_\_\_\_  
 Position: \_\_\_\_\_

EAYS Training Plan

Component: \_\_\_\_\_  
 YEAR: \_\_\_\_\_

Page 2	DATE INITIATED	DATE COMPLETED	EMPLOYEE INITIAL	SUPERVISOR INITIAL
<b>Continuing Education &amp; Reviews</b>				
<b>Policy Manual Updates</b>				
<b>Relias Learning - Annual &amp; Other</b>				
Abuse				
Adolescent Suicide				
Client/Patient Rights				
CPR Refresher				
Cultural Diversity				
Business Ethics				
Fire Safety				
First Aid Refresher				
HIPAA Overview				
HIPAA Basics				
Workplace Safety				
REVIEW - Welcome to Relias Learning Management System				
See attached for Availability and Due Dates. If no date indicated under Available it is Available Immediately				
<b>CIVIL RIGHTS</b>				
DUE March 31, 2019				
Mandatory for All Positions				
Mandatory for Residential/Day Services Only				
Recommended				
Mandatory For Casework Staff Only				
Optional or Elective				
Mandatory for ALL NEW EMPLOYEES				
Mandatory for Residential Staff ONLY				
Employee Signature: _____				
Date: _____				
Executive Director/Board Member Signature: _____				
Date: _____				



### Staffing Requirements

Referenced in RFQ Section -

2.5 Staffing Requirements

C. Vocational Services and Career Supports Program Plan

East Arkansas Youth Services will, upon being notified of award, post internally the position described in the following developed new position **Vocational Career Support Coach/Caseworker** job description. We will also post the position publicly with our currently subscribed service. EAYS will accept and review applications from both sources. When potential applicants are identified we will begin the records check process as this can take sometimes several weeks to get results for criminal records, FBI and child abuse registry checks. The proposed starting salary is in line with the current Case Worker position with the agency as the requirements are very similar and/or basically equal. If there are no applicants for this position then we will divide the area and job duties among the current casework staff, provide training in the duties and requirements and provide them with an upgraded rate of pay to compensate for the added work and responsibilities. If these services cannot be initiated within 45 days of the contract start date, EAYS will not draw down or bill any funds from the source.

As, the search and hire process is in progress, the administration will ensure that the supervisory and billing staff receive the necessary information and training to oversee this program and complete all required reports as referenced in this RFQ.

Administrative staff have already begun to research the TANF program to ensure compliance and maximum benefit of the funds available.

## JOB DESCRIPTION

POSITION TITLE: VOCATIONAL CAREER SUPPORT COACH/CASEWORKER

QUALIFICATIONS: Bachelor's Degree in a Behavioral Science or Education field from and accredited College or University. Must have previous work experience in case management, counseling in a human services field. Requires good computer skills in Microsoft Office, Publisher and Power Point.

Must be 21 years of age, own vehicle, have valid driver's license and proof of liability insurance and submit to a pre-employment drug screen, criminal record and adult maltreatment / child abuse registry check.

### DUTIES AND RESPONSIBILITIES:

- I. Responsible for maintaining an active caseload of youth currently in or who have been released from DYS custody and other court ordered youth. Conduct intake interview with client, parents or guardians and referral source (if applicable) to obtain information about the presenting problem, client's needs, past behavioral history and to explain the program and services available. Develop plan of services with the client, guardian and referral source (if applicable) which would include activities geared toward the clients' reintegration with clients' needs in mind. Transport clients when necessary. Make appropriate referrals to other agencies and services. Monitor clients' progress and behavior in the program, schools or other appropriate agencies as required and agreed upon in the case plan.
- II. Conduct leadership development training and other community base activities, assist clients with determining job readiness, career or vocational training interests. Provide instruction on job searches and completing applications and building a resume'. Must be able to think innovatively and use creativity to meet program goals.
- IV. Complete forms and paperwork by the funding sources and any internal agency forms. Maintain current clients' records as required with adequate and appropriate documentation of all contacts with or on behalf of the client including progress made. Complete all monthly billing reports and records as required. Complete all required administrative reports. Maintain active client log. Attend court hearings, staffings and trainings as required. Follow TANF rules and guidelines for all tasks and services.
- V. Required to cover the Region which is an 8 county area in Eastern Arkansas. Extensive work hour travel is required within the area during workhours. Keep the supervisor updated of your whereabouts while in the field for emergency situations if differs from the sign-in sheets as established in EAYS protocol.

Hourly -non-exempt

VI. Perform other related duties as required or assigned.

VII. Directly accountable to the Program Director as applicable.

Starting Salary: \$13.25 per hour or depending on qualifications and experience

Scheduled Hours: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days off: \_\_\_\_\_  
(Schedule must total 40 hours work time per work week, Sunday – Saturday, excluding lunch/dinner breaks)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Salary: \$ \_\_\_\_\_