

**Therapeutic Foster Care
Response Packet
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SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Centers for Youth and Families				
Address:	PO Box 251970				
City:	Little Rock	State:	AR	Zip Code:	72225
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Lindsey Cooper	Title:	Grants Officer
Phone:	501-660-6869	Alternate Phone:	501-666-8686
Email:	lcooper@cfyf.org		


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

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

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

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

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

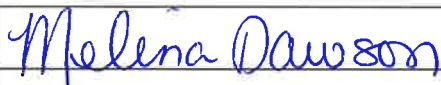
Authorized Signature:  Title: President/CEO
Use Ink Only.

Printed/Typed Name: Melissa Dawson Date: April 5, 2019

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

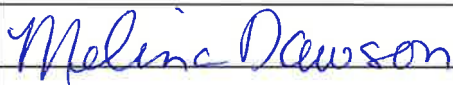
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Centers for Youth and Families	Date:	April 5, 2019
Authorized Signature:		Title:	President/CEO
Print/Type Name:	Melissa Dawson		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

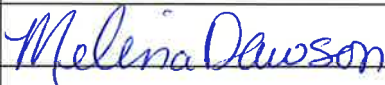
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Centers for Youth and Families	Date:	April 5, 2019
Authorized Signature:		Title:	President/CEO
Print/Type Name:	Melissa Dawson		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

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

Vendor Name:	Centers for Youth and Families	Date:	April 5, 2019
Authorized Signature:		Title:	President/CEO
Print/Type Name:	Melissa Dawson		

PROPOSED SUBCONTRACTORS FORM

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

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

Type or Print the following information

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

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

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

Vendor Name:	Centers for Youth and Families	Date:	April 5, 2019
Authorized Signature:	<i>Melenc Dawson</i>	Title:	President/CEO
Print/Type Name:	Melissa Dawson		

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

ADDENDUM 1

DATE: March 12, 2019
SUBJECT: 710-19-1027 Therapeutic Foster Care

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

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

BID OPENING DATE AND TIME

Bid opening date and time has changed to **April 8, 2019**, 2:00 PM

Revise Section 1.29 Schedule of Events:

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

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

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

If you have questions, please contact the buyer Margurite.al-ugdah@dhs.arkansas.gov or 501-682-8743.

Melena Dawson _____ 4-5-19 _____
Vendor Signature Date

Centers for Youth and Families _____
Company

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

ADDENDUM 2

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

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

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

BID OPENING DATE AND TIME

Bid opening date and time

CHANGES TO REQUIREMENTS

Section 2.2B

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

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

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

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

REVISED ATTACHMENT

Revised Attachment G

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

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

If you have questions, please contact the buyer Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.

Melena Dawson
Vendor Signature

4-5-19
Date

Centers for Youth and Families
Company

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

ADDENDUM 3

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

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

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

BID OPENING DATE AND TIME

CHANGE SPECIFICATIONS

Attachment C: Performance-Based Contracting

B. Delivery of Services

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

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

Insert: #9

Service Criteria:

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

Documentation shall at a minimum reflect the following:

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

B. Any revisions of the Treatment plan

Acceptable Performance:

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

Damages:

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

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

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

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

If you have questions, please contact the buyer Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.

Melina Dawson

Vendor Signature

~~4-2-19~~ 4-5-19

Date

Centers for Youth and Families

Company

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: YES NO **Contractor for which this is a subcontractor:**

Estimated dollar amount of subcontract:

IS THIS FOR:

Goods? Services Both?

TAXPAYER ID NAME: Centers for Youth and Families

YOUR LAST NAME: Dawson FIRST NAME: Melissa MI: _____

ADDRESS: PO Box 251970

CITY: Little Rock STATE: AR ZIP CODE: 72225

COUNTRY: UNITED STATES OF AMERICA

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

FOR INDIVIDUALS *

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

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

None of the above applies

FOR A VENDOR (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, or 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	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	U of A-Board of Trustees Member	02/16	04/19	Kelly Eichler		Board Member
State Employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACHI-Director of Policy	08/95	04/19	Suzanne McCarthy		Board Member

None of the above applies

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

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 Melissa Dawson **Title** Melissa Dawson **Date** April 5, 2019
Vendor Contact Person Lindsey Cooper **Title** Grants Officer **Phone No.** 501-660-6869

AGENCY USE ONLY

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

EQUAL OPPORTUNITY EMPLOYMENT HRD-21

I. PURPOSE

To affirm Centers For Youth And Families' position regarding nondiscrimination in all matters relating to employment.

II. POLICY

The Centers will not discriminate against its employees or applicants for employment because of sex, sexual preference or orientation, race, color, religious opinions or affiliations, national origin, age, disability or veteran status provided they are qualified for employment for existing positions and that with reasonable accommodation can perform the essential functions of the job in question pursuant to Section 504 of the Rehabilitation Act of 1973 or veteran status.

III. PROCEDURE

- A.** All recruitment sources are notified by Human Resources of our equal employment opportunity policy.
- B.** All classified advertising includes the phrase "Equal Opportunity Employer".
- C.** The Centers maintains common facilities such as restrooms (gender excepted), lounges, cafeteria, and drinking fountains on a nonsegregated basis.
- D.** Supervisory personnel ensure that the principles of nondiscrimination are implemented in all policies and procedures affecting the employee's status with The Centers to include, but not limited to, recruitment, selection, interviewing, training, promotion, retention, discipline, termination, compensation, benefits, transfer, layoff, recall from layoff, and educational, social or recreational programs.
- E.** Management ensures this policy is communicated on a continuing basis to include, but not limited to employees engaged in employment, placement and training.

Information for Evaluation

A. Foster Care Requirements outlined in Minimum Licensing Standards for Child Welfare Agencies.

Centers for Youth and Families' Therapeutic Foster Care Program meets the foster care requirements outlined in the Minimum Licensing Standards for Child Welfare Agencies. *Refer to Attachment A for Agency Therapeutic Foster Care Placement Child Welfare Agency License obtained by DHS, DCCECE.* The primary emphasis of these standards is to ensure all children entering into therapeutic foster care receive a quality level of care. It is the intention of the Therapeutic Foster Care Program to exceed these standards at all times to ensure all children served receive an optimum level of comprehensive and quality services. The program's current scope of work capabilities include:

A. Administrative Structure—There are currently twenty (20) professionals assigned to provide services to therapeutic foster care clients. Clinical services are performed Licensed Mental Health Professionals. Medication management services are provided by an Advanced Practice Registered Nurse. Psychiatric services are performed by a Licensed and Board Certified Psychiatrist. Case management services are provided by qualified behavioral health providers, all of whom hold a bachelor's degree in a human service field. Foster parent recruitment, training and home studies are conducted by qualified bachelor's level professionals.

The Therapeutic Foster Care Program's clinical and case management operations are supervised by the Clinical/ Program Manager, Foster Lee, LPE. Mr. Lee holds a master's degree in counseling psychology, has 22 years' placement and treatment experience and is currently licensed in Arkansas as a mental health professional. He is supervised by Chief Clinical Officer, David Kuchinski, LCSW.

Twenty-four (24)/seven (7) crisis services, including mobile crisis intervention, are provided by Licensed Mental Health Professionals and a Licensed and Board Certified Psychiatrist. Crisis services are supervised by the Chief Clinical Officer. *Refer to Attachment B for Therapeutic Foster Care Program Organization Chart.*

1. Leadership Team— A voluntary policy-making Board of Directors comprised of leaders representing a cross section of the community governs The Centers. The Board approves all new programming, monitors and evaluates ongoing service delivery and is involved in promoting the goals of therapeutic foster care services in securing permanency outcomes for children and adolescents. *Refer to Attachment B for Agency Organization Chart.*

2. Quality Assurance Structure and Process—The Centers’ Performance Improvement Plan, approved and reviewed annually by the Board of Directors, serves as a means of promoting continuous improvement in the provision of services to clients. The Chief Clinical Officer, David Kuchinski, is chair of the Performance Improvement Committee that oversees the quality processes throughout the agency and reports these processes to the Chief Executive Officer. *Refer to Attachment B for Agency Organization Chart.* The committee is responsible for the systematic and ongoing process of monitoring and evaluation of the quality and appropriateness of client care and clinical services. The Risk Management Coordinator, in collaboration with members of the committee, identifies important aspects of care. Each identified aspect of care, is monitored by indicators that are measurable, and utilize specific criteria. Thresholds for each indicator are reviewed monthly by Committee. If the identified target level of performance is unattainable over time, a continuous quality improvement team is identified to develop and implement an action plan that will lead to effective improvement.

3. Electronic Record Keeping—The Centers’ uses Credible, a secure electronic medical record platform, to document care provided to all clients. Within Credible, a clinical record is developed and maintained for each client who receives assessment and/or treatment in any component of The Centers. All documentation is assembled and located in one central record, unique to the client, thereby constituting a unit record. A record of all assessments, treatment plans, services rendered, events and incidents impacting the client, their family/legal guardians and/or therapeutic foster family are documented in the client’s EMR and in accordance with our existing Chapter 68: Documentation of Service Provision Policy. All service entries contain, at a minimum, the following information:
 - a. Client name, date of birth and social security number
 - b. Services provided
 - c. Date and actual time of service rendered (time in/time out)
 - d. Name and credentials of individual providing services
 - e. Setting in which the services were rendered
 - f. Relationship of services to the treatment regimen as described in the Treatment Plan
 - g. Updates describing the client’s progress

- B. Financial Management— The Centers maintains a contract with an independent Certified Public Accounting firm to complete an annual financial audit that is in accordance with auditing standards generally accepted in the United States of America; Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. The fiscal audit contains

a supplemental schedule listing therapeutic foster care revenue and expenditures and the year-end total of therapeutic foster care days provided to clients.

- C. Foster Parents—All families desiring to provide therapeutic foster care services are evaluated to ensure their compliance with the Minimum Licensing Standards for Child Welfare Agencies and with established published standards for approval of therapeutic foster homes. A family who has completed all pre-service orientation requirements must be licensed/certified by the State of Arkansas in order to have children/adolescents placed in their home. The following requirements must be met prior to the placement:
- a. Successfully complete Therapeutic Foster Parent Application
 - b. Successfully complete 40 Hours of Pre-Service Training
 - c. Successfully fulfill all necessary licensing requirements designated by:
 - i. Minimum Licensing Requirements for Child Placement Agencies
 - ii. Arkansas Department of Human Services Therapeutic Foster Care Program Standards
 - iii. DCFS Standards for Family Foster Homes
 - iv. Joint Commission on Accreditation of Healthcare Organizations
 - v. The Foster Family-Based Treatment Association Program Standards for Treatment Foster Care
 - vi. Contractual requirements for TFC program as defined by DHS contract performance indicators
 - vii. Centers For Youth and Families Program Policy
 - viii. Therapeutic Family Homes Program Policy and Checklist
 - d. SAFE Home Study— including all required background checks (i.e., FBI, State/Criminal, Adult Maltreatment, Child Maltreatment), local background checks for all family members (age specific), verification of physical wellness, DMV Check (including proof of driver's license and insurance) and insurance for the home
 - e. Approval Process

Verification of all requirements is submitted to the Specialized Placement Unit (SPU) for approval and entry in to the State system via a CHRIS Template. When all State and Federal Requirements are confirmed, a vendor number is issued and sent to the Program Manager or designee from the SPU. The family is notified and a letter is issued with licensing information.

A therapeutic foster home must remain in good standing in order for children/adolescents to be placed in the home. “Good standing” is defined as keeping requirements current and up to date, reporting any changes that occur in a timely manner and fulfilling the Roles and Responsibilities for being a Therapeutic Foster Parent.

D. Training Requirements of Foster Parents— Foster parents are required to complete a minimum of forty (40) hours of pre-service training which is designed to enhance knowledge, skills, and ability to cope with and address the needs of children/adolescents in therapeutic foster care. This training is mandatory and must be completed in full prior to being considered to start the SAFE Home Study Process.

Pre-service training consists of, but is not limited to the following:

- The history of Centers for Youth and Families
- Getting acquainted with the foster care (why children enter care)
- Understanding the foster care system
- The impact of placement on the foster child and the foster family
- Foster children and their biological families
- Trauma-Informed Care
- Crisis Prevention Intervention
- Behavioral characteristics of children with specific DSM-V Diagnosis
- Foster PRIDE/Adopt PRIDE Pre-Service Training Curriculum including:
 - Protecting and nurturing
 - Meeting developmental needs and addressing developmental delays
 - Supporting relationships between children and their families
 - Connecting children to safe, nurturing relationships intended to last a lifetime
 - Participating as a member of a professional team
- The Pressley Ridge Treatment Foster Care Pre-Service Training Curriculum including:
 - Unit 1: Introduction to Treatment Foster Care
 - Unit 2: Professional Parenting
 - Unit 3: Professional Parenting II
 - Unit 4: Understanding Childhood Development I
 - Unit 5: Understanding Childhood Development II
 - Unit 6: Developing Healthy Relationships
 - Unit 7: Therapeutic Communication
 - Unit 8: Understanding Behavior
 - Unit 9: Changing Behavior
 - Unit 10: Skill Teaching
 - Unit 11: Conflict Resolution
 - Unit 12: Understanding & Managing Crisis

In addition to pre-service requirements, therapeutic foster families are required to obtain a minimum of forty (40) hours of annual training per parent (this does not include annual requirements for CPI, CPR and First Aid). These skill-based trainings are offered on an ongoing basis within the TFC program, within the agency (Staff Development and the Parent Center) and within the community (notification of community based trainings and quarterly

sessions in Little Rock and Pine Bluff). Families are provided a monthly training calendar, notified of training opportunities via *Centers Times* (a monthly newsletter publication for our therapeutic foster parents), and emailed additional community-based training sessions as they arise. Training includes, but is not limited to, the following subject areas:

- Child/Adolescent Growth & Development
- Cultural Diversity
- Mental Health Diagnosis (DSM-V)
- Trauma 101
- Trauma-Informed Care
- Parenting the Strong-Willed Child
- Primary, Secondary, Tertiary Prevention of Sexually Abusive Behaviors
- Children with Disrupted Attachment
- Mental Health First Aid
- Brain Based Parenting
- Grief and Loss
- Medication Management
- Psychotropic Medication
- Educational Issues for Children in Foster Care
- Functional Behavioral Analysis
- Understanding the Impact of Abuse
- Annual mandatory Training (i.e., Mandatory Reporting)
- Holidays for Children in Foster Care
- Understanding Psychological Testing
- Step Teen and Step Child
- Managing Clients with histories of Running Away (AWOL) Behavior
- AR Law regarding Mandated Reporting of Suspected Child Abuse/Neglect
- Safety in the Foster Home (series)
- JCAHO Requirements for Therapeutic Foster Homes
- State Standards for Therapeutic Foster Homes (TFC & Child Welfare Licensing Standards)
- Stress Management
- Pressley Ridge (completion of this course is required of all prospective families and current foster families)
- TFC Policies and Procedures (annual update)
- Preparing Children for Adoption
- Permanency Outcomes for Children
- CWLA's "Homeworks" Series for Foster Families
- Discipline Strategies/Techniques
- Handling Emergencies with Children

Families found not to be in compliance with annual training requirements are placed on a corrective action plan and given a specific time period in which to acquire a sufficient amount of training hours, which will return them to compliant status. Families who do not comply with corrective action plans are subject to further administrative action, up to and including termination from their status as therapeutic foster parents.

- E. Care Managers and other specialists—Our Therapeutic Foster Care program is staffed with bachelor’s level qualified behavioral health providers who are responsible for case management services including assessment, treatment planning, home visits and other collateral coordination.
- F. Staffing Requirements—With eight (8) qualified behavioral health providers assigned to the program, we are able to ensure each case manager maintains a caseload of no more than twelve (12) clients.
- G. Training Requirements— The Centers seeks to ensure that employees are provided with opportunities to develop, maintain and improve their job knowledge, skills, and abilities. Training represents an investment of time and money in each employee. All professionals are required to obtain the number of training hours as determined by the licensing agency of the department/division, plus other training sessions based on an identified training needs (a minimum of thirty (30) hours for direct care and a minimum of ten (10) hours for support staff).

Therapeutic Foster Care Program case management and clinical staff are required to complete a forty (40) hour pre-employment orientation which covers the following topics:

- CPR
- First Aid & Safety
- Crisis Prevention Intervention
- Suicide Prevention and Intervention
- Human Trafficking
- Developmental Milestones
- Behavior Management
- The Organization's Mission, Goals, Policies and Procedures
- Cultural Diversity and Sensitivity
- Signs of Abuse and Neglect
- Client’s Rights and Ethical Aspects of Care
- Confidentiality and HIPPA
- Code of Ethics
- Mandated Reporting
- Unanticipated Adverse Events
- Safety, Body Mechanics, Infection Control

- Documentation Requirements and Legalities
- Medications Commonly Prescribed and Their Side Effects
- Equal Employment Opportunity
- Corporate Compliance
- Trauma-Informed Care
- Therapeutic Boundaries

In addition pre-employment training requires, Therapeutic Foster Care Program staff are required to obtain thirty (30) hours of annual training (or more if required by specific licensing bodies). This training may be obtained through Staff Development or through external training resources.

Topics include:

- Infection Control
- Blood Borne Pathogens
- OSHA/MSDS Information (Employee Right to Know)
- Workplace Safety
- Workplace Violence
- Driver Safety
- Verbal De-escalation
- Adolescent/Child Growth & Development
- Mandated Reporting of Child Abuse/Neglect
- Managing Clients with Runaway (AWOL) Behaviors
- Documentation Requirements
- OBHS Service Delivery
- Emergency Preparedness
- Professional/Ethical Responsibility
- Confidentiality
- Cultural Competency
- Cultural Diversity
- Handling Emergency Situations with Children
- Behavior Management for Children
- Behavior Management for Adults
- Knowledge of Illnesses in Children
- Knowledge of Illnesses in Adults
- Continuous Quality Improvement
- Trauma-Focused Cognitive Behavioral Therapy
- Trauma-Informed Care
- Child-Parent Psychotherapy
- Theraplay
- Play Therapy
- ORYX (JCAHO Outcomes Initiative)

- Signs/Symptoms of Abuse/Neglect
- Behavior Crisis Management Training
- Foster PRIDE/Adopt PRIDE
- ASAP Specific Training
 - Supervision and Safety Planning (at least one hour)
 - Adolescent Sexual Behaviors/Normal Sexual Development
 - Specifics related to Arousal Difference, Denial, Risk Assessment
 - Relapse Prevention Planning and Accountability
 - Dysfunctional Family Relationships and Contact with the Family
 - Issues to Consider in Family Reunification and Placement
 - Issues Related to Foster Parents
 - Role of the Therapeutic Foster Parent
 - Special Issues Related to Working Offenders
 - Family Issues and the Juvenile Sex Offender
 - Cognitive Distortions and Refuting
 - Psychotropic Medication/Treatment of Sexualized and ASAP Clients
 - Victim Empathy
 - Cognitive Distortions
 - Attachment Issues with Sexualized Children (sexual reactivity vs. offending issues)
 - Substance Abuse and Sexual offending
 - Role of Case Management
 - Psychosexual Evaluations
 - Laws/Notification
 - Offending and Maintenance Cycle
 - Cycle of Abuse
 - Treatment of the Developmentally Delayed Sexual Offender
 - Treatment Strategies with Younger Sexualized Children
- HIPPA (Health Insurance Portability Accountability Act)
- Treatment Plan Development

B. Licensed as Child Welfare Agency as set out in the Minimum Licensing Standards for Child Welfare Agencies

Centers for Youth and Families is licensed by the Arkansas Department of Human Services (DHS) as a Therapeutic Foster Care Placement Child Welfare Agency. *Refer to Attachment A for Agency License obtained by DHS, Division of Child Care and Early Childhood Education.*

C. Trauma-Informed Mental Health Services

Centers for Youth and Families has established a universal system of care that is trauma-informed, trauma-focused and trauma-responsible. As such, we provide a safe and supportive

environment that fosters positive relationships to promote hope, healing and change for individuals and families.

Characteristics of our trauma-informed agency include:

- a. ensuring staff are provided with the criteria for identification of symptoms of trauma during new staff orientation
- b. recognizing the importance of identifying possible effects of complex trauma when developing an appropriate plan of care
- c. implementing and adhering to nationally recognized trauma-informed best practices
- d. providing trauma-informed trainings to local schools and community partners
- e. promoting system wide understanding of trauma prevalence and impact
- f. recognizing cultural competency
- g. supporting consumer voice, choice and self-advocacy
- h. understanding the role of beliefs in the interpretation of trauma and the recovery process

Clinicians in our Therapeutic Foster Care Program are certified in the following trauma-informed evidence-based practices:

Evidence-Based Practice	Description
Trauma Focused-Cognitive Behavior Therapy (TF-CBT)	for children and adolescents impacted by trauma and their parents or caregivers
Child Parent Psychotherapy (CPP)	for children 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder
Parent-Child Interaction Therapy (PCIT)	for children ages 2 through 7 with disruptive behavior problems
Theraplay	for building and enhancing attachment, self-esteem, trust in other and joyful engagement between child and parent or caregiver
Trauma Resiliency Model	for helping individuals understand the biology of traumatic of traumatic stress situations

Foster parent training and support follows research-based, trauma-informed practices set forth by the Pressley Ridge Treatment Foster Parent Curriculum. The curriculum is designed to ensure competency-based excellence in the provision of services for children and youth in therapeutic foster care and reflects years of research, writing, and experience.

In addition to staff, therapeutic foster parents are required to complete trainings in trauma-informed care. They are responsible for providing a trauma-informed, nurturing therapeutic foster home environment to address the emotional and behavioral issues of the children placed in their care. Foster parents are required to provide care and treatment in accordance with the child’s trauma history, culture, age, developmental level, diagnosis, individual differences and abilities, surrounding circumstances, hazards and risks.

D. Twenty-four (24) hour, seven (7) days a week mobile crisis intervention

Administration of therapeutic foster care services are provided between the hours of 8:00 am and 5:00 pm, Monday through Friday. In addition, our Emergency Services Team is on call twenty-four (24), seven (7) for mobile crisis response, including assessment and stabilization. The on-call telephone number is made available to therapeutic foster parents, program staff and agency staff.

The Centers’ Emergency Services Team includes four (4) licensed mental health professionals and a licensed and board certified psychiatrist who are on-call twenty-four (24), seven (7) to provide emergency mental health services primarily in the community setting, including the home. The team is supervised by Chief Clinical Officer, David Kuchinski. Services provided include mobile crisis assessment, crisis intervention, supportive counseling, information and referrals. Mental health engagement, intervention and follow-up support are also provided to ensure children maintain stability in the community after a crisis.

The Emergency Services team is trained in trauma-informed care and utilizes standardized crisis assessment and stabilization tools including the SAFE-T assessment. The SAFE-T is used to measure immediate and potential safety needs during a crisis and assists with making clinically indicated recommendations based on medical necessity. The safety needs of clients are measured using age, gender and culturally appropriate defined criteria. All events and actions taken when responding to a mobile crisis assessment are thoroughly documented in the client’s EMR within twenty-four (24) hours of the initial contact.

As a result of providing decades of therapeutic foster care and mobile crisis services to children and youth in central Arkansas, we have established invaluable relationships with a network of local providers. These collaborative relationships enable us to facilitate access to the wide array of necessary clinical and support services. Our Therapeutic Foster Care Program collaborates with multiple community organizations including the Motley Baptist Church, Highland Baptist Church, Arkansas Department of Human Services, local school districts, Immerse Arkansas, court appointed special advocates (CASA) and local court officials.

The Centers has successfully maintained multiple contracts with the Arkansas Department of Human Services including Comprehensive Residential Treatment, Therapeutic Foster Care, Adolescent Sexual Adjustment Program, Respite Care and Therapeutic Counseling Services.

The following DHS managers can verify qualifying experience:

Name	Title	Phone	Email	Address
Tammy Allen	Contract Manager, DCFS	501-682-8742	Tammy.allen@dhs.arkansas.gov	PO Box 1437, Slot S560 LR AR 72203
Megon Bush	Asst. Director Placement Support & Community Outreach, DCFS	501-682-8433	Megon.bush@dhs.arkansas.gov	PO Box 1437, Slot S560 LR AR 72203

THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



In cooperation with

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



Certifies that

Centers for Youth and Families, Inc.
OWNER

Centers for Youth and Families (Therapeutic Foster Care)
AGENCY

5800 WEST 10TH STREET STE 101
LITTLE ROCK, AR 72204

Is hereby issued Child Placement license #: 156

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

THERAPEUTIC FOSTER CARE
THERAPEUTIC FOSTER CARE-SEXUAL REHABILITATIVE PROGRAM
FOSTER CARE FOR CHILDREN AGES 0 TO 18

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 05/17/1998 AND WILL REMAIN IN EFFECT UNLESS THERE IS A STATUS CHANGE.

In Witness whereof



Chairman, Child Welfare Agency Review Board

DATE: 12/6/2016





**Division of Provider Services
and Quality Assurance**

P.O. Box 8059, Slot S408 · Little Rock, AR 72203
501-320-6408 · Fax: 501-682-8637



February 15, 2019

Melissa Dawson, CEO
Centers for Youth and Families
5800 West 10th Street, Suite 101
Little Rock, AR 72204

RE: Behavior health Certificate Corrections

Dear Ms. Dawson:

The Division of Provider Services and Quality Assurance (DPSQA) has reviewed the certificates for all Centers for Youth and Families sites and have made changes to them regarding the vendor numbers and the license number. Each site is required to have their own vendor and license number, please make note of the changes made in this area.

Please find enclosed License and/or Certification certificates for the following sites:

6501 West 12th Street Little Rock, AR 72204	Behavioral Health Agency Vendor # 11188 License # 189 Certification Dates: 07/01/2018 – 06/30/2019
5800 West 10th Street, Suite 600 Little Rock, AR 72204	Behavioral Health Agency Vendor # 11189 License # 190 Certification Dates: 07/01/2018 – 06/30/2019
500 North Main Street Harrison, AR 72601	Behavioral Health Agency Vendor # 11322 License # 322 Certification Dates: 08/31/2018 – 06/30/2019
6601 West 12th Street, Suite 101 Little Rock, AR 72204	Behavioral Health Agency Vendor # 11191 License # 192 Certification dates: 07/01/2018 – 09/30/2019

5800 West 10th Street, Suite 101
Little Rock, AR 72204
(Administration Building)

Behavioral Health Agency
Vendor # 11441
License # 383
Certification Dates: 07/01/2018 – 06/30/2019

936 Jordan Drive
Monticello, AR 71655

Behavioral Health Agency
Vendor # 11290
License # 292
Certification Dates: 07/01/2018 – 06/30/2019

6425 West 12th Street
Little Rock, AR 72204

Behavioral Health Agency
Vendor # 11442
License # 384
Certification dates: 07/01/2018 – 09/30/2019

Should you have any questions regarding your license or certification, please contact Theresa Forrest, Licensure and Certification, at 501-320-6235 or theresa.forrest@dhs.arkansas.gov.

Sincerely,



Sherri Proffer, RN
Assistant Director
Community Services Licensure and Certification
Division of Provider Services and Quality Assurance
Sherri.Proffer@dhs.arkansas.gov

C: Eyvonne Carbage, DXC
David Jones, OMIG
Sharon Donovan
Patricia Gann
Beacon Health Options

BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**CENTERS FOR YOUTH AND FAMILIES, INC.
500 NORTH MAIN STREET
HARRISON, AR 71601**

Dates of Certification: 08/31/2018 - 6/30/2019

Vendor Number: 11322

License Number: 322



Sherri Proffer, RN

**Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance**



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

CENTERS FOR YOUTH AND FAMILIES, INC.
6501 WEST 12th STREET
LITTLE ROCK, AR 72204

Dates of Certification: 07/01/2018 - 6/30/2019

Vendor Number: 11188

License Number: 189



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**CENTERS FOR YOUTH AND FAMILIES, INC.
5800 WEST 10TH STREET, STE. 600
LITTLE ROCK, AR 72204**

Dates of Certification: 07/01/2018 - 6/30/2019

Vendor Number: 11189

License Number: 190



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**CENTERS FOR YOUTH AND FAMILIES, INC.
6601 WEST 12TH STREET
LITTLE ROCK, AR 72204**

Dates of Certification: 07/01/2018 - 6/30/2019

Vendor Number: 11191

License Number: 192



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**CENTERS FOR YOUTH AND FAMILIES, INC.
5800 WEST 10TH STREET, STE. 101
LITTLE ROCK, AR 72204**

Dates of Certification: 07/01/2018 - 6/30/2019

Vendor Number: 11441

License Number: 383



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**CENTERS FOR YOUTH AND FAMILIES, INC.
936 JORDON DRIVE
MONTICELLO, AR 71655**

Dates of Certification: 07/01/2018 - 6/30/2019

Vendor Number: 11290

License Number: 292



Sherri Proffer, RN

**Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance**



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

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**CENTERS FOR YOUTH AND FAMILIES, INC.
6425 WEST 12TH STREET
LITTLE ROCK, AR 72204**

Dates of Certification: 07/01/2018 - 6/30/2019

Vendor Number: 11442

License Number: 384



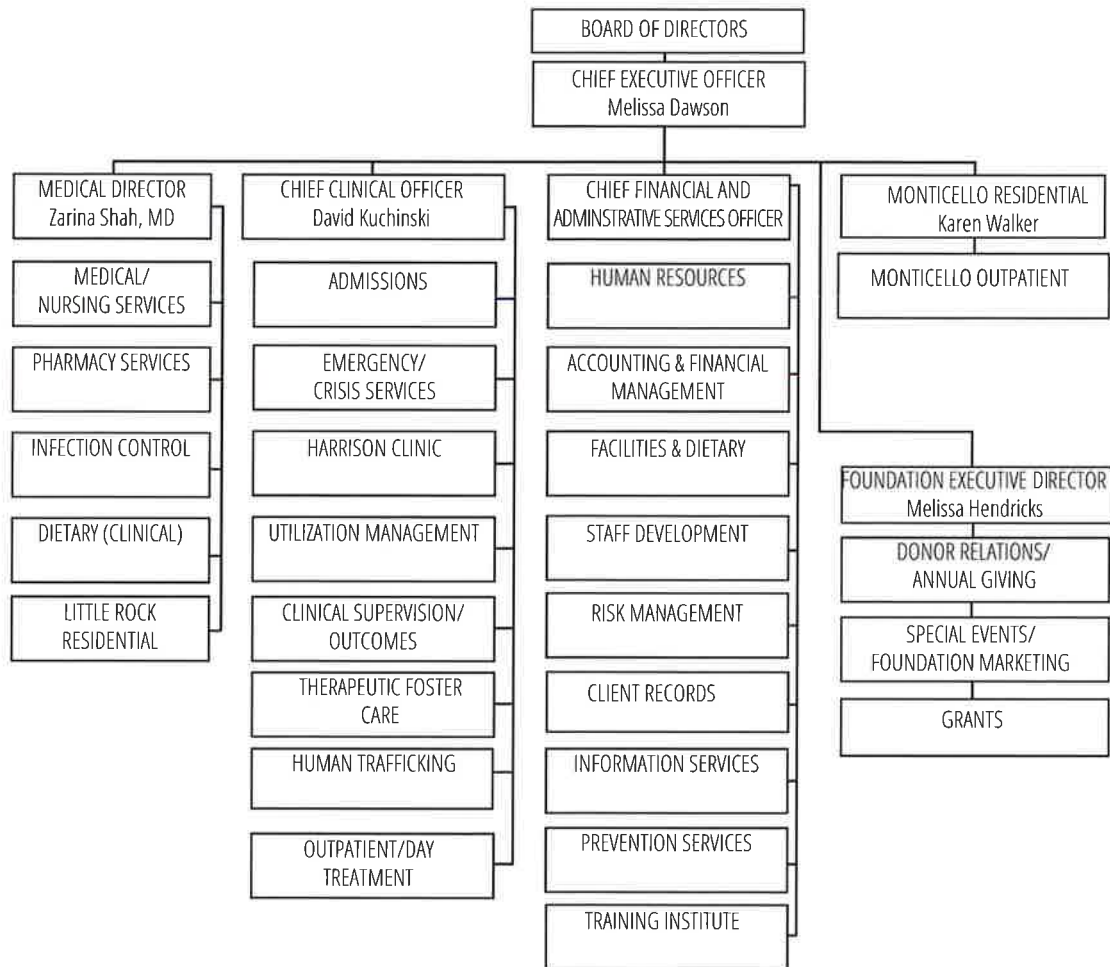
Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



Centers for Youth & Families

Organizational Chart



Centers for Youth and Families Therapeutic Foster Care Program

