



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

East Arkansas Youth Services, Inc.
104 Cypress Avenue
Marion, Arkansas 72364

RESPONSE PACKET
710-19-1025

CAUTION TO VENDOR

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

A. Original *Response Packet* as stated in the RFQ 710-19-1025

1. The original *Response Packet* **must** be submitted on or before the bid opening date and time.

Submitted via U.S. Mail – Certified/Registered 3-27-2019

2. The *Response Packet* **must** include the following and, submitted in the following order:

a. Original signed *Response Signature Page*. (See *Response Signature Page*.)

Page 2

b. Original signed *Agreement and Compliance Pages*. (See *Agreement and Compliance Pages*.)

Pages 3-5

c. Original signed *Proposed Subcontractor Form* (See *Subcontractors*)

Page 6

d. Signed addenda to this RFQ, if applicable. (See Requirement of Addendum.)

Addendums 1 & 2 – Pages 7-11

e. EO 98-04 Disclosure Form, completed and signed (Attachment A).

Pages 12-13

f. Copy of Vendor's *Equal Opportunity Policy*. (See *Equal Opportunity Policy*.)

Page 14

g. Response to the *Information for Evaluation* section included in the *Response Packet*

Pages 15-28 Including Required ATTACHMENTS

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			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Madelyn P. Keith	Title:	Director of Development, Contracting...
Phone:	870-739-4219	Alternate Phone:	870-636-8166
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 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: Executive Director
Use Ink Only.

Printed/Typed Name: Jessica Sampley Date: 3/26/19

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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


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

Vendor Name:	East Arkanas Youth Services, Inc.	Date:	3/26/19
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Jessica Sampley		

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.

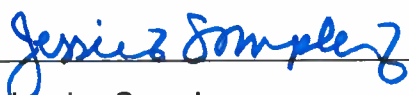
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	East Arkanas Youth Services, Inc.	Date:	3/26/19
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Jessica Sampley		

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:	East Arkanas Youth Services, Inc	Date:	3/26/19
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Jessica Sampley		

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:	East Arkansas Youth Services, Inc.	Date:	3/26/19
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Jessica Sampley		

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

ADDENDUM 1

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

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

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

BID OPENING DATE AND TIME

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

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

CHANGE TO PAGE ONE OF THE SOLICITATION DOCUMENT

Add contact information;
Issuing Officer: Margurite Al-Uqdah
Email Address: margurite.al-ucdah@dhs.arkansas.gov
Phone#: 501-682-8743

REPLACE ATTACHMENT

Replace Attachment G

CHANGES TO REQUIREMENTS

Delete Section 2.2A and replace with the following:

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

Delete Section 2.2B and replace with the following:

- B. Must be accredited by one (1) of the independent, not for profit organizations specified below **or** have an application in-progress for one or more such accreditations at time of bid. For verification purposes, the Vendor **must** submit:
- 1) Current Certificate of Accreditation from one of the organizations listed below **or**
 - 2) A copy of the accreditation application **and** a copy of the application payment that was submitted to one of the entities below:
 - a. The Commission on Accreditation of Rehabilitation Facilities (CARF);
 - b. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
 - c. The Council on Accreditation (COA).

Section 2.3 A

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

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

Attachment C: Performance Standards

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

Service Criteria:

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

Acceptable Performance:

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

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

Damages:

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

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

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

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



Vendor Signature



Date

East Arkanas Youth Services, Inc.

Company

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

ADDENDUM 2

DATE: March 26, 2019

SUBJECT: 710-19-1025 Qualified Residential Treatment Program

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

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

BID OPENING DATE AND TIME

Bid opening date and time

CHANGE EFFECTIVE DATE OF CONTRACT

Revise

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

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

CHANGE SPECIFICATIONS

2.1 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) MINIMUM QUALIFICATIONS

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

REVISE ATTACHMENT

Revise Attachment G


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

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

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



Vendor Signature



Date

East Arkanas Youth Services, Inc

Company

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: _____ SUBCONTRACTOR NAME: _____

Yes No

IS THIS FOR:

Goods? Services? Both?

TAXPAYER ID NAME: East Arkansas Youth Services, Inc.

FIRST NAME: Jessica

M.I.: C.

YOUR LAST NAME: Sampley

ADDRESS: 104 Cypress

STATE: AR

ZIP CODE: 72364

COUNTRY: USA

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							
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								
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 3/26/19

Vendor Contact Person Jessica Sampley Title Executive Director Phone No. 870-739-4219

<i>Agency use only</i>			
Agency Number	Agency Name	Agency Contact Person	Contact Phone No. or Grant No.

Equal Opportunity Policy
EXCERPTED FROM EAYS POLICY MANUAL

Employment Guidelines- East Arkansas Youth Services is an equal opportunity employer. It is the policy of EAYS to provide all employees and applicants for employment with equal employment opportunities and to provide current employees with training, compensation, promotion, and all other benefits of employment without regard to race, color, sex, religion, national origin, age, marital or veteran status, disability or any other legally protected status.

Rehabilitation Act- EAYS conforms to Section 504 of the Rehabilitation Act of 1973 which states "No otherwise qualified handicapped individual shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any programs activity receiving federal financial assistance."

Americans with Disabilities Act-EAYS conforms to all employment requirements of the American with Disabilities Act which prohibits discrimination against any individual with a disability if the person is otherwise qualified to perform the essential functions of the job with or without reasonable accommodation.

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, 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.

- Technically, due to EAYS status of employing less than 50 employees the agency is not required to have an EEOC policy, but because we are close to that number we have maintained such a policy in the event that our numbers goes over the threshold.

**Information for Evaluation (referenced in Attachment G)
&
Section 2 – Minimum Requirements**

Attachment G - A.

Section

2.1 East Arkansas Youth Services, Inc. (EAYS) is a licensed placement and residential childcare facility with The Arkansas Child Welfare Agency Review Board - DCCECE. EAYS is also accredited through the Council on Accreditation as a Group Home. The accredited Group Home is the only residential facility operated by the agency.

2.2. QRTP Minimum Qualifications

Attachment G

A. Residential Child Care Facility License #177 – ATTACHMENT I

Attachment G

B. Certificate of Accreditation from The Council on Accreditation and documentation from the COA website indicating accredited as a Group Home. – ATTACHMENT II

Attachment G

C. The COA accredited group home a licensed residential facility provided by East Arkansas Youth Services, Inc. incorporates a Trauma Informed Care treatment model into all aspects of the program. All staff working in the residential group home program and also staff in the administration of the agency are certified in CPI Nonviolent Crisis Intervention which teaches techniques of verbal de-escalation as the first phase of intervening in a crisis. It also provides training and techniques for non-mechanical restraining or “holds” that are safe and appropriate as a last resort. Further, as an extension of the crisis intervention measures, staff members are trained on identification of trauma induced behaviors through additional CPI training resources.

CPI’s *Nonviolent Crisis Intervention*® training program is principles-based, backed by evidence-based research, and inherently aligns with person-centered trauma-informed care. From the first phase, the program utilizes adult learning theory to teach how the experiences and potential trauma could be causing the levels of behavior, and then consider what interventions may be best received and most successful based upon those past experiences and traumas. When CPI’s Global Professional Instructors certify trainers, upon request, they tailor and customize all examples and application scenarios to be trauma-sensitive and include trauma-informed de-escalation and intervention techniques. These trainings can also go as deep as to define trauma, help staff

understand triggers, and discuss trauma types within their client or resident population. This then allows the Certified Instructors to become equipped with the ability to tailor CPI's *Nonviolent Crisis Intervention*® training back at each facility or program within the context of trauma informed care.

East Arkansas Youth Services, Inc. has two staff that are licensed certified trainers providing certification to all agency staff. The Crisis Prevention Institute model or CPI also provides for those utilizing its curriculum, a guide to behaviors resulting from traumatic experiences. The guide provides for a deeper awareness of trauma related concepts, a greater understanding of the effects that trauma has on behavior, tips for preventing re-traumatization and resources for further exploration by staff.

This model or curriculum also provides for a tool that we utilize at intake called the "De-Escalation Preference Form". This form is used as a guide to help our staff gather information and develop personalized de-escalation strategies. The CPI curriculum platform is that person-centered, trauma informed de-escalation strategies are powerful prevention tools to help youth avert difficult behaviors and prevent the need for restraint, which avoids the youth being re-traumatized. This assists in placement stabilization and maintenance. All staff who deliver direct services are also trained in the specific use of the De-Escalation Preference Form and how to use this information obtained, in the treatment and care of youth in the group home.

EAYS takes very seriously the importance of placement stabilization and maintaining placements for hard to place youth. Our group home currently has a resident who has been in our program for over a year. This resident had a history of multiple placements, including therapeutic foster care, prior to coming to our group home. This resident is just one of many over the years who have been able to maintain and be successful until DCFS determined that it was time for them to advance their case plan in some other way or they "aged out" of the program.

Attachment G

- D. EAYS will have on staff a Registered Nurse that performs initial health screenings on all youth placed in the group home within 24 hours of being admitted if youth have not had a physical exam with their primary care physician before placement. The nurse will provide residents with information regarding the prevention and the spread of infectious and communicable diseases as part of the screening. The nurse will work with the residential staff to insure important medical information is communicated. The nurse will also be available (24) hours a day, (7) days a week for follow-up and consultation on medical emergencies and other matters.
See ATTACHMENT III, the RN license of the nursing staff.

EAYS also has a Therapist who is a Licensed Clinical Social Worker on staff to assess needs and assist in the development of treatment plans, deliver therapy and/or counseling services and provide assistance in emergency or crisis situations. See ATTACHMENT IV, the license of the other clinician on staff, the LSCW.

Sometimes youth in the residential group home already have a therapist when they come to the facility. If this is the case and their provider is available we do change their therapist or mental health provider.

Section 2 – Continued

2.3. SCOPE OF WORK

- A. The philosophy and approach to treatment with all of EAYS services and specifically in the group home is that treatment be provided in the least restrictive environment possible and is also competency based which acknowledges that the clients and their families know what is appropriate and best for them and treatment is geared from a perspective of being person-centered drawing from the strengths of the individual. A major emphasis is placed on the goals that DCFS (or the court) has for the client with regard to family reunification, education and preparing to be reintegrated back into a family-type setting. The accredited group home is the only residential facility operated by EAYS. Upon admission into the EAYS residential group home, program staff completes an initial assessment and social history that meets licensing standards and is in line with the Trauma Informed Care Model as detailed in Section 2.2.C. The assessment will also consider past and current trauma and will include completion of the “De-Escalation Preference Form” by the client with the staff as part of the Trauma Informed Care approach to treatment. As DCFS also requires an assessment by an outside entity, EAYS will cooperate with this, as well. In compliance with our Residential License, provided in Section 2.2 A., within 72 hours of entering the program a treatment or case plan is developed with the clients’ legal guardian (DCFS caseworker), which consists of measurable goals and objectives relative to the presenting problems and congruent with the DCFS case plan. Residential Child Care Licensure requires a physical examination unless the client has had a physical in the last 30 days and documentation of that can be produced, or if the client has had a physical upon entering another treatment facility and has come directly into EAYS from that facility, or if the client is in the facility for 72 hours or less, a physical is not required unless it comes to our attention during intake that one is needed. However, COA standards for our group home require a medical screening within 24 hours unless it can be documented that a child came for a hospital placement directly into the facility. Therefore, EAYS as an accredited group home must ensure these higher standards are met. The group home has a registered nurse that will provide a medical/health screening within 24 hours of admissions to assess any immediate medical needs and help determine if any serious emotional needs require attention.

- B. Referrals will be taken by the Program Director or designated staff. There is a case coordinator or supervisor “on call” or available at all times for these purposes, as well as, for emergencies. Services for youth (male and female) referred by DHS/DCFS for those whose needs cannot be met in a traditional foster home, therapeutic foster home, or youth who have reached their treatment goals in a more restrictive setting and are ready to be transitioned to a less restrictive level of care will be provided in the group home. These will be those youth who have a history of and/or current patterns of emotional behavior, and adjustment problems, youth with a diagnosis of conduct disorder, oppositional and disruptive behaviors, youth with a history of multiple placements and parent/youth conflict issues, delinquent youth and those with a Family in Need of Services petition filed in a juvenile court. Youth appropriate for placement in the residential group home will be those with a history of chronic behavior patterns that may include periods of aggressive behavior, delinquency, self-injury, non-compliance and depression. EAYS has 30 years of experience working with this population in the group home setting and in the community. EAYS has a history and good record of success keeping youth in the residential program who have had multiple placements due to issues with substance abuse, have been in psychiatric hospitals and suffered from psychosis related to periods of acute suicidal and homicidal ideations and other issues. EAYS has a Substance Abuse Counselor in Training on staff that provides individual and group counseling under the supervision of a Certified Substance Abuse Clinical Supervisor and the Licensed Clinical Social Worker.

EAYS is not a psychiatric facility and cannot take youth who are actively or acutely psychotic, suicidal and/or homicidal or in need of detoxification at the time of placement/referral. Most youth in the group home do attend public school. However, on site educational services for 16 & 17 years olds can be provided in the form of an adult education curriculum.

- C. Upon referral, an EAYS staff collects information from the DCFS staff regarding specific details about the client being referred. This is necessary to provide for the best possible treatment scenario for the specific youth being referred and for other residents in the group home. The EAYS Program Director or Residential Case Coordinator will request to interview the youth during the referral process to begin to build a rapport with the youth from the onset of the treatment relationship and determine if the youth is agreeable and willing to participate in his/her treatment program or if there will be any special requirements needed for the placement. For planned intakes/admissions into the EAYS residential component, program staff, which is usually the Program Director or the Residential Case Coordinator, will conduct the intake. However, if the intake is unplanned and/or after normal work hours for these staff, it may be completed by direct care staff trained to perform intakes. As part of the initial intake, the staff person completes an initial assessment and social history that meets licensing standards. Immediately after admissions, a residential staff reviews the client handbook, which explains facility rules and other program guidelines.

Within 72 hours of entering the program, a treatment or case plan is developed with the clients' legal guardian (DCFS caseworker or other), which consists of measurable goals and objectives relative to the presenting problem and in line with the DCFS case plan . Within 24 hours a health or medical screening will be performed by EAYS nursing staff and any appropriate referrals for follow-up will be made in conjunction with DCFS being made aware of any issues.

It will be necessary for DCFS to share the clients' case plan goals and permanency plans with EAYS and provide information regarding family contacts and visitation as to facilitate EAYS supporting these aspects of treatment while in the residential program and the overall desired and planned outcome for the youth in the program. This will also be needed information for a successful and meaning discharge plan and process and any needed follow-up or aftercare support that the youth and family will need. Discharge planning should always begin at the time of intake if the needed information is provided.

EAYS will make recommendations for discharge from a treatment perspective. It is DCFS that will have final approval of to whom and where youth in DCFS custody are discharged. EAYS has 30 years of experience working with youth and families in the community in transitioning and reintegrating youth back into the community from institutional or residential placement. Periodic staffings between EAYS program staff and DCFS Caseworkers or other appropriate decision makers will need to take place in order to provide for a coordinated and planned discharge process. EAYS will submit the final discharge plan or summary 30 -60 days prior to the planned discharge date from the residential program. EAYS will make weekly contacts with the residential clients after discharge for one month and then monthly after that for up to 6 months. These will be reflected in monthly reports to the DCFS caseworker. If additional interventions are needed these will be brought to the attention of the DCFS caseworker to assist in addressing.

Section 2 – Continued

2.3. SCOPE OF WORK

D. Program Deliverables

1. Program Deliverable A:

EAYS does provide 24 hour a day placement for youth in the residential group home for youth who are removed from their homes by DCFS and need immediate placement and supportive services. Whether a planned or unplanned placement, youth in the group home are provided with the same level of care and services. EAYS operates on residential facility that is accredited by COA as a group home living facility.

2. Program Deliverable B:

EAYS has 30 years of experience providing family engagement and outreach services and will work with the permanency team as requested or needed for each youth in the residential treatment program. EAYS has the expertise and ability to provide the outlined Aftercare services required in the RFQ.

3. Program Deliverable C:
EAYS is a licensed residential treatment facility through DCCECE meeting all applicable standards. EAYS is also an accredited agency through the Council on Accreditation with the residential group home holding this designation since 2009 meeting all applicable standards.
4. Program Deliverable D:
EAYS has experience providing for the mental and physical health of youth in the residential treatment program. EAYS has employed a Licensed Clinical Social Worker and a Registered Nurse to ensure these needs are met.
5. Program Deliverable E:
If at all possible, education is addressed through the traditional public school system. If this is not possible, education is addressed by alternatives means, for example: on-site GED program for 16 and 17 year olds, home bound through the local school district and the alternative school through the local school district. The Department of Education requires that youth living in facilities attend public school or schools that meet public education requirements unless they meet the criteria for Adult Education/GED or if they are expelled. Our agency has also enhanced the public education experience through Title I, which is funded by the Department of Education through the Marion School District. This program assists in providing for an instructor for the GED program and also tutoring to youth in the program four days per week during the school year. In addition, in the summer when school is not in session, the students take field trips to local points of interest, which relates to a week of study about a particular subject matter that has been compiled and facilitated by the residential staff. On site GED classes are provided 5 days per week also two sessions of summer school are held when public school is not in session.
The challenge for our agency in providing residential services is for youth that are expelled from public school. If a youth is expelled and they are 16 or 17 years of age, then they will be enrolled in our on-site GED class. However, if younger than 16, our agency will request that one of the local school districts take the student in the local district. If the student cannot be enrolled in public school and cannot be home bound or attend GED then our only option will be to provide educational activities on site through our GED instructor . As EAYS does not meet the requirements of public school then a student who is expelled and cannot be accepted by public school will not receive school credit. Through linkage with ASU- MidSouth, we will be able to offer transitional services for college or job preparations.
6. Program Deliverable F:
EAYS has been contracting with DHS/DCFS for 30 years and has always met the requirements for billing. EAYS has historically had positive/ successful monitoring visits for its DHS contracts.

LIST OF REQUIRED ATTACHMENTS

- ATTACHMENT I Residential Childcare License – Page 22
- ATTACHMENT II Accreditation Certificate/Documentation – Pages 23-24
- ATTACHMENT III Nursing Staff License – Pages 25-26
- ATTACHMENT IV Therapist Staff License – Pages 27-28

THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



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



In cooperation with

Certifies that

East Arkansas Youth Services, Inc.

Owner

East Arkansas Youth Services

Agency

104 CYPRESS STREET

MARION, AR 72364

Is hereby issued Residential license #: 177

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

Emergency Residential Child Care Facility FOR CHILDREN AGES 6 TO 18

Residential Child Care Facility FOR 20 CHILDREN AGES 6 TO 18

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 02/24/1998 AND WILL REMAIN IN EFFECT UNLESS THERE IS A STATUS CHANGE.

In Witness whereof

Chairman, Child Welfare Agency Review Board



Effective: 02/24/1998





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

#2865, East Arkansas Youth Services, Inc.

Completed Cycle: Accreditation: Accredited/Completed - Full - Private - 7/1/2015

MY FEEDBACK TO COA TRAINING & RESOURCES SELF REPORT SUPPORT

Current Stage: Accredited/Completed

Current Step: All Steps Completed for Accredited/Completed

Print All Self-Study Standards

Standards for Private Organizations

The Standards for Private Organizations were developed in support of enhanced organizational growth and stability, an unwavering commitment to the health, safety, and rights of clients, and producing high quality, measurable results.

Because the Private Organization Accreditation process involves the review and accreditation of the entire organization, the standards focus on both its administrative operations and all of its service delivery practices for which COA has an applicable standard.

Administration and Management Standards

- ETH - Ethical Practice
FIN - Financial Manage...
GOV - Governance
HR - Human Resource...
PQI - Performance and...
RPM - Risk Prevention...

Service Delivery Administration Standards

- ASE - Administrative a...
BSM - Behavior Suppo...
CR - Client Rights
TS - Training and Supe...

Service Standards

- CM - Case Management
GLS - Group Living Ser...
MHSU - Services for M...



View License Information

Date Searched: 03-26-2019

TAWANA CAROL HUDSON	Primary State of Residence: Level 2 Registration Required
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License Information

License #: R085654	
License Status:	Active
License Type:	Registered Nurse (RN)
Multistate?	Yes
Date Issued:	03-09-2010
Expiration Date:	09-30-2019
Disciplinary Action	N
Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required

Discipline Action Information

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

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By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of such personnel or officials. Unauthorized access to this computer system and software is prohibited by Title 18, United States Code, Section 1030, Fraud and Related Activity in Connection with Computers. This system is for the use of authorized users only.

Individuals using this computer system without authority, or in excess of their authority, are subject to having all of their activities on this system monitored and recorded by system personnel.

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 *12th* day of *March* Two Thousand *eight*.

Michael J. Young
Chairperson

[Signature]
Vice-Chairperson

Sandra Taylor
Secretary



Certificate No. 2225-C

ATTACHMENT IV



Arkansas Social Work License Card

License No.

2225-C

Kristin Ir'ne Young, LCSW

5060 Alrose Ave.

Memphis TN 38117

Expiration Date:

3/31/2020

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

A handwritten signature in black ink, appearing to read "Sigh Nelson, LCSW".

Chairman

STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD

Mailing Address:

PO Box 251965 Little Rock, AR 72225-1965

Physical Address:

2020 W. Third, Suite 518 Little Rock, AR 72205

Phone: 501-372-5071 www.arkansas.gov/swlb

Fax: 501-372-6301 Email: swlb@arkansas.gov