



Treatment Homes, Inc.

P.O. Box 1400 * Little Rock, AR 72203 * 501-372-5039 * 501-372-5529 * www.treatmenthomes.org

DEPARTMENT OF HUMAN SERVICES (DHS)
DIVISION OF CHILDREN AND FAMILY SERVICES

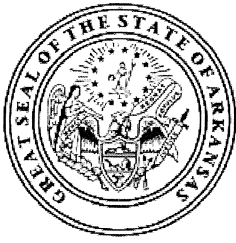
**Request for Qualifications
#RFQ 710-19-1027
for
THERAPEUTIC FOSTER CARE**

DATE AND TIME OF OPENING
APRIL 8, 2019 – 2:00PM CST

BY

**TREATMENT HOMES, INC.
P.O. BOX 1400
LITTLE ROCK, AR 72203**

April 5, 2019



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

RESPONSE PACKET
710-19-1027

CAUTION TO VENDOR

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

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SIGNATURE PAGE

Type or Print the following information.

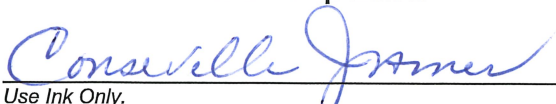
PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	TREATMENT HOMES INC				
Address:	P.O. BOX 1400				
City:	LITTLE ROCK	State:	AR	Zip Code:	72203
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned	
AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Consevilla James	Title:	Executive Director
Phone:	501-372-5039	Alternate Phone:	
Email:	cajames@treatmenthomes.org		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input 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:

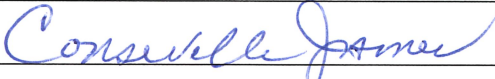
Authorized Signature:  Title: Executive Director
Use Ink Only.

Printed/Typed Name: Consevilla James Date: April 2, 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:	TREATMENT HOMES INC	Date:	April 2, 2019
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Consevella James LCSW		

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.

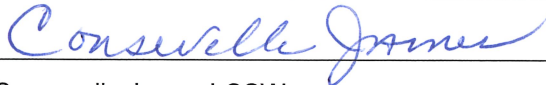
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	TREATMENT HOMES INC	Date:	April 2, 2019
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Consevella James LCSW		

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:	TREATMENT HOMES INC	Date:	April 2, 2019
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Consevella James LCSW		

PROPOSED SUBCONTRACTORS FORM

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

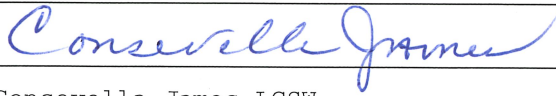
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Psych 4 Kids PLLC - Dr. Brian Kubacak	114 Corondelet Lane	Maumelle, AR 72113
Denise Jarrett LCSW	1401 South Elm Street	Little Rock, AR 72204
Chad Strike LCSW	6814 Lombard Road	Alexander, AR 72002
Regina Hunt LPE-I	166 Rolling Oaks Drive	Maumelle, AR 72113

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:	TREATMENT HOMES INC	Date:	April 2, 2019
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Consevella James LCSW		

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**

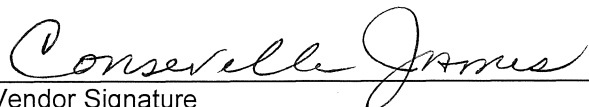
Revise Section 1.29 Schedule of Events:

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-uqdah@dhs.arkansas.gov or 501-682-8743.


Vendor Signature

April 2, 2019
Date

Treatment Homes, 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 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.


Vendor Signature

April 2, 2019
Date

Treatment Homes 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 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.


Vendor Signature

April 2, 2019
Date

Treatment Homes Inc.
Company

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR:

SUBCONTRACTOR NAME:

Yes No

TAXPAYER ID NAME: TREATMENT HOMES INC

IS THIS FOR:

Goods? Services? Both?

YOUR LAST NAME: JAMES

FIRST NAME: CONSEVELLA

M.I.:

ADDRESS: P.O. BOX 1400

CITY: LITTLE ROCK

STATE: AR

ZIP CODE: 72203

COUNTRY: USA

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

FOR INDIVIDUALS *

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

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

None of the above applies

FOR AN ENTITY (BUSINESS) *

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

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member		✓	Children's Behavioral Health			Consevelva James	0%	Commissioner
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 Consevilla James Title Executive Director Date April 2, 2019
Vendor Contact Person Consevilla James Title Executive Director Phone No. 501-372-5039

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____



Treatment Homes, Inc.

P.O. Box 1400 * Little Rock, AR 72203 * 501-372-5039 * 501-372-5529 * www.treatmenthomes.org

TREATMENT HOMES, INC. POLICIES and PROCEDURES

EQUAL EMPLOYMENT OPPORTUNITY and NONDISCRIMINATION

I. PERSONNEL POLICIES AND PROCEDURES

SECTION 2 - NON-DISCRIMINATION

2.1 EEO & AFFIRMATIVE ACTION

A. Equal Employer Opportunity Statement

Treatment Homes, Inc. believes that equal opportunity for all employees is important for the continuing success of the organization. In accordance with state and federal law, Treatment Homes, Inc. will not discriminate against an employee or applicant for employment because of race, disability, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, citizenship, veteran status, or non-job-related factors in hiring, promoting, demoting, training, benefits, transfers, layoffs, terminations, recommendations, rates of pay or other forms of compensation. Opportunity is provided to all employees based on qualifications and job requirements.

B. Affirmative Action Statement

Treatment Homes, Inc. provides equal employment opportunity to all persons without regard to race, color, religion, disability, sex, age, sexual orientation, or national origin, and promotes the full realization of this policy through a positive, continuing program of affirmative action. Treatment Homes, Inc. is committed to equal opportunity for all applicants and employees in personnel matters including recruitment and hiring, benefits, training, promotion, compensation, transfer and layoff or termination. We strive for a staff that reflects diversity.

2.2 ADA COMPLIANCE

Treatment Homes, Inc. welcomes applications from people with disabilities and does not discriminate against them in any way. Although exempt, Treatment Homes, Inc. will comply with the Americans with Disabilities Act (ADA) of 1990 within the scope of service restrictions and/or budget limitations.

2.3 SEXUAL HARASSMENT

Treatment Homes, Inc. prohibits employees and/or contractors from engaging in sexual harassment of clients, supervisees, colleagues, community representatives or any other person or group with whom personnel have contact as representatives of the organization. Actions considered sexual harassment (i.e., sexual joking, innuendos or sexually offensive comments) are actions considered by a reasonable person as offensive or actions that interfere with one's ability to do his/her work. The following behaviors are grounds for disciplinary action, including termination:

- unwelcome sexual advances
- requests for sexual acts or favors
- insulting or degrading sexual remarks or conduct directed against another employee
- threats, demands or suggestions that an employee's work is contingent upon toleration of or acquiescence to sexual advances
- retaliation against employees for complaining about such behaviors
- any other unwelcome statements or actions based on sex that are sufficiently severe or pervasive so as to unreasonably interfere with an individual's work performance, or create an intimidating, hostile or offensive working environment.

Any person who has a complaint of sexual harassment against a superior, a co-worker, a vendor or a person we serve should bring the problem/complaint to the attention of the Executive Director. Allegations against the executive director will be directed to the chairman of the agency's board of directors or the chairman of the board's Personnel Committee. Retaliation is prohibited against anyone for filing a complaint in good faith or cooperating with the investigation of a complaint. Complaints will be investigated promptly and handled as confidentially as possible in the manner described below.

The allegations of the complaint and the identity of the persons involved shall remain confidential, in order to conduct a full and impartial investigation, remedy violations, monitor compliance and administer organizational policy. The investigation will include, but will not be limited to, discussion with both parties and witnesses. Where appropriate, documentation will be filed in the personnel file with recommendations concerning remedial action, if necessary. The Executive Director will review the recommendation, determine the corrective action, if any, notify all parties of its decision and implement that decision.

2.4 AIDS

Treatment Homes, Inc. will not discriminate against people who have AIDS or those with the Human Immunodeficiency Virus (HIV) that usually leads to AIDS. Employees and persons served by Treatment Homes, Inc. may not legally be denied access to services or terminated from their jobs because of their AIDS condition. This organization will also strive to provide a caring, supportive environment for employees or persons it serves with AIDS.

SECTION 6 - GRIEVANCE AND APPEALS PROCEDURES

6.1 DEFINITIONS

A. Grievance. An action initiated by an employee resulting from the employee's dissatisfaction with working conditions.

B. Adverse Action. Any disciplinary action or personnel action taken by management that results in actual loss or reduction of salary to an employee or adversely affects his/her career.

C. Appeal. An employee's request to management to reconsider an adverse action, which may include a full or impartial hearing, if requested.

D. Charge. An action taken by an employee claiming alleged discrimination on the part of management. Discrimination charges are not subject to review through these procedures, but are processed under the procedures applicable to Equal Opportunity policies.

6.2 PROCEDURES

A. A grievance will be brought to the attention of the employee's immediate supervisor by the employee. If it is not resolved to the satisfaction of the employee, he will reduce it to writing and transmit it to the next higher level of supervision. If the employee is not satisfied with the results of this review, he may escalate it to the level of the Executive Director. The decision of the Executive Director is final. The grievance will be acted on at each point in the proceedings within five (5) working days.

B. An adverse action taken by management will be reduced to writing and transmitted to the employee. The notification will contain all particulars of the adverse action, including the rights of the employee to request reconsideration and the right to submit evidence in support of the request.

C. An appeal of an adverse action will be sent to the Executive Director within ten (10) working days, along with all evidence which the employee feels is relevant to the case and which he wishes the Executive Director and/or the Personnel Committee to consider. The employee will be notified in writing of action taken on an appeal, and this notification will include the rights of the employee to escalate the appeal to the Personnel Committee of the Board of Directors. The decision of this Committee is final. Action will be taken by each appellate level within ten (10) working days.

6.3 EMPLOYEE RIGHTS

The employee shall have the right to appear with legal counsel to hear charges, evidence, witnesses against him or her and the right to cross-examine them.

6.4 VIOLATIONS

It will be in violation of the policies of Treatment Homes, Inc. for the employee or member of the Board of Directors to interfere with, threaten, coerce, restrain, discharge or otherwise discriminate against any employee or other person because he or she has filed a complaint, given testimony or otherwise appeared before the Board or any of its Committees in connection with a grievance or an appeal.

II. ADMINISTRATIVE POLICIES AND PROCEDURES

SECTION I - RESPONSIVENESS TO INDIVIDUAL AND GROUP DIFFERENCES

1.1 CULTURAL RESPONSIVENESS

The organization recognizes respects and responds to the unique, culturally-defined needs of the various consumer populations served by the agency.

Procedures

Orientation and staff development for all employees includes comprehensive training regarding cultural competency. Outcomes of the training include all staff demonstrating a level of cultural competence consistent with the needs of the children, youth and families served and all staff accepting and understanding the importance of cultural issues in family and community life. The required foster parent pre-service training, Foster Pride/Adopt Pride and the Strengthening Families curriculum includes cultural competency training.

III. CLINICAL POLICIES AND PROCEDURES

SECTION 5 - ADMISSIONS & ELIGIBILITY

Treatment Homes believes very strongly that children should remain in their own homes if possible. Consequently, through cooperation with other community resources, all referrals are screened with emphasis on preserving the child's family and preventing inappropriate placement. Placement will only be arranged after (1) evidence clearly demonstrates that continued residence in his own home will jeopardize a child's physical, mental or emotional well being, or (2) evidence that planned appropriate services have been provided and have failed to alleviate conditions which threaten the child's well being (3) evidence of child's potential to accept other family ties and (4) ability to participate in family and community life without danger to self or others. Special consideration will be made to placing siblings together if it is in their best interest.

5.1 FOSTER FAMILY CARE

Foster children between the ages of birth and eighteen will be considered for placement if they are a sibling of a therapeutic foster child already in placement or a child previously placed by THINC. Considerable emphasis will be placed on the child's potential for progress in a family setting as well as the potential for return to family or an adoptive placement in a timely manner.

5.2 THERAPEUTIC FOSTER CARE

The target population served is DCFS foster children between the ages of three and twelve who require intensive treatment because of emotional or behavioral difficulties which cannot be remedied in their own home, in a traditional foster home setting will be considered for admission. Considerable emphasis will be placed on the child's potential for progress in a family setting as well as the potential for return to family, another permanent setting or an adoptive placement in a timely manner. A prerequisite for admission is the diagnosis of severe emotional and/or behavioral disturbance by a qualified mental health professional.

Additional criteria for admission include:

- **Intellectual Functioning**

Any child considered for placement must be functioning within the average range of intelligence or he must have the "potential" for functioning with the average range of intelligence as judged by a competent clinical psychologist or psychological examiner.

- **Educational Functioning**

With the exception of pre-schoolers, any child accepted for admission must be able to function within the public school setting or within an alternative educational setting that is accessible to the foster family home.

- **Physical/Medical Problems**

Children with a severely handicapping physical condition or serious medical problems which require supervision and care beyond the capacity of a Professional Foster Home will not be considered for placement.

5.3 ADMISSIONS PROCESS

The primary referral source for Treatment Homes is the Department of Human Services, Division of Children and Family Services. Initial contact may be written or by telephone. The Admissions Committee meets on a regular basis to review referrals received. The committee meets a minimum of once monthly. The committee consists of a minimum of two mental health professionals, one of which must be a child/adolescent psychiatrist. Treatment Homes has a working relationship with the University of Arkansas School of Medical Sciences, Department of Psychiatry to provide consistent psychiatric coverage for admissions, review and treatment planning. Upon receipt of the initial referral, the procedures listed below shall be employed:

A. Upon receipt of completed referral packet, the clinical coordinator sets up staffing for Admission Committee and presents the case. It is the responsibility of the DCFS worker to complete and submit all referral information. No case will be presented until all referral information has been received. If the child is outside the target population of THINC, the referring DCFS caseworker/placement specialist will be notified within two working days.

B. If the child is deemed appropriate for therapeutic foster care and meets the specific criteria for THINC, the referring DCFS worker is notified. The initial contact following staffing is usually the telephone with a follow-up letter within 3 - 5 working days. THINC will advise referring DCFS worker if there are openings or if the child will be placed on a waiting list. It is the responsibility of the referring worker to keep THINC apprised of the status of child referred. A review of children on the waiting list will be conducted periodically as openings become available. Treatment Homes does not provide emergency assessment or emergency placements.

5.4 INTAKE AND ASSESSMENT

Intake and assessment begins at the time of referral. **Intake** is defined as a process of screening children to determine the appropriateness of placement with THINC. **Assessment** is defined as a comprehensive process of gathering information to determine the specific needs of the child and begin developing a treatment plan to address those needs. Upon completion of the admissions process, the intake and assessment phases begin. A treatment family worker is assigned at this time and the pre-placement activities begin. A professional foster family is selected and face-to-face contact is made with referring

DCFS worker and birth parent(s), when appropriate. Efforts are made to include birth parents and or significant others in gathering information regarding the child whenever possible. Information is sought from as many sources as possible who have relevant information about the child. This may include but is not limited to the following: 1) Medical history 2) Educational reports 3) Psychiatric, 4) Mental health, 5) Court and 6) family. THINC retains the right to determine from among its applicants, those it can serve appropriately within the limits of its resources, contractual and/or legal obligation, capacities and mission.

When a referral is received on a child who does not meet the criteria for placement, the referring DCFS worker will be advised of the child's status and will be provided information consisting of a listing of alternative placements that provide services needed. THINC does not assume responsibility for making formal referrals to other agencies on children referred but not accepted for placement.

A comprehensive psychosocial assessment shall be completed on every child accepted for placement within 30 days of placement. Each assessment shall include a minimum of the following information:

- 1) Identifying information
- 2) Presenting problems requiring therapeutic foster care from a qualified mental health professional
- 3) Family history
- 4) Racial, ethnic and cultural background
- 5) Assessment of educational needs
- 6) Health/medical history
- 7) Nutritional and dietary needs
- 8) Leisure interests, aptitudes, and the need for greater social inclusion
- 9) Placement history
- 10) Legal status of child
- 11) Financial assessment
- 12) Strengths and needs of family
- 13) Miscellaneous information
- 14) Selection of Professional Foster Family
- 15) Provisional diagnosis
- 15) The Preschool and Early Childhood Functional Assessment Scale (PECFA) for children ages 4 - 7
- 16) Child and Adolescent Functional Assessment Scale (CAFAS) children ages 7 - 12.
- 17) Risk assessment and plan for degree of supervision needed
- 18) The need for special treatment procedures or service approaches
- 19) Diagnostic Impressions and Plan
- 20) Any other services and/or resources

Each child accepted into program must also meet standards for DCFS and Minimum Licensing Standards for Child Welfare Agencies. The following items are also required:

- Complete physical examination by a physician within one week of placement if no physical has been done within the 30 days immediately preceding placement
- .
- Complete visual examination within 30 days.

- Dental exam within 60 days and every 6 months thereafter as approved by Medicaid

- Speech and hearing evaluation within 60 days.
- Comprehensive psychological and/or psycho-educational evaluation.

When assessments from other organizations are utilized to meet the above requirements, those assessments will be reviewed to assure efficiency and additional assessments will be completed when necessary to meet the needs of the child or accreditation standards.

5.5 ADAPTATION OF THE ASSESSMENT PROCESS

The program is designed to meet the needs of children with severe emotional and behavioral problems between the ages of three and twelve. Service provision will be provided in a culturally responsive manner. Children with severe physical handicaps, deaf children, blind children, or children with severe medical problems are not appropriate for placement with THINC. Other community programs are available to address those needs.

Care is taken during the assessment phase to identify special needs of children accepted for placement using the Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS). Any special needs identified will be addressed in the treatment plan. When appropriate to the needs of the client, the need for assistive technology, auxiliary aids and services, and other special accommodations will be addressed in the treatment plan.

6.31 CLIENT RIGHTS AND PROTECTION

Children placed in treatment have rights that should be honored. They are not afforded the full constitutional and statutory rights as adults. Because of the vulnerability of children in treatment foster care and the responsibility of this agency for the children accepted into care, recognition and guarding of these rights are foremost considerations. Therefore, it is the goal of THINC to provide the highest quality of care to the children and families we serve. A client of THINC has certain rights as well as responsibilities with regard to treatment and placement with THINC.

Client rights: All clients of this organization have the following rights:

- Safety and protection
- To be treated with dignity and respect regardless of gender, and race, religion or economic status.
- Opportunity to develop emotionally socially, physically, educationally and spiritually in a nurturing environment.
- Respect for religious practices and freedom from coercion with regard to religious decisions.
- Information about the reasons for placement and to participate in developing an explanation of their situation to others without unnecessary erosion of self-esteem.
- Help in dealing with the effects of separation.
- Opportunities for continued connection (visits, telephone conversations and mail) with family and others with whom there is established meaningful relationship unless contraindicated for reason of safety, by the treatment plan or court order.
- Return to their family of origin as the first option or to have another permanent family as quickly as possible, consistent with the case plan.

- Care that is professional and appropriate.
- Be informed of assessment of their problems and recommended treatment and participation in development of the treatment plan as appropriate to the age of the (access to information contained in their treatment plan).
- Confidentiality, which means no information, will be released about a minor (under the age of 18) without the consent by the parent or legal guardian. There are situations in which confidentiality may be broken. The treatment family worker will discuss these exceptions with the client.
- Right to refuse treatment unless court ordered to do so. If recommended, the treatment family worker will explain the consequences of that refusal and whether any alternatives are available.
- Right to private telephone conversations unless limited for documented reasons subject to prior approval and weekly review.
- Freedom from censorship of mail unless: Content of mail is disturbing and seriously affecting a client's emotional well-being; legal guardian and/or court order request censorship; or mail is suspected of containing unauthorized, injurious or illegal material or substances. Mail in these exception categories maybe opened without knowledge of client.
- Freedom from required or coerced participation in public performances, use of public statements expressing gratitude to THINC or use of creative material for public relations or fund raising purposes.

Responsibilities as a client of THINC are:

- To be honest with members of treatment team.
- To ask questions when information is not understood or when clarification is needed.
- To follow the treatment plan agreed upon by the treatment team.

6.32 GRIEVANCE PROCEDURES FOR PERSONS SERVED

THINC recognizes that complaints and grievance may occur due to the nature of services it provide and the population we serve. In the event an applicant, person served or foster parent has complaints, the grievance procedures listed below shall be followed:

- 1) The grievance should be brought to the attention of the employee involved. The employee and person making the complaint or grievance will attempt to resolve the conflict.
- 2) If the conflict is not resolved the person making the complaint may bring grievance or complaint to the attention of employee's immediate supervisor.
- 3) If conflict is not resolved, the person making complaint will submit the compliant in writing to the executive director. The decision of the executive director is final. The executive director shall render a decision within five (5) days after the written complaint has been received. This will end the internal level of the complaint. The executive director shall inform the person making complaint of external agents available to pursue complaints.

The Arkansas Child Welfare Agency Review Board

in cooperation with

Arkansas Department of Human Services

Division of Children and Family Services

Certifies that

TREATMENT HOMES, INC.
700 WEST 4TH STREET
LITTLE ROCK, ARKANSAS 72201

is hereby issued LICENSE # 10105

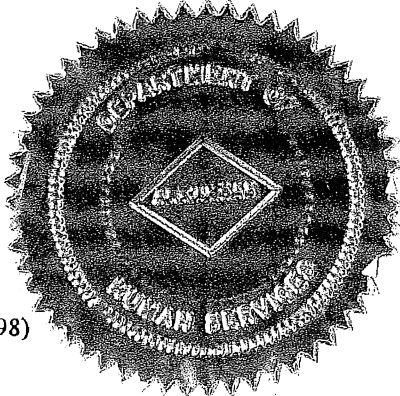
effective date 02/24/98

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

Residential Services: Capacity: _____ Ages: _____ to _____
____ Residential Facility
____ Emergency Shelter
____ Psychiatric Residential Treatment Facility
____ Sexual Offender Program

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

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



In Witness whereof, we have set our hand on this

By _____

May 11, 1998

Webbie Hopkins

Chairman
Child Welfare Agency Review Board



Treatment Homes, Inc.

P.O. Box 1400 * Little Rock, AR 72203 * 501-372-5039 * 501-372-5529 * www.treatmenthomes.org

SECTION 2 – MINIMUM REQUIREMENTS 2.2 MINIMUM QUALIFICATIONS

C. TRAUMA INFORMED MENTAL HEALTH SERVICES

Treatment Homes, Inc. is committed to continuous quality improvement and we strive to ensure quality services for the clients we serve. Foster children referred for therapeutic placement present increasingly more difficult problems as a result of multiple trauma and family dysfunction that impacts their functioning in all areas of their lives. Emphasis on staff development and increasing skills of therapeutic foster parents and clinical professionals is a major focus in order to respond to these increasing challenges.

The enhancement of the skills for clinical professionals is a major priority for the provision of quality services. Two full time clinical professionals and two part time mental health professionals have completed the certification program for the Trauma Focused Cognitive Behavior Therapy (TF- CBT). Each therapist is using those skills to help the foster children deal with their complex trauma. The third full time clinical professional is scheduled to complete the certification process during the next year. Additionally, two full time clinical professionals are certified as infant mental health therapists with a third professional in the process of completing the certification process.

Treatment Homes utilizes the Pressley Ridge Treatment Parent Training Curriculum for preservice and in-service training for therapeutic foster parents to enhance their skills in providing a therapeutic environment in their foster homes. The training curriculum is a competency-based program designed to ensure a high standard of excellence in services to children in foster care. The Curriculum was developed by one of the leading Treatment Foster Care organizations in the country.

The Pressley Ridge Treatment Foster Care Curriculum was initiated with the first class of prospective foster parents in October 2016. The ten week training series resulted in ten individuals completing the rigorous curriculum. Four of those families have been approved as therapeutic foster homes with one family pending completion. The curriculum was also used in monthly training throughout the year for already approved therapeutic foster parents. This curriculum is combined with Crisis Prevention Intervention and CPR and First Aid as well as additional child specific training for TFC parents. The therapeutic foster parents are required to meet annual training requirements which include 40 hours for the primary parent and 24 hours for the secondary parent.

Treatment Homes received national reaccreditation in 2018 for four years by the Council on Accreditation (COA). The reaccreditation includes the areas of Foster Care, Therapeutic Foster Care and Outpatient Mental Health Services. The organization is also certified as a Behavioral Health Agency by the Arkansas DHS Division of Provider Services and Quality Assurance.



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SECTION 2 – MINIMUM REQUIREMENTS 2.2 MINIMUM QUALIFICATIONS

D. MOBILE CRISIS INTERVENTION

Treatment Homes, Inc. provides prompt and appropriate crisis intervention services for all medical and psychiatric emergencies. When the nature of the emergency exceeds the medical/ psychiatric capabilities of the agency, prompt referral is made to appropriate outside facilities. Arkansas Children's Hospital is utilized due to its ability to provide both psychiatric and medical care for children. In case of any medical emergencies consisting of life-threatening situations, suicidal behaviors/attempts, medication overdose, allergic reactions, physical assaults; emergency services 911 is to be called immediately by clinical staff or therapeutic foster parents.

Professional treatment staff provide 24-hour mobile crisis intervention seven days a week in the therapeutic foster home and/or the community setting. The treatment family therapist/worker assigned to the client is responsible for making the initial assessment and contacting the parent/legal guardian and/or DCFS as appropriate. In situations that are assessed as life threatening, the therapeutic foster parent will call 911 and then notify the treatment family therapist and/or DCFS. The psychiatric consultant will be contacted for psychiatric consultation and or primary care physician for medical emergencies.

When medical hospitalization is required, families will be referred to Arkansas Children's Hospital or the nearest local hospital. The treatment family therapist/worker will contact Arkansas Children's Hospital who will contact the on-call DCFS worker for authorization for treatment.

Any child that is identified during placement as a risk to self-harm and/or suicidal behaviors will be provided a safety plan, receive further assessment by a psychiatrist and/or referred for a higher level of care based on the risk factors related to self-harm and suicidal behaviors. A safety plan that addresses levels of supervision intervention, warning signs, and internal coping strategies will be completed and reviewed with the child and treatment parent upon placement and/or return to the program.

Upon completion of any crisis or incident, therapeutic foster parents and/or clinical staff are required to complete an Incident Report including details of the incident and the outcome. DCFS staff is notified immediately with follow up of the written Incident Report within 24 hours. All Incident Reports are reviewed and assessed for appropriate interventions. Plans are made to prevent future incidents as appropriate with corrective action plans as appropriate.

Clinical professionals as well as therapeutic foster parents are required to complete Crisis Prevention Intervention Training (CPI) on an annual basis. Certification in CPR and Community First Aid is also required every two years. Specific policies are in place with procedures for staff and foster parents to follow in various crisis situations.



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SECTION 2 – MINIMUM REQUIREMENTS

2.2 MINIMUM QUALIFICATIONS

C. VERIFICATION OF EXPERIENCE

FORMER CONTRACT MANAGER: Megon Bush, Assistant Director
Placement Supports and Community Outreach
P.O. Box 1437
Little Rock, AR 72203
501-682-8433
Megon.Bush@dhs.arkansas.gov