

SIGNATURE PAGE

Type or Print the following information.


PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Western Arkansas Counseling and Guidance Center, Inc.			
Address:	3111 South 70th Street, PO Box 11818			
City:	Fort Smith	State:	AR	Zip Code: 72917-1818
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 Minority and Women-Owned Business Policy				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Aaron L. "Rusti" Holwick	Title:	Chief Executive Officer
Phone:	479-452-6650 Extension 1029	Alternate Phone:	479-353-0474
Email:	Rusti.Holwick@wacgc.org		

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

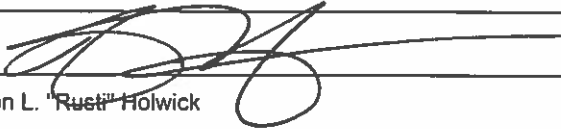
Authorized Signature:  Title: Chief Executive Officer
Use Ink Only.

Printed/Typed Name: Aaron L. "Rusti" Holwick Date: 4-3-19

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.

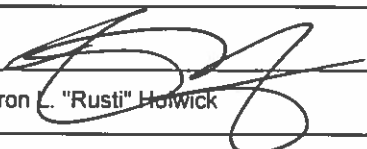
By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Western Arkansas Counseling and Guidance Center, Inc.	Date:	4.3.19
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Aaron L. "Rust" Holwick		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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


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

Vendor Name:	Western Arkansas Counseling and Guidance Center, Inc.	Date:	4-3-19
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Aaron L. "Rusti" Howick		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Western Arkansas Counseling and Guidance Center, Inc.	Date:	4-3-19
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Aaron L. "Rusti" Holwick		

PROPOSED SUBCONTRACTORS FORM

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

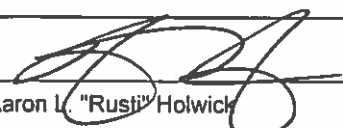
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

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

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

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

Vendor Name:	Western Arkansas Counseling and Guidance Center, Inc.	Date:	4-3-19
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Aaron L. "Rusti" Holwick		

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

ADDENDUM 1

DATE: 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-uqdah@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.

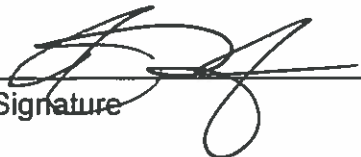
Damages:

Failure to achieve and maintain licensure and accreditation as stated in Service Criteria and Acceptable performance may 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 Marqurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.



Vendor Signature

4-3-19

Date

Western Arkansas Counseling and Guidance Center, Inc.

Company

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

ADDENDUM 2

DATE: 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-ugdah@dhs.arkansas.gov or 501-682-8743.



Vendor Signature

4-3-19

Date

Western Arkansas Counseling and Guidance Center, 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 NAME: _____

Yes No

IS THIS FOR:

TAXPAYER ID NAME: Western Arkansas Counseling and Gl Goods? Services? Both?

YOUR LAST NAME: Holwick FIRST NAME: Aaron "Rusti" M.I.: L.

ADDRESS: 3111 South 70th Street, PO Box 11818

CITY: Fort Smith STATE: AR ZIP CODE: 72917-1818

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:

F O R I N D I V I D U A L S *

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 MMYY	To MMYY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

F O R A N E N T I T Y (B U S I N E S S) *

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 MMYY	To MMYY	Person's Name(s)	Ownership Interest (%)
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  Title Chief Executive Officer Date 4. 3-19

Vendor Contact Person Linda M. Boos Title Administrative Coordinator Phone No. 479-452-6650

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

EQUAL EMPLOYMENT OPPORTUNITY POLICY

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

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

Guidelines:

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

Procedures:

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

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

Western Arkansas Counselling & Guidance Center, Inc.
Owner

HORIZON Adolescent Treatment Center
Agency

3113 SOUTH 70TH
FORT SMITH, AR 72903

Is hereby issued Residential license #:10018

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

Residential Child Care Facility FOR 24 CHILDREN AGES 5 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



Effective: 02/24/1998

Chairman, Child Welfare Agency Review Board

CARF INTERNATIONAL

A Three-Year Accreditation is issued to
**Western Arkansas Counseling and
Guidance Center, Inc.**

for the following program(s)/service(s):

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)
Community Integration: Psychosocial Rehabilitation (Adults)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Governance Standards Applied

This accreditation is valid through
May 31, 2021

*The accreditation seals in place below signify that the organization has met annual
conformance requirements for quality standards that enhance the lives of persons served.*



This accreditation certificate is granted by authority of:

Richard Forkosh

Richard Forkosh
Chair
CARF International Board of Directors

Brian J. Boon, Ph.D.

Brian J. Boon, Ph.D.
President/CEO
CARF International

C. Trauma Informed Treatment Model: Program Description and Philosophy

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

The Arkansas Rehabilitative Services joined the Child Family Guidance Center in 1968, further expanding their capabilities for service. In 1972, a federal staffing grant was received to establish a community mental health center. Therefore, in April of 1972, the Child Family Guidance Center, the Family Service Agency, and the Traveler's Aid were consolidated into one entity--the Western Arkansas Counseling and Guidance Center, Inc., dba The Guidance Center.

Western Arkansas Counseling and Guidance Center is a private, non-profit, tax-exempt corporation. It is one of more than 600 Community Mental Health Centers throughout the United States and one of 12 in Arkansas. Western Arkansas Counseling and Guidance Center is under the direction of a regional citizen's Board of Directors of up to 14 representatives of the six counties within the Region. Western Arkansas Counseling and Guidance Center provides a wide range of services to care for all aspects of behavioral health to include mental illness, alcohol and substance use issues, trauma, domestic violence and provides a comprehensive coordinated crisis services system to aid in providing the public safety net for psychiatric and behavioral health crises. Western Arkansas Counseling and Guidance Center promotes the "No wrong door" philosophy in handling behavioral health issues no matter where they fall on the spectrum.

Western Arkansas Counseling and Guidance Center is a community mental health center that is dedicated to serving the needs of the surrounding community. As a licensed and accredited community health center, the Guidance Center provides a wide range of coordinated health care services to treat mental, emotional, behavioral, and substance abuse disorders. The goal of the Guidance Center is to serve the whole family by using a person-centered treatment approach and providing a range of services including individual therapy, medication management, substance abuse treatment, and intensive family support services. Our unique mission is to provide a comprehensive network of quality behavioral healthcare services that are consumer sensitive, outcomes oriented and cost effective.

The Guidance Center has a long standing positive work relationship with DCFS in serving children and families within our state. The Guidance Center works to provide a continuum of care from various levels of outpatient treatment, therapeutic day treatment, family services, Therapeutic Foster Care and other supportive programs. The Fostering Change Community Reintegration Program, the first in the State of Arkansas, began serving clients in the custody of the Division of Children and Family Services (DCFS) in April of 2018. The purpose of this program is to provide a transitional level of treatment for teens in DCFS custody that have been institutionalized with frequent acute and residential hospitalizations and

deemed Tier 3. It is the hope of the Guidance Center to be able to provide a more extensive and encompassing continuum of care by providing a Qualified Residential Treatment Program and Independent Living Program for these individuals to transition to after completing their treatment with the Fostering Change Program and to serve others in the state in need of placement.

Fostering Change Treatment Program is licensed, accredited, and/or approved through the following agencies:

1) Agency: Alcohol and Drug Abuse Prevention/Dept. of Human Services

License: Division of Behavioral Health Services

Number: D80533

2) Agency: Arkansas Child Welfare Agency Review Board in cooperation with Arkansas Department of Children and Family Services, Department of Human Services

License: Residential Care

Number: 125

3) Agency: Arkansas Department of Education

License: Private Agency Special Education Program

4) Agency: The Commission on Accreditation of Rehabilitative Facilities, CARF

5) Agency: Arkansas Department of Health

License: Food Permit

Number: 660991

6) Agency: Association of Non-Profit Substance Abuse Treatment Providers

7) Agency: National Council for Community Behavioral Healthcare

All staff at The Guidance Center is trained in the Trauma Informed Care Model, a treatment framework that centers on understanding, recognizing, and responding to the effects of all types of trauma and providing support to help those impacted by trauma to rebuild their sense of control and empowerment. The Trauma Informed Care Model shifts our focus and our clients' thinking away from the disease model and toward a strengths, resiliency, and wellness model. The principles of Trauma-Informed Care include safety, trustworthiness and transparency, peer support, collaboration, empowerment, and humility and responsiveness. The framework as outlined in the Relias platform for competency based training involves real time strategies to help us meet critical outcomes, including increased staff retention, decreased number of critical incidents and increased client engagement. This platform is combined with interagency trainings to include workshops and presentations.

Trauma-Focused Cognitive Behavioral Therapy is recognized by several groups of experts and federal agencies as a model program and promising treatment practice, including the National Child Traumatic Stress Network and SAMSHA. All clinical staff with The Guidance Center is encouraged to complete

training in order to utilize this model with adolescent clients who have experienced extensive and/or complex trauma. This model focuses on addressing distorted beliefs related to abuse or trauma, providing a supportive environment for children to talk about traumatic experiences, and helping parents who are not abusive to cope with their own distress and develop skills to support their children. It is also designed to reduce negative emotions and behaviors related to child sexual abuse, domestic violence, and trauma.

In addition to the above treatment models, QRTP programs as well as future Independent living programs, just as all staff with the Fostering Change, is provided continual training in Trust Based Relational Interventions from Karyn Purvis Institute of Child Development and The Treatment Foster Parenting Model with Pressley Ridge. Staff with the Guidance Center is all certified in Crisis Prevention Institute's Nonviolent Crisis Intervention to ensure their ability to de-escalate and manage any disruptive or assaultive behaviors that may occur with clientele. Additionally all support staff are certified Qualified Behavioral Health Professionals and receive ongoing training and education throughout the year to ensure that they are able to appropriately serve their clients.

The agency believes in treating the whole child by addressing all of their needs and working to instill resilience, independence, and perseverance in order to help grow them into productive citizens. Successful outcomes are treated concurrently by a trained interdisciplinary team of professionals. The Guidance Center's purpose is to help empower these adolescents, offer guidance and direction, and instill self-worth, resilience, independence, and the ability to transition to the least restrictive environment in order to be a productive member of society and a valued member of their community.

A full array of Behavioral Health services available to beneficiaries served by The Guidance Center's levels of programming, including Fostering Change include outpatient mental health services that are trauma informed, culturally competent and co-occurring capable at The Guidance Center. The services include a Comprehensive Diagnostic assessment and plan of care that is person centered and addresses the holistic needs of the person served; groups, family sessions/involvement, psychoeducation, medication evaluation and management as well as mentorship when appropriate. WRAP like services are provided in order to help each child reach their unique maximum potential. All plans of care include the individual's strengths, needs, abilities and preferences, SNAP. The philosophy of the programs for children and families is to provide family focused, youth-centered, cultural competent, in-home or in community services where the youth, family and community are a part of a dynamic system. This comprehensive, integrative, strength based approach explores key dimensions that impact the functioning of the family. All services are designed to support the well-being of the holistic view of the child's life and enhance the quality of life of the person being served by reducing symptoms and improving functioning. These services and programs are highly specialized for child treatment, offer crisis triage, intervention, stabilization and aftercare. Services may be provided by Licensed Mental Health Professionals, Licensed Practical Nurses, Advanced Practice Registered Nurses, or Psychiatrist or Physician, as well as Qualified Behavioral Health Paraprofessionals. The Guidance Center provides 24/7 Mobile Crisis Response to children in DCFS as well as others in the community that present with a behavioral health crisis. The aim of any crisis response for children in DCFS is to save placements and to stabilize the crisis and avert any need for hospitalization when possible. Those clients who are serious

suicidal risks or otherwise cannot be managed by the facility will be given staff supervision while being transferred to another facility for acute hospitalization. Upon stabilization, if the client is deemed appropriate they return to treatment with Fostering Change in order to continue with their treatment.

The QRTP, Fostering Change and other children and family based programs ensure the client's treatment team involves the client and guardian in the discharge planning process. Discharge planning will begin upon admission to the program as the goal of treatment is to stabilize the client in order to return to the least restrictive environment.

The following requirements are met in programs of WACGC

- The Center has a structured and coordinated process to admit and discharge youth to achieve effective transitions in and out of the QRTP program.
- The Center develops, engages, maintains and supports communication and visitation between a youth and their family; however family is defined with natural supports.
- The Center works well with DCFS to engage birth families to be involved in the youth's day-to-day activities as much as possible when appropriate.
- The Center clearly demonstrates a commitment to promoting safety, permanency, and well-being for the youth and is reflected in the Assessment and Treatment plan of care.
- The Center supports DCFS's permanency goals for youth and their families.
- The Center provides discharge planning that begins on the day of admission and family-based aftercare support, dependent upon the needs of the youth and timeframes necessary to provide the services upon discharge from the QRTP. Aftercare planning is a vital component to success for these youth.
- The Center provides a continuum of care to assist in keeping youth in the least restrictive level of care and meeting the needs of the youth as the individual's life warrants.

Through learned experience, it is vital to the success of the youth to maintain the level of stability reached, once established in a program. When it's time for a transition to another level of care, we have found youth are more likely to be successful when the supports remain consistent. These youth are seemingly traumatized further by all too frequent transitions and loss of support. This reality is the driving factor in our application for the QRTP program. Independent living will also be a future program for these youth who will be aging out.

D. Registered Licensed Nursing Staff

The Guidance Center employs Licensed Practical Nurses (LPN), Registered Nurses (RN) and Advanced Practice Registered Nurses (DAPRNs and APRNs). The medical staff is comprised of a total of 10 medical providers including physicians and psychiatrists. The Guidance Center's primary children's LPN often transitions to different locations depending on program need for onsite provision of care. The Guidance Center has an RN on-call 24 hours a day, 7 days a week under the supervision of a physician in order to respond to any necessary issues that arise and falls within the scope of their practice. Please see the attached list of licenses of the LPN and RNs and primary APRN. There are additional medical providers as noted and license may be obtained if needed.



Nursys e-Notify Report

Your licenses from Nursys e-Notify participating boards of nursing

Primary Source Boards of Nursing Report Summary for

LEEANN DARDEN [NCSBN ID: 9750100]

Wednesday, March 06 2019 10:35:32 AM

Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	License Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
DARDEN, LEEANN	PN	ARKANSAS	L057305	YES	UNENCUMBERED	01/11/2016	03/31/2021	MULTISTATE

Name on License	License Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
DARDEN, LEEANN CLEMENTS	PN	PENNSYLVANIA	PN260856L	NO	EXPIRED	10/17/2000	06/30/2016	N/A

Where can the nurse practice as an RN and/or PN?

Authorized to Practice in

ARIZONA (PN)	MARYLAND (PN)	SOUTH CAROLINA (PN)
ARKANSAS (PN)	MISSISSIPPI (PN)	SOUTH DAKOTA (PN)
COLORADO (PN)	MISSOURI (PN)	TENNESSEE (PN)
DELAWARE (PN)	MONTANA (PN)	TEXAS (PN)
FLORIDA (PN)	NEBRASKA (PN)	UTAH (PN)
GEORGIA (PN)	NEW HAMPSHIRE (PN)	VIRGINIA (PN)
IDAHO (PN)	NEW MEXICO (PN)	WEST VIRGINIA (PN)
IOWA (PN)	NORTH CAROLINA (PN)	WISCONSIN (PN)
KENTUCKY (PN)	NORTH DAKOTA (PN)	WYOMING (PN)
MAINE (PN)	OKLAHOMA (PN)	

Non-participating: AL, MI. Non-participating boards of nursing do not allow licenses to be enrolled in the Nursys e-Notify service. Please contact them for authorization to practice details. APRN authorization to practice details are not available.

UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

License status information

- Unencumbered (full unrestricted license to practice)
- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

Nurse Licensure Compact (NLC/eNLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC/eNLC) and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Privilege to Practice (FTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC/eNLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



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www.nursys.com



**Arkansas
State Board of Nursing**

**Registered Nurse
DEBRA DENISE EDGEMON**

License No. R70852
Initial licensure: 2/3/2004



Debra Denise Edgemon, RN
Executive Director

For more information, please check the ASBN registry search at www.asbn.org

View License Information

Date Searched: 02-12-2019

DEBRA DENISE EDGEMON

Primary State of Residence: Level 2 Registration Required

License Information

License #: Temporary Permit(Temporary Registered Nurse Permit)		License #: R070652	
License Status:	Null & Void	License Status:	Probation
License Type:	Temporary Registered Nurse Permit	License Type:	Registered Nurse (RN)
Multistate?	N/A	Multistate?	No, license valid only in Arkansas
Date Issued:	01-13-2004	Date Issued:	02-03-2004
Expiration Date:	04-13-2004	Expiration Date:	09-30-2019
Disciplinary Action	N	Disciplinary Action	Y
Last Renewal:	Level 1 Registration Required	Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required

Discipline Action Information

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ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.armedicalboard.org

Fayz Hudefi, M.D.
3003 Lake Overlook Court
Fort Smith, AR, USA 72903

Registration Year: 2019 Active/Unlimited


No.: E-4773 Issued: 4/7/2006 Expires: 2/29/2020

Below is your registration card to be carried with you.

You may make copies of this registration card, have them notarized and mail to any agency requiring registration verification.

Please keep this form; this is your receipt for proof of payment for your Arkansas license renewal for reimbursement and tax purposes.

You may return to this site at any time to notify this board of any address changes. Simply use the Change of Address link from the left-hand navigation menu found on your Account Home page. Name changes must be submitted in writing with supporting, legal documentation (i.e. marriage license or divorce decree).

	Arkansas State Medical Board 1401 West Capitol, Suite 340 Little Rock, AR 72201
Registration Year: 2019	Active/Unlimited
No.: E-4773	Issued: 4/7/2006 Expires: 2/29/2020
Fayz Hudefi, M.D. 3003 Lake Overlook Court Fort Smith, AR, USA 72903	



State Board of Nursing

Registered Nurse (RN)

FELICIA LAJEAN JONES



To verify current status check the ASBN Registry search at www.asbn.org

View License Information

Date Searched: 04-10-2018

FELICIA LAJEAN JONES

Primary State of Residence: Level 2 Registration Required

License Information

License #: RTP-016938

License #: R099954

License Status: Null & Void

License Status: Active

License Type: Temporary Registered Nurse Permit

License Type: Registered Nurse (RN)

Multistate? N/A

Multistate? No, license valid only in Arkansas

Date Issued: 05-29-2015

Date Issued: 11-19-2015

Expiration Date: 11-19-2015

Expiration Date: 08-31-2019

Disciplinary Action N

Disciplinary Action N

Last Renewal: Level 1 Registration Required

Last Renewal: Level 1 Registration Required

Advanced Practice Issue Date: Level 3 Registration Required

Advanced Practice Issue Date: Level 3 Registration Required

Prescriptive Authority: Level 3 Registration Required

Prescriptive Authority: Level 3 Registration Required

Collaborating Physician: Level 3 Registration Required

Collaborating Physician: Level 3 Registration Required

Discipline Action Information

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View License Information

Date Searched: 01-30-2019

STACY LEE KENNIGSEDER

Primary State of Residence: Level 2 Registration Required

License Information

License #:	RTP-013329	License #:	R094022
License Status:	Null & Void	License Status:	Active
License Type:	Temporary Registered Nurse Permit	License Type:	Registered Nurse (RN)
Multistate?	N/A	Multistate?	Yes
Date Issued:	06-10-2013	Date Issued:	07-16-2013
Expiration Date:	07-16-2013	Expiration Date:	11-30-2020
Disciplinary Action	N	Disciplinary Action	Y
Last Renewal:	Level 1 Registration Required	Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required

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Arkansas State Board of Nursing

**Registered Nurse
VICKI LYNN LEWIS**

License No. R36348
Initial Licensure: 9/11/1990

Sally M. ...
Licensure Director

To verify current status check the ASBN registry search at www.asbn.org

View License Information

Date Searched: 02-26-2018

VICKI LYNN LEWIS

Primary State of Residence: Level 2 Registration Required

License Information

License #: R036348

License Status:	Active
License Type:	Registered Nurse (RN)
Multistate?	Yes
Date Issued:	09-11-1990
Expiration Date:	07-31-2019
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

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View License Information

Date Searched: 06-19-2018

LYNN D LOVELL

Primary State of Residence: Level 2 Registration Required

License Information

License #: S002287

License Status: Active
 License Type: Clinical Nurse Specialist (CNS)
 Multistate?: N/A

Date Issued: 04-30-2014
 Expiration Date: 07-01-2020
 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

License #: R095778

License Status: Active
 License Type: Registered Nurse (RN)
 Multistate?: Yes

Date Issued: 04-10-2014
 Expiration Date: 06-30-2020
 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

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**Arkansas
State Board of Nursing**

**Registered Nurse
PATRICIA DIANA OCONNER**

License No. R55296
Initial Licensure: 1/16/1998

Shirley A. Sackford, M.N., RN
Executive Director

For a complete list of states check the ASBN registry search at www.arsbn.org

View License Information

Date Searched: 02-12-2019

PATRICIA DIANA OCONNER

Primary State of Residence: Level 2 Registration Required

License Information

License #: R055296

License Status:	Active
License Type:	Registered Nurse (RN)
Multistate?	Yes
Date Issued:	01-16-1998
Expiration Date:	06-30-2020
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

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View License Information

Date Searched: 10-04-2018

HEATHER ELAINE OVERTON

Primary State of Residence: Level 2 Registration Required

License Information

License #:	R086262	License #:	RTP-007788
License Status:	Active	License Status:	Null & Void
License Type:	Registered Nurse (RN)	License Type:	Temporary Registered Nurse Permit
Multistate?	Yes	Multistate?	N/A
Date Issued:	06-24-2010	Date Issued:	06-10-2010
Expiration Date:	04-30-2019	Expiration Date:	06-24-2010
Disciplinary Action	N	Disciplinary Action	N
Last Renewal:	Level 1 Registration Required	Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required	Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required	Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required	Collaborating Physician:	Level 3 Registration Required

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View License Information

Date Searched: 02-13-2019

STANNA JO POTTS

Primary State of Residence: Level 2 Registration Required

License Information

License #: R025478

License Status:	Active
License Type:	Registered Nurse (RN)
Multistate?	No, license valid only in Arkansas
Date issued:	10-25-1982
Expiration Date:	09-30-2020
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

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