



STATE OF ARKANSAS

Department of Human Services
Office of Procurement
700 Main Street
Little Rock, Arkansas 72201

RESPONSE SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'S INFORMATION			
Company:	Consolidated Youth Services, Inc		
Address:	4220 Stadium Blvd		
City:	Jonesboro	State:	Arkansas
		Zip Code:	72404
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 Designation: <i>See Minority Business Policy</i>	<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
	AR Minority Certification #:		Service Disabled Veteran Certification #:

VENDOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Kerri Bangert	Title:	Contracts and QA Manager
Phone:	870-972-1110	Alternate Phone:	870-972-1111
Email:	Kerri.Bangert@cysinc.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 vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

An official authorized to bind the vendor to a resultant contract **must** sign below.

The signature below signifies agreement that either of the following **shall** cause the vendor's response to be disqualified:

- Additional terms or conditions submitted in their response, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this Bid Solicitation.

Authorized Signature: Lori Clements Title: Executive Director
Use Ink Only.

Printed/Typed Name: Lori Clements Date: 3/26/2020

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

No Exception are requested

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

Authorized Signature: Lori Clements
Use Ink Only.

Printed/Typed Name: Lori Clements Date: 3/26/2020

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

No Exceptions are requested

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

Authorized Signature: Lori Clements
Use Ink Only.

Printed/Typed Name: Lori Clements Date: 3/26/2020

SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

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

No Exceptions are requested

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

Authorized Signature: 
Use Ink Only.

Printed/Typed Name: Lori Clements Date: 3/26/2020

PROPOSED SUBCONTRACTORS FORM

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

VENDOR 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

VENDOR 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.

Authorized Signature: Lori Clements
Use Ink Only.

Printed/Typed Name: Lori Clements Date: 3/26/2020

CONTRACT SELECTION

Please select the contract(s) for which bidder is proposing. A single bidder may only be awarded one of the three Therapeutic Group Home contracts. Bidders on a Therapeutic Group Home contract may also bid on the Residential Sex Offender contract.

Residential Group Homes - Males Only (one contract per bidder)

Sex Offender Group Home – Males Only

Contract Number _____
Attachment Number _____

Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: _____
SUBCONTRACTOR NAME: _____

IS THIS FOR:

Goods? Services? Both?

TAXPAYER ID NAME: Consolidated Youth Services, Inc.

FIRST NAME: Lori

M.I.: A

YOUR LAST NAME: Clements

STATE: AR ZIP CODE: 72404

COUNTRY: USA

ADDRESS: 4220 Stadium Blvd

CITY: Jonesboro

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

FOR INDIVIDUALS *

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

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

None of the above applies

FOR AN ENTITY (BUSINESS) *

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

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

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

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 *Kim Mendenhall* Title Executive Director Date 3/26/2020

Vendor Contact Person Kerri Bangert Title Contracts and QA Manager Phone No. (870) 972-1110

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

CYS, Inc. – PERSONNEL MANUAL	PAGE 1 OF 2
Chapter: EMPLOYMENT PRACTICES	Effective Date: 12/04/2002
Subject: COMPLIANCE WITH STATE AND FEDERAL REGULATIONS	Last revised: 02/12/2018

EMPLOYMENT POLICY- It is the policy of Consolidated Youth Services to provide a positive work environment that is culturally diverse and free of discrimination or any unfair labor practices by implementing employment decisions and personnel actions in compliance with all applicable state and federal laws including but not limited to: The Civil Rights Act of 1964, Fair Labor Standards Act, Family Medical Leave Act, Cobra, Drug Free Workplace Act, Americans with Disabilities Act, Rehabilitation Act of 1973, and Age Discrimination in Employment Act.

PROCEDURES:

Equal Employment Opportunity- Consolidated Youth Services is an equal opportunity employer. It is the policy of CYS to provide all employees and applicants for employment with equal employment opportunities. CYS provides current employees with training, compensation, promotion, and all other benefits of employment without regard to race, color, sex, religion, national origin, age, marital or veteran status, disability or any other legally protected status. CYS shall have one Equal Opportunity Officer who shall report directly to the Board of Directors on equal opportunity matters. Employees with questions or concerns about any type of discrimination or harassment in the workplace are encouraged to bring these issues to the attention of their immediate supervisor or Sharonda Watson, who is the designated Equal Opportunity Officer (EOO). Employees can raise concerns and make reports without fear of reprisal. Any employee found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination. When the EOO has completed attempts to resolve the complaint, a report shall be prepared setting out a summary of the complaint, the preliminary inquiry and the disposition of the complaint, indicating the basis for that disposition. Copies of the report shall be given to the Board of Directors and the complainant.

Board Review of EEO Compliance: Each year when CYS has 100 employees or more, CYS provides a report to the Equal Employment Opportunity Commission regarding its workforce demographics. This report or a similar report is provided to the Board of Directors. Board members review the CYS employee demographics to assure the agency is providing employment and promotional opportunities to a diverse workforce. If any problems are discovered related to equal employment opportunities these are addressed by the Board and corrected.

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

Americans with Disabilities Act- CYS conforms to all employment requirements of the American with Disabilities Act that prohibits discrimination against any individual with a disability if the person is otherwise qualified to perform the essential functions of the job with or without reasonable accommodation. Disabled individuals may submit requests for reasonable accommodations to the Human Resource Generalist. CYS will provide otherwise qualified applicants and employees with reasonable accommodations except when to do so would impose undue hardship for the agency.

INFORMATION FOR EVALUATION

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

			Maximum RAW Score Available
E.1 MINIMUM QUALIFICATIONS (ALL Bidders)			
A. Provide a letter from DCCECE reflecting the contractor's company current standing and any findings over the last three (3) years. 2.2A			5 points
B. Provide a copy of Bidder's current table of organization. 2.2E			5 points
E.2 APPROACH TO SCOPE OF WORK (ALL Bidders)			
A. Provide a copy of Bidder's proposed evidence-based ILS curriculum. The ILS must include, at a minimum, the following components: <ul style="list-style-type: none"> a. Money management; b. Food preparation; c. Nutrition; d. Health; e. Housekeeping; f. Parenting classes and g. Job skills, including at least: <ul style="list-style-type: none"> 1) Application completion; 2) Interview techniques; and 3) Work etiquette. 2.3B.4 			5 points
B. Provide a copy of Bidder's proposed substance abuse curriculum. It should be a recognized, effective or promising practice model from the OJJPD Model Programs Guide. 2.3B.5			5 points
C. Provide a copy of Bidder's proposed cognitive behavioral curriculum 2.3B.7b			5 points
D. Describe how Bidder shall provide for all the juvenile's health needs, both mental health and physical health needs. 2.3C			5 points
E. Describe the Bidder's daily on-site sick call protocol to address any minor medical complaints or concerns by juveniles. 2.3C.3			5 points
F. Provide a copy of the Bidder's proposed suicide prevention protocol. 2.3C9			5 points
G. Describe the Bidder's procedure for monitoring of dispensed medications (over the counter and controlled substances) to juveniles. 2.3C.10			5 points
H. Describe how Bidder shall ensure the educational needs of juveniles are met. 2.3E			5 points
I. Describe Bidder's approach to providing aftercare planning. 2.3F			5 points
J. Describe Bidder's proposed quality improvement process, including proposed personnel responsible for implementation. 2.3G			5 points
E.3 ORGANIZATION, STAFFING AND ACCREDITATION (ALL Bidders)			
A. Provide an organizational chart of all professionally licensed and clinically trained practitioners Bidder proposes to use in the providing of direct clinical services (assessment, individual and/or group treatment) to individuals. Chart must also identify proposed staff responsible for quality improvement processes. 2.4			5 Points
E.4 SPECIALTY MILIEU (For Bidders on Male Sex Offender Group Home Contract ONLY)			

E.1 MINIMUM QUALIFICATIONS (ALL Bidders)

A. Provide a letter from DCCECE reflecting the contractor's company current standing and any findings over the last three (3) year's 2.2 A

Consolidated Youth Services, Inc. (CYS), a not for profit corporation, is registered with the Arkansas Secretary of State, CYS has been licensed for residential care by the Child Welfare Board for over 40 years. We are currently licensed to provide a Residential Sexual Rehabilitation Program (SRP), Residential Treatment Care, and Emergency Shelter.

The Sexual Rehabilitation Program includes 2 group home living facilities licensed by DCCECE with a total capacity of 22 beds. The Residential Care and Emergency Shelter are licensed programs housed in separate buildings. The Sexual Rehabilitation Program houses only male youth referred by DHS.

A copy of the following documents follows this page:

- a. Letter from DCCECE regarding Licensing status of Consolidated Youth Services which shows we are in good standing and that there have been no adverse findings.
- b. Copy of the Child Welfare License
- c. Copy of our Certificate and letter of Accreditation from the Council on Accreditation (COA) awarded in 2019.
- d. A copy of Arkansas Secretary of State website page verifying Consolidated Youth Services is a nonprofit registered in Arkansas
- e. Copies of the last 2 Official Financial Statements certified by Certified Public Accounts Goad & Goad Company.

B. Provide a copy of the Bidder's current table of Organization 2.2E

A copy of the Organizational Chart for Consolidated Youth Services is attached in this section immediately following the past 2 year's Financial Statements



Division of Child Care & Early
Childhood Education
P.O. Box 1437, Slot S140
Little Rock, AR 72203-1437
P: 501.682.8590
F: 501.683.6060
TDD: 501.682.1550
HUMANSERVICES.ARKANSAS.GOV

March 13, 2020

To Whom It May Concern;

Consolidated Youth Services, located at 4220 Stadium Blvd, Jonesboro Ar 72401, was issued a Regular Residential Child Care Facility/Sexual Rehabilitative Program/Emergency Residential Child Care Facility License on June 23, 2009.

The current license is in good standing. The facility has a history of substantial compliance with the Minimum Licensing Standards and has not had any past, present, or pending adverse actions.

If you have any questions or concerns, please feel free to contact me.



CATHLEEN ROSENSCHEIN
LICENSING SPECIALIST
Arkansas Department of Human Services
Div. of Child Care & Early Childhood Education
DCC/ECE/PRLU

Washington County DHS
4252 Frontage Road, Fayetteville Ar 72703
Office: 479-442-4029, Ext 72147
Cell: 479-662-0962
Fax: 479-442-8896
Cathleen.Rosenschein@dhs.arkansas.gov
humanservices.arkansas.gov



THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



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



In cooperation with

Certifies that

Consolidated Youth Services, Inc.
OWNER

Consolidated Youth Services
AGENCY

4220 STADIUM BLVD.

JONESBORO, AR 72401

Is hereby issued Residential license #: 167

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

SEXUAL REHABILITATIVE PROGRAM FOR 22 CHILDREN AGES 8 TO 18
EMERGENCY RESIDENTIAL CHILD CARE FACILITY FOR CHILDREN AGES 8 TO 18
RESIDENTIAL CHILD CARE FACILITY FOR 31 CHILDREN AGES 8 TO 18

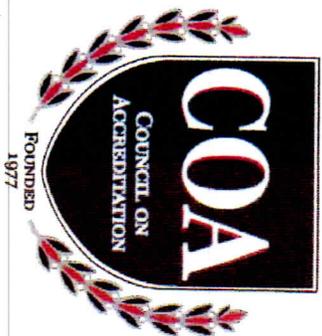
THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 06/23/2009 AND WILL REMAIN IN EFFECT UNLESS
THERE IS A STATUS CHANGE.

In Witness whereof

DATE: 1/23/2018

Chairman, Child Welfare Agency Review Board





COUNCIL ON ACCREDITATION

Attests That

Consolidated Youth Services, Inc.
Jonesboro, AR
Is

ACCREDITED

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

Accredited Through
6/30/2023



Jody Levison-Johnson
President & Chief Executive Officer

Phillip H. Redmond Jr.
Chair, Board of Trustees

Sponsoring Organizations

Alliance for Strong Families
and Communities
Association of Children's
Residential Centers
Catholic Charities USA
Children's Home Society of America
Child Welfare League of America
Family Focused
Treatment Association
Lutheran Services in America
National Council For Adoption
National Foundation for
Credit Counseling
National Network for Youth
National Organization of State
Associations for Children
Network of Jewish
Human Service Agencies
Volunteers of America

Council on Accreditation

45 Broadway
29th Floor
New York, NY 10006
Toll Free 866.262.8088
212.797.3000
Fax 212.797.1428

www.coanet.org
www.coablog.org

June 27, 2019

Bonnie Boon
Executive Director
Consolidated Youth Services, Inc.
4220 Stadium Boulevard
Jonesboro, AR 72404

Dear Ms. Bonnie Boon:

It is our great pleasure to inform you that the Council on Accreditation (COA) has approved the accreditation of **Consolidated Youth Services, Inc.** through **June 30, 2023**. Let me again say how significant this achievement is! It represents the fulfillment of countless hours of hard work and the dedication of many people—most notably your staff and the members of your board and/or leadership. Please extend my congratulations to them.

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

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

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

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

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

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

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

Bonnie Boon
Executive Director
Consolidated Youth Services, Inc.

June 27, 2019
Page 2

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

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

Finally, let me say that your relationship with COA does not end with this letter. Ours is a partnership. As such, I would ask that you feel free to share with me your ideas and concerns. Additionally, please feel free to contact Tobi Murch, Director of Volunteer Engagement, either by email at tmurch@coanet.org or by telephone at 212-797-3000, extension 272, if you have any questions. Together we can enrich the lives of children, individuals, and families in need everywhere.

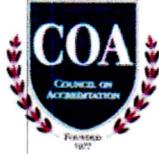
We are proud to be associated with you and your colleagues. We wish you the very best in your continuing service to persons in your community. *That is the power of accreditation.*

Sincerely,



Jody Levison-Johnson
President and Chief Executive Officer

Attachment



Consolidated Youth Services, Inc.
Organization ID: 5047
Private Standards

Expiration date: June 30, 2023

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

Program Name	COA Service Standard(s)	Service Subsections	Address
Emergency Shelter	Group Living Services (GLS)		4216 Stadium Blvd, Jonesboro, AR 72404
Emergency Shelter	Group Living Services (GLS)		4220B Stadium Blvd, Jonesboro, AR 72404
Sexual Rehabilitation Program	Group Living Services (GLS)		4220D Stadium Blvd, Jonesboro, AR 72404
Sexual Rehabilitation Program	Group Living Services (GLS)		4220E Stadium Blvd, Jonesboro, AR 72404
Community Outreach Program	Juvenile Justice Case Management (JJCM), Services for Mental Health/Substance Use (MHSU)		149 A 463 S, Trumann, AR 72472
Community Outreach Program	Juvenile Justice Case Management (JJCM), Services for Mental Health/Substance Use (MHSU)		205 S 3 1/2, Paragould, AR 72450
Community Outreach Program	Juvenile Justice Case Management (JJCM), Services for Mental Health/Substance Use (MHSU)		213 SW 3rd Street, Walnut Ridge, AR 72476
Community Outreach Program	Juvenile Justice Case Management (JJCM), Services for Mental Health/Substance Use (MHSU)		543 N 10th Street, Blytheville, AR 72315

Community Outreach Program	Juvenile Justice Case Management (JJCM), Services for Mental Health/Substance Use (MHSU)		718 S Main, Jonesboro, AR 72401
Community Outreach Program	Juvenile Justice Case Management (JJCM), Services for Mental Health/Substance Use (MHSU)		4220B Stadium Blvd, Jonesboro, AR 72404
Community Outreach Program	Juvenile Justice Case Management (JJCM), Services for Mental Health/Substance Use (MHSU)		4220C Stadium Blvd, Jonesboro, AR 72404



Organizational Strengths

Consolidated Youth Services, Inc.
Organization ID# 5047

Administrative and Management Standards

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

- ETH The organization's staff fulfill the mission by providing services in an ethical manner and receive regular training on ethical issues. The staff members work as a team and support each other in maintaining ethical boundaries in their work. The leadership staff have an open door policy, which reinforces open and transparent operations and builds trust.
- FIN There are good financial controls in place and appropriate segregation of duties. There is very close monitoring of the budget. Detailed financial and budget reports are reviewed and discussed by the board.
- GOV The board members are passionate about the organization and diligent in fulfilling their responsibilities. They place a high value on the quarterly reports they receive as the information is both important and helpful. They expressed a strong vote of confidence in the leadership. They feel there is good communication and a positive relationship with the Executive Director.
- HR Human Resources at the organization is critical to a productive, competent workplace. Key initiatives from an employee-led focus group have been put into action. The organization demonstrates creative approaches to recognizing employees.
- PQI The Executive Director recognizes the value of performance and quality improvement. The quality of the services is important to everyone throughout the organization. Quality assurance is embedded in treatment models. The staff and clients provided many examples of ways in which quality improvement activities have impacted the organization.
- RPM The organization has a strong risk management plan. Committees with all levels of staff are assigned to review and address potential areas of risk. The board receives good risk

management information through these committee reports that helps them in their oversight of the organization.

Service Delivery Administration Standards

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

- ASE The organization's facilities are designed to create a home-like atmosphere. The staff members are conscientious about safety. Regular inspections, safety drills, and maintenance are closely monitored. Maintenance staff members involve clients in maintenance and repair work, as appropriate, to help them develop this life skill.
- BSM The organization has a strong focus on individualized, trauma-informed responses to young people. The organization's policy establishes key principles that are intended to guide the practical support provided to the youth. Leadership at all levels showed a commitment to the development and maintenance of environments that promote and maintain positive behaviors. Every incident is reviewed as part of reflective practice and learning.
- CR The staff members strive to deliver services in a way that empowers clients to make decisions. Clients reported that they are listened to and treated with respect. Clients are very aware of their rights, the program expectations, and their opportunities to provide feedback and suggestions.
- TS Supervisors and managers demonstrate a fundamental understanding of their roles as teacher, coach, consultant, and mentor for new and existing employees. Support and encouragement were evident. Ultimately, supervisors and managers within the organization ensure that all clients are competently served. Consolidated Youth Services promotes a culture of learning. The leaders of training and development provide an invaluable service. Supervisors and managers are to be commended for their dedication. Their presence, flexibility, and responsiveness are simply outstanding.

Service Standards

- GLS Group living services are provided in a coordinated and comprehensive manner with resources focused on prevention and intervention. Supporting young people to ensure the greatest chance of success is entrenched in the service's goals, strategies, and daily practice. In the program milieu, activities are designed to support youth to participate in a wide variety of opportunities with appropriate, strengths-based, trauma-informed supports from direct service personnel. The organization is a model for youth engagement. Engagement guides all interactions between the youth and the adults in their lives in ways that best prepare the youth for successful adulthood.

JJCM

Case managers demonstrated coordination and collaboration with community stakeholders, probation officers, and others to assist families and youth in obtaining the support and assistance needed. Case plans highlighted criminogenic factors which required intervention and protective factors in a young person's life. Case plans are developed with the youth and family, when possible. Case managers defined their role as advocate, role model, counselor, coach, and as a social and mental health professional. Led by a passionate, supportive, professional manager, case managers function as a unified, motivated team working diligently to make a difference in a young person's life and their communities.

MHSU

Goal-directed therapeutic services are provided by competent staff members with compassion and respect. The services are focused on helping clients develop successful coping and problem-solving skills. Case records contain all pertinent information. Progress notes are detailed and provide a clear picture of therapy progress.



Search Incorporations, Cooperatives, Banks and Insurance Companies

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

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

[Begin New Search](#)

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

Corporation Name	CONSOLIDATED YOUTH SERVICES, INC.
Fictitious Names	
Filing #	100012942
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 176 of 1963
Status	Good Standing
Principal Address	4220 STADIUM BLVD JONESBORO, AR 72404
Reg. Agent	BONNIE BOON
Agent Address	4220 STADIUM BLVD. JONESBORO, AR 72404
Date Filed	03/12/1979
Officers	SEE FILE, Incorporator/Organizer ELIZABETH STAFFORD , President YVONNE SETTLEMOIR , Secretary LARRY WORSHAM , Vice-President JERRY CARLEW , Director CORNELIUS SAMPLE , Director KENDRA SHARP , Director RHEANNE PIERSON , Director BONNIE BOON , CEO
Foreign Name	N/A
Foreign Address	
State of Origin	AR

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

[Submit a Nonprofit Annual Report](#)

[Change this Corporation's Address](#)

E.2.D. Describe how Bidder shall provide for all the juvenile's health needs, both mental health and physical health needs.

Consolidated Youth Services (CYS) has had an active Health Care Plan in place for fourteen years. During this time, the plan has been submitted to DYS/DHS numerous times for review and it has been approved under several contractual agreements.

ACCESSIBILITY TO SERVICES

The Health Care Plan implementation ensures all youth in a CYS residential facility have unimpeded access to necessary medical, dental, and mental health care to safeguard the life and well-being of the youth. CYS has established procedures to assure that adequate health care services are available to all youth. Services include: first aid treatment; emergency medical and dental care; emergency services from a qualified mental health professional and/or psychiatrist; and necessary routine medical, dental and mental health care. Procedures provide for 24-hour availability of emergency medical, dental, and mental health care. CYS arranges for appointments and provides transportation to medical, dental, and outside mental health treatment for all youth in the residential program as needed.

MEDICAID COVERAGE OF SERVICES

CYS utilizes medical and mental health providers that accept Medicaid. The CYS nurse and treatment staff work cooperatively with DYS/DHS and all Medicaid personnel to assure residents' Medicaid is active and all procedures are followed to ensure proper payment processing. If a resident's Medicaid is inactive, CYS Case Workers' assist the youth's parent(s) to complete the Medicaid applications and we submit the applications to DHS for processing. CYS staff maintain documentation necessary to ensure Medicaid eligibility and coverage for SRP residents.

ROUTINE AND ACUTE OFF-SITE MEDICAL & MENTAL HEALTH CARE

CYS has written agreements for care of our residential youth with Medicaid-approved medical and mental health providers listed below. All the written agreements include that any information related to youth is confidential and protected in accordance with HIPAA requirements. This includes information related to the youth being a resident of CYS.

- ARCare Medical Clinic of Jonesboro provides CYS residents routine medical care. The licensed medical professionals at ARCare serve as the primary care physician (PCP) for all boys in the sexual rehabilitation program. ARCare physicians provide appropriate medical treatment and/or referrals for specialist services.
- CYS utilizes the emergency room of Northeast Arkansas Baptist Memorial Hospital for emergency medical treatment. If the youth can be safely transported to the hospital by staff, then the proper arrangements are made to transport them. In the case of a life-threatening medical emergency, 911 is called for assistance of an ambulance to transport the injured and a staff accompanies them. Court orders, medical release forms, or other papers showing legal authority to sign for medical treatment for clients is taken to the hospital by the staff.
- Youth residing at CYS in need of dental care are transported to Kevin Pierce, DDS for emergency and routine dental care.
- Communication Made Easy (CME, Inc.) in Jonesboro provides related services for speech, occupational, and physical therapy at the CYS facility.
- Muhammad Khan, MD a child psychiatrist employed by Mid-South Health Care Systems in Jonesboro has been providing medication management and other psychiatric services for residents of the Sexual Rehabilitation Group Home for over 10 years. Dr. Khan provides his services onsite at the CYS facility under an agreement with Midsouth Health.

- Mid-South Health Care Systems in Jonesboro provides mental health crisis assessments and stabilization. If a youth is determined to need inpatient mental health care, the assessor assists CYS to obtain inpatient services as quickly as possible.

MEDICAL RECORDS

The CYS Sexual Rehabilitation Program maintains separate Medical and Mental Health records in locked file cabinets away from public access to prevent unauthorized access, destruction or loss. All CYS staff are trained during orientation regarding confidentiality and HIPAA privacy requirements. Only those professional staff with a legitimate need to access the client record are allowed access. Whenever client files are removed from the secured area, the file must be signed out and maintained in the possession of the authorized staff. That staff is responsible for returning the file to the secured area and documenting its return. All files must be returned to the secure area and accounted for before the end of the shift. The medical and mental health files are kept separate from other clients records and access to these records is even more limited.

The SRP medical files include the following documents:

- Medical Records from DYS/DCFS
- Immunization Records
- Medical Authorization
- Medical Services Records: which include date of service, symptoms/purpose for treatment, information on doctor, client diagnosis and treatment plan, and documentation of ongoing treatment.
- Medical Health Complaints completed by the resident including response and follow-up
- Prescription Medication Sheets
- Over the Counter medication logs
- Medication disposal documents
- Medication Transfer Log

The SRP Mental Health/Substance Abuse Records includes the following:

- Face Sheet
- DYS Assessment Report
- Notice of Disclosure
- Pre-Placement Plan of Safe Care
- Previous Mental Health Records
- Psychosexual Assessment
- Psychosexual Addendums (if necessary)
- Risk Assessment (if applicable)
- SRP Therapy Treatment Plan
- Treatment Plan Updates
- All Mental Health Narratives/Therapy notes and recommendations
- Treatment Assignments
- Alcohol and Drug Referral
- A&D Assessment/Screening
- A&D Treatment Plan
- A&D Treatment Plan Reviews
- A&D Group Rules
- A&D Group and Individual Notes
- A&D Discharge Summary
- A&D Certificate of Completion

CYS submits certification of medical and mental health services on monthly progress/billing reports or in the manner requested by DYS.

PRE-PLACEMENT PLANNING FOR HEALTH CARE-PLAN OF SAFE CARE

The first step for providing medical and mental health care to our residents starts prior to the youth's admission. Adrian Perry, SRP Admissions and Service Coordinator reviews the SRP referral packets received from the Division of Youth Services including all medical and mental health assessments and records to determine the service and supervision needs of the youth. She discusses any medical needs with the CYS RN when necessary. Prior to arrival of the youth, Adrian completes a "Pre-Placement Plan for Safe Care". Information in the plan lists any safety concerns, including both medical or mental health needs, and how to address these upon arrival of the youth. Areas of concern that are addressed include AWOL risk, sexual offending behaviors, delinquency or aggressive behaviors, medical or mental health conditions, allergies, and any information related to previous trauma events. This information is provided in writing to the case worker prior to the arrival of the youth. On the day of intake, the caseworker completes the Adverse Childhood Experiences (ACES) to assist them in the development of the Plan of Safe Care. The case worker and Adrian further review the information and provide direct care staff with instructions needed to assure the safety of the youth, other residents, staff, and the community. Supervision, sleeping arrangements, and other housing instructions are outlined in the plan of safe care.

MEDICAL AND MENTAL HEALTH CARE ON SITE

CYS requires that we receive a copy of a medical exam for all youth. If an exam has not been completed in the past 12 months, or we do not receive a copy of this, then CYS arranges for a medical exam within 5 days. These standards are required by our COA accreditation and Child Welfare Licensing. We also require a copy of a dental exam completed within the last 6 months, and if this is not provided, then the youth is scheduled for an exam within a month.

CYS nurse Lisa Sangster, RN reviews all medical records and completes a health screening within 24 hours of the youth's admission. The screening further helps us determine the youth's immediate medical needs and helps assure the facility can meet those needs. The health information includes the following:

- Medical History, current medications, immunization records
- Current illnesses, allergies, and health problems, including pregnancy, venereal diseases and other infectious diseases
- Dental problems
- Mental health issues
- Use of alcohol & drugs including types of drugs, mode of use, frequency, and date or time of last use
- A mark sheet to document any bruises or injuries present at intake

As part of orientation, all youth receive a resident handbook and are provided information of how to request medical care for both chronic and acute illness. The Resident Handbook states, "You have a right to receive the necessary medical and dental care to safeguard your health and to keep you free of disease and pain. If you have a non-emergency ailment or injury that you believe needs medical or dental care you should complete a medical complaint form and give it to your case manager. The case manager will get with you and make arrangement for appropriate care. If you are sick and need immediate attention you should immediately notify the staff on duty and request assistance."

MENTAL HEALTH CARE/CYS PROFESSIONALS

CYS utilizes a trauma informed care model in all our service components, including the Sexual Rehabilitation Program. CYS policies regarding crisis intervention, staff training, case planning,

and treatment all support a trauma informed care approach. The Plan of Safe Care described above is instrumental in assuring that youth are provided a safe and nurturing environment. Our policies and procedure ensure youth and their care givers are involved in decision making, not only related to individual treatment planning, but also related to program operations.

CYS employs a Clinical Director, Brad Dickson, LPC; therapist Harold Biazio, LCSW, and Admission/Service Coordinator, Adrian Perry, LMSW. All three (3) mental health professionals provide individual and group counseling to address sexual offending behavior as well as other co-occurring mental health problems. *Copies of all professional licenses and other credentials of professional staff are maintained at the facility for public review.*

The mental health services which we provide to address the sexual behavior problems of youth admitted to the Sexual Rehabilitation Program (SRP) are discussed at length in Section E.2 SPECIALTY MILIEU.

EMERGENCY MENTAL HEALTH

Any time a resident of a CYS needs emergency mental health care, the youth is seen by a CYS licensed mental health professional, Harold Biazio, LCSW or Brad Dixon, LPC. These staff are required to be on-call after hours and on weekends. If necessary, the crisis response team of the local community mental health agency is contacted to provide an assessment to assist with any referrals needed for placement in acute care.

SUBSTANCE ABUSE

CYS certified substance abuse counselor, Cindy Smith, ADC, provides substance abuse assessments and individual and group intervention/prevention services. She provides prevention and education services which are designed for youth who have little or no history of drug use. Cindy utilizes the Matrix Model curriculum for therapy services with youth known to have had some drug/alcohol use and experienced negative consequences as a result. If a substance abuse assessment determines that a youth needs inpatient alcohol and drug treatment, CYS assists with referral to a treatment facility.

EMERGENCY CARE/STAFF TRAINING

CYS requires that all employees must be trained within the first 90 days of employment in First Aid and CPR, including the use of the Automatic External Defibrillator (AED). All direct care staff are required to receive this training every year to assure that CYS always has employees on duty who have been trained to respond to medical emergencies within a four-minute response time frame. All staff receive training to respond to suicide and other emergencies as part of orientation and all staff are re-trained annually on emergency procedures. More information related to suicide response protocol can be found in Section E.2.F

The residential facility includes the following health care response tools:

- First aid kits are available in each Dorm. The location of all First Aid kits is posted on the emergency evacuation routes posted at the entrance of each building. The First Aid kits are checked regularly to assure they are adequately supplied. First Aid kits contain supplies including: Disposable gloves, non-stick wound dressing, sterile gauze pads, adhesive tape, breathing barriers, small & large band-aids, antibiotic ointment, and blood spill clean-up kits. All vehicles used to transport clients must also contain a First Aid kit.
- An automated external defibrillator (AED) located in the admissions area at the CYS facility where it is accessible to the supervisor on duty.

E.2.E Describe the Bidder's daily on-site sick call protocol to address any minor medical complaints or concerns by juveniles. 2.3C.3

Intake workers explain to youth during admission, and the Resident Handbook which they receive, explains that when the youth needs immediate medical care, he/she should immediately notify the direct care staff on duty and they will assist in getting the youth medical care.

The nurse is available 24/7 to answer any medical concerns and CYS has professional staff on call to assist direct care staff at night and on weekends if a youth needs medical services at the ER.

For **minor** medical complaints, Medical Complaint forms are available to youth in the dorm. A case manager reviews medical complaints each morning, Monday through Friday, and consults with the RN as necessary to refer for needed services. The case manager arranges for the youth to see the CYS RN or refers the youth to a physician or other health care provider for evaluation and treatment for non-emergency health complaints.

A copy of the medical complaint along with follow up is placed in the youth confidential medical file.

E.2.F. Provide a copy of the Bidders' proposed suicide prevention protocol. 2.3C9
--

TRAINING

All CYS staff are trained on trauma informed care and suicide prevention and intervention during orientation and are required to attend annual refresher courses. Adrian Perry, LMSW; SRP Admissions and Treatment Coordinator facilitates the trauma informed training.

SUICIDE AND PREVENTION AND RESPONSE PLAN

CYS maintains a written suicide prevention and intervention plan which is reviewed and approved annually by a licensed mental health professional. A copy of the plan is located in the Admission area and in the Administrative Office. This plan has been submitted to DYS and accepted by DYS whenever a new contract has been put in place. All staff are trained relative to the Suicide Prevention and Response Plan. Training documentation is kept in the personnel file.

SUICIDE INTERVENTION PREVENTION PROTOCOL

It is the policy of CYS to make available all necessary resources to assure the safety of all youth. For this reason, all staff must be capable of recognizing the signs of suicide and must have the training necessary to assure appropriate safeguards are provided. ***The following procedures are outlined in the CYS written Suicide Prevention and Response Plan***

Prevention Procedures-As part of suicide training, staff are trained to recognize suicide risks. Staff are trained to screen for suicidal behavior and to identify juveniles with any history of suicidal behavior during the intake process. Direct Services staff of residential facilities are made aware of any past suicidal behavior of youth. Staff are trained to always assume any suicidal talk or action is serious and to therefore take immediate action to prevent any self-injurious behavior.

Intervention/-Suicide Threats-Residential - If a resident of a CYS facility displays suicidal actions, talks of, or makes threats of suicide, the program supervisor is to be notified immediately. The Facility Director should also be contacted immediately regarding incidents that occur at a CYS facility. Any resident who has displayed suicidal behavior or talk will be placed on "Intensive Supervision". Intensive supervision requires that the youth must always be within direct sight of assigned staff with the youth's actions/status documented every 15 minutes. Staff on duty are to make sure that the youth does not have possession of, or have access to, items or substances that could cause him/her harm including belts, sheets, chemicals, etc. All staff on duty will be made aware of the need for suicide precautions and staff arriving on each subsequent shift will also be made aware. A shift report and log entry will be made noting the need for suicide precautions. A referral for assessment is made to a mental health professional and the youth will be continued on intensive supervision until the assessment is completed and release is authorized by the mental health professional.

Intervention-Suicide Threats-Non-Residential - If a nonresidential CYS client displays suicidal actions, talks of, or makes threats of suicide, the program supervisor is to be notified immediately. The youth's parent/guardian is notified at once. Staff is to make sure that the youth does not have possession of, or have access to, items or substances that could cause him/her harm including belts, sheets, chemicals, etc. The youth must not be left alone and the CYS staff involved are to assist the parent/guardian to make an immediate referral for assessment to a local mental health professional at the community mental health Crisis Center or at a local emergency room.

E.2.G Describe the Bidder's procedure for monitoring of dispensed medications (over the counter and controlled substances) to juveniles. 2.3.C.10

CYS has in place the following policy and procedures to ensure the safe handling and control of all medication and the accountability of controlled medicines. CYS provides training of procedures to residential staff to ensure that the agency complies with all Child Welfare Licensing standards and state and federal laws pertaining to the storage, distribution, and administration of prescription and over-the-counter medication.

STAFF TRAINING

Lisa Sangster, RN trains direct services staff regarding the agency policy and procedures for administration and use of over-the counter and prescription medicines. Staff must complete this training before being allowed to administer any type of medication. Training is provided to ensure compliance with procedures and practices related to safe and accurate storage and administration of any medication. Training also includes information regarding medication warnings associated with medications used by the clientele including benefits, risks, side effects, precautions related to interaction or usages. Direct Care staff must complete this training annually.

USE AND HANDLING OF PRESCRIPTION MEDICATION

Any prescription medication given must be prescribed by a licensed physician and obtained from a licensed pharmacy for each individual youth. CYS staff administer the medication in accordance with the physician's instructions. All prescription medicine is maintained in the original container provided by a licensed pharmacy. All prescription medications are kept in a locked cabinet inside a locked prescription medication box. Only staff trained in medication procedures may give prescription medication to a resident. Staff administering the medication must document on the youth's prescription medication form each time any prescription medication is administered. Pharmacy warning inserts for new medications are attached to medication sheets and accessible to direct care staff for on-going reference. Any newly filled prescription medication is logged into the safe in the nurse's office until it is placed in the locked medication box.

ADMINISTRATION AND RECORDING PROCEDURES

Before administering any prescription medication, staff who have been trained to administer medication must ensure that the medicine is in an original container which is from and labeled by a licensed pharmacy. The original, unaltered label must include:

- Prescription #
- Date prescription filled
- Name, Telephone #, and Location of dispensing Pharmacy
- Name of youth who is to receive the medicine
- Name of Prescribing physician
- Name and dosage of medication
- Original prescription count
- Dosage Instructions

Staff administering the medication must document on the medication form each time any type of medication is administered. Staff who administer any medication document on the resident's individual medication sheet the name of medication, medication beginning and ending count, date, time, and dosage administered. The staff must sign the entry with his/her first initial and full last name.

CLIENT REFUSAL OF MEDICATION

If a client refuses to take any prescribed medication, staff are required to document each attempt to give the medicine and have the resident initial when the medication is refused. If a resident refuses to sign that the medication was refused, the staff is required to obtain a signature of another staff to witness the refusal.

MEDICATION REACTIONS

If a client experiences a reaction to a medication, the staff on duty have been instructed to contact the prescribing physician or pharmacy or in the case of a severe reaction the client would be transported to the nearest emergency room for treatment along with information of all medication the youth is taking.

APPROVAL AND REVIEW OF OTC MEDICATIONS

The CYS Health Care Plan contains a list of approved Over the Counter (OTC) medications used by CYS along with instructions for the use of such medications. The list of OTC medications has been reviewed by Child Psychiatrist, Dr Khan who handles medication management for all youth in the Sexual Rehabilitation Program. If any youth should not receive any of the OTC medications due to drug interaction, allergy, etc. this information is noted on the youth's OTC medication sheet.

OTC SUPPLY

All over the counter medications are maintained in a locked cabinet in a locked OTC box. A supply of approved OTC medications is purchased and maintained at the facility and kept in a locked cabinet in the Administration Building. Other OTC medications may be provided to individual clients when instructed by a licensed physician.

ADMINISTRATION OF OTC

Only staff trained in medication procedures may give OTC medication to a resident. Staff administering the medication must document on the youth's OTC medication form each time any type of OTC medication is administered. Each resident has an OTC medication sheet which lists any allergies and any related physician's instructions related to OTC medication.

ACCESS TO CONTROLLED SUBSTANCES

All prescription medicine, including controlled substances, is kept under lock either in the medication safe or in the locked dorm medication box which also kept in a locked cabinet. Access to the safe is limited to case management staff, nurse, and Facility Director. Access to dorm medication boxes is limited to the shift supervisors who may provide access to staff who have been trained in the procedures and policies related to medication. A written inventory of medications and on-going medication counts are maintained. The medication count of prescription medications, including controlled substances, is verified each time the medication is administered.

MEDICATION RECORDS

All completed prescription and OTC medication sheets are filed in the youth's confidential medical file along with all other medical records.

MEDICATION REVIEWS

Medication logs are reviewed by Lisa Sangster, RN regularly to ensure refills are obtained as needed and for quality assurance review of the administration logs. The CYS nurse notifies the Executive Director, the Staff Development Manager, and the Quality Assurance staff of any problems noted.

DISCHARGE SUMMARY

The SRP treatment team completes a written discharge report that is provided to DYS and the DYS aftercare worker 45 days prior to the release from the program. The discharge summary includes information regarding the youth's current medications and recommendations related to medication management after discharge.

At discharge the person assuming physical custody of the youth is provided with any current medications. The person receiving the medication must sign for receipt of the medication. If the medication is not transferred with the youth and must be later sent, the medication will be sent to the person or agency with legal physical custody by certified mail with signed receipt required. The certified mail receipt will be placed in the youth's medical file.

ACADEMIC REQUIREMENTS

CYS requires that all youth in the Sexual Rehabilitation Program (SRP) who have not graduated from high school must be enrolled in classes to complete a high school diploma or GED. CYS offers a variety of educational services to SRP clients. Three certified academic teachers who are also certified in special education, are employed at the facility to provide instruction. CYS offers public school general education classes, GED instruction, remedial and ACT tutoring. Special education academic and support services are provided in accordance with the youth's IEP when applicable. Education planning takes into consideration the education needs of the youth with input from both the youth and the youth's parent or custodian. Education options for DYS referred youth include:

- Enroll in Nettleton public school and receive instruction on the CYS campus
- Enroll in a GED instruction provided on the CYS campus
- Enroll in and attend Vocational Technical School
- Enroll in and attend classes at Arkansas State University

Because it is difficult for 17 or 18-year-old youth in the sexual rehabilitation program to return to the public school, we make every effort to ensure these youth have either completed their high school diploma or GED prior to discharge. Public schools are reluctant to implement the necessary safety plan at school and the youth experience too many barriers if they try to return to a high school setting.

GENERAL EDUCATION

The on-campus general education program is funded and approved by the Arkansas Department of Education Special Education (DESE). This specialty education program is approved annually by the Arkansas DESE. Youth enrolled in this on-campus education program are enrolled in Nettleton School and receive grades and high school credits from Nettleton School. The instruction program follows the requirements of the ADE regarding attendance and instructional hours. Our program provides 178 days of instruction in accordance with the calendar provided by Arkansas DESE and six (6) hours of instruction are provided each academic day. CYS also provides for summer instruction for credit recovery for DYS youth if necessary. Last year five (5) youth in the on-campus program who were seniors graduated from Nettleton and all 5 participated in the Nettleton graduation ceremonies.

GENERAL EDUCATION DEVELOPMENT (GED)

CYS also provides an on-campus GED program for youth age 16 or older who want to complete a GED rather than pursue a traditional high school diploma. Instruction is provided at the CYS campus by a certified teacher and the Jonesboro Adult Education Center provides the GED testing at their location. GED instruction is available immediately upon admission to CYS. Last school year, 23 youth in our GED program successfully passed the GED. The youth's parent or custodian is involved in the education planning process and the GED placement decision.

ASSESSMENT/REMEDIATION

CYS utilizes the Test of Adult Basic Education (TABE) to assess the youth's reading and math academic levels. The TABE is administered to all new residents by the Title 1 staff within the first

week. Curriculum objectives for those testing below grade level are developed based on the TABE results. Title 1 services are provided to residents both during the regular school year and during part of the summer months. Tutoring is provided to improve academic abilities of youth who test lower than grade level on the TABE and for older youth (16+) who are behind several grades in school and desire to work towards a GED. TABE tests are administered at the end of each 9-week grading period to determine if youth are progressing. Pre-testing, post-testing, and interim test data is collected by Title 1 staff and used to track Title 1 outcome data.

REMEDICATION AND CREDIT RECOVERY

CYS provides tutoring services during the regular academic years and during the summer months. The PLATO Learning Systems on-line program is utilized in the tutoring program and in the core curriculum instruction program. PLATO is also used by Nettleton School to enhance course availability for youth who may need a special course to graduate from high school or for credit recovery. As part of our Title 1 services, a paraprofessional tutor provides individual tutoring sessions for youth who need to improve academically in reading or math.

ACADEMIC SUCCESS PLANS, IDEA, AND TRANSITION PLANS

Rhonda Harvey, Special Education Program Coordinator, assists the case managers to develop written Academic Success Plans and Transition Plans. These plans are developed within the first week of admission and updated as needed. Rhonda gathers and reviews all prior school records to ensure our academic plans provide appropriate education services.

Rhonda is a certified Special Education Teacher who has over 15 years' experience in developing and conducting special education conferences and developing IEP and 504 plans. She works closely with Nettleton school district which is ultimately responsible for due process compliance related to Special Education students. IEP conferences are held with participation from CYS treatment and academic staff. Janee McElhanon, who works for the Crowley Ridge Co-op, is the person who oversees the Nettleton School Special Education services for the youth enrolled in our on-campus education program. Rhonda tracks the completion of change of placement conferences for IDEA students to assure conferences are completed with the 30-day time frames. CYS assists Nettleton to notified parents of IEP conferences, and we assist parents to participate in the IEP conferences either in person or by telephone.

Rhonda also works closely with Nettleton school on "Child Find" activities and assists with academic evaluations and re-evaluations.

Rhonda oversees all academic services to ensure academic services are provided in accordance with any applicable IEP, 504 Plan, and Transition Plan.

RECORDS

Rhonda not only gathers academic records at intake, she also aids in the transition when youth are returning to public school. During the youth's stay at CYS, if we expect the youth to return to his home school, Rhonda stays in contact with that school to ensure we enroll the youth in the courses for the credits he will need to graduate. School grades and other records are provided to DYS in the manner requested during the placement period and at discharge.

ACADEMIC PLACEMENT IN AFTERCARE

CYS academic staff provide input into what education program the youth will enroll in as part of aftercare. A couple weeks after discharge Rhonda or case management staff contact the school where a youth is scheduled to re-enroll to ensure he has successfully transitioned back to school.

If the youth has not gotten enrolled, we contact the family to see if they need help getting the child enrolled in school.

ACADEMIC STAFF

CYS employs the following fulltime certified teachers:

Rhonda Harvey- Rhonda has been employed as the Special Education teacher and program Coordinator at CYS for over 20 years. Rhonda has a Bachelor of Science in education and special education and she is certified in middle school science and Special Education and is thus deemed as highly qualified by the Arkansas Department of Education.

Sandy Everhart- Sandy has been employed as a teacher for CYS for over 15 years. Sandy has a Bachelor of Science in education and special education and she is certified in Early Childhood Education, Elementary K-6 and Special Education and is thus deemed as highly qualified by the Arkansas Department of Education.

Dawn Burns- Dawn has been employed by CYS for over 12 years as a business and vocational instructor and GED instructor. Dawn has a Bachelor of Science in Business Management and a Bachelor of Science in Vocational Education and Special Education. She is certified to teach Business Technology and Special Education and is thus deemed as highly qualified by the Arkansas Department of Education.

STAFF TRAINING

All 3 certified teachers are considered highly qualified by Arkansas ADE requirements. They attend professional development sessions offered at the Nettleton School and at the Education Co-op in Harrisburg. The teachers also access the ADE online course instruction.

All CYS certified teachers complete all requirements each year to maintain their academic certifications. The teachers are also trained as part of orientation and annually in accordance with Child Welfare licensing standards training requirements for all staff employed in a sexual rehabilitation program.

E.2.1 Describe Bidder's approach to providing aftercare planning.

DISCHARGE NOTICE

Consolidated Youth Services provides DYS and the aftercare provider with all the information needed to assure the smooth re-entry of the youth into the community. The initial notice of discharge is sent to DYS and the aftercare provider 45 days prior to discharge. This notice includes a summary of progress and recommendation for continued services in the community. The notice includes expectations regarding where the youth will reside, what education and employment services are needed, recommendations for continued mental health treatment and medication requirements. The discharge notice will also provide the recommended safety plan that will need to be implemented when the youth returns home.

The SRP treatment team confers with the juvenile, aftercare worker, as well as the youth's guardian to develop a plan for release and follow-up care. No youth is discharged from the SRP facility without proper planning and approval from DYS and the courts (if required).

DISCHARGE SUMMARY

A discharge summary is provided to DYS and the aftercare provider 45 days prior to release which summarize the services provided and treatment progress. All information needed for the development of an aftercare plan is made available to the DYS Case Coordinator and the aftercare provider. The discharge summary includes treatment goals and completion dates, education records, and recommendations for any follow up treatment needed for successful aftercare. The discharge summary is uploaded into RiteTrack and a signed copy is provided to the DYS Case Coordinator.

The discharge summary includes the following sections:

- Performance
 - a. Youth's treatment goals, treatment services youth received while in the SRP program, and the youth's progress toward meeting the treatment goals.
 - b. Academic performance and goals
 - c. Alcohol and Drug Counseling
 - d. Medication currently prescribed
- Legal Status
- Family Involvement
- Living arrangements upon discharge from the program.
- Expectations, recommendations, and notification of any mental health or medical needs.

RS-9 - STAUS CHANGE

The CYS case manager also completes the Status Change (RS-9) in the manner required by DYS. Currently this is done in RiteTrack at the same time the discharge summary is entered into RiteTrack. CYS never moves a youth from our placement without prior authorization from DYS on a signed RS-9.

AFTERCARE PLAN

CYS case managers and therapists work closely with the aftercare provider, the youth, and the youth's parent or guardian throughout treatment. When the youth is ready to be released, CYS works cooperatively to schedule an aftercare conference so everyone can discuss the development and implementation of the aftercare plan which includes each person's responsibilities. During the aftercare planning process, the CYS case manager confers with all participants to assure everyone understands and agrees with the requirements set out in the plan.

The corresponding safety plan is reviewed to assure the parent or other responsible caregiver and the youth are aware of all supervision requirements. The parent/guardian and youth are required to sign the safety plan which is made a part of the aftercare document. Atleast 10 days prior to the youth scheduled release date and once all parties (CYS, DYS, aftercare provider, parent, & youth) have agreed to and signed the aftercare and safety plan, the CYS case manager uploads the plan into RiteTrack along with any updates to the discharge summary.

RELEASE HEARING

CYS casework and treatment staff prepare the youth to attend the release hearing by reviewing the aftercare and safety plan with the youth and parent. CYS staff transport youth to all court hearings including the release hearing. Casework and treatment staff attend the court hearing as required by DYS without the requirement for a subpoena.

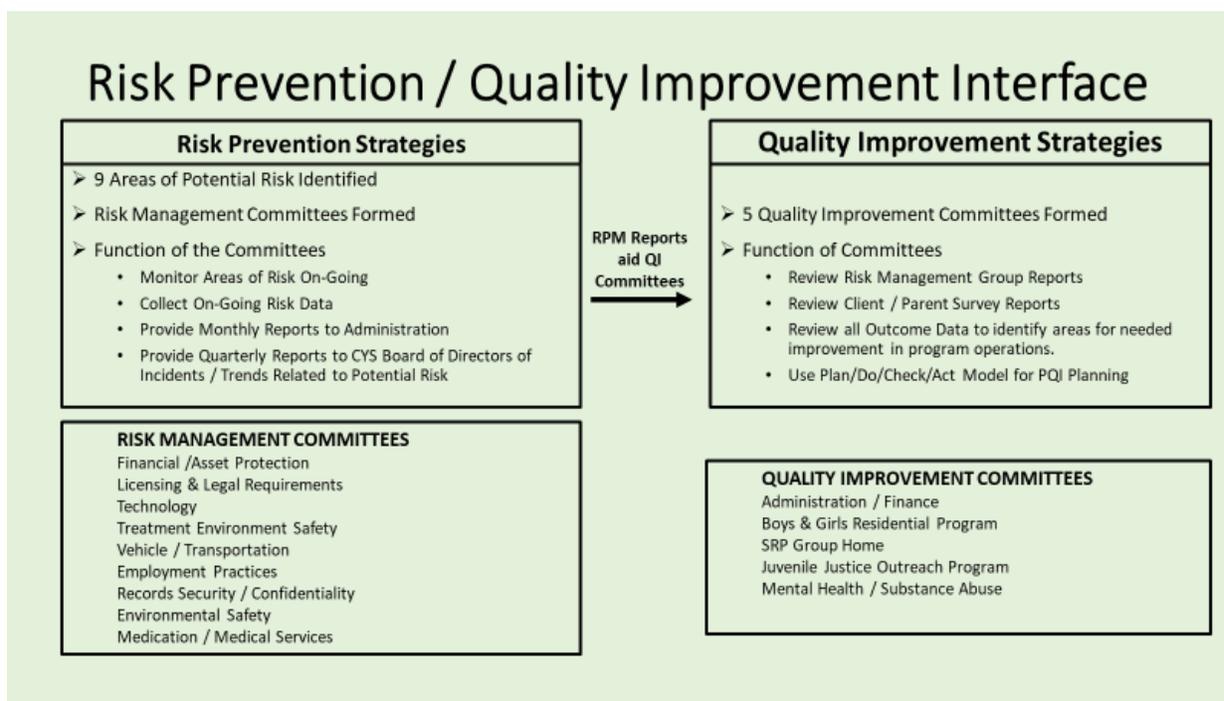
PARTICIPATION WITH MEDICAID PASSE PROGRAM

CYS coordinates and participates in the Medicaid PASSE assessments arranged for SRP youth. The SRP Case manager assures the youth is available to participate with any PASSE assessment appointments. The SRP youth and appropriate staff may be interviewed during the assessment process. SRP staff provide information and guidance to assist in the assessment process. CYS staff maintain documentation of any discussions and participation in Medicaid PASSE assessments.

E.2.J Describe the Bidders proposed Quality Improvement Process, including Personnel responsible for implementation 2.3.G

Consolidated Youth Services (CYS) administration and Board of Directors are committed to evaluating and improving the services provided to ensure and demonstrate that CYC provides services that are effective and valuable for the youth/families, the local community, and the state of Arkansas. The Board of CYC is committed to supporting Quality Improvement by providing adequate resources to allow for management and direct services staff involvement.

The Consolidated Youth Services Quality Assurance Program is designed in a two-tier process, beginning with Risk Prevention Management which provides the guidance for development of quality improvement goals. Below is a flow chart that exemplifies the interfacing of the CYC Risk Prevention Management and the Quality Improvement plans implemented.



The Risk Prevention Management procedures are designed to reduce the incidence of errors or unsafe conditions by implementing a program of continuous improvement strategies to support a culture of safety. Clearly defined policy and procedures have been written that emphasizes adherence to improving and maintaining effective risk management. To identify and ameliorate risk situations, an ongoing and meaningful data collection system has been implemented. When a risk is identified, the circumstances are thoroughly reviewed, and appropriate corrective action is taken to prevent the likelihood of the same or similar incidents.

Consolidated Youth Services Board of Directors and management staff developed the Risk Prevention Management Plan to minimize risk related to client safety and clinical risk as well as environmental safety for employees, visitors, and clients. Risk prevention management also pertains to business and property risk. Kerri Bangert, Director of Contracts & Quality Assurance serves as the coordinator of risk management and quality improvement. Key management staff involved in risk management and quality assurance are Lori Clements, Executive Director;

Candy Smith, Facility Director; Sharonda Watson, Human Resources and Staff Development Manager; Adrian Perry, SRP Admissions and Service Coordinator; Reba Dye, Admissions Director; and Tracy Boyd, Outreach Program Manager. In addition, two (2) Administrative Assistants each spend about 20% of their work time devoted to risk management and quality improvement planning. Direct care staff participate in planning and assessment meetings.

The CYS Board and staff managers identified the operational areas to be addressed in the Risk Management Plan. The risk management committee for each area listed below reviews current policy and procedures, assesses potential risks, gathers data, provides recommendations for change or corrective action, provides a monthly report to Administration, provides quarterly reports to CYS Board of Directors on incidents/trends related to potential risk and establishes quality improvement goals/plans.

The following Risk Management Committees have been established and meet monthly:

1. **Financial/Asset Protection-** Melinda Chester, Financial Officer; Lori Clements, Executive Director
2. **Employment Practices-** Lori Clements, Executive Director; Sharonda Watson, Human Resource /Staff Development Manager; Candy Smith, Facility Director
3. **Licensing, Contract and Legal Requirements-** Lori Clements, Executive Director; Kerri Bangert, Contracts/Quality Assurance Director; Candy Smith, Facility Director
4. **Security/ Confidentiality of Records (Client and Personnel)-** Lori Clements, Executive Director; Sharonda Watson, Human Resource/Staff Development Manager; Tracy Boyd, Outreach Program Manager.
5. **Technology-Data Security-** Lori Clements, Executive Director; Jim Bryant, Computer Hut
6. **Environmental Safety –Worker’s Comp or Client/Visitor Injuries/Safety-** Lori Clements, Executive Director; Candy Smith, Facility Director; Sharonda Watson, Human Resource/Staff Development Manager
7. **Treatment Environment Safety Related to Abuse Allegations and Behavior Management-** Lori Clements, Executive Director; Adrian Perry, SRP Admissions and Service Coordinator; Candy Smith, Facility Director
8. **Medical Services- Medication & Emergency Medical Response –** Lori Clements, Executive Director; Candy Smith, Facility Director; Lisa Sangster, RN; Sharonda Watson, Human Resources/Staff Development Manager
9. **Vehicle/Transportation Safety –** Ray Williams, Maintenance; Melinda Chester, Financial Officer.

The CYS Risk Prevention/Management procedures utilizes tools/inspections for gathering information and data that is analyzed for potential risk factors. The following is a listing of collection tools and inspections completed.

QUALITY IMPROVEMENT & RISK MANAGEMENT TOOLS		
Collection tools	Collected By	Completion Frequency
Satisfaction survey-client & Parent CPR- Outreach Program Client File Check List -Residential Client File Check List-Outreach Personnel File Check List TABE test Youth Advisory meeting Staff Evaluation by youth Staff Satisfaction survey Residential Youth Educ Survey Youth Food Services Evaluation Community Survey Training Surveys Exit Survey Terminated staff	Client/Guardian CYS Caseworkers Teresa - Adm Assist Tracy- Prog Superv Lori- Exec. Dir Dawn-Teacher Teresa- Adm Assist Teresa- Adm Assist Kerri- QA Prog Kerri- QA Prog Kerri- QA Prog Kerri- QA Prog Sharonda-Staff Dev Lori- Exec. Dir	On-going when client DC outreach/Resid-100% attempted On-going at closure & 6 month follow up 100% attempted On-Going for 100% case records at closure On-going 2 random records for each outreach worker On-going 2+ files per month Residential clients at intake/quarterly/discharge Residential advisory youth monthly All Residential youth monthly Staff complete Annually Youth - Semi Annually Residents-Annually Stakeholder-Annually Staff-Annually Staff Resigning-On Going
INSPECTIONS	WHO REQUIRES	FREQUENCY
Health Department-Food Service Fire Department Alarm System Fire Suppressant Fire Extinguishers/Smoke Alarms Child Welfare Licensing DYS Contracts Weekly Fac Inspections Vehicle Inspections Vehicle Safety Inspections Food Service Operations Outreach office Safety Inspections	USDA/DHS City/Licensing City Fire Department City Fire Depart Licensing DHS CYS RPM CYS-RPM CYS-RPM CYS-RPM CYS-RPM	Semi-Annually County Sanitarian Annually Annually- Mays Security Annually- Fire Protection of AR Annually- Fire Protection of AR Quarterly-Licensing staff Annually Weekly-CYS Adm Assist Monthly-Maintenance Manager Annually-Local Licensed Mechanic Quarterly-Facility Director Monthly-Outreach Staff

The CYS Quality Improvement program is coordinated by Kerri Bangert, Director of Contracts & Quality Assurance with each CYS program component having a Quality Improvement committee for that program. The committees are responsible for reviewing risk management group reports, client and parent survey reports, and all outcome data to identify areas for needed improvement in program operations. The committees also develop improvement planning for data collections and reporting on quality improvement plans related to that service area.

The Program Quality Improvement (PQI) committees are as follows:

Administration/Finance- Lori Clements, Executive Director serves as the chair with members including Sharonda Watson, Human Resource and Staff Development Manager, Melinda Chester, Financial Officer, and Ray Williams, Maintenance.

Boys and Girls Residential Program- Candy Smith, Facility Director serves as chair with members including Lori Clements, Executive Director; Reba Dye, Admissions Director, 1 Direct Care Supervisor, 1 or 2 direct care workers, and 1 residential case manager.

Group Home Sexual Rehabilitation Program- Adrian Perry, SRP Admissions and Service Coordinator serves as the chair with members including Candy Smith, Facility Director, 1 Direct Care Supervisor, 1 Therapist, 1 or 2 direct Care Workers, 1 Teacher, and 1 Case Manager.

Juvenile Justice Case Management Program- Tracy Boyd, Outreach Program Manager serves

as the chair with members including Dawn Burns, GED Day Services Instructor, Robert Smith, Poinsett County Outreach Worker, Robert Frazier, Mississippi County Outreach Worker, and 1 Administrative Assistant.

Mental Health/Substance Abuse Treatment Program- Adrian Perry, SRP Admissions and Service Coordinator serves as chair with members including Harold Biazio, SRP Therapist; Cindy Smith, Substance Abuse Counselor; and Tracy Boyd, Outreach Program Manager.

Development of the Quality Improvement Plan

Formal risk assessment, information gathering, and planning for outcome reporting was the first steps towards the development of the CYS Quality Improvement Planning.

CYS is utilizing the PDCA model of change which provides for a formalized process for CONTINUOUS quality improvement. Quality Improvement committees have been trained to utilize the Plan, Do, Check, and Act (PDCA) model to assure the agency develops a culture of continuous quality improvement. Leadership understands that quality improvement must be on-going to assure agency growth and continuity. Sometimes plans will result in improvements and sometimes even the best laid plans may fall short. In any case, CYS must be able to respond to the changing needs of the clients and community we serve. Keeping in mind that quality improvement planning cannot assure success, the process involves on-going review and updating.

Each program committee is expected to be actively pursuing quality improvement for their program area. The committees are responsible for developing Improvement Plans related to 1) corrective action due to a specific problem which has been identified as part of risk assessment or other program monitoring or 2) pro-active planning related to need for changes or new service/program needs that have been identified from surveys or other stakeholder input.

The summary below describes each phase of the Plan, Do, Check, Act model which the committees utilize for developing Improvement Plans:

PLAN- Committee planning is in response to data collection and assessment from a variety of sources. During the first phase of quality improvement, risk data, output data, and outcome data is available to make meaningful decisions of where the agency falls short of desired goals. Each committee reviews available data. The committee identifies the area(s) of needed improvement and clarifies how the desired improvement will be measured.

DO- As a result of the planning activities, the committee develops the work plan which lists specific activities to be completed, who is responsible, resources needed, and target date for completion. The committee identifies what indicator(s) will show the activities have been completed. The committee meets regularly to monitor progress on the assigned activities to assure the plan is implemented according to established timelines. Each committee reports monthly at the agency administration meeting regarding progress/challenges related to the improvement activities.

CHECK- After the Plan and Do phases are completed; the committee reviews the processes implemented and the results of the activities to determine if the plan resulted in the desired outcome. The impact that the activities had on the agency, both positive and negative, are reviewed. If the changes did not have the anticipated positive results, the committee determines what factors contributed to the lack of intended results.

ACT- Finally, based on the impact and results of the Improvement Plan, the committee determines what additional changes (if any) and resources are needed to incorporate the improvements into current practices or operations. The committee summarizes recommendations identified as a result of the activities. The recommendations are presented to the agency staff leadership and Board of Directors at the next administrative and/or Board of Directors meeting.

Stakeholder Involvement- Consolidated Youth Services realizes that planning for Quality Improvement starts with the gathering of information regarding the current services and operations for the agency. CYS continuously gathers information from sources, both internal and external, to the organization. Sources/persons which provide information to guide continuous quality improvement also receive information related to the success and challenges of quality improvement planning and implementation. The CYS Annual Report is posted on our Public Website. CYS gathers information using formal stakeholder surveys, advisory group meetings, management and direct services monthly meetings, and staff focus groups. CYS shares Quality Improvement Plan reports with these same stakeholders' groups. The following stakeholder groups provide and receive information related to the Performance and Quality Improvement Plan.

CLIENTS Input Information- Both residential and non-residential clients are provided an exit survey. This survey is submitted to the Manager of Contracts and Quality Assurance. Residential clients participate on a Youth Advisory committee and provide monthly feedback and suggestions related to residential services. Client outcome data related to family, education, & legal system is gathered at intake, closure, and follow-up. This data provides client treatment outcome information for quality improvement planning. Residents of CYS evaluate administrative and direct services staff monthly. The annual Quality Improvement Report is available to clients at all offices in the reception area.

PARENT/CUSTODIANS Input Information- Parents and custodians of residential and non-residential clients are provided an exit survey. This survey is submitted to the Manager of Contracts and Quality Assurance. The annual Quality Improvement Report is available to parents at all offices in the reception area.

COMMUNITY MEMBERS- Information from community members is important to Quality Improvement Planning. Annual Surveys are sent to community referral sources and to agencies we refer to. Court staff are surveyed annually to determine their satisfaction with services provided and to gather information related to needs for new/changed services. The CYS Annual Report is sent to referral agencies including court staff and judges. The Quality Improvement Report will be available at all offices in the reception area.

FUNDING SOURCES- DCFS/DHS conducts Child Welfare monitoring reviews quarterly. These reviews provide agency management with valuable third-party information related to any needs for improvement. The Division of Youth Services conducts annual on-site monitoring of agency operations. These reports assess compliance with contract requirements. CYS submits reports monthly to funding sources related to contract outputs. Outcome data is provided monthly to DYS/DCFS for youth served with DHS funds. CYS prepares an annual report of program operations. This annual report is sent to DHS.

BOARD OF DIRECTORS- The Board of Directors receives on-going information of agency operations as part of the monthly Board meeting. The Board participates in Strategic Planning.

The Board conducts an annual evaluation of the Executive Director's job performance. The Board receives monthly financial and budget reports as well as service data. The Board receives quarterly risk assessment reports and quarterly strategic plan updates. The Board receives and reviews the Annual Report prior to its distribution.

EXECUTIVE & MANAGEMENT STAFF- The Executive and Management staff include the Executive Director, Contracts and Quality Assurance Manager, Financial Officer, Human Resource and Staff Development Manager, Outreach Manager, SRP Admission and Service Coordinator, Facility Director, Admissions Director, Maintenance, and 2 Administrative Assistants. These staff meet monthly to share information related to operation challenges and successes. These staff serve in leadership roles for the risk assessment and quality improvement committees and are responsible for quarterly reporting of information to the Board of Directors. Each year the Executive/Management committee reviews and approves the agency's training program.

DIRECT SERVICE STAFF - Direct Service staff include residential case managers, direct care staff, outreach caseworkers, and mental health treatment staff. Monthly staff meetings provide these staff with the opportunity to make suggestions and comments regarding agency operations. These employees complete annual staff surveys and anytime employees leave CYS, they are provided an exit survey. As members of the risk assessment and quality improvement committees, employees receive on-going updates related to risk and improvement challenges and successes. Quarterly and annual reports are distributed to employees.

VOLUNTEERS - Volunteers include interns and community members who provide religious and other activities for youth of the residential programs. The volunteers have regular contact with supervisory and administrative staff to give them the opportunity to provide information and suggestions related to the CYS programs. CYS Annual Reports are made available to the public and CYS includes these reports on our public website.

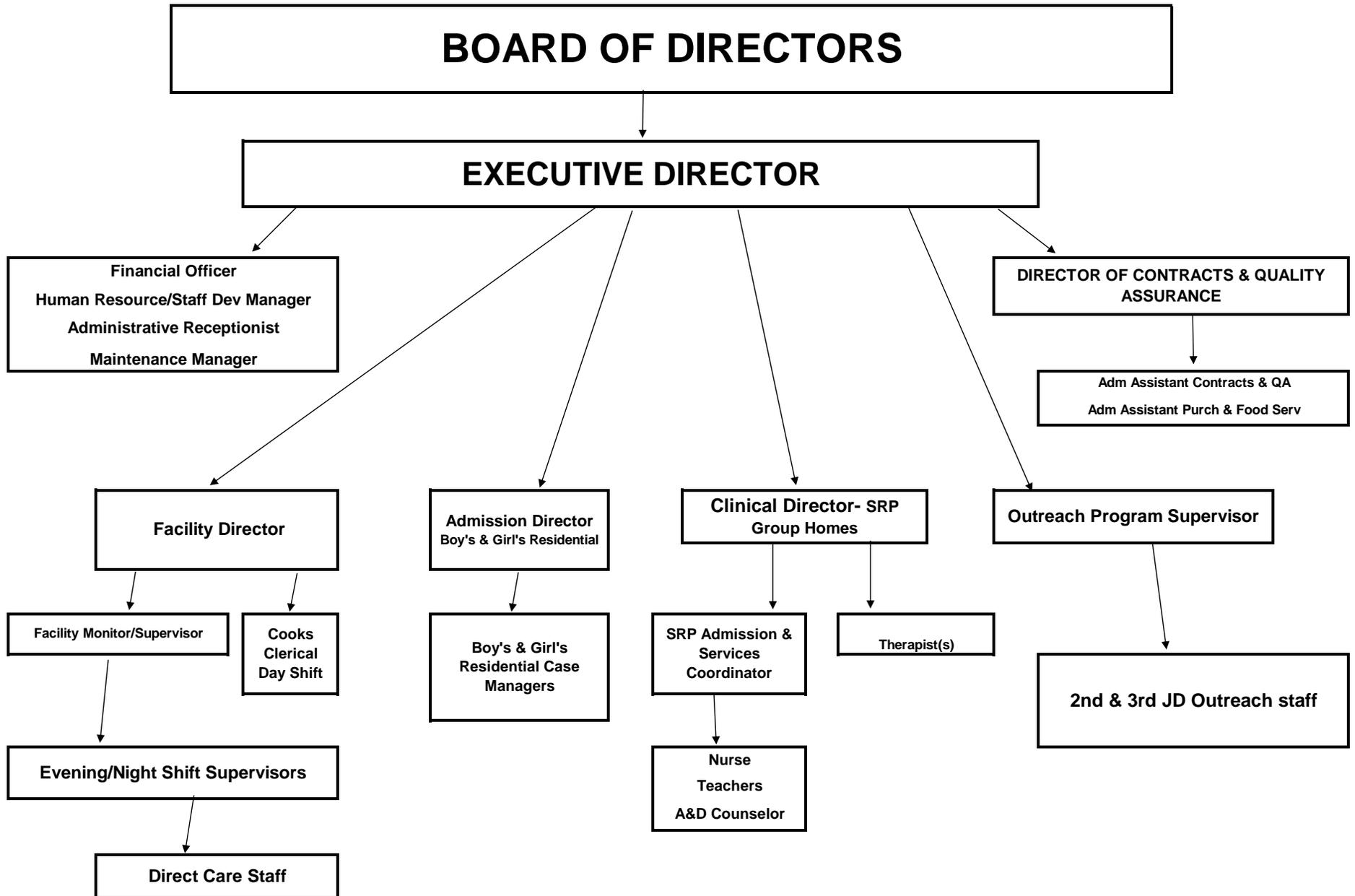
As explained above, the Board of Directors and ALL employees shown on the Organizational chart in section E.1.B are involved in various levels in implementation of the Quality improvement process.

Sexual Rehabilitation Program (SRP) Quality Improvement Each service program uses a logic model to develop program indicators of quantity, quality, and outcome. The program indicators are measured, and the information gathered is used by the committees for quality improvement planning.

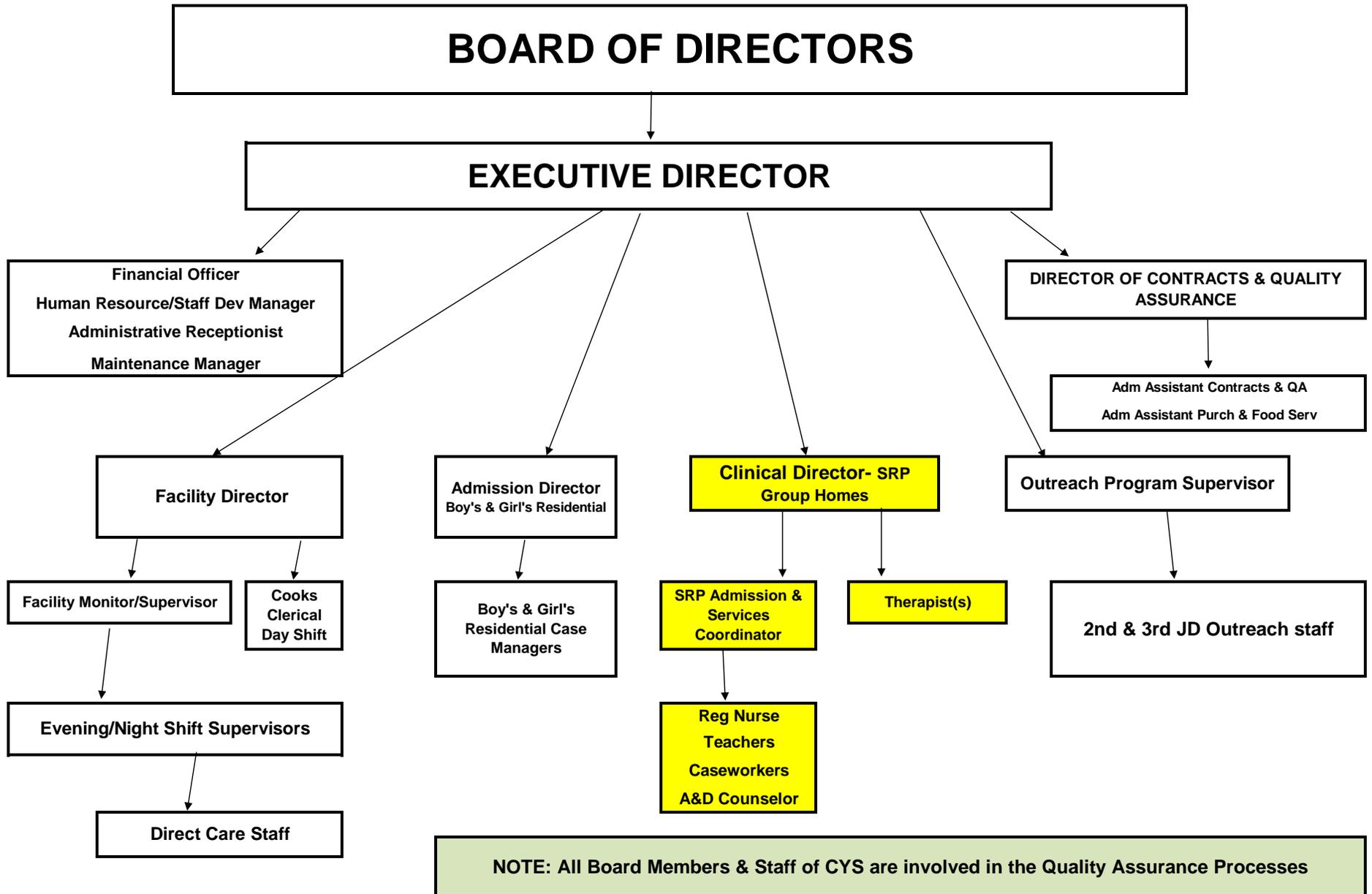
CYS administration and treatment staff cooperate fully with all DHS/DYS monitoring activities and other site visits. We welcome information provided by these monitoring activities and incorporate this information in our quality improvement as noted above in the chart showing the use of both internal and third-party inspections.

The following pages outline the logic model and program indicators for the SRP Group Home Program.

CONSOLIDATED YOUTH SERVICES, INC.



CONSOLIDATED YOUTH SERVICES, INC.



NOTE: All Board Members & Staff of CYS are involved in the Quality Assurance Processes

E.3.A ORGANIZATION, STAFFING AND ACCREDITATION (ALL Bidders)

A copy of the organizational chart for Consolidated Youth Services is found in this section. The professionally licensed and clinical staff are highlighted in **YELLOW.**

AGENCY ACCREDITATION AND LICENSURE

CYS has been licensed as a residential facility for over 40 years. We have always been in good standing with the Child Welfare Licensing Board and a letter verifying this can be found in section E.1 above. CYS became accredited by the Council on Accreditation in 2019. Our initial accreditation review found no areas of concern and we received top scores of 1 or 2 in all areas except one. We received a 3 in the area of service agreements where the reviewer suggested we develop more uniform service agreements. This recommendation has already been addressed.

ADMINISTRATION

CYS has administrative staff who have worked for our agency for decades successfully managing DHS contracts including the SRP residential treatment contract. Executive Director, Lori Clements, has over 25 years of experience at CYS. She recently became Executive Director after serving as Director of Operations for over 15 years. Kerri Bangert serves as Contracts and Quality Assurance Manager. Kerri has over 15 years of experience in non-profit management and served as the CYS Accreditation and Quality Assurance Manager and as Outreach Program Supervisor before becoming Contracts and Quality Assurance Manager. Melinda Chester has been the Financial Officer of CYS since 2005. CYS is a stable organization both financially as well as professionally.

TREATMENT

The CYS sexual rehabilitation program (SRP) is provided in a group home setting and is licensed to provide treatment for sexual behavioral problems up to 22 youth. CYS employs a Clinical Director who oversees the treatment services of the sexual rehabilitation group home program. The Clinical Director, Norman "Brad" Dickson LPC, along with Harold Biazio, LCSW provide group and individual therapy for the SRP group home residents. Brad has over 15 years of clinical experience and over 4 years of experience and training specific to adolescent sexual rehabilitation treatment. Harold has over 20 years of clinical experience in providing treatment for adolescents and adult who have sexual behavioral problems. Harold is one of a few therapists in Arkansas who has a specific certification to counsel adolescent youth with sexual behavioral problems. He received this certification from the University of Louisville. Harold is also a member of the Board of the Arkansas Association of Treatment of Sexual Abusers (ATSA). CYS also employs a certified substance abuse counselor, Cindy Smith. Cindy has over 15 years' experience as a certified substance abuse counselor and has served on the substance abuse certification board.

CYS has a service agreement with Midsouth Health System, the local community-based mental health provider for medication management and psychiatric services for the residents of the SRP group home. The Midsouth child psychiatrist, Dr Muhammed Khan, is a key part of the CYS treatment team. He provides psychiatric assessments and medication management for all residents of the SRP group home. Dr Khan comes to our facility one time per month and is available at the Midsouth Health location throughout the month as needed.

CASEMANAGEMENT

Adrian Perry, who is a licensed master's level social worker serves as the CYS Admission and Services Coordinator for the SRP Group Home Program. Adrian has over 15 years' experience providing case management and treatment services at CYS for DYS and DCFS youth. Adrian oversees all casework and other service coordination. She supervises two other bachelors level case managers, Shannon Adams and Rachel Gillespie. These 3 staff provide case management services for the DCFS and DYS residents of the group home. These 3 staff serve a total of 22 residents which provide for a high level of casework services.

TRAINING

All five (5) staff above participate in the annual ATSA conference and Harold has provided training at these conferences. These professionals have extensive training related specifically to treatment for youth who exhibit sexual behavioral problems and receive on-going training specific to this treatment each year as required by licensing standards. They also provide on-going training a minimum of 1-2 times per month for the direct care staff who work in the SRP group home. All direct care staff receive SRP specific training as part of new hire training and a minimum of 10 hours annually in addition to other training required by Child Welfare licensing standards.

DIRECT CARE STAFF

CYS provides supervision of residents at the level required by COA accreditation and child welfare licensing for a SRP treatment facility. We provide 1 staff for every 6 youth during waking hours and 1 staff for every 8 youth during sleeping hours. CYS provides visual supervision even during sleeping hours and we document bed checks every 15 minutes.

QUALITY IMPROVEMENT STAFF

Although Kerri Bangert is Contracts and Quality Assurance Manager, as outlined in Section E.2.J of the Response packet ALL staff as well as the Board of Directors of Consolidated Youth Services have various levels of responsibility for the Quality Improvement Processes.

CYS maintains current credentials on site of all licensed professionals and as part of quality assurance and risk management we continually monitor renewal dates for all licenses and certifications. These documents are readily available to DHS and licensing monitors.

E.2.C PROVIDE A COPY OF THE PROPOSED COGNITIVE BEHAVIORAL CURRICULUM

Consolidated Youth Services has used cognitive behavioral curriculum in our residential programs since 1999 and long before these had broad recognition as effective treatment for adolescents. CYS has utilized a social skills curriculum called *Right Choices* since 1999. *Right Choices* is an evidence-based life skills curriculum very similar to the *Aggression Replacement Training (ART)*. All CYS treatment and direct care staff have been trained in the use of *Right Choices* and are familiar with the benefits of cognitive behavioral skill-based programs.

PROPOSED COGNITIVE BEHAVIOR CURRICULUM

AGGRESSION REPLACEMENT TRAINING (ART)- CYS has purchased the ART curriculum in the past week and in the coming 2 months we will begin to train all treatment, case management, and direct care staff to utilize the program materials and to incorporate the strategies in our daily operations. **ART curriculum includes three (3) components:**

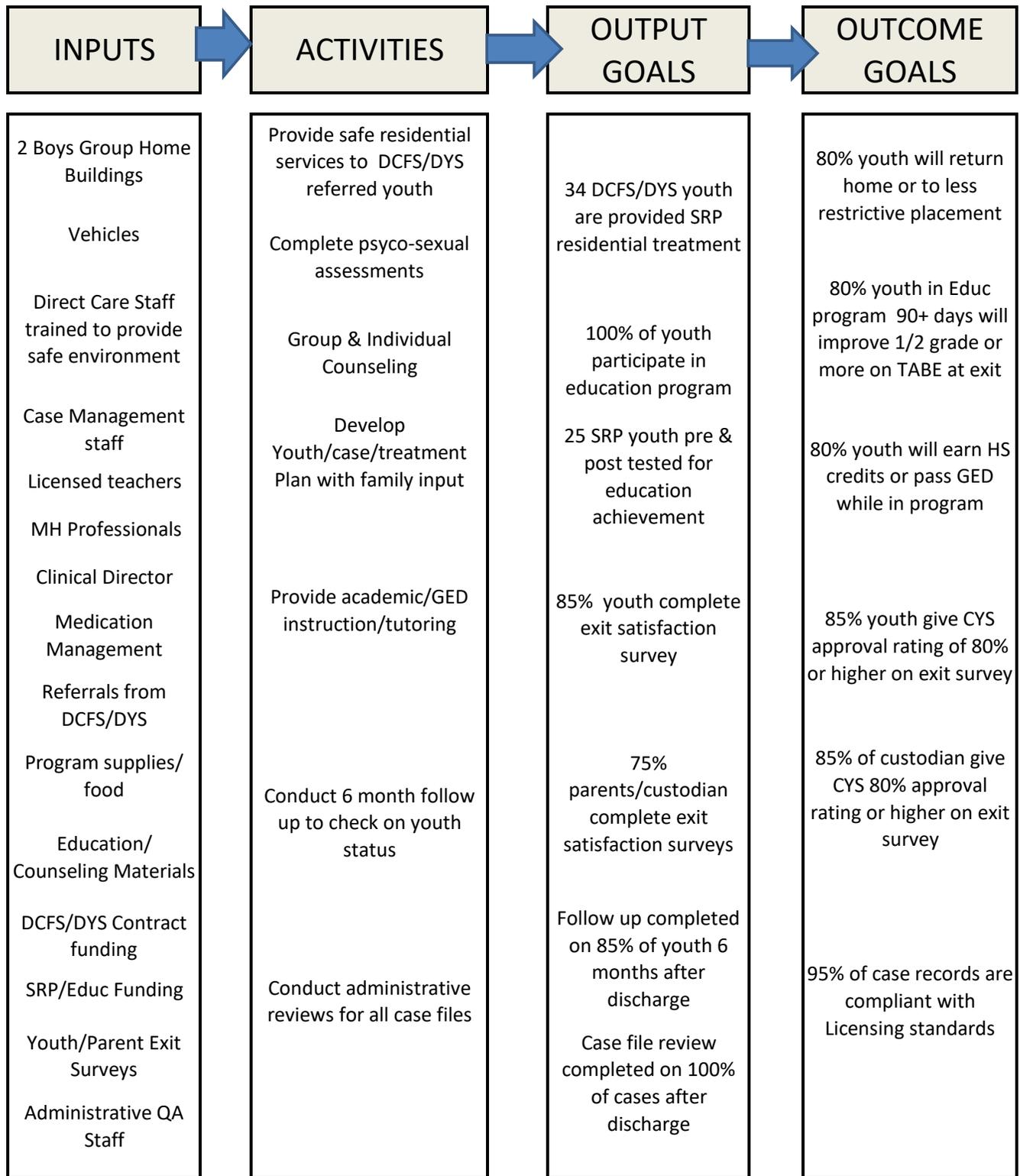
- Social Skills Training- which includes modeling, role playing, performance feedback, and transfer training
- Anger Control Training- help youth to identify triggers and clues, use anger reducers, think ahead, and use self-evaluation
- Moral Reasoning-Involves four (4) phases of introducing problem behaviors, cultivating moral maturity, remediating moral development delay, and consolidating moral maturity

The administrative staff of CYS will assure we commit the staff and financial resources necessary fully implement the program before July 1, 2020. Once staff have completed the training the ART curriculum will replace the *Right Choices* curriculum we have been using. ART groups will be incorporated into the daily schedule for youth in the sexual rehabilitation program. A minimum of 4-5 groups per week will be provided at the facility. We are looking forward to implementing this curriculum and feel confident it will be well received by staff and residents.

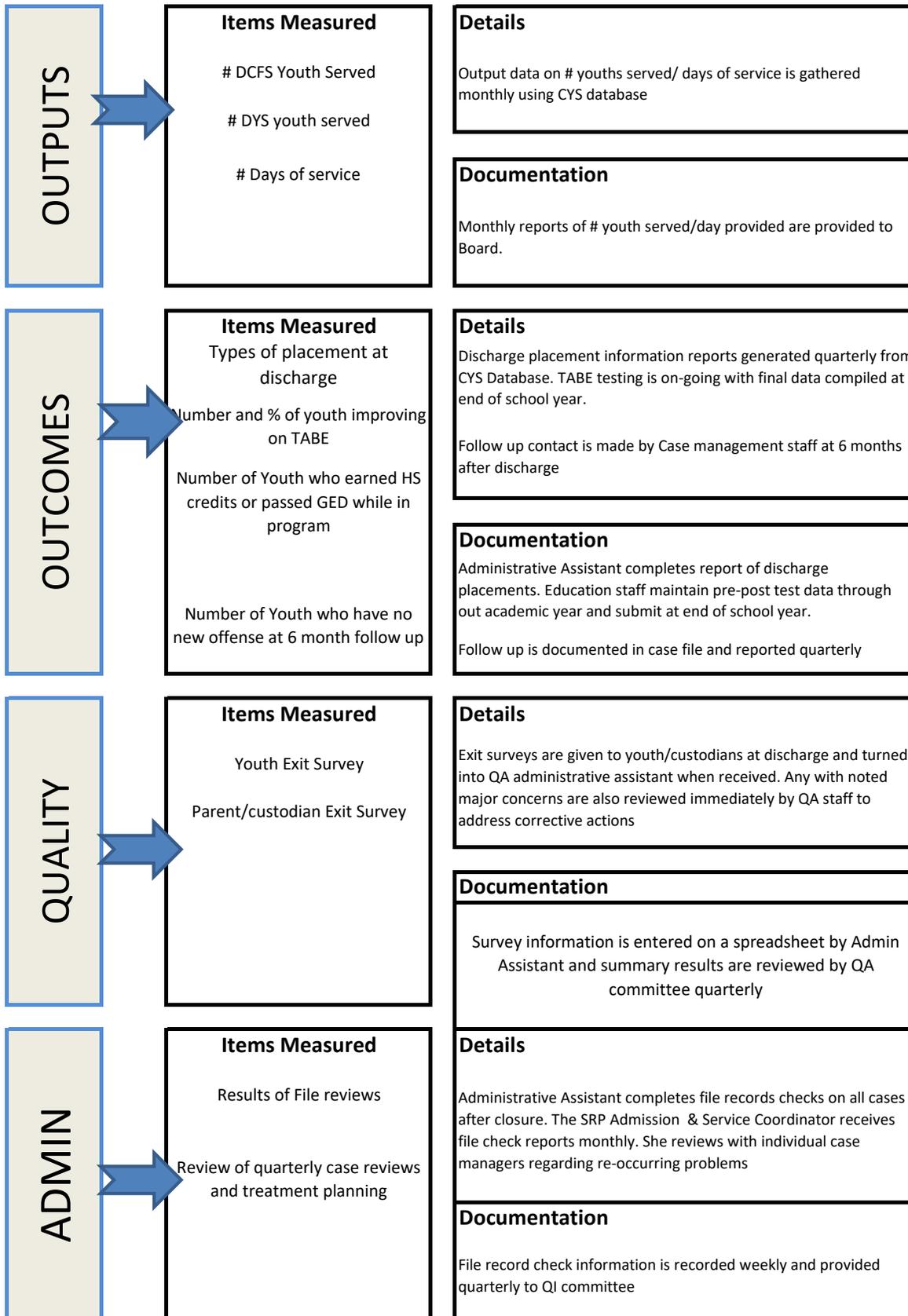
PATHWAYS– CYS also utilizes *Pathways* Fourth Edition Curriculum for treatment of adolescents with sexual behavioral problems. This has been used in our licensed sexual rehabilitation program for many years. **The *Pathways* curriculum is a cognitive behavioral approach to treatment and is discussed in more detail in section E.4 SPECIALTY MILIEU. *Footprints* is a similar curriculum we use with youth with lower level functioning.**

The assessment process and treatment planning in the Sexual Rehabilitation Program (SRP) are both built on the Risk, Need, Response Model. The manner of how this is incorporated in our treatment program is also discussed in more detail in section E.4 SPECIALTY MILIEU.

LOGIC MODEL: Sexual Rehabilitation Group Home



PROGRAM: SEXUAL REHABILITATION GROUP HOME



E.2.B PROVIDE A COPY OF THE PROPOSED SUBSTANCE ABUSE CURRICULUM

Consolidated Youth Services will be providing both substance abuse treatment and education to residents of the sexual rehabilitation group home. We employ a certified substance abuse counselor, Cindy Smith, ADC. Cindy has been a certified substance abuse counselor in Arkansas for over 15 years. She has also served on the Arkansas Substance Abuse Certification Board for eight (8) years. Cindy provides substance abuse education services for all youth in the group home, and for those youth assessed as needing substance abuse treatment, she provides both individual and group substance abuse treatment. Cindy has over 15 years' experience providing substance abuse treatment in a residential setting. She has several years' experience using the *Matrix Model* which is an evidenced based cognitive-behavioral treatment approach.

CYS will be using the *Matrix Model for Teens and Young Adults* to provide substance abuse treatment for residents of the sexual rehabilitation group home. The *Matrix Model* has been recognized as a proven evidence-based program for substance abuse disorders. It is federally recognized by the Center for Substance Abuse (CSAT), the National Institute on Drug Abuse (NIDA), and is listed on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP).

The *Matrix Model for Teens and Young Adults* has been specifically adapted for adolescents and it incorporates:

- Cognitive Behavioral Therapy
- Motivational Interviewing
- Contingency Management (a reinforcement treatment method which encourages positive behavior change)
- Twelve Step Facilitation
- Therapy focusing on issues facing families

A copy of the Introduction from the manual for this curriculum follows this page which describes in depth the background and curriculum of the *Matrix Model*.

Cognitive Behavior Therapy is a recognized evidence-based treatment model by OJJDP and as such the *Matrix Model* would qualify as recognized by OJJDP as a model program. Research has been conducted on the *Matrix Model* used for adults which shows the curriculum is evidenced based. The *Matrix Model for Teens and Young Adults* was developed using the same model.

**T H E
M A T R I X
M O D E L**

for Teens & Young Adults



**Intensive
Outpatient
Alcohol & Drug
Treatment
Program**

THERAPIST'S MANUAL



INTRODUCTION

Welcome to the *Matrix Model for Teens and Young Adults*. This program has been adapted from the adult Matrix Model, a comprehensive, evidence-based, sixteen-week individualized program with more than twenty years of research and development by the Matrix Institute on Addictions, an affiliate of the University of California at Los Angeles Integrated Substance Abuse Programs (UCLA/ISAP).

What Is the Matrix Model?

The Matrix Model of intensive outpatient treatment was developed by the Matrix Institute on Addictions, a nonprofit organization established in 1984 in Los Angeles, California. Its mission is to improve the lives of individuals and families affected by alcohol and other drug use through treatment, education and training, and research by promoting a greater understanding of addiction disorders. The Matrix Institute's primary goal is to improve the quality and availability of addiction treatment services. The focus of the Institute is to disseminate accurate, empirically based information in the health care system.

Matrix clinics in the greater Los Angeles area serve as sites for many service projects administrated by the Institute as well as research studies conducted by investigators, many of whom are with the UCLA/ISAP. The projects conducted at the clinics are designed to carefully study the factors associated with addiction and recovery to promote a better understanding of the processes of addiction and recovery. Participating in this research and disseminating the findings to the widest possible audience are goals of the Institute. Matrix staff have published extensive information, and they conduct widespread trainings on a number of subjects regarding chemical dependency treatment.

What Is the *Matrix Model for Teens and Young Adults*?

The *Matrix Model for Teens and Young Adults* is a treatment experience designed to give adolescents the knowledge, structure, and support to (1) evaluate the significance of their drug and alcohol use, (2) move them to a place of abstinence, and (3) provide a supportive environment for sustained recovery. The program has been adapted from the adult Matrix Model. Both the materials and the content have been restructured to address the unique substance-abuse issues encountered when working with adolescents and their families. These revisions are based on the most current research findings regarding effective adolescent treatment as well as our experience using this model. Formal evaluations of this protocol for adolescent treatment are in progress.

In our work with adolescents, we have encountered some very interesting issues. Adolescents are, as most people know, a very heterogeneous group. Differences in approach and treatment are required for younger teens (ages 12–15), for mid-teens (ages 15–18), and for young adults (transitional youth, ages 18–24). There are also differences in treating teens who are experimenting with drugs versus those who have developed a dependence on drugs, teens using legal drugs versus those using illegal drugs, and teens in the early stages of readiness for treatment versus those who know they have a problem. While there is some overlap in these various groups, they are not likely to all respond well to the exact same treatment interventions.

In this manual, we have attempted to provide a structure that is flexible enough to address the issues of these varying adolescent populations. The structure of the program is flexible enough to be adapted to teens who need early-stage intervening, are experimenting with drugs, or have developed a dependency. It can be used with teens whose families may or may not be willing and able to participate. We have attempted to open the gate as wide as we can without losing the integrity of the research-based treatments.



The program adapts materials that have been developed and evaluated in the Matrix program of research since 1984. Specifically, the curriculum includes the following:

- a comprehensive, research-based therapist's manual for implementing the *Matrix Model for Teens and Young Adults*
- a three-ring binder containing reproducible handouts (a CD-ROM containing these reproducible pages and other materials is also included in the binder)
- three lecture videos presented by Matrix Institute staff to use when implementing the Family Education Groups
- printed stickers for patients to track alcohol- and drug-free days on a calendar
- a package of thirty slide guides of drug-related information for patients and family members
- a package of twenty-five medallions for patients
- a free CD-ROM created by the National Institute on Drug Abuse (NIDA)

The therapist's manual contains instructions for the delivery of the *Matrix Model for Teens and Young Adults*. The treatment materials are delivered primarily in group and individual sessions, each with a specific purpose, topic, and goal. These sessions are neither therapy groups nor confrontational drug groups. The goal of these groups is to address important issues in the areas of initial stabilization, abstinence, maintenance, and relapse prevention during the recovery process. The philosophy, format, and goals of each group are different and specifically described in the first part of each component. It is recommended that the therapist delivering the treatment read the therapist guide for each session just prior to going into group to be reminded of the specific purpose for that session.

The three-ring binder contains handouts that are part of this model of treatment. These were designed for use within the context of the comprehensive program. The sequence of the material is important to the creation of a treatment dynamic that moves the adolescent through a systematic recovery process. Although some of the handouts may be useful independently, optimal use of the materials is achieved when they are used as part of a comprehensive treatment experience.

Who Can Use This Treatment?

The Matrix program is designed for use with teens and young adults who are participating in an outpatient treatment program for alcohol and/or other drug abuse. Patients who are experiencing co-occurring disorders can effectively make use of this program, but they may also need additional mental health services. The Individual and Family Sessions and the Family Education Groups are designed to be used with the patients, family members, and in some cases, significant others.

What Is the Format of the *Matrix Model for Teens and Young Adults*?

This adapted Matrix Model program consists of a therapist's manual and handouts in a three-ring binder. The package also includes a CD-ROM containing the handouts, so they can be easily reproduced. The therapist's manual includes information on goals, format, philosophy, and other pertinent concerns. Step-by-step instructions provide for easy implementation of each session conducted during the sixteen-week program. Tabs provide easy access and identification of the handouts for each of the components. The reproducible handouts are designed and illustrated to improve adolescent comprehension and retention of information, and they should be photocopied to make individual patient workbooks.

What Are the Main Sessions and Groups in the *Matrix Model for Teens and Young Adults*?

The teen Matrix Model addresses core clinical areas within four components: Individual and Family Sessions, Early Recovery Skills Group, Relapse Prevention Group, and Family Education Groups. Urine testing is also a critical clinical tool recommended for use with this program. The four components and the urine testing are briefly described on the following pages. Each component has handouts for the patients and/or family members. In the beginning of each section of the handouts is a table of contents, giving therapists a convenient way to check and track when a specific handout is completed.

**Individual and
Family Sessions**

Eight sessions are scheduled throughout the sixteen weeks of treatment. Each session is an hour long, except for the first, which is divided into three segments over a period of two hours.

These sessions are designed to orient the patient and family members to the program, establish rapport, and encourage treatment compliance. This is the only formal component of the program where adolescents and their family members meet together. These sessions serve a critical function in stabilizing the family system and engaging both the adolescent and the family members in the treatment process. They provide an opportunity to help families communicate, assist in problem-solving crises, and support each other during the process of change. Family involvement begins with the very first session and continues on a monthly basis, at minimum.

**Early Recovery
Skills Group**

This group meets twice weekly and consists of eight one-hour group sessions for the first four weeks of treatment.

In this group, patients learn the basic skills they need to achieve initial sobriety and participate in discussions designed to increase their readiness to change. The Early Recovery Skills Group provides an introduction to basic cognitive-behavioral interventions and to the experience of being a group member. The group utilizes motivational techniques and reinforces the value of Twelve Step participation.

Relapse Prevention Group

This group meets twice weekly and consists of thirty-two one-hour group sessions for sixteen weeks.

This group is designed to assist patients in maintaining abstinence by delivering information, support, and camaraderie as they proceed through recovery. This group explores patients' ambivalence regarding change and promotes discussion around the value of abstinence. The focus of the group is on increasing recognition of the dangers of substance abuse, supporting abstinence, and learning ways to avoid relapse. Topics are issues particularly relevant to teens. It is critical that these groups be scheduled at the beginning and at the end of the week—with Family Education Groups in the middle. This structure provides an intensive treatment experience, with the patient contacts spread evenly throughout the week. The Relapse Prevention Group is a critical component and central activity of all the Matrix Model treatment programs. This group should also include a *coleader*, an important element in the group dynamic. He or she should be a graduated patient with at least six months of sobriety who is continuing to work a program other teens can emulate.

Family Education Groups

(Parent Education/Support Group and Adolescent Education Group)

These groups meet once weekly and consist of twelve group sessions for the first twelve weeks of treatment.

All patients and family members attend the Family Education Groups for twelve weeks. These groups are designed to accommodate adolescents and family members separately. The Adolescent Education Group meets separate from the Parent Education/Support Group. Each group has its own instructions and activities. In the Parent Education/Support Group, participants are taught skills to better manage the process of change within their family during recovery. The focus is on raising awareness of drug and alcohol use among youth

and on learning effective parenting skills to manage family conflicts. The group provides an opportunity for parents and caregivers to develop a support group where they can bond and share parenting challenges. The sessions designed for the adolescent are delivered in an interactive, educational group. Exposure to valid information can encourage movement toward abstinence and an increased commitment to avoid use.

Urine Testing

All patients are asked to provide a urine specimen for drug analysis one randomly selected day each week.

Regular urine testing is part of the structure that helps to control drug use. Urine testing is a valuable tool that is presented to the patient as something that can assist in recovery. It is *not* presented or employed primarily as a monitoring measure or as a statement of mistrust regarding a person's honesty. Urine testing helps the therapist and patient keep the patient's behavior in line with the recovery process.

Further discussion and explanation of each of the above components is detailed later in this therapist's manual. Please read these explanations carefully.

An overview of the *Matrix Model for Teens and Young Adults* is illustrated on page 8. Note how each of the groups fits in the sixteen-week program.

E.4 SPECIALTY MILIEU (For Bidders on Male Sex Offender Group Home Contract ONLY)

A. Provide a copy of the bidder's sex offender treatment, milieu and program structure

PROGRAM BACKGROUND AND EXPERIENCE

Consolidated Youth Services (CYS) has been licensed as a residential Sexual Rehabilitation Program (SRP) since 1998. The CYs sexual rehabilitation program was started through a UAMS pilot program funded by DHS in 1996. Prior to this project, Arkansas had no programs to treat adolescents with sexual behavioral problems and all DHS youth were being sent out of state to receive treatment. As part of the pilot project, CYs administrative and program staff were trained by UAMS staff Dr. Mark Chaffin and Dr. Karen Worley to manage and operate an outpatient and residential treatment program for youth who had engaged in sexually abusive behavior. As part of the pilot project services, UAMS contracted with CYs to provide assessments, counseling, and residential group home care for these adolescents.

CYS was the first group home licensed as a specialty program to provide sexual rehabilitation treatment for adolescents. Licensing standards were developed, in part, based on the experience and operations of the UAMS program including the CYs group home operations. Licensing and program monitors have consistently found our program to be operating within all required standards.

Currently CYs provides residential services for DHS referred male youth ages 13-17 who have exhibited sexual behavioral problems. Child Welfare Licensing Standards require that youth admitted to the program must have the cognitive ability to benefit from the treatment program and must meet one of the following the following criteria:

- 1) The child has committed a sexual offense that has been found true or exempt by an official investigation by the Department of Human Services or the Arkansas State Police.
- 2) The child has committed an offense involving the use of power, control, threat, coercion, or intimidation.
- 3) The child has committed an offense in which there was at least a three (3) year age difference between the offender and the victim.
- 4) The child has a documented pattern of deviant sexualized behavior, sexual misconduct, or sexually maladaptive behaviors as indicated by the psychosexual assessment.

AGENCY PHILOSOPHY & POLICY

CYS policies regarding crisis intervention, staff training, case planning, and treatment all support a trauma informed care approach. Policies are in place to ensure the youth are provided a safe and nurturing environment. Our policies and procedure ensure youth and their care givers are involved in decision making, not only related to individual services, but also related to program operations. CYs utilizes a competency-based approach to services which avoids the use of labeling youth/families with problems and instead seeks to build on the strengths of the youth and family. The competency-based approach states that although youth may have developed responses to life events that may have created problems, if service providers help the youth to develop new social skills and to make different life choices this will result in better outcomes. By helping the youth/family to see that there were many times when they made successful choices, we help them to repeat past successes rather than concentrate on failures.

PROGRAM CAPACITY

CYS currently operates 2 group homes licensed to provide sexual rehabilitation treatment. One building houses 12 youth and the other building houses 10 youth. All youth are in the custody of

either DCFS or DYS. At present youth are assigned to buildings and sleeping rooms based on the risk factors and treatment needs outlined in the youth's plan of safe care.

Licensing standards require grouping of residents should be based on developmental, chronological, and risk and protective factors identified in the plan of safe care. Presently, assignment to building and sleeping rooms is based on these criteria and not based on whether the youth is in DYS or DCFS custody. In fact, we have youth who today may be in DYS custody and following a court hearing later that day they may be released to DCFS custody while remaining in our facility.

BUILDING ENVIRONMENT

In keeping with the goal of providing services within the least restrictive environment, CYS constructed the buildings specifically to provide a homelike environment for youth while still allowing for a high level of supervision. We provide a homelike setting while still taking into account the youth's risk, needs, and community safety. Each group home building is arranged in a homelike setting with 3 bedrooms, 2 bathrooms, kitchen/dining, living area, and recreation area. The rooms are arranged in such a way that allows for easy sight and sound supervision of the youth while they are together. Even while the youth are sleeping, direct care staff are constantly monitoring youth with at least one staff located in the sleeping area outside the bedrooms which do not have closed doors. The bathroom stalls and showers provide privacy; however, staff supervise the sink area of the bathroom if 2 youth are present.

Because the buildings are built similar to a single-family home, the youth have the opportunity to interact, eat, and have social time in a setting similar to a family. The youth help with cooking breakfast in the mornings and dinner in the evenings. The youth and staff who supervise them eat all meals as a family in the kitchen and dining area. There is outside recreation provided at the facility and the youth attend school on campus in classrooms that are laid out just like a traditional school classroom.

INTAKE- CYS strives to make the intake process a positive and nurturing experience for youth. Agency workers at all levels are trained to welcome the youth to our agency and to treat youth and their families with respect and concern for their well-being. We recognize that being placed in a new environment is a scary situation for any person; and intake workers spend time helping the youth to feel as safe as possible. Youth and their caregivers are provided a resident handbook which outlines the program expectations and services as well as the rights of youth in the program. Youth are introduced to staff and residents and staff try to assign another supportive youth to show the youth around and answer questions as a means of helping the new resident to feel comfortable in the new setting. One question staff are trained to ask a new resident is "what would you most like to know about this facility?" The response to this question helps us to recognize what issues may be of most concern to the youth. At the time of intake, case managers develop a plan of safe care. Case managers use ACES (Adverse Childhood Experiences) screening tool to help them to recognize what past trauma the youth has experienced and to consider how past trauma will impact the placement. Once the plan of safe care is developed, this is shared with the direct care supervisors and staff. This information is important to ensure that direct care workers are aware of any safety or security issues related to the youth and this helps to ensure the safety of all residents and staff.

SAFETY

Residents' sense of safety is of greatest importance to CYS. The first procedure we use to provide for resident safety is the Plan of Safe Care described above. Information in the Plan of Safe Care includes information about what may trigger a problematic response from the youth.

This helps direct care staff to recognize the youth’s reaction to a situation that they might not otherwise understand. The Plan of Safe care is just one tool we use to ensure a nurturing environment. We have learned that although we may believe we are providing a safe environment, if the youth does not perceive that he/she is safe, then the youth’s response will often be problematic. Suicide threats, runaway behavior, and resident conflicts are often a response to real or perceived unsafe conditions. Over 15 years ago, CYS implemented a process where within 1 week of admission, the case manager meets with the youth to discuss his/her safety. The youth is asked if there is any staff or resident who makes the youth feel uncomfortable or unsafe. This provides the opportunity for the youth to discuss any personal safety issues that we may need to address to promote a feeling of safety for the youth and to prevent problems. If the youth identifies a staff or resident who makes them feel uncomfortable or unsafe, the case manager discusses what can be done to help the situation. This could be something as simple as having a staff not stand too close to a youth or may involve room changes etc. After the first week, the safety questionnaire is repeated at least monthly while the youth remains in the program.

TREATMENT STAFF

Clinical intervention with the adolescents can be broken down into three activities: Assessment; Treatment; and Follow-up. The protocols for each of these activities follow the guidelines set by the Association for the Treatment of Sexual Abusers (ATSA) found in the Adolescent Practice Guide in terms of key techniques, ethical guidelines, and procedures. All assessment, treatment and follow-up activities are conducted by licensed mental health personnel at CYS with consultation from a licensed psychologist or psychiatrist as necessary. Below are the key treatment personnel for the SRP program.

Clinical Director Therapist/Mental Health Professional	Norman “Brad” Dickson, LPC: Brad is a licensed professional counselor and he has been employed at CYS for 6 years and he has over 16 years’ experience working with juveniles and 6 years of working with youth who have issues related to problematic sexual behaviors. Brad also has a background of providing substance abuse treatment for adults and juveniles; as well as case management services
Therapist/Mental Health Professional	Harold Biazo, LCSW: Harold is a licensed clinician who is also certified as a Juvenile Sexual Offender Counselor by the University of Louisville. Harold has been employed at CYS for 21 years and has over 26 years of experience working with juveniles. Harold is a member of Arkansas ATSA
Admission and Services Coordinator	Adrian Perry, LMSW: Adrian has been employed by CYS for 16 years providing services to juveniles. Adrian oversees admissions and case management services of the SRP. Adrian has worked in direct care, case management, mental health services, and administration. Adrian has been working with the specialized population of juvenile sex offenders for over 11 years.

ASSESSMENT

In 1996 when the pilot project began, CYS began providing offender assessments under the oversight of UAMS and the Family Treatment Center of Children’s Hospital. We are one of the four (4) agencies in Arkansas trained by the Family Treatment Center staff to provide psychosexual assessments for youth ordered by the courts or committed to DYS. Currently two (2) mental health professionals Harold Biazo, LCSW, and Brad Dickson, LPC, provide psychosexual assessments for youth referred to our program. They utilize the Risk-Need-Responsivity (RNR) model for assessment and treatment which is recommended by ATSA. In addition to interviewing the youth and family, our professionals use the following standardized

instruments to assess the treatment needs and identify predictors of risk and sexual recidivism in youth:

- ERASOR: Estimate of Risk of Adolescent Sexual Offense Recidivism
- JRAT: Juvenile Risk Assessment Tool
- JSOP2: Juvenile Sex Offender Assessment Protocol II
- ACES –Adverse Childhood Experiences (ACES) Trauma assessment tool

TREATMENT MODEL

Based on the psychosexual assessment, an individual treatment plan is developed for each SRP resident, with modifications as necessary to account for individual differences or changes in assessed status. The youth risk, needs, and responsiveness identified in the assessment provide recommendations for effective interventions, treatment intensity, and supervision needed. The assessment helps to identify factors potentially impacting engagement and responsiveness to treatment such as co-occurring disorders, cultural considerations, learning style, learning problems, intellectual deficits, anxiety, and other factors. A treatment plan is then developed taking the findings of the assessment related to risk, need, and responsivity of the youth. Treatment planning is conducted with involvement of the youth, parent or other caregiver or custodian including DYS.

The sexual rehabilitation treatment program is based on a cognitive behavioral approach which utilizes the *Pathways* curriculum. Group therapy is conducted by therapist Harold Biazo, LCSW, or Clinical Director Brad Dickson LPC, a minimum of three times per week. Additional groups may be conducted at any time to address specific problematic issues that arise on the SRP unit. Youth are either assigned to Harold or Brad as the primary therapist. The therapist provides individual counseling weekly or in accordance with the services outlined on the youth's treatment plan. Family sessions are also scheduled as needed and all parents of SRP residents are encouraged to attend these meetings either in person or by phone. Adrian Perry is a master's level licensed social worker. Adrian handles admissions and oversees case management services. Adrian develops the youth's plan of safe care and supervises two (2) bachelor level casework staff, Shannon Adams and Rachel Gillespie, who provide case management and other treatment activities utilizing the *Pathways* workbook. *Pathways* curriculum covers the following topics:

- Disclosure
- Learning about the victim
- Understanding sexual acting out
- Identifying Grooming and maintenance behaviors
- Understanding what lead up to the sexual behavior problems
- Controlling and expressing sexual feelings in a positive way
- Creating and following a relapse prevention plan
- Understanding sexual abuse and other traumatic life experiences
- Clarification- Making things clear and Apologizing
- Steps to personal Accountability
- Completing treatment by living a responsible and healthy lifestyle
- Completing a STOP plan

The cognitive-behavioral treatment approach is enhanced by the CYS program's ability to provide youth with the opportunity for skills-based daily living instruction and a multi-systemic approach that involves not only direct care staff but also academic professionals at the facility. Residents have the opportunity to interact with all levels of staff and youth at the Jonesboro

campus in a supervised setting and we arrange for supervised interaction with persons from the community both on campus and in the community. CYS provides youth with highly supervised community activities which allow them the opportunity to develop appropriate social interactions. This enhances our ability to assess the youth's readiness for release to the community and helps the court to make release decisions when they know how the youth has complied with social limits and safety plans.

The target areas for treatment and associated techniques are as follows:

- **Cognitive Behavioral Therapy:** Cognitive distortions are thoughts and attitudes that allow abusers to minimize, justify, and rationalize their behavior as well as overcome internal prohibitions. Cognitive behavioral therapy strives, via structured exercises, to identify and modify thinking patterns that promote sexual deviancy. This is seen as a vital and central component of treatment. Exercises are used which emphasize full disclosure, acceptance of responsibility, and accepting the full negative impact of the behavior. This is accomplished in peer group sessions and with utilization of the *Pathways* curriculum.
- **Positive Sexuality and Moral Development:** Many teenagers with sexual behavioral problems evidence a lack of appropriate knowledge about human sexuality as well as a lack of positive and healthy values system about sexuality. It is important that youth receive factual sex education to dispel misconceptions. This includes not only basic information about sexuality, but also information about what constitutes a healthy sexual relationship. We use a series of exercises which use peer group process to develop a more detailed and in-depth understanding of why certain principles of healthy sexual expression are important, and to encourage the development of strong moral principles about sexuality (e.g. that mutual consent is always required; that young children are unable to offer consent; that sex between family members is inappropriate, etc.).
- **Relapse Prevention:** Current knowledge of deviant sexual behavior suggests that there is a series of behaviors, emotions, and cognitions that are identifiable, and which proceed deviant sexual behavior. The ability to accurately identify these maladaptive behaviors is a goal in treatment. Relapse prevention techniques involve each youth identifying his unique high-risk situation, key stressors, cognitive chains, and offense cycles. Additionally, youth identify and rehearse specific positive coping alternatives for each step in the sequence. Each youth is expected to develop a written relapse prevention plan. Relapse prevention also includes family and significant others in the youth's life. Relapse prevention plans may be shared with parents, probation officers, and others so that they can support the youth in avoiding and coping with the antecedents of offending. Relapse prevention is conducted via peer group sessions, homework assignments, and family sessions.
- **Increasing Social and Courtship Competence:** Many of these youths lack social and interpersonal skills, particularly when it comes to potential appropriate peer-aged romantic partners. Some may be overly anxious, shy, and self-conscious. Others may have trouble managing anger or stress. One goal of treatment is to improve the youth's ability to deal effectively with social situations and develop meaningful relationships with others. This is accomplished by social skills training in both individual and peer group sessions. Behavioral rehearsal of appropriate skills is emphasized. We do NOT encourage youths to become sexually active, but we do encourage them to develop

positive and age-appropriate romantic interests. In the past, the CYS residential program has used the evidenced-based social skills program *Right Choices* as part of our social skills training. We have purchased the *Aggression Replacement Training (ART)* Program which is very similar to *Right Choices* and we will be utilizing ART beginning July 1, 2020.

- ***Victim Empathy:*** Sexual abusers often minimize the distress of their victims, both at the time of the offense and afterwards. A variety of peer group techniques are used to enhance victim empathy. These include assignments to describe the abuse in detail from the victim's perspective, using abusers' own victimization histories, and use of available videotape programs portraying adverse effects on victims. This portion of treatment is accomplished in peer group therapy in order to make positive use of peer socialization processes.
- ***Understanding Consequences and Making Restitution:*** As part of cognitive therapy, it is critical that the youth clearly understand the consequences to them of repeating any illegal sexual behaviors and know that these consequences are a real eventuality. In addition, juveniles may be asked to make restitution to victims, in coordination with the victim's therapist and family. This might include making a formal apology in person or by letter, if appropriate. Additionally, or alternately, the youth might perform some sort of community service as restitution.
- ***Personal Victimization:*** Although many adolescents with sexual behavior disorders were not themselves sexually abused as children, a childhood sexual abuse history is associated with a clearly elevated risk for development of sexual deviancy and a host of other emotional and behavioral problems. For those youth who were sexually abused as children it is critical to address this issue. Personal victimization therapy is conducted in individual therapy sessions

OTHER SERVICES PROVIDED

SECURITY

The SRP residents live one of two separate group home buildings on the CYS campus. The groups homes are staff-secure and licensed as a Sexual Rehabilitation Program for a total of 22 male adolescents. The facility therefore meets all staffing and living unit requirements of a licensed program. Youth placed in the CYS Program will generally be assessed as being in better behavioral control relative to candidates for a hardware secure residential unit. Male and female residents who are not a part of the SRP program are housed separately from SRP boys. Whenever SRP residents are present with the non-SRP youth, the staffing ratio is 1:6 for all youth as required by licensing standards. SRP residents referred by DYS typically attend school at the CYS campus unless DYS has specifically approved off-campus education services.

STRUCTURE

The CYS group home environment is separate from the other CYS facilities on grounds. All staff, including youth care staff, are specifically trained to provide care in a sexual rehabilitation program including treatment requirements and supervision needs of this population. All activities, such as: television shows; youth interactions; shower schedules; and sleeping arrangements take into consideration the fact that the program is treating youth who have sexual behavioral problems. The building itself is constructed to allow a maximum level of staff supervision of all activities.

SOCIAL AND LIFE SKILLS

All youth in the CYS residential programs participate in a social skills training program 5 or more times per week. For many years we have been providing this with *Right Choices*, which is an evidenced based cognitive behavioral curriculum. Beginning July 2020, CYS will be using the *Aggression Replacement Training (ART)* program to teach social skills. More detailed information related to the ART curriculum can be found above in section E.2.C in the RFQ response.

INDEPENDENT LIVING SKILLS

CYS provides independent living skills assessment and instruction. The Ansell-Casey Life Skills Assessment is used along with the ARISE life skills training curriculum. These are evidenced based tools developed for adolescents aging out of foster care and runaway and homeless youth. More detailed information about the ILS program can be found in section E.2.A of the response document.

EDUCATION SERVICES

CYS offers several education options for youth of the residential facilities including an on-campus education program approved by the Arkansas Department of Education Special Education. CYS employs 3 certified special education teachers. Youth enrolled in the on-campus education program receive high school credit from Nettleton School. Last year 5 youth in the on-campus program who were seniors graduated from Nettleton and all 5 participated in the Nettleton graduation ceremonies. CYS also provides an on-campus GED program for youth age 16 or older who want to complete a GED rather than a traditional high school diploma. Last school year, 23 youth in our GED program successfully passed the GED. The youth's parent or custodian is involved in the education planning process and the academic placement decision. Current academic options for DYS referred youth include:

- a) Enroll in Nettleton public school and receive instruction on the CYS campus
- b) Enroll in a GED instruction
- c) Enroll in and attend Vocational Technical School
- d) Enroll in and attend classes at Arkansas State University

A more detailed description of the education services we provide, and list of academic personnel can be found above in section 2.E.H of the RFQ response.

MEDICAL SERVICES

A detailed description of medical services provided for youth in the SRP program can be found in Section E.2. D through E.2. G. CYS arranges for and provides transportation to all medical and dental treatment required. CYS has arrangements with local health care providers and mental health facilities to ensure both routine and emergency medical care is available. Medication management and psychiatric services are provided through Midsouth Health which is the local community mental health agency.

SUBSTANCE ABUSE PREVENTION & INTERVENTION

A detailed description of substance abuse treatment services can be found in the RFQ response in Section E.2.A above. CYS offers group and individual services to address the problem of substance abuse. Alcohol and Drug Treatment/Prevention Groups are designed to provide preventive education for youth who have little or no history of drug use. A & D Group treatment services are provided by a certified substance abuse counselor to youth known to have had

some drug/alcohol use and may have experienced some negative consequences as a result. Youth are instructed in the process of addiction, the theory of chemical dependency as a family disease, and the idea of a twelve-step program as a guide to recovery.

FAMILY INVOLVEMENT

The SRP program has two bachelor level caseworkers, Shannon Adams and Rachel Gillespie assigned to manage the client services. Case Management Services are supervised by Adrian Perry, a master level social worker. Caseworkers are involved in the service delivery and keep the family, DYS, and the aftercare provider well informed of the youth's progress. CYS therapy and casework staff also come to the facility on weekends, when necessary, to meet with family members. Family sessions are held in person or by phone.

TRANSPORTATION

CYS has adequate staff and agency vehicles to ensure we can provide transportation services for all SRP clients. CYS transports DYS referred youth to our facility from the DYS facility where they reside. We also transport youth to risk assessment appointments at the Family Treatment Center in Little Rock and to their home county for court review or release hearings, or final discharge.

AFTERCARE PLAN DEVELOPMENT

CYS confers with the DYS case coordinators and aftercare workers to develop an effective aftercare plan for all SRP clients to ensure a successful transition back into the community. CYS assists the workers to access on-going outpatient treatment for the sexual offending behavior. The therapist and caseworker educate the aftercare worker on safety issues and emphasize the need for close monitoring of the safety plan. While the youth is in our residential program, we provide DYS and the aftercare workers with monthly written reports on the youth's progress. A detailed description of our aftercare planning can be found above in section E.2. I.

TRAINING

All administration, management, clerical, and direct services staff of CYS are required to received training related to the operation and licensing standards of the Sexual Rehabilitation Program. This is provided as part of orientation and within 60 days of hire, all staff must complete an additional 10 hours of training related to the SRP program requirements. All direct service staff must complete 40 hours of training annually including 10 hours of training specific to providing care in the SRP facility. CYS employs a fulltime Human Resource and Staff Development Manager who oversee training activities, maintains training records, and reviews individual employee records to ensure all staff meet the training requirements. Training compliance is reviewed monthly as part of the CYS risk management and quality assurance program.