Response Packet



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.

		RESPO	NDENT'S INFOR	MATION					
Company:	AIUS	· Company, 2	Enc. (A	rbor Hou	(0)				
Address:	14617 50	ara Drive		(100					
City:	Little R		State:	AR	Zip Code:	72206			
Business Designation:	□ Individual □ Partnership		Corporation	rship	Public Service Corp Nonprofit				
Minority Designation: See Minority Business Policy	□ Not Applicable	African American		panic American an American		 Pacific Islander American Service Disabled Veteran 			
	AR Minority Cer	rtification #:							

	VENDOR COI Provide contact information to t	NTACT INFORMATION be used for bid solicitation	N 1 related matters,
Contact Person:	Antimoore Jackson	Title:	CEO
Phone:	501952-5215	Alternate Phone:	501-888-1419
Email:	asuscogaol.com		

CONFIRMATION OF REDACTED COPY

□ YES, a redacted copy of submission documents is enclosed.

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.

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.

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:	antempore Ja	ekin.	Title:	LED	
Printed/Typed Name:	Use ink Only. Antimoore	Jackson	Date:	4-2-20	

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
		Gity, State, ZIP
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	-	

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:	Interiore Use Ink Only.	Jackie		
Printed/Typed Name:		Jackson	Date:	4-2-20

□ None of the above applies	State Employee	State Board or Commission	Constitutional Officer	General Assembly		Position Held	Indicate below if any of the fi Officer, State Board or Comi Member, or State Employee.		None of the above applies	State Employee	State Board or Commission Member	Constitutional Officer	General Assembly		Position Held	Member, or State Employee:	Indinato kolen ifi	GRANT	AS A CONDITION O	ESS: 1461	YOUR LAST NAME: J	ľ.		Attachment Number Action Number Failure to complete all of th subcontractor: s
pplies		on			Current Former	Mark (V)	nission Member, Sta Position of control		pplies		ion			Current Former	5	spouse or the broth		WITH ANY A	NE OBTAINING	r Fra	r	AL U.S. Com	Antimore	the following informatic
Assistant Infessor						Name of Position of Job Held [senator, representative, name of	Indicate below it any of the following persons, current or former, hold any position of control or hold any ownership interest of 10 Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management	FORANE							7	Employee:	FOR	GRANT AWARD WITH ANY ARKANSAS STATE AGENCY,	STATE: AL	Drive	FIRST NAME	mpany, Inc	coore Jackson	Attachment Number Action Number CONTRACT AND GRANT DISCLOSURE AND CER Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or subcontractor: Subcontractor NAME:
- 72016 42020	2		a de la constante de la consta		From To MM/YY MM/YY	For How Long?	ontrol or hold any owne , sister, parent, or child , asing policies or influenc	NTITY (MM/YY MM/YY	For How	ur spouse is a current c	INDIVI	Y, THE FOLLOV	ZIP CODE:		Antimore			NT DISCLOSUR a contract, lease, purch
Hatimbore Jackson					Person's Name(s)	What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	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, 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.	BUSINESS)*						Person's Name(s)	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.]	or former: member of the General Assembly, Constitution	DUALS*	CK KENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, 7, THE FOLLOWING INFORMATION MUST BE DISCLOSED:	DE: 72286		ce MI: H-	Goods? Services? V Both?		RE AND CERTIFICATION FORM ase agreement, or grant award with any Arkansas State Agency.
100 %					Ownership Position of Interest (%) Control	of ownership interest and/or ntrol?	of the General Assembly, Constitutional fficer, State Board or Commission							Relation	they related to you? blic, Jr., child, etc.]	of the General Assembly, Constitutional Officer, State Board or Commission		AGREEMENT, DSED:	COUNTRY: USA			Both?		Agency.

Agency use only Agency Agency Agency Contact Agency 0710 Name Department of Human Services Agency Contact Person Phone No	I certify under penalty of periury, 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 \square <th> 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. </th> <th> First to crucinity 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. I will include the following language as a part of any agreement with a subcontractor: </th> <th>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:</th> <th>Contract Number Attachment Number Contract and Grant Disclosure and Certification Form</th>	 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. 	 First to crucinity 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. 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 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:	Contract Number Attachment Number Contract and Grant Disclosure and Certification Form
Contact Contract Phone No or Grant No	elief, all of the above infor その そる	rr 98-04, or any violation of any rule, regulation, or policy adopted contract. The party who fails to make the required disclosure or who available to the contractor. tractor, whether prior or subsequent to the contract date, I will mail a ompleted by the subcontractor and a statement containing the dollar	uent to the contract date, I will require the subcontrior shall mean any person or entity with whom I con, all, or any part, of the performance required of ontractor:	or any violation of any rule, regulation, or policy actor, whether an individual or entity, who fails to gal remedies available to the agency. Ontract with a state agency I agree as follows:	and Certification Form
	mation is true and correct and Date <u> </u>	or policy adopted d disclosure or who st date, I will mail a ontaining the dollar	actor to complete a enter an agreement me under the terms	adopted pursuant to make the required	

5

Equal Opportunity Employer Statement

April 2, 2020

A1 U.S. Company, Inc. is an Equal Opportunity Employer. This company does not and will not discriminate in employment and personnel practices on the basis of race, sex, age, handicap, religion, national originor any other basis prohibited by applicable law. Hiring, transferring and promotion practices are performed without regard to the above listed items.

1

a:

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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.

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

Authorized Signature: Antimore Jukion Use Ink Only. Printed/Typed Name: Antimoore Jackson Date: 4-2-20

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. .

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

Authorized Signature: <u>Culturese</u> Jackson Use Ink Only. Printed/Typed Name: <u>Antimioare Jackson</u> Date: <u>4-2-26</u>

SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Authorized Signature: Interne Johnson Use Ink Only. Printed/Typed Name: Antimiser Jackson Date: 4-2-20

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

Response Packet

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 itervized request.

ree Attached Maximum **RAW Score** Available MINIMUM QUALIFICATIONS (ALL Bidders) E.1 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 5 points minimum, the following components: a. Money management: b. Food preparation; c. Nutrition; d. Health; e. Housekeeping; f. Parenting classes and g. Job skills, including at least: 1) Application completion; 2) Interview techniques; and 3) Work etiquette. 2.3B.4 B. Provide a copy of Bidder's proposed substance abuse curriculum. It should be a recognized, 5 points effective or promising practice model from the OJJPD Model Programs Guide. 2.3B.5 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 5 points physical health needs. 2.3C E. Describe the Bidder's daily on-site sick call protocol to address any minor medical complaints or 5 points concerns by juveniles. 2.3C.3 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 5 points controlled substances) to juveniles. 2.3C.10 H. Describe how Bidder shall ensure the educational needs of juveniles are met. 2.3E 5 points Describe Bidder's approach to providing aftercare planning. 2.3F L 5 points J. Describe Bidder's proposed quality improvement process, including proposed personnel 5 points responsible for implementation. 2.3G E.3 ORGANIZATION, STAFFING AND ACCREDITATION (ALL Bidders) A. Provide an organizational chart of all professionally licensed and clinically trained practitioners 5 Points 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 SPECIALTY MILIEU (For Bidders on Male Sex Offender Group Home Contract ONLY) E.4



Chairman, Child Welfare Agency Review Board

Effective: 06/26/2007







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

April 2, 2020 Re: Arbor House

Greetings,

This letter is notification that Arbor House located at 2401 East 2nd Street, North Little Rock, AR 72116 currently holds an Emergency Residential Child Care license and a Residential Child Care license. The licenses were issued to the facility on June 26th, 2007. The license number for the facility is #119. There are no current, present or pending adverse actions for this license.

Please advise if you require any additional information.

Thank you,

501-682-2317 (fax)

Ebony Russ Program Manager Placement and Residential Licensing Unit/DCCEC 700 Main St. Little Rock, AR 72203 501-320-3971 (office)

> P.O. Box 1437, Slot S140 * Linle Rock, AR 72203 1437 * 501.682.8590 HUMANSERVICES.ARKANSAS.GOV



Sharon Priest SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings: I, Sharon Priest, Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

ARTICLES OF INCORPORATION

OF

A1 U.S. COMPANY, INC.

ORIGINAL ARTICLES FILED:

June 18, 1998



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 18th day of June 1998.

Secretary of State

Form 1120S

Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for an S Corporation

 Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
 Go to www.irs.gov/Form1120S for instructions and the latent is OMB No. 1545-0123



Form **11200S** Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for an S Corporation

 Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
 Go to www.irs.gov/Form1120S for instructions and the latest information. OMB No. 1545-0123



April 3, 2020 Information for Evaluation

E. 1 Minimum Qualification:

- A. Please see license and letter attached:
- B. Organizational table
- C. Please see copy of article of business incorporation attached:

D. Please see tax returns certified by CPA Bonds and Co. attached:

Organizational Table

The name of the company submitting the proposal is A1 U.S. Company, Inc. The Company had been contracted to provide residential (group home) services for Division of Children and Family Services (DCFS) and Division of Youth Services (DYS) under the name Arbor House. Arbor House is a licensed residential facility in good standing with the Child Welfare Agency Review Board (see licensure and letter attached) and had provided residential services (group home) for errant youth from 2007 to 6/2019. At the time DCFS changed over to Qualified Residential Treatment Program for youth treatment services in 7/2019, Arbor House was unable to make the transition due to prohibitive cost requirements for accreditation and therefore discontinued services. Arbor House is located at 2401 E. 2nd Street, NLR within a few blocks from the Washington Avenue Street DCFS Office in North Little Rock. Arbor House has an excellent working relationship with caseworkers and supervisors at the North Little Rock DCFS office as well as leadership at Central Office.

The Arbor House staff for the 2020 DYS residential group home will consist of the following workers who were previously employed at Arbor House: Antimoore Jackson, Sr., Antimoore Jackson, Jr., and Adrian Love. Additional staffing will be hired as needed to fulfill contract obligations.

Antimoore Jackson will serve as administrator, case manager, and oversee quality improvement process. Mr. Jackson has 38 years of experience, a doctorate degree in social work from Jackson State University in Jackson, Mississippi, a master's degree in social work from University of Arkansas at Little Rock and is dual licensed at the independent-provider level as a licensed

clinical social worker and addiction counselor in the state of Arkansas. Both Mr. Jackson's licenses are in good standing (see resume and other documents attached).

Mr. Adrian Love will work as residential group home manager, has 20 plus years of experience, BA degree in education, and certified as a paraprofessional (see document and other documents attached)

Mr. Antimoore Jackson, Jr. will work as residential group-home worker, has 5 years of experience, and two years of college at Philander Smith College (see resume and other documents attached)

Other workers will be hired as needed

E. 2 Approach to scope of work:

A. Provide a copy of Bidder's proposed evidence-based ILS curriculum: (please see curriculum and samples of activities attached)

All youth placed at Arbor House will be provided evidence-based programming to address development of skills in the following areas: money management, food prep, nutrition, health, housekeeping, parenting classes, and job skills development. Arbor House utilizes state of the art online and interactive journaling material from The Change Companies (https://www.changecompanies.net/). The Change Companies is a well-known evidence-based company specializing in interactive journaling as a structured and experiential writing process that motivates and guides participants toward positive life change. Each youth will receive interactive journals specific to developing life skills. Journals are in the form of pamphlets that are designed to provide brief education about a topic and subsequently through structured and experiential writing, permit the individual to be the center of his own self-discovery and change process.

B. Provide a copy of Bidder's proposed substance abuse curriculum: (please see curriculum attached)

All youth admitted to Arbor will be provided a psychosocial assessment. If the assessment indicates that the youth has a history of substance use, a treatment plan will be developed to recommend level of treatment care. Treatment care will be based on evidence-based programming. Research shows that Cognitive Behavioral Therapy (CBT) is one of the most effective tools in addressing substance misuse. CBT will be delivered in three formats: individual sessions, small group sessions, and homework assignments utilizing Moral Reconation Therapy (MRT). MRT is a systematic strategy that seeks to decrease substance misuse among juvenile offenders by increasing moral reasoning. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidenced-based Programs and Practices (NREPP), recognizes MRT as a top intervention tool to address relapse prevention. The MRT handbook that will be utilized is "Staying Quit" (40-page booklet) which was developed to address relapse prevention. The cycle-duration of the CBT substance misuse counseling will be 90 days. Mr. Jackson is trained in MRT (see MRT training certificate attached).

C. Provide a copy of Bidder's proposed cognitive behavioral curriculum: (Please see attachment) All youth admitted to Arbor will be provided a psychosocial assessment. If the assessment indicates that the youth has a history of chronic delinquency, a treatment plan will be developed to recommend level of treatment care. Treatment care will be based on evidence-based programming. Research shows that Cognitive Behavioral Therapy (CBT) is one of the most effective tools in addressing juvenile delinquency. CBT will be delivered in three formats: individual sessions, small group sessions, and homework assignments utilizing Moral Reconation Therapy (MRT). MRT is a systematic strategy that seeks to decrease delinquency among juvenile offenders by increasing moral reasoning. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidenced-based Programs and Practices (NREPP), recognizes MRT as a top intervention tool to address delinquency. The MRT handbook that will be utilized is "How to Escape Your Prison" (122-page booklet) which was developed to address issues related to criminal thinking. The cycle-duration of the CBT will be 90 days Mr. Jackson is trained in MRT (see MRT training certificate attached). D. Describe how Bidder shall provide for all the juvenile's health needs, both mental health and physical health needs:

Upon receipt of a request for youth placement at Arbor, the prospective youth will be referred to the Betton Clinic (Dr. Harold Betton) in Little Rock, which provides medical services for youth at the group home. Dr. Betton will evaluate youth and make recommendations for services such as psychiatric, dental, eye, or other health care needs. Arbor House staff will make appointments to all appropriate services and ensure that they are kept. Upon admission to Arbor House, youth will receive a psychosocial evaluation conducted by Antimoore Jackson. Subsequently, a treatment plan will be developed that outlines the requirement of specific services such as appropriate education setting, counseling, or other service needs.

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

At admission to Arbor House, during orientation, youth will be trained on emergency and sickcall procedure. The procedures are: Youth at Arbor House will be checked at night and mornings for minor medical problems. Youth will be provided a sick call slip (medical form) that is used to describe minor medical conditions. Youth will hand in the slip to staff at the time the minor medical problem is experienced. For minor medical problems such a colds and fevers, headaches, scrapes and or abrasions, etc., youth will receive services from Dr. Harold Betton at the Betton Clinic. If the slip is submitted after the clinic has closed for the day, youth will receive services the following day that the clinic is open.

In case of emergency, youth at Arbor House will be taken to the nearest medical facility, most likely University of Arkansas Medical Science (UAMS) campus, which is approximately 10 minutes away. Unless there are other preferences, youth at Arbor House will be assigned to Dr. Harold Betton in Little Rock, which is where regular visits will be conducted. Unless there are other psychiatric medical preferences, youth at Arbor House are assigned to psychiatric provider as available.

F. Provide a copy of Bidder's proposed suicide prevention protocol: (please see protocol attached)

For youth at Arbor House, suicide prevention protocol will begin at admission in that all youth will undergo a comprehensive psychosocial evaluation to assess risk of suicide or level of self-harm. If youth has any history of suicide attempts or self-harm indicators, he will be required to take the online Safety and Wellness course at SafeSchools.com. During the course of residential placement, if youth makes any serious statements about suicide or self-harm, he will be taken to the closest psychiatric and/or emergency hospital for an assessment and recommendations. Staff will receive on-going suicide prevention training.

G. Describe the Bidder's procedure for monitoring of dispensed medications:

For youth at Arbor House, the procedure for monitoring of dispensed medications will begin at admission. First, all medicines will be initially inventoried (logged) at admissions. Subsequently, medicines will be kept in a bag clearly identified with youth's name. The bag containing medicine will be kept in a locked file cabinet. Youth will be trained as to when medications should be taken. Youth will sign a statement indicating that the training has occurred and that he is aware of how to properly take his medicine. Second, staff will document (log) in youth's file: log will include youth's name, name of medicine, dosage, date and time of taking medicine or refusing to do so. Staff will receive on-going related training.

H. Describe how Bidder's shall ensure the educational needs of juveniles are met:

Assessing youth educational needs will begin at admission. Youth will be provided a psychosocial assessment (this will include review of pre-existing education paperwork, such as tests, grades, history, etc), which will indicate appropriate education setting. For example, the psychosocial assessment may determine that the most appropriate setting may be GED, Job Corps, online education, etc. It is anticipated that most youth's educational needs will be met via North Little Rock School District, which is the public-school system that serves the group home.

I. Described the Bidder's approach to providing aftercare:

Arbor House will work closely with the designated aftercare provider, which is United Family Services (UFS). At admissions to Arbor House, the aftercare worker will be contacted and invited to staff the admitted youth. At the staffing, the psychosocial evaluation and treatment

plan will be reviewed and revised if appropriate. Arbor House has had a 21-year collaborative relationship with UFS.

J. Describe Bidder's proposed quality improvement process, including proposed personnel responsible for implementation:

Arbor House will utilize an organized, efficient approach to identify and prioritize important processes for improvement. Performance Improvement activities are overseen by Arbor House Director. Refer to residential performance improvement manual for specifics of the plan. Objectives of the Performance Improvement Plan are:

- 1. Identification and prioritization of important processes and outcomes.
- 2. Identification, in collaboration with the staff involved, of monitors that would indicate quality in our processes.
- 3. Collection, organization, and analysis of data related to the identified indicators.
- 4. Collaboration, through staff to measure, assess, and improve the processes involved in

providing care and services to our patients and their families

The approach used for Performance Improvement activities is the FOCUS-PDCA approach. Arbor House will:

Find a process to improve

Organize to improve the process

Clarify current knowledge of the process

Understand the sources of process variation

Select the process improvement

Plan the improvements and data collection

Do the improvements and data collection

Check the results of the implementation

Act to maintain the improvements

E. 3 Organization, staffing, and accreditation



Board of Directors of Arbor House, Inc.

It is expected that Board members will serve at least a year.

Harvey McNeal, Chairman, began 6/1/2020-ends 6/1/2021

Business owner

Levi Thomas, Vice Chairman, began 6/1/2020-ends 6/1/2021

CEO, United Family Services (recently retired)

Occy Ilodianya, Secretary, began 6/1/2020-ends 6/1/2021

Licensed Addiction Counselor

Robert Stancil, Parliamentarian, 6/1/2020-ends 6/1/2021

Business Owner

Antimoore Jackson, Executive Director (treasurer), 6/1/2020-ends 6/1/2021 (501) 952-5275

Arbor House

Procedure for Assessing Educational Needs

Purpose:

To assure Arbor House is providing appropriate education specific to the youth's need and as appropriate to the care, treatment and services provided.

Policy:

- 1. The admission assessment of each patient will be utilized to document the educational needs of the youth and/or the patient's family.
- 2. Educational needs will be included in the youth's treatment plan.
- 3. Education will be provided as appropriate to the youth's needs during placement at Arbor House. Based on assessment and treatment plan, youth could be placed at GED setting, Job Corps, North Little Rock public school system, etc.
- 4. The assessment of learning needs will address cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication, as appropriate.
- 5. As appropriate to the youth's condition and assessed needs and the organization's scope of services, the youth will be educated about the following:
 - The plan for care, treatment, and services
 - Basic health practices and safety
 - The safe and effective use of medications
 - Nutritional interventions, modified diets, or oral health
 - Safe and effective use of medical equipment or supplies when provided by the organization
 - Habilitation or rehabilitation techniques to help them reach maximum independence possible

Arbor House, Inc.

Substance Abuse and Behavioral Health Care Curriculum

Arbor House will deliver high behavioral health care services in order to prevent and/or alleviate, as rapidly as possible, the acute, disabling symptoms of substance misuse, behavioral, and/or family problems often associated with youth that have histories juvenile justice problems, specifically past juvenile incarceration in county detention or at the state level.

Arbor House provides referrals, public information and education through community relations in the areas of youth mental health issues, intervention, and family treatment.

Arbor House's primary focus is services for older male teens (15, 16, 17 +) in group home living program services who need residential onsite supervision.

Arbor House is staffed with very experienced and highly qualified, Licensed Clinical Social Worker, Residential Home Manager, and live-in support staff.

Arbor House refers youth residents to Dr. Harold Betton at the Betton Clinic to address medical needs.

Address of Arbor House

The physical address of Arbor House residential home is 2401 East 2nd Street in North Little Rock, Arkansas.

Description of the residential facility and extended stay duplex apartment

The residential home is at 2401 E. 2nd Street North Little Rock, Arkansas 72114 with onsite staff. The setting is a renovated, three-story residential style home. The residence has 4 bedrooms, 2 ½ bathrooms, a kitchen, laundry room, and other standard features (common area room). The house is staffed 24-7 or as necessary to provide appropriate supervision when youth are present.

Description of treatment services

In placement at Arbor House, youth will reside at the residential home and attend public school or other appropriate educational settings based on a comprehensive assessment and/or court order. Prior to or shortly after admission, each youth will receive a psychosocial evaluation and referral from a primary care physician to determine appropriateness for placement at Arbor House. It is likely that most youth will participate in individual and group counseling twice a week, family therapy once a week, paid work or volunteer community service, recreational activities, and other suggested therapeutic activities as outlined in the treatment plan. Length of residential stay will depend on the youth's progress. (It is anticipated that the average length of stay will be six to twelve months, more or less based on need).

Description of Discipline

Discipline will be consistent with the policies of Arbor House for residential the settings and will not be physically or emotionally harmful to any resident. Youth will not be subjected to verbal remarks that belittle or ridicule them or their families. Any discipline or control will fit the need of the individual youth. Discipline with consist of counseling and/or loss of agreed upon privileges. Only adult staff members shall discipline youths. Youth will be provided a policy rule book that covers the Independent Living Program services.

Description of population to be served

Arbor House's residential group home is designed to accommodate males whose behavioral or family problems prevent them living home or independently. All male youth will be served regardless of race, ethnicity or religious affiliation. Unique to the format of the counseling component is utilization of the Afrocentric perspective for African American youths, which means that ideas and solutions to problems are viewed from a cultural perspective that takes into account the history of the African American experience regarding racial oppression and discrimination and the result of the impact it causes.

Evidence-Based Curriculum

All youth placed at Arbor House will be provided evidence-based programming to address development of skills in the following areas: money management, food prep, nutrition, health, housekeeping, parenting classes, and job skills development. Arbor House utilizes state of the art online and interactive journaling material from The Change Companies (https://www.changecompanies.net/). The Change Companies is a well-known evidence-based company specializing in interactive journaling as a structured and experiential writing process that motivates and guides participants toward positive life change. Each youth will receive interactive journals specific to developing life skills. Journals are in the form of pamphlets that are designed to provide brief education about a topic and subsequently through structured and experiential writing, permit the individual to be the center of his own self-discovery and change process.

For residents who have chronic delinquency and substance misuse problems, special services will be implemented. Research shows that Cognitive Behavioral Therapy (CBT) is one of the most effective tools in addressing delinquency and substance misuse and other at-risk behaviors. CBT will be delivered in three formats: individual sessions, small group sessions, and homework assignments utilizing two Moral Reconation Therapy (MRT) workbooks. Mr. Jackson is trained in MRT (see attachment). MRT is a systematic strategy that seeks to decrease recidivism among juveniles and adult criminal offenders by increasing moral reasoning. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidenced-based Programs and Practices (NREPP), recognizes MRT as a top intervention tool to address criminal thinking and relapse prevention. The two MRT handbooks (juvenile versions) that will be utilized are "How to Escape Your Prison" (122 page booklet) which was developed to address issues related to criminal thinking and "Staying Quit" (40 page booklet) which was developed to address relapse prevention. The cycle-duration of the CBT will be 90 days.

Arbor House

Suicide Prevention Protocol

It is the policy of Arbor House to refrain from any type of physical holding or physical restraint of any kind, except in the event of a patient posing imminent danger to self or others. The purpose of this policy is to describe guidelines of staff behavior if a patient becomes out of control.

PROCEDURE

- 1. If a youth strikes out physically, the police and/or legal guardian will be called immediately. Trained staff may intervene with physical restraint at that time.
- 2. If a youth threatens harm self, others, property, or to leave the facility the police will be notified at that time. If the youth is a minor, the guardian will be notified.
- 3. If the youth attempts self-harm, the police will be called immediately. Trained staff may intervene with physical restraint at that time.
- 4. If a youth threatens self-harm, staff will intervene verbally and the attending physician will be notified. If patient continues threats and is non-compliant with staff requests, police will be called immediately.
- 5. If a psychiatric emergency, the youth will be assessed for possible admission to a more restrictive, structured level of care.