QUALIFICATIONS FOR RFQ Bid #: 710-19-1025 Bid Opening Date: April 5, 2019 Bid Opening Time: 10:00 AM Central Time For

QUALIFIED RESIDENTIAL TREATMENT FACILITY



COMPACT Family Services 2325 Malvern Avenue Hot Springs, AR 71901 (501) 262-1660

Original



#### STATE OF ARKANSAS

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

### **RESPONSE PACKET** 710-19-1025

#### **CAUTION TO VENDOR**

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

#### SIGNATURE PAGE

Type or Print the following information.

	PR	OSPECTIVE CONTRAC	TOR'S INF	ORMAT	ION		
Company:	COMPACT Fami	ly Services					
Address:	2325 Malvern Av	/e					
City:	Hot Springs			State:	AR	Zip Code:	71901
Business Designation:	<ul><li>☐ Individual</li><li>☐ Partnership</li></ul>	☐ Sole Prop □ Corporatio			□ Public Service Corp ☑ Nonprofit		
Minority and Women-Owned	☑ Not Applicable □ African American	<ul><li>☐ American Indian</li><li>☐ Hispanic American</li></ul>	□ Asian A □ Pacific I		American	□ Service Di □ Women-Ov	isabled Veteran wned
Designation*:	AR Certification #:		* See Mine	nority and Women-Owned Business Policy			

	PROSPECTIVE CONTRACT Provide contact information to be u	the second of the second of the second state of the second s	
Contact Person:	Jay Mooney	Title:	Executive Director
Phone:	501-262-1660	Alternate Phone:	417-849-1987
Email:	jmooney@agfsa.org		

#### **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 Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.

#### ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

#### ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.

Prospective Contractor does not and will not boycott Israel.

#### An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature:	Gray Morony	Title: Executive Director	
-	Use Ink Only.		
Printed/Typed Name:	Jay Moohey 🖯	Date: <u>3-28-19</u>	

#### **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 proposal to be disqualified.

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

Vendor Name:	COMPACT Family Services	Date:	3-28-19
Authorized Signature:	2 Min Ar volue	Title:	Executive Director
Print/Type Name:	Jay Mooney		

#### **SECTION 2 - 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 proposal to be disqualified.

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

Vendor Name:	COMPACT Family Services	Date:	3-28-19
Authorized Signature:	Jay Morthy	Title:	Executive Director
Print/Type Name:	Jay Mooney		

#### SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	COMPACT Family Services	Date:	3-28-19
Authorized Signature:	Jan Moonen	Title:	Executive Director
Print/Type Name:	Jay Mooney		

#### PROPOSED SUBCONTRACTORS FORM

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

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

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

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

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

Vendor Name:	COMPACT Family Services	Da	ate:	3-28-19
Authorized Signature:	2704 Mooney	Tit	itle:	Executive Director
Print/Type Name:	Jay Moohey			
	V			

Attachment G. has the Minimum Qualification Checklist that your RESPONSE will be checked against. You must submit all information requested so that information can be verified. Failure to submit the requested information may cause your response to be disqualified. **Do not complete and return this form with your response**. It is for information only.

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

#### ADDENDUM 1

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

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

#### **BID OPENING DATE AND TIME**

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

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

#### CHANGE TO PAGE ONE OF THE SOLICITATION DOCUMENT

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

#### **REPLACE ATTACHMENT**

Replace Attachment G

#### CHANGES TO REQUIREMENTS

#### **Delete Section 2.2A and replace with the following:**

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

#### Delete Section 2.2B and replace with the following:

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

#### Section 2.3 A

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

#### **Attachment C: Performance Standards**

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

Service Criteria:

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

Acceptable Performance:

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

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

Damages:

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

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

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

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

More Vendor Signature

3-28-19

Date

COMPACT Family Services Company

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

#### **ADDENDUM 2**

#### DATE: March 26, 2019

SUBJECT: 710-19-1025 Qualified Residential Treatment Program

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

- <u>X</u> Change of specification(s)
- \_\_\_\_\_ Additional specification(s)
- \_\_\_\_\_ Change of bid submission/opening date and time
- \_\_\_\_\_ Cancellation of bid
- X Other

#### **BID OPENING DATE AND TIME**

Bid opening date and time

#### CHANGE EFFECTIVE DATE OF CONTRACT

#### Revise

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

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

#### CHANGE SPECIFICATIONS

#### 2.1 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) MINIMUM QUALIFICATIONS

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

#### **REVISE ATTACHMENT**

Revise Attachment G

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

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

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

MARX Vendor Signature

3-28-19 Date

COMPACT Family Services

Company

Failure to complete all of the follov	ving infor		CONTRACT AND GRAI	<b>GRANT</b>	DISCLC ract, lease.	SURE A	<b>CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM</b> 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 StateAgency.		
SUBCONTRACTOR: SUB	SUBCONTRACTOR NAME:	OR NAME:							I
I	s of God	Family Se	IS T Assemblies of God Family Services Agency	IS THIS FOR: <b>Goods?</b>		☑ Services?	/ices?∐ Both?		
ž				FIRST NAME: <sup>J</sup> ay			:.I.M		I
ADDRESS: 2325 Malvern Ave									I
спту: Hot Springs			ST#	state: AR		ziP code: 71901		country: United States o	
<u>AS A CONDITION OF OBTAINING. EXTENDING. AMENDING</u> OR GRANT AWARD WITH ANY ARKANSAS STATE AGENG	BTAIN TH AN	ING. E Y ARK	EXTENDING. AMI RKANSAS STATE	<u>AMENDING. O</u> TE AGENCY,	R RENE THE FO	LLOWIN	ITRACT. LEASE. PURCHASE FORMATION MUST BE DISCL	<u>AGREEMENT.</u> OSED:	[
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Indicate below if: you, your spous Member. or State Employee:	e or the b	rother, sis	ster, parent, or child of	you or your sp	ouse <i>is</i> a ci	urrent or for	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:	er, State Board or Commiss	ion
Dosition Held	Mar	Mark (√)	Name of Position of Job Held	f Job Held	For How Long?	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.]	ated to you? child, etc.]	
	Current	Former	board/ commission, data entry, etc.]	ta entry, etc.]	From MM/YY	To MM/YY	Person's Name(s)	Relation	
General Assembly									
Constitutional Officer									
State Board or Commission Member									
State Employee									
<ul> <li>None of the above applies</li> </ul>	es								[
			FOR A	z W z	ТІТҮ	$\overline{}$	B		
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 Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Ass Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.	ng persor on Membe ition of co	ns, curren er, State F ntrol mea	tt or former, hold any p Employee, or the spou ns the power to direct	osition of contr se, brother, sist the purchasing	ol or hold a er, parent, policies or	iny ownershi or child of a influence th	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 power to direct the purchasing policies or influence the management of the entity.	neral Assembly, Constituti tate Board or Commission	nal
	Mar	Mark (√)	Name of Position of Job Held	Job Held	For How Long?	Long?	What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	ership interest and/or	
POSITION Heid	Current	Former	[senator, representative, name of board/commission, data entry, etc.]	e, name of entry, etc.]	From MM/YY	То MM/YY	Person's Name(s) Own	Ownership Position of Interest (%) Control	
General Assembly									
Constitutional Officer									
State Board or Commission									

Member State Employee None of the above applies

Contract and Grant Disclosure and Certification Form	Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.	As an additional condition of obtaining. extending. amending. or renewing a contract with a <i>state agency</i> 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 <b>CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM</b> completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.	Leertify 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     MM     MM     Title Executive Director     Date 3-28-19       Vendor Contact Person Jay Mooney     Title Executive Director     Phone No. 501-262-1660	Agency use only     Agency     Agency     Contact     Contact       Agency     Agency     Agency     Phone Noor Grant No
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Reset Form Print Form



Assemblies of God Family Services Agency, d/b/a COMPACT Family Services is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on the basis of age, sex, color, race, national origin, disability or genetic information, as required by law.

This policy applies to all terms and conditions of employment. COMPACT prohibits any form of workplace harassment based on age, sex, color, race, national origin, disability, or genetic information.

3/10/2015

#### **INFORMATION FOR EVALUATION**

Attached is the Minimum Qualification Checklist that your RESPONSE will be checked against. You must submit all information requested so the below information can be verified. Failure to submit the requested information may cause your response to be disqualified. *Do not complete and return this form with your response.* It is for information only.

Vendor must submit satisfactory documentation in response to the request below to be considered.

#### REQUEST FOR QUALIFICATIONS (RFQ) 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM MINIMUM QUALIFICATION CHECK LIST

Vendor:	COMPACT Family Services
Reviewer:	Date: 3-28-19

	SUB	<b>/IITTED</b>	
MINIMUM QUALIFICATIONS	YES	NO	COMMENTS
A. Vendor <b>must</b> submit a Residential Child Welfare Agency license obtained from the Division of Child Care and Early Childhood Education (DCCECE).			
<ul> <li>B. Must be accredited by one (1) of the independent, not for profit organizations specified below or have an application in-progress for one or more such accreditations at time of bid. For verification purposes, the Vendor must submit</li> <li>1) Current Certificate of Accreditation from one of the organizations listed below or</li> <li>2) A copy of the accreditation application and a copy of the application payment that was submitted to one of the entities below:</li> <li>a. The Commission on Accreditation of Rehabilitation Facilities (CARF);</li> <li>b. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or c. The Council on Accreditation (COA).</li> </ul>			

C. Must have a trauma informed treatment model. For verification purposes the Vendor <b>must</b> submit a detailed program description outlining their evidence-based trauma informed treatment model.		
D. Must have registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by the state/tribal law, who are on-site according to the trauma-informed treatment model and are available twenty-four (24) hours a day, seven (7) days a week.		
For verification purposes the Vendor <b>must</b> submit license of each of their registered, or licensed, nursing personnel. For those who do not have registered or licensed nursing personnel at time of bid submission must submit all licenses before July 1, 2019 in order to be awarded a contract.		

Passed\_\_\_\_\_ Failed \_\_\_\_\_



8/31/2022



## Behavior Management Philosophy

**COMPACT Family Services** 

COMPACT's service philosophy recognizes that the complex trauma its residents are experiencing is a result from the abuse and neglect they have suffered that has placed them in a stage of developmental delay where they struggle with the ability to self-regulate emotions, thoughts, and behaviors, especially during times of duress. The behaviors that prevent them from living in a family setting are viewed as a manifestation of a deeper emotional and psychological need that has been unmet or under-developed. COMPACT's view is that because the residents who reside at COMPACT were hurt and damaged through unhealthy parenting and attachment relationships, they will only heal from their trauma through promoting healthy and nurturing relationships and attachments. Through these healthy and nurturing relationships, the residents will learn to feel internally safe which will in turn allow them to begin to develop the means to self-regulate.

All caregivers are trained in the best available and current trauma-informed and attachment theory, practice, and application. All program services and treatment modalities are designed through the same lens with a consideration of each resident's history, cultural background, and linguistic competency. It is also the philosophy of COMPACT that every resident deserves and needs to be in a caring and loving family setting. To make this happen is the goal and mission of COMPACT and its residential programs.

#### **COMPACT's Approach to Addressing Behavior**

Caregivers teach rather than punish the resident with the goal of helping the resident develop acceptable behavior, self-control, and positive self-worth. Only caregivers who know the resident and have received required and necessary training are permitted to apply approved behavior management techniques. Staff will use no form of physical discipline, seclusion, exclusion, threats or intimidation, or any method that demeans or shames the resident.

- Each resident's service plan and calming plan includes approved behavior management techniques. Caregivers know the accepted behavior management method(s) for each resident.
- Interventions practiced to maintain a safe environment and to prevent the need for more restrictive interventions may include, but are not limited to, the use of natural consequences, gentle and frequent reminders, verbal limit setting, redirection, guiding and directing, offering the resident choices, encouraging the resident to ask for a compromise, sharing power, offering the resident an opportunity to learn appropriate behaviors through practice, temporary voluntary removal from the situation to give the resident an opportunity to self-regulate, removal from the group, sensory interventions, and restitution.
- Positive reinforcement and re-afferent practice help the resident identify and internalize
  appropriate and acceptable behaviors (i.e. verbal or physical re-do, verbal approval of behavior,
  praise, special one to one time with caregiver, extra electronic/free time, off-site activities, and
  additional privileges). Caregivers nurture positive behavior, provide sensory stimulation, and
  meet the resident's needs.
- To ensure that the policy and procedures listed above are followed, caregivers at COMPACT are trained in and employ the concepts and principles of Trust Based Relational Intervention®, (TBRI®), a trauma informed and evidence-based program for helping residents suffering from trauma heal and begin developmental growth emotionally, cognitively, and physically. The program is an attachment theory model. Continual training on the program's concepts, principles, and applications of TBRI occur throughout each calendar year for all caregivers providing direct supervision and care for the residents who reside at COMPACT.
- Staff will attend monthly training sessions to learn, review, and practice approved behavior management techniques. Administration has the right to require additional trainings for employees.

In TBRI, the IDEAL approach is used:

• Immediate—Respond as soon as possible.

- Direct—Get on eye level, face to face, when addressing the resident.
  - Always at the core of what we do is to let the resident know that he/she is precious.
- Efficient—Use the least amount of firmness and the fewest number of words to make the point with the resident.
- Action-Based—Actively redirect the resident to make choices and use re-do's.
  - Remember, a re-do is not punishment. A re-do gives the resident a motor memory for the good behavior, which enables him to more likely go down that path of good behavior again.
- Leveled at the behavior, not the resident—Fault the resident's behavior, not the resident.
   The goal is not to punish, but to correct and reconnect with the resident.

TBRI Goals for Houseparent:

- I want the behavior changed.
- I want the resident to be connected to me more than he was before.
- I want the resident to be content (feel safe).

#### **Sensory Integration Interventions**

Sensory integration interventions are an essential part of the residential program at COMPACT Family Services. Sensory integration is often dysfunctional in residents who have experienced trauma. They sometimes have difficulty functioning effectively in daily life because of an inability to efficiently process information received through the senses. Sensory integration interventions have proven to help regulate a resident's brain chemistry so that they feel empowered to make better choices. Caregivers who are trained to execute sensory integration interventions are strongly encouraged to offer them to a resident if he/she exhibits signs of sensory processing difficulties.

- Approved sensory integration interventions include but are not limited to:
  - Weighted Blankets—with approval and/or prescription from an Occupational Therapist or Primary Care Physician
  - Chewing Gum
    - Chewing gum has been proven to improve focus, concentration and alertness, and stress management due to the proprioceptive input provided by deep pressure.
    - Self-Administration of Joint Compressions (i.e. pushing against walls, doing jumping jacks, push-ups or jumping on a trampoline)
  - o Aromatherapy
    - Each home is equipped with an essential oil diffuser and assorted essential oils used for calming or energizing effects
  - o Fidgets
  - Noise-Cancelling Headphones
  - Sensory Games (i.e. Weather Report, Pillow Sandwich, etc.)
- Caregivers may offer physical sensory integration interventions to a resident and can only proceed with the resident's consent. Forcing a resident to engage in physical sensory integration interventions is prohibited.

#### **Calming Plans**

Calming Plans nurture the senses and are utilized to help a child de-escalate when they feel afraid or out of control. Calming Plans are created by the resident with input and approval of the Case Manager and Houseparent. Every adult that provides care to the resident is aware of the plan and is instructed to utilize the techniques provided when a child begins to escalate.

Calming Plans are part of the behavior support and management plan tailored to each resident's individual deescalation techniques. Calming Plans are created to provide a safe and appropriate way to calm emotions and are designed to engage all the senses. Calming Plans are the first line of defense when a resident begins to escalate. Calming Plans are updated quarterly with each Service Plan. Signatures are required by the Houseparent and resident stating they understand the plan.

#### **Counseling Services**

COMPACT Family Services has partnered with Arkansas Counselling and Psychodiagnostics (ACaP) to provide mental health services to all residents of our Hillcrest location. ACaP therapists are trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and evidenced-based mental health counseling service for clients aged infant through adult. Services provided by ACaP include mental health disorder diagnosis, trauma-focused 24/7 crisis intervention, individual/group therapy, family/guardian therapy, and psychoeducation for clients and staff. Medication management is provided through ACaP's company doctor. Although ACaP's main office is housed in Arkadelphia, COMPACT provides on-site offices to ensure a continuation of services.



# TCU INSTITUTE OF CHILD DEVELOPMENT

Be it known that

## Joyce Swartz

Having satisfactorily met all requirements for completion of the

# **Trust-Based Relational Intervention**<sup>®</sup> **Post-Workshop Training**

Is now designated a

# **TBRI®** Educator

March 2015

anne mina

Dr. Karyn Purvis Director, TCU Institute of Child Development Rees-Jones Hall, #314, 817-257-7415

Dr. David Cross Co-Director, TCU Institute of Child Development Rees-Jones Hall, #314, 817-257-7415

OLIVE TO PARTY	CHILD DEVELOPMENT	Be it known that	Jaclyn Watson	Having satisfactorily met all requirements for completion of the	t-Based Relational Intervention <sup>®</sup> Post-Workshop Training	Is now designated a	TBRI® Educator	March 2015	Dr. David Cross Co-Director, TCU Institute of Child Development Rees-Jones Hall, #314, 817-257-741
TCU INSTITUTE OF C	Jaclyn	Having satisfactorily met all re	Trust-Based Relati Post-Works	Is now de	TBRI <sup>®</sup> I	Marc	Dr. Karyn Purvis Director, TCU Institute of Child Development Rees-Jones Hall, #314, 817-257-7415		

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#### **Medical Needs**

COMPACT Family Services employs a full-time, licensed or registered nurse (Health Services Manager) who holds the office hours of Monday-Friday from 0800 until 1700 and is available by phone Monday-Friday from 0730 until 1700.

COMPACT Family Services utilizes HealthStar Physicians of Hot Springs/Hamilton West Family Medicine as the Primary Care Physician for our campus residents. HealthStar contracts with Arkansas Children's Hospital (ACH) to provide an after-hours telephone nurse triage (Kid's Care Resource Line) for physicians in the State of Arkansas and surrounding areas to assist in providing after-hours care for children throughout the community, the State, and bordering communities in order that the children may receive specialized, quality care after normal clinic hours. The Kid's Care Resource Line will always be staffed by registered nurses (RNs) who shall be duly trained, professionally qualified, and appropriately licensed or certified.

All directions given to patients by RNs through the Kid's Care Resource Line will be in accordance with the Arkansas State Board of Nursing requirements for the practice of telenursing. The official protocols for all care advice given by Kid's Care Resource Line RNs are Barton Schmitt Pediatric Telephone Triage Guidelines ("Protocols"). These Protocols have been reviewed and approved by the Kid's Care Resource Line Resource Line Medical Director.

The Kid's Care Resource Line is available when the clinic is closed on weekday evenings, weekends, and holidays as defined below:

Monday -Thursday:	1700 -0730
Weekend:	Friday 1700 -Monday 0730
Holidays:	1200 -0800 the next morning

#### **Mental Health Needs**

Arkansas Counseling and Psychodiagnostics (ACaP) provides mental health services to the residents of COMPACT. Per a long-standing agreement, ACaP is provided offices on-campus at the Counseling Center where they hold individual and group therapies, family/guardian therapy, and bi-weekly medication management for COMPACT residents and their families. Office hours are Monday-Friday from 0800 until 1700. ACaP is also permitted to visit with residents during school hours at Lakeside School District.

Arkansas Counseling and Psychodiagnostics (ACaP) provides 24/7 trauma-focused crisis intervention for residents of COMPACT Family Services. Residents who present with life threatening behavior and/or suicidal ideation are assessed by an ACaP therapist for recommendations for a safety plan or acute placement.

#### **View License Information**

#### Date Searched: 03-19-2019

#### **REONDA SUE RICE**

#### Primary State of Residence: Level 2 Registration Required

#### **License Information**

License #: Temporary Permit(Temporary Licensed Practical Nurse Permit)		License #: L038458				
		License Status:	Active			
License Status:	Null & Void		Licensed Practical Nurse			
License Type:	Temporary Licensed Practical	License Type:	(LPN)			
License Type.	Nurse Permit	Multistate?	Yes			
Multistate?	N/A					
	Date Issued:		10-27-1999			
Date Issued:	08-31-1999	Expiration Date:	11-30-2019			
Expiration Date:	07-11-2018	Disciplinary Action	N			
<b>Disciplinary Action</b>	Ν	Disciplinary Action				
	Level 4 Deviation Device d	Last Renewal:	Level 1 Registration Required			
Last Renewal:	Level 1 Registration Required	<b>Advanced Practice Issue</b>	Level 3 Registration Required			
Advanced Practice Issue Date:	Level 3 Registration Required	Date:				
		Prescriptive Authority:	Level 3 Registration Required			
Prescriptive Authority:	Level 3 Registration Required	<b>Collaborating Physician:</b>	Level 3 Registration Required			
<b>Collaborating Physician:</b>	Level 3 Registration Required					

#### **Discipline Action Information**

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

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Arkansas Board of Examiners in Counseling Certifies



Licensed Associate Counselor (LAC)

Specialization: None

License Number: A1708253

Valid 08/10/2017 to 06/30/2019

A. Lawet For Director



Arkansas Board of Examiners in Counseling

Certifies

Larry Glen Hopkins

Licensed Professional Counselor (LPC) Specialization: None

License Number: P1612189

Valid 07/01/2017 to 06/30/2019

Muchael L. Form-Director



Certifies

#### Katie Ann Villeda

Licensed Associate Counselor (LAC) Specialization: None License Number: A1810142 Valid 10/02/2018 TO 06/30/2020

John Carmack. PhD. Executive Director



Authority of Arkansas Code 17-27-101 et seq

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Little Rock, AR 72201

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Fax: 501-683-6349

State of Missouri Department of Insurance, Financial Institutions and Professional Registration Division of Professional Registration State Committee for Social Workers **Clinical Social Worker (LCSW)** VALID THROUGH SEPTEMBER 30, 2019 ORIGINAL CERTIFICATE/LICENSE NO. 2008002315 BRIAN JESSE PAGE 8827 N BEARDS BLUFF LN EXECUTIVE DIRECTOR FAIR GROVE MO 65648 USA Same DIV





COMPACT Family Services has the capacity to designate up to six (6) of our residential cottages as QRTP cottages. Each cottage will hold up to five (5) QRTP placements for a total capacity of up to 30 QRTP placements per day on our Hillcrest campus.

All caregivers are trained in the best available and current trauma-informed and attachment theory, practice, and application. All program services and treatment modalities are designed through the same lens with a consideration of each resident's history, cultural background, and linguistic competency.