

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 CONTRA	CTOR'S INF	ORMAT	TION		
Company.	YOUTH BRIDGE, INC.		<u> </u>				
Address:	2153 E. JOYCE BLVD. S	SUITE 201			_		
City:	FAYETTEVILLE			State	AR	Zip Code	72703
Business Designation.	 Individual Partnership 	□ Sole Pro □ Corpora	oprietorship tion			Public Service Corp Nonprofit	
Minority and Women-Owned	X Not Applicable	 □ Asian American □ Service Disabled Veteran □ Pacific Islander American □ Women-Owned 					
Designation*:	AR Certification #:		* See Min	* See Minority and Women-Owned Business Policy			

		CONTRACTOR CONTACT IN nation to be used for bid solicitation		
Contact Person:	DARRYL RHODA	Title	CHIEF EXECUTIVE OFFICER	<u> </u>
Phone	479-575- 9471	Alternate Phone:		
Email:	drhoda@youthbridge.com			

CONFIRMATION OF REDACTED COPY

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

X 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:

ture: Vand Mart

Title: CHIEF EXECUTIVE OFFICER

Printed/Typed Name: DARRYL RHODA

Date: 3-28-19

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:	YOUTH BRIDGE INC	Date:	3/28/19
Authorized Signature:	1yang 1 m	Title:	CEO
Print/Type Name:	DARRYL RHODA		

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:	YOUTH BRIDGE INC	Date:	3/28/19
Authorized Signature:	a change in the	Title:	CEO
Print/Type Name:	DARRYL RHODA		

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:	YOUTH BRIDGE INC	Date:	3/28/19
Authorized Signature:	Un Allah	Title:	CEO
Print/Type Name:	DARRYL RHODA		

PROPOSED SUBCONTRACTORS FORM

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

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

Type or Print the following information			
Subcontractor's Company Name	Street Add	Iress	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:	YOUTH BRIDGE INC	Date:	3/28/19
Authorized Signature:	Vartht	Title:	CEO
Print/Type Name:	DARRYL RHODĂ		

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:

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

BID OPENING DATE AND TIME

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

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

CHANGE TO PAGE ONE OF THE SOLICITATION DOCUMENT

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

CARLARS AND A REPERT AND A REPLACE ATTACHMENT TO REFER TO A DAMAGE 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
 - 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 Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.

Vendor Signature

Date

3 128/19

Youth Bridge Inc. Company

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

ADDENDUM 2

DATE: March 26, 2019 SUBJECT: 710-19-1025 Qualified Residential Treatment Program

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

- ____X 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.

Vendor Signature

<u>3-29-19</u> Date

Youth Bridge Company 20

)			
Failure to complete all of the follow	<u> wing</u> informs	ation may	CONTRACT AND GRANT may result in a delay in obtaining a co	- DISCLC	SURE /	CONTRACT AND GRANT DISCLOSURE AND CRANT 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.		
	CONTRACTOR	R NAME:						
TAXPAYER ID NAME: YOUTH BI	Youth Bridge, Inc.		IS THIS FOR:	~	X Ser	⊠ Services?⊟ Both?		
YOUR LAST NAME:			FIRST NAME:			: TPW		
ADDRESS: 2153 E. Joyce Blvd.	d. Suite 201	01						
с пу : Fayetteville			STATE: AR		ZIP CODE: 72703		country: United States	
AS A CONDITION OF OBTAINING, EXTENDING, AME OR GRANT AWARD WITH ANY ARKANSAS STATE A	BTAININ TH ANY	IG. EX ARKA	<u>EXTENDING, AMENDING,</u> KANSAS STATE AGENCY	OR RENE THE FOI	LLOWING /	TRACT, LEASE, PURCHASE / ORMATION MUST BE DISCLC	AGREEMENT. OSED:	
			FOR]	I U N]	V I D	INDIVIDUALS*		
Indicate below if: you, your spous Member, or State Employee:	e cr the bro	other, sist	ier, parent, or child of you or your	spouse <i>is</i> a c	urrent or fo	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 Con	mission
Position Held	Mark (v)	<u> </u>	Name of Position of Job Held Isenator representative name of	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.]	ted to you? child, etc.]	
	Current Fo	Former	board/ commission, data entry, etc.]	From MM/YY	To MM/YY	Person's Name(s)	Relation	
General Assembly								_
Constitutional Officer								
State Board or Commission Member								
State Employee								
* None of the above applies	S							
			FOR AN EN	ENTIT	<u></u> (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 Officer. State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Asse Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.	ng persons, in Member, ition of conti	current o State Em rol means	or former, hold any position of con nployee, or the spouse, brother, si s the power to direct the purchasi	trol or hold ar ster, parent, o	ny ownersh or child of a influence t	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 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, Const ate Board or Commiss	tutional on
Docition Lold	Mark (v)	ž	Name of Position of Job Held	For How Long?	-ong?	What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	ship interest and/or	
	Current Fo	Former	[senator, representative, name of board/commission, data entry, etc.]	From MM/YY	То ММ/ҮҮ	Person's Name(s) Ownership Interest (%)	ship Position of (%) Control	
General Assembly					-			
Constitutional Officer					-			
State Board or Commission Member								
State Employee								
▲ None of the above applies	S					:		-

	Contract	Contract and Grant Disclosure and Certification Form	Certification Form	
Failure to mai that Order, sh disclosure or y	ke any disclosure required by Gove all be a material breach of the ter vho violates any rule, regulation, o	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.	violation of any rule, regu whether an individual or e nedies available to the age	lation, or policy adopted pursuant to intity, who fails to make the required ncy.
As an addition 1. Prior to en Contract whereby 1 (of my contr	<u>an additional condition of obtaining, extend</u> Prior to entering into any agreement with any CONTRACT AND GRANT DISCLOSURE AND CEF whereby I assign or otherwise delegate to the of my contract with the state 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.	t with a <i>state agency</i> I age the contract date, I will re- II mean any person or en or any part, of the perform	ce as follows: quire the subcontractor to complete a tity with whom I enter an agreement nance required of me under the terms
2. I will includ	ie the following language as a part	2. I will include the following language as a part of any agreement with a subcontractor:	or:	
Failure pursua violates	e to make any disclosure required nt to that Order, shall be a materic s any rule, regulation, or policy sha	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 subject to all legal remedies available to the contractor.	14, or any violation of an ict. The party who fails to ible to the contractor.	v rule, regulation, or policy adopted make the required disclosure or who
 No later the copy of the amount of 	No later than ten (10) days after entering into any copy of the CONTRACT AND GRANT DISCLOSURE AI amount of the subcontract to the state agency.		, whether prior or subsequed by the subcontractor a	agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a ND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar
<u> certify und</u> that agree t	<u>I certify under penalty of perjury, to the best of my knowledge and to that I agree to the subcontractor disclosure conditions stated herein.</u>	<u>pest of my knowledge and belied</u> re conditions stated here <u>in.</u>	, all of the above info	<u>of my knowledge and belief, all of the above information is true and correct and onditions stated herein.</u>
Signature	dan Mh	Title Chief Executive Officer	ttive Officer	Date2/28/19
Vendor Cont	Vendor Contact Person Darryl Rhoda	Title Chief Executive Officer	tive Officer	Phone No. 479-575-9471
Agency use only				
Agency Number	Agency Name	Agency Contact Person	Contact Phone No.	Contract or Grant No.



HR Policy and Procedure

P&P HR - 551	Effective: June, 1997
	Revised: August, 2002
	Revised: February, 2003
	Revised: April, 2006
	Revised: July, 2010
	Revised: November 2016
Subject: Equal Employment Opportunity/Discrimination	Approved:

Policy:

Youth Bridge is dedicated to providing equal employment opportunities to all individuals based on job related qualifications and the ability to perform the essential functions of a job, without regard to race, religion, gender, sexual orientation, color, age, national origin, disability, marital status, or military/veteran status. It is our policy to maintain a non-discriminatory environment free from intimidation, harassment, or bias based upon any of these grounds. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Any employee who reasonably suspects that he/she has been discriminated against within Youth Bridge or by Youth Bridge staff should promptly report this to his/her supervisor, the Human Resources Director, or the Chief Executive Officer. Any employee who observes or reasonably suspects that discrimination of any person may have occurred within Youth Bridge or by Youth Bridge staff should promptly report this observation or suspicion to his/her supervisor, the Human Resources Director, or the Chief Executive Officer.



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.

	S CHILD WELFARE AGENCY REVIEW BOARD	In cooperation with The Arkansas Department of Human Services	sion of Child Care and Early Childhood Education Certifies that Youth Bridge. Inc.	Owner Owner Youth Bridge Residential Substance Abuse Treatment Program Agency 2805 GEODGE ANDEPSON POAD	SPRINGDALE, AR 72764	Is hereby issued Residential license #: 136	FOR THE PURPOSE OF OPERATING, IN THE STATE OF ARKANSAS, THE FOLLOWING: RESIDENTIAL CHILD CARE FACILITY FOR 26 CHILDREN AGÉS 10 TO 18 EMERGENCY RESIDENTIAL CHILD CARE FACILITY FOR CHILDREN AGES 10 TO 18	THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 05/11/1999 AND WILL REMAIN IN EFFECT UNLESS THERE IS A STATUS CHANGE.	In Witness whereof
Ć.	THE ARKANSAS C	The	Division	Youth Brid			FOR THE PURPOSE O RESIDENTIAL EMERGENCY RESID	THIS IS A REGULAR LICENSE WIT	In Witness whereof

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In cooperation with

The Arkansas Department of Human Services

Division of Child Care and Early Childhood Education

Certifies that

Youth Bridge, Inc.

Youth Bridge Children's Campus

4624 JULIE LANE

SPRINGDALE, AR 72764

Is hereby issued Residential license #: 139

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

EMERGENCY RESIDENTIAL CHILD CARE FACILITY FOR 19 CHILDREN AGES 0 TO 18 **RESIDENTIAL CHILD CARE FACILITY FOR 19 CHILDREN AGES 5 TO 18**

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 03/28/2017 AND WILL REMAIN IN EFFECT UNLESS THERE IS A STATUS CHANGE.



In Witness whereof

- AN Stradle

Chairman, Child Welfare Agency Review Board

Date: 03/28/2017





COUNCIL ON ACCREDITATION

Attests That

Youth Bridge, Inc. Fayetteville, AR

Is

ACCREDITED

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

12/31/2022

Accredited Through

QUALIFIED RESIDENTIAL TREATMENT SERVICES – PROGRAM DESCRIPTION

Residential Substance Abuse Treatment and Shelter Program Descriptions

The multi-faceted focus of Youth Bridge's residential programs is to provide a safe, stable environment for youth who enter our residential treatment and/or emergency shelter programs. Our shelter setting is in a home like environment to provide youth a setting that does not feel institutionalized or impersonal. The house has four bedrooms, a deck and a large yard. Our residential substance treatment facility was built in 2012 and has two separate wings with 5 bedrooms on one side and four bedrooms on the other. The facility is located on 40 acres of property that is owned by Youth Bridge.

Each youth residing in our residential program will receive professional treatment with the goal of reducing trauma and anxiety for the youth so they can return home and be successful living in their home environment. For those youth attending our substance abuse treatment program our goal is encourage youth to live a drug-free lifestyle and to learn coping skills as well as social skills. Such skills support abstinence as well as immersing youth in a twelve (12) step program which is supportive of maintaining the new and productive daily living skills while assisting with abstinence. This combined approach, which fully involves family and other significant community members, prepares the youths for successful return to their home and community. To facilitate the return to productive community involvement, a five (5) part level system is utilized. This system is graduated into increased privileges, freedom and choices as the individual youth assumes greater responsibility, makes positive choices, and demonstrates productive involvement in the twelve (12) step recovery process.

Each youth admitted into Residential Program is provided room and board, substance abuse/mental health counseling/therapy; education; recreation; socialization; case management, assessment services, limited amount of clothing, personal hygiene products; and educational supplies.

As part of our treatment programming, the youth will receive trauma informed services, social and life skills, education, health care, transportation, individual, family and group counseling for substance abuse and mental health issues, and aftercare and transition services. As part of the individual and group counseling, criminogenic factors will be addressed along with anger management, behavior management, victimization, cognitive development and sexuality. (12 step, Matrix, TF-CBT etc.)

For the Residential Substance Abuse Treatment Program the daily schedule is intensive and allows for very little free time until the individual youth has progressed in his ability to make positive choices for himself. The daily schedule includes: social & living skills training; substance abuse counseling (individual group); individual, family, & group therapy (per individualized service plan); psycho-educational programming related to SA & recovery; expectations & assessment groups; recreation & socialization for substance-free leisure training; and AA/NA meetings & related assignments.

All Residential Substance Abuse Treatment youth are provided education in accordance with the Arkansas Department of Education standards. Youth Bridge has a licensed on-site classroom that is specific for the youth in the residential program. Youth Bridge has a special education teacher who provides regular and special education classes for the youth to enable them to maintain their educational status without losing credits. The work performed may be transferred back to the youth's home school, which is extremely important for adolescents to be successful in returning to their home community and maintaining the treatment gains. If appropriate, a youth may work toward his GED and may actually be able to complete his GED while in treatment

The Emergency Shelter has served youth from all areas of the state. Youth Bridge has also provided other residential and outpatient services in as many as 16 counties. We have been providing services under a Federal Emergency Shelter Grant since 1988. Youth Bridge provides a wide continuum of care including emergency shelter, residential and outpatient substance abuse treatment, therapeutic group home, transitional living, counseling, mental health treatment, case management, outreach and educational programs for at-risk youth and their families. Youth Bridge currently has a short and long-term DCFS contract. Youth Bridge works in conjunction with local juvenile judges, Youth Concerns Committees and many others who have endorsed Youth Bridge's services

Youth Bridge's Emergency Shelter provides a safe and secure environment for youth ages (10) through seventeen (17) years of age. The Emergency Shelter is open twenty-four {24} hours per day, seven {7} days a week. The shelter has policies in place to ensure staff coverage for inclement weather and holidays. The Residential/Treatment Coordinator, Facility Manager, and Shift Supervisors are on-call for assistance or consultation, twenty-four {24} hours per day.

The Youth Bridge Emergency Shelter Program also maintains a daily schedule of activities. The schedule of activities will include wake up time, school, meals, groups, recreation, study time, private/personal free time and bedtime. Group outings within the community will be planned for all youth residing in the Emergency Shelter Programs, as well as additional outings for youth who have earned extra privileges.

Each youth admitted will be provided at minimum room and board which may include: education, recreation, socialization, case management, clothing, personal hygiene products, and referral services.

Each youth will receive an individual assessment upon admission to the Emergency Shelter to determine specific needs. This assessment will be used to develop the youth's individual case plan within seventy-two (72) hours of admission and will be reviewed as needed

If the assessment indicates a need for behavioral health, or substance abuse treatment services, Youth Bridge will provide these services. Youth Bridge can also provide psychiatric evaluations and medication management.

After the initial assessment and the development of an individual case plan, weekly case planning meetings are held to review and revise each youth's case plan. Attendees may include the Facility Manager, Clinical Supervisor, case manager, shift supervisor, referral source, and other service providers as deemed appropriate. Emergency Shelter personnel are responsible for ensuring compliance with performance indicators and licensure requirements.

All youth who are school aged will be enrolled in school unless they have their GED or have been suspended from school. Those youth whose school is within 30 miles of the shelter will continue to attend their home school unless it is deemed that attending the same school would be harmful or inappropriate for the youth to attend. For those youth whose home school is more than 30 miles away, they will be enrolled in the Springdale Public Schools and educational needs are assessed to determine placement and special education needs. The Youth Bridge staff cooperates with the schools in meeting the youth's education needs, including IEP staffing.

Youth Bridge's (YB) Background & Experience

Established in 1963, YB is a Community Based Provider that has provided residential, outpatient, and other non-residential services to Arkansas' youth and their families. YB currently provides services to over 16 counties of North and Northwest Arkansas. Approximately 200 employees provide services in the (5) clinical offices and (3) residential facilities. The clinical offices provide mental health counseling, substance

abuse (SA) services, case management, aftercare, electronic monitoring and many other services. The residential programs include an Emergency Shelter, Residential SA Treatment Program and are located in Springdale Arkansas.

Youth Bridge's Licensure and Accreditation

All YB residential programs are currently licensed with the Arkansas Child Welfare Review Board. YB is also licensed by the DBHS for Behavioral Health and Substance Abuse Treatment Services. YB was reaccredited by the Council on Accreditation (COA) in December 2018.

Target Population

Population for the residential treatment program is twelve (12) through seventeen (17) year old males. Mainly DYS committed youth referred by DYS but YB does work with surrounding juvenile courts that refer youth in lieu of a DYS commitment.

Population for the Emergency Shelters are male and females from ten (10) through seventeen (17) years of age referred by Courts, DCFS and youth that have been identified as runaway homeless.

Evidenced Based and Trauma Informed Programming

Upon intake each youth is given a trauma assessment (A.C.E Adverse Childhood Experience Assessment) to help identify triggers, coping skills, strengths and weakness, this assessment is provided to the treatment team and adjusted as trust/rapport is built and skills are developed or other triggers are identified. Direct care staff are notified of triggers and trained in trauma informed approach such as CPI (crisis Prevention), Ukeru and interventions to work with the youth.

Youth Bridge follows the six core Principles of Trauma informed care as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), to inform its work with health and behavioral healthcare systems and organizations:

- 1. Safety- For youth and staff Each youth is given trauma assessments which are updated throughout treatment. Staff is certified in CPI and Reviewed yearly for recertification. Principles of Ukeru are applied in understanding trauma and the brain. Training yearly for staff or more often as needed. Youth are taught life skills, coping skills and social skills
- 2. Trustworthiness and Transparency open discussions and processing of situations in everyday life, what happens in an emergency. Time is focused on building Rapport with the youth and their families, Treatment plans are designed in conjunction with family, the youth, support networks and aftercare planning. Clinical Director and other administrative staff are directly involved with youth.
- 3. Peer Support Peers work together and often facilitate groups, with supervision. Youth identified as having substance abuse issues are taken (voluntary basis only) to local closed NA group. Into the Light comes in a conducts a group for the programs.
- 4. Collaboration and Mutuality The Youth work with their treatment team on Individualized treatment planning and goals
- 5. Empowerment, Voice and Choice Youth meet with Residential/Treatment Coordinator, treatment team and stakeholders to plan and budget outings. Work with teaching staff on education goals that are measurable and attainable.

6. Cultural, Historical, and Gender Issues – Groups are conducted; classes are taught on cultural, historical and all-inclusive identities. Respect and tolerance are mentored staff and treatment team. Training provided to staff on yearly basis, more if needed. Youth are offered church services upon request as well as allotted spiritual time for their own observations.

Additional Programming

- 1. MATRIX Model Youth Bridge has utilized the MATRIX Model for the past ten years.
- 2. Motivational Interviewing Youth Bridge has been using Motivational Interview in our therapy programs
- 3. Independent Living Skills Living Skills Programming at Youth Bridge utilizes the Ansell Casey Independent Living Skills Program.
- 4. Positive Youth Development Youth Bridge utilizes Positive Youth Development with all programming provided.
- 5. Active Parenting for Teens This parenting curriculum is an evidenced based program that provides parent training for parents of troubled teens.
- 6. Anger Management, Violence Prevention and Conflict Resolution Programming utilizes an evidenced based program called Tough Choices/Right Choices.
- 7. Case Management Youth Bridge utilizes the Strength Based Model.

Project Management

Youth Bridge's management team is well experienced and combines that experience with processes that provide for checks and balances. YB has an extensive Performance & Quality Improvement (PQI) process that ensures quality programming .YB's Outcome Measurement program allows for insight into the effectiveness of the programs. YB also has a detailed Policies & Procedure system that follows COA guidelines.

The Residential/Treatment Coordinator oversees all of the administrative and day to day duties of the Residential and Emergency Shelter Programs. This includes supervision of the Staff Coordinator, shift supervisors, and case managers. The Residential Coordinator and/or designee will ensure shifts are covered and backup staff is available for emergencies. They will ensure that staff trainings are done in accordance with policies & procedures and will coordinate staff and treatment schedules with the Area Leader and the Clinical Director.

The Residential/Treatment Coordinator is also responsible for overseeing SA treatment programming, developing the treatment schedule for the Residential SA Tx Program, providing supervision to the Primary Therapist, Master's level counseling interns, Certified SA Counselor, & the Counselors-in-Training. The Counselors-in-Training also receive clinical supervision from the Certified SA Counselor. The Treatment Coordinator receives supervision from the Area Leader and Clinical Director.

Project Organization & Staffing

Youth Bridge's Mission is "to help at risk youth & their families build brighter futures by providing supportive & empowering services.. Youth Bridge's Residential Programming has several major components which combine to provide a structured program, including: Expectation Groups; Therapy Groups; Assignments; Recreation; Drug & Alcohol Education Groups; Assessment Groups; Family Involvement, programming emphasizing criminogenic factors, & AA/NA meetings. Our over-all program philosophy is to provide a structured therapeutic environment through a cognitive based behavioral intervention program and the Twelve Step program for those youth who need substance abuse treatment services.

Youth Bridge's staffing includes: Psychiatrist, psychologist, substance abuse counselors; mental health counselors; case managers; substance abuse clinical supervisor, youth development specialists; as well as an experienced management team. The residential/treatment coordinator, staff coordinator & shift supervisors rotate on-call responsibilities in the event of an emergency. Mental health therapists rotate on-call for emergencies that may occur after hours at a residential program. The Residential/Treatment Coordinator is responsible for the therapeutic program and ensuring that all youth receive 28 hours of treatment each week as outlined by DBHS standards. A mental health therapist, Master's level counseling interns, case managers, certified SA counselor, & SA counselors-in-training provide therapeutic services to youth in our Residential Programs. The Residential/Treatment Coordinator is also responsible for providing training to the youth development specialists on providing therapeutic interventions and how to provide a therapeutic environment when working with traumatized youth.

The individually assigned primary counselor/therapist meets with the youth to conduct an assessment to determine the necessary and most appropriate services. The counselor/therapist incorporates the youth's input for treatment planning & updates the youth regarding the service plan & the aftercare plan. The counselor/therapist is responsible for monitoring & documenting the youth's participation & completion of treatment goals.

Every effort is made to provide an alcohol & drug-free environment by conducting random drug tests or drug testing youth if there is suspicion a youth has used drugs. Also, a local law enforcement K-9 team periodically searches the facility for drug contraband. Youth found to be in possession of, or having used substances, are reviewed for needed additional interventions if deemed appropriate.

Youth Bridge believes that parental involvement greatly impacts successful treatment & community reintegration. Whenever possible & appropriate, the youth's family is involved in the treatment & aftercare planning process. Families are encouraged to participate in family counseling/therapy sessions. Visitation & passes, according to the level system, are strongly encouraged. If the youth's family is unable to physically attend family counseling sessions, efforts are made to maximize their involvement, including regular telephone contacts & telephone-based counseling sessions.

Personnel Training & Staff Development

All Youth Bridge employees must complete orientation training & full-time employees are required to have 40 hours of training per year. Residential staff are trained on the "Crisis prevention (CPI) curriculum for anger and behavior management and crisis intervention. Youth Bridge has a certified Instructor in CPI and Ukeru and (2) staff members are certified CPR/1st Aid instructor. Residential staff also receives training on trauma informed interventions, natural & logical consequences, risk management, safety procedures, cultural competence, gender sensitivity, and other trainings that are job specific. A training calendar is issued each month and trainings are usually held bi-weekly. YB encourages staff to attend outside trainings to increase their knowledge & awareness of the issues that face adolescents today.

All Youth Bridge employees must complete a background check, including: state check, FBI check (if out of the state in the last six years), educational check, CNA register check & three (3) references. Each employee must complete & pass a drug screen before being hired.

Youth Bridge's PQI program ensures that staff provides services according to DYS/DCFS, Child Care Licensing and DBHS performance indicators.

Conclusion

Youth Bridge has been providing residential services since 1963. Youth Bridge has the dedicated staff with the education, experience, and skills necessary to perform the Residential Treatment and Emergency Shelter Programming. Youth Bridge's programs are based on nationally recognized, evidence based programs and have a quality checks and balances system (PQI program) to make sure the program components are properly performed. Youth Bridge has the necessary resources to perform the project and has solid community support that provides such services as education, contributions, recreational activities/facilities, equipment, computers, food, etc.

TONI GAWTHROP

License Information			
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License #: R045070	
License Status:	Active
License Type:	Registered Nurse (RN)
Multistate?	Yes
Date Issued:	07-01-1994
Expiration Date:	06-30-2019
Disciplinary Action	Ν
Last Renewal:	Level 1 Registration Required
Advanced Practice Issue Date:	Level 3 Registration Required
Prescriptive Authority:	Level 3 Registration Required
Collaborating Physician:	Level 3 Registration Required