

SIGNATURE PAGE

Type or Print the following information.

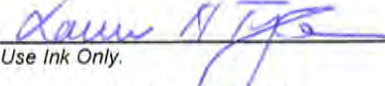
PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Ozark Guidance Center, Inc.				
Address:	2400 S. 48th St.				
City:	Springdale	State:	AR	Zip Code:	72762
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned	
AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Laura Tyler, PhD, LPC	Title:	CEO
Phone:	479.750.2020	Alternate Phone:	479.725.5121
Email:	laura.tyler@ozarkguidance.org		

CONFIRMATION OF REDACTED COPY
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>
ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

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


Authorized Signature:  Title: CEO
Use Ink Only.

Printed/Typed Name: Laura Tyler, PhD, LPC Date: 3.11.19

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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


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

Vendor Name:	Ozark Guidance Center, Inc	Date:	3.11.19
Authorized Signature:		Title:	CEO
Print/Type Name:	Laura Tyler, PhD, LPC		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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


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

Vendor Name:	Ozark Guidance Center, Inc.	Date:	3.11.19
Authorized Signature:		Title:	CEO
Print/Type Name:	Laura Tyler, PhD, LPC		

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:	Ozark Guidance Center, Inc.	Date:	3.11.19
Authorized Signature:		Title:	CEO
Print/Type Name:	Laura Tyler, PhD, LPC		

PROPOSED SUBCONTRACTORS FORM

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


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

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
New Beginnings	412 York Street	Warren, AR 71671
Quapaw House	615 Grand Avenue	Hot Springs, AR 71901
Recovery Centers of Arkansas	1201 River Road	North Little Rock, AR 72114
Mid South	2707 Browns Lane	Jonesboro, AR 72401
Vantage Point	4253 Crossover Rd.	Fayetteville, AR 72703
Northwest Medical Center	609 W. Maple Ave	Springdale, AR 72764
Cara Hartfield	100 W. Center Ste. 301	Fayetteville, AR 72701
Stephen Nichols	204 NE. Ave.	Fayetteville, AR 72701
Counseling Associates	350 Salem Road	Conway, AR 72034

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:	Ozark Guidance Center, Inc.	Date:	3.11.19
Authorized Signature:		Title:	CEO
Print/Type Name:	Laura Tyler, PhD, LPC		

SELECTION OF REGIONS

Instructions: Bidder may submit proposals for up to two regions indicated in Attachment G: Map of Regions. Bidder must list selected regions in order of preference using the table below.

NOTICE TO BIDDERS: Bidders submitting proposals for multiple regions and who do not assign preference rankings for all regions bid may be awarded a region at the discretion of DHS.

Bidder Preference	Region by Number (as shown in Attachment G: Map of Regions)
First (1st) Choice	Region #: 8
Washington County	BHA Vendor# 11170 License# 171 BHA Vendor# 11274 License# 276 BHA Vendor# 11306 License# 306
Washington County	BHA Vendor# 11305 License# 124 BHA Vendor# 11171 License# 172
Benton County	BHA Vendor# 11273 License# 275 BHA Vendor# 11153 License# 154 BHA Vendor# 11168 License# 169
Benton County	BHA Vendor# 11113 License# 48
Madison County	BHA Vendor# 11114 License# 115
Carroll County	BHA Vendor# 11012 License# 013
Boone County	BHA Vendor# 11314 License# 313
Baxter County	BHA Vendor#11313 License #314
Newton	Site identified in Jasper, AR. Working towards BHA
Marion	Site identified in Yellville, AR. Working towards BHA
Second (2nd) Choice	Region #:
Third (3rd) Choice	Region #:
Fourth (4th) Choice	Region #:
Fifth (5th) Choice	Region #:
Sixth (6th) Choice	Region #:
Seventh (7th) Choice	Region #:

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203
501-320-6511

ADDENDUM 1

DATE: February 25, 2019
SUBJECT: 710-19-1024 Crisis and Forensic Mental Health Services

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

Change of specification(s)

- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other – Removing the following language from section 2.3.2 C, page 26, of the RFQ.



* Information provided on forensic services is under review and may be subject to revision for future posting.

BID OPENING DATE AND TIME

Bid opening date and time **will not be changed.**

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at nawania.williams@dhs.arkansas.gov or 501-320-6511


 Vendor Signature _____ Date 3/11/2019

 Company _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title CEO Date 3.12.19

Vendor Contact Person Laura H. Tyler Title CEO Phone No. 479.7502020

AGENCY USE ONLY

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



EQUAL EMPLOYMENT OPPORTUNITY POLICY

OGC is an Equal Opportunity Employer. Equal Employment Opportunity has been, and will continue to be, a fundamental principle at OGC. Employment at OGC is based upon personal capabilities and qualifications without regard to race, color, religion, sex, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, citizenship status, veteran status or any other protected characteristic as established by law.

This policy applies to all terms and conditions of employment, including, but not limited to, recruitment, hiring, placement, promotion, termination, layoff, compensation benefits, and all other terms and conditions of employment. It is OGC's intent to comply with all federal and state laws regarding employment practices.

The HR Department has overall responsibility for this policy and maintains reporting and monitoring procedures. Staff members' questions or concerns should be referred to the HR Department. Any staff member or applicant who believes he or she has been subjected to unlawful discrimination should report the incident immediately. Staff members, or applicants for employment, who seek assistance pursuant to this policy will not have their employment opportunities adversely affected because of such a complaint, or be subject to any other type of retaliation.

Appropriate corrective action, up to and including termination, may be taken when any staff member violates this policy.



Ozark Guidance

FOCUSED ON YOUR MENTAL HEALTH

RFQ RESPONSE

INFORMATION FOR EVALUATION

VENDOR QUALIFICATIONS

E.1.A. State the Region for which you are proposing to provide services in this Response Packet

E.1.A

Ozark Guidance Center, Inc. (OGC) is proposing to serve Region 8 comprised of Baxter, Benton, Boone, Carroll, Madison, Marion, Newton and Washington Counties.



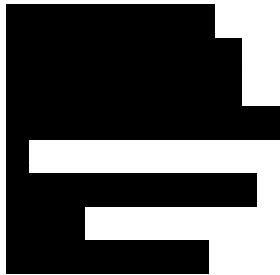

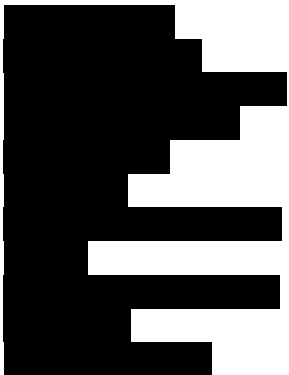
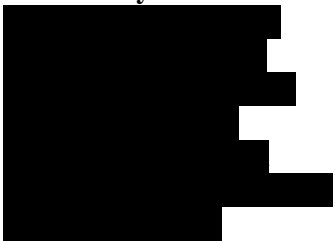


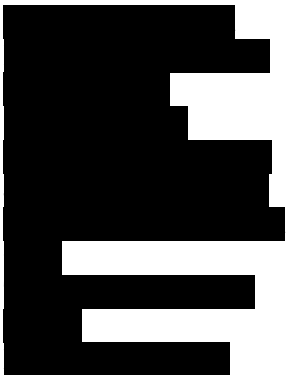

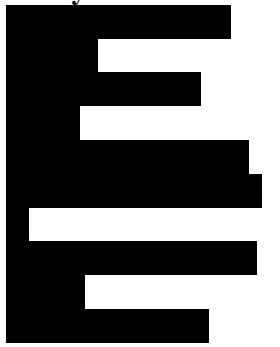
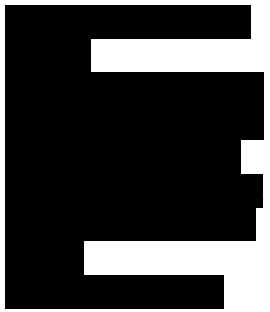
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to:

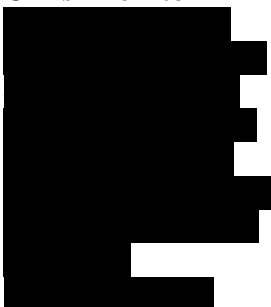
- a. Date established.**
- b. List of non-profit's Board of Directors.**
- c. Total number of employees.**
- d. An organizational chart displaying the overall business structure**

E.1.B

OGC was established July 1, 1971, and has continually provided mental health services in Benton, Carroll, Madison and Washington counties since that time. In September, 2018 OGC began to serve four additional counties: Baxter, Boone, Marion and Newton. OGC is a designated community mental health center, certified Behavioral Health Agency, licensed by the Office of Alcohol and Drug Abuse Prevention, and accredited by the Council on Accreditation of Rehabilitation Facilities (CARF).

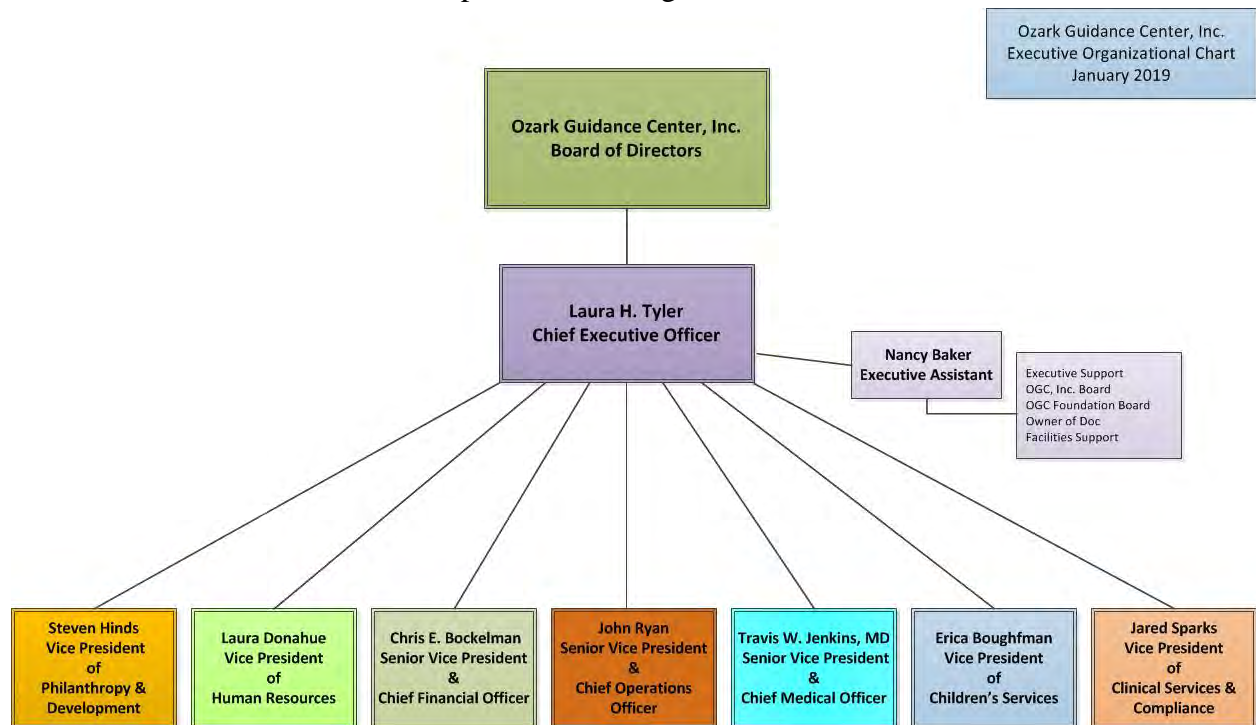
OGC is governed by a Board of Directors comprised of volunteers from the communities that are served by the organization. A list of Directors is included in this response packet. Directors bring diverse professional experiences and a deep wealth of capabilities that make them strong strategic and fiduciary agents.

	OG CENTER, INC.			
	<u><i>BOARD OF DIRECTORS</i></u> <i>July 1, 2018 to June 30, 2019</i> <i>PHONE: 479-750-2020 / FAX: 479-751-2964</i>			
DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	
Mike Morgenthaler, Chairman 	Roger Collins, Vice- Chairman 	Woodrow "Woodie" Acord 	R. Dawn Allen 	
Farris DeBoard 	Laura Bazyk 	Donnie Davis 	Connie Gardner 	
Kevin Hatfield 	Rebecca Jones 	Nancy Kahanak 	Debbie Shinn 	

Chris Thornton 			
--	--	--	--

OG employs more than 450 employees including physicians, advance practice registered nurses, RNs, LPNs, CNAs, Mental Health Professionals, Mental Health Paraprofessionals, Counselors in Training and Peer Specialists.

The overall business structure is depicted in the Organizational Chart below.



E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide:

a. A description of the work performed, including if this work was provided for DHS.

E.1.C.a

OGC began operations in 1971 and has worked with the State of Arkansas from that time forward. OGC has been contracted through the DHS with both the Division of Behavioral Health Services (DBHS) and the Division of Children and Family Services (DCFS) for many years. Over the past three years, OGC has maintained strict compliance of the deliverables for DHS contracts, as evidenced in the listing and description of contracts provided below.

b. If provided under a contract:

i. Name of entity with whom the Vendor had/has a contract.

ii. Summary of the Scope of Work.

iii. Project amount.

iv. Any corrective actions or litigation pertaining to the contract.

E.1.C.b.i-iv.

Contracts for FY 2016:

Contract number 460003448 was awarded to OGC for Fiscal Year 2016 from the DHS-Division of Behavioral Health Services. The purpose of this contract was to provide funding to this community program so that all persons residing in this catchment area will have access to all necessary mental health services. This contract is in accordance to the ACT 381 for the year 2015. The catchment area included the following counties; Benton, Carroll, Madison, and Washington. The projected total cost of this contract was \$3,762,621.65. This contract was successfully implemented and maintained properly throughout the dates of the contract which were July 1, 2015 to June 30, 2016.

Contract number 4600034248 was awarded to OGC for Fiscal Year 2016 from the DHS-Division of Children and Family Services. The purpose of this contract was to purchase Therapeutic Foster Care Services for DCFS clients statewide. The projected total cost of this contract was \$2,378,142.75. This contract was successfully implemented and maintained properly throughout the dates of the contract which were July 1, 2015 to June 30, 2016.

Contracts for FY 2017:

Contract number 4600037108 was awarded for OGC for Fiscal Year 2017 from the DHS-Division of Behavioral Health Services. This purpose of this contract was to initiate an agreement for the continued provision of mental health services in accordance with Act 981 of 2015 (continuation of Contract number 460003448.) The catchment area included the following counties; Benton, Carroll, Madison, and Washington. The projected total cost of this contract was \$3,872,479.43. This contract was successfully implemented and maintained properly throughout the dates of the contract which were July 1, 2016 to June 30, 2017.

Contract number 4600034248 (Amendment # A01) was awarded for OGC for Fiscal Year 2017 from the DHS-Division of Children and Family Services. The purpose of this amendment was to extend and add funding; revise the budget attachment for Therapeutic Foster Care Services for DCFS clients statewide. The projected total cost of this contract was \$1,050,090.25. This contract was successfully implemented and maintained properly throughout the dates of the contract which were July 1, 2015 to June 31, 2016.

Contracts for FYs 2018-2019:

Contract number 4600040202 was awarded for OGC for Fiscal Year 2018 from the DHS-Division of Behavioral Health Services. The purpose of this contract was to initiate an agreement for the continued provision of mental health services in accordance with Act 981 of 2015 (continuation of Contract number 460003448.) The catchment area included the following counties; Benton, Carroll, Madison, and Washington. The projected total cost of this contract was \$2,253,696.69. This contract was successfully implemented and maintained properly throughout the dates of the contract which were July 1, 2017 to January 31, 2018.

Contract number 4600040202 (Amendment # 01) was awarded for OGC for Fiscal Year 2018 from the DHS-Division of Aging Adults & Behavioral Health Services. The purpose of this contract was to add funding, amend to extend, and update total projected cost. The catchment area included the following counties; Benton, Carroll, Madison, and Washington. The projected total cost of this contract was \$4,209,648.70. This contract was successfully implemented and maintained properly throughout the dates of the contract which were February 1, 2018 to June 30, 2018.

Contract number 4600040202 (Amendment # 02) was awarded for OGC for Fiscal Year 2018 from the DHS-Division of Aging Adults & Behavioral Health Services. The purpose of this contract was to update performance indicators. The catchment area included the following counties; Benton, Carroll, Madison, and Washington. The projected total cost of this contract was \$4,209,648.70. This contract was successfully implemented and maintained properly throughout the dates of the contract which were February 1, 2018 to June 30, 2018.

Contract number 4600040202 (Amendment # 03) was awarded for OGC for Fiscal Year 2018 from the DHS-Division of Aging Adults & Behavioral Health Services. The purpose of this contract was to amend to extend, add funding, update procurement end date, and update the total cost for continued mental health services. The catchment area included the following counties; Benton, Carroll, Madison, and Washington. The projected total cost of this contract was \$5,769,317.45. This contract was successfully implemented and maintained properly throughout the dates of the contract which were July 1, 2018 to December 31, 2018.

Contract number 4600040202 (Amendment # 4) was awarded for OGC for Fiscal Year 2018 from the DHS-Division of Aging Adults & Behavioral Health Services. The purpose of this contract was to amend to expand Mental Health services for the Division of Aging Adult and Behavioral Health Services (DAABH) clients, add Substance Abuse Services for DAABH and Division of Children and Family Services clients, expand the service area to catchment 5 for all services, and update the performance indicators and rate sheets. Coverage now includes, Baxter, Benton, Boone, Marion, Madison, Newton, Washington, and Carroll counties. This increased OGC's catchment to include Baxter, Boone, and Marion. The projected total cost of this contract was \$5,769,317.45. This contract was successfully implemented and maintained properly throughout the dates of the contract which were July 1, 2018 to December 31, 2018.

Contract number 4600040202 (Amendment # 5) was awarded for OGC for Fiscal Year 2019 from the DHS-Division of Aging Adults & Behavioral Health Services. The purpose of this contract was to add funding to this Mental Health contract for Substance Abuse Services for Division of Children and Family Services (DCFS) clients in parts of DCFS area 1 & 5. Area 1 & 5 catchment now includes Baxter, Benton, Boone, Carroll, Madison, Marion, Newton and Washington. The projected total cost of this contract was \$5,877,835.45. This contract was successfully implemented and maintained properly throughout the dates of the contract which were July 1, 2018 to December 31, 2018.

Contract number 4600040202 (Amendment # A06) was awarded for OGC for Fiscal Year 2019 from the DHS-Division of Aging Adults & Behavioral Health Services. The purpose of this contract was to amend to extend and to add the remaining 6 months of State Fiscal Year 2019 (SFY19). To transfer/add Preferred Family Healthcare/Health Resources of Arkansas funds for the remaining 10 months of SFY19 and to add and continue the Drug and Alcohol Safety Educational Program (DASEP). Also, to update the total projected cost. Area 1 & 5 catchment now includes Baxter, Benton, Boone, Carroll, Madison, Marion, Newton and Washington. The projected total cost of this contract was \$9,903,216.97. This contract is being successfully implemented and maintained properly as of the current month and extends through June 30, 2019.

Contract number 4600040202 (Amendment # A07) was awarded for OGC for Fiscal Year 2019 from the DHS-Division of Aging Adults & Behavioral Health Services. The purpose of this contract was to amend to add and continue State Targeted Response (STR) Carry Over for Comprehensive Substance Abuse Treatment Program for Area 1, amend to add State Opioid Response (SOR) funding and update Performance Indicators, and to update the Total Projected Cost (TPC) for Mental Health Services. Area 1 & 5 catchment now includes Baxter, Benton, Boone, Carroll, Madison, Marion, Newton and Washington. The projected total cost of this contract is \$10,310,583.78. This contract was successfully implemented and maintained properly throughout the dates of the contract which was July 1, 2018 to June 30, 2019.

Contract number 4600040202 (Amendment # A8) was awarded for OGC for Fiscal Year 2019 from the DHS-Division of Aging Adults & Behavioral Health Services. The purpose of this contract was to amend to update performance indicators for Mental Health Services. Area 1 & 5 catchment now includes Baxter, Benton, Boone, Carroll, Madison, Marion, Newton and Washington. The projected total cost of this contract was \$10,310,583.78. This contract was successfully implemented and maintained properly throughout the dates of the contract which is July 1, 2018 to June 30, 2019.

E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide:

a. Evidence of the qualifications and credentials of the respondent's key personnel

E1.D.a.

LICENSES



STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

January 14, 2019

Laura Hamblin Tyler, LSW
1954 Cherborg Ave.
Springdale, AR 72764

Laura Hamblin Tyler, LSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **February 1, 2019** through **January 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**January 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **February 1, 2019** through **January 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!
Bend back and forth along crease
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No.

1088-B

Laura Hamblin Tyler, LSW
1954 Cherborg Ave.
Springdale AR 72764

Expiration Date:

1/31/2021

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Chairman



ARKANSAS STATE MEDICAL BOARD

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

www.armedicalboard.org

Travis Wayne Jenkins, M.D.
 2400 S 48th Street
 Springdale, AR, USA 72766

Registration Year: 2018 Active/Unlimited


No.: C-4068 Issued: 7/18/1966 Expires: 11/30/2019

Below is your registration card to be carried with you.

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

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

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

	Arkansas State Medical Board 1401 West Capitol, Suite 340 Little Rock, AR 72201	
	Registration Year: 2018	Active/Unlimited
No.: C-4068	Issued: 7/18/1966	Expires: 11/30/2019
Travis Wayne Jenkins, M.D. 2400 S 48th Street Springdale, AR, USA 72766		

b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services

E1.D.b

OGC CEO**LAURA H. TYLER, PhD****PROFESSIONAL EXPERIENCE****SUMMARY**

Experienced mission-driven executive leader with broad behavioral health care knowledge committed to quality, safety, effectiveness and stewardship.

Chief Executive Officer •

OGC, Inc.

Springdale, AR • May 2017 to Present

Chief Integration Officer

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Little Rock, AR • July 2016 to May 2017

- Responsible for broad support of the Integrated Clinical Enterprise (ICE) and its 15 Service Lines. This includes strategy implementation, sustainability of change and cultural transformation. Supervision of 15 Service Line Administrators via a matrixed reporting structure
- Supervision of key non-clinical operations that support inpatient and outpatient services including food and nutritional services, clinical environmental services, patient transport, hospitality staff, clinical engineering & medical equipment, clinical facilities, procurement support, value analysis, central phone operators and emergency preparedness
- Leadership of the Program Management Office which is responsible for promoting project initiation, management and execution, business case development, benefit realization tracking, issues management and status tracking and reporting
- Liaison responsibilities to campus functions such as Campus Administrative Council, Marketing and Communications, HIPAA, Privacy and Compliance, Human Resources, Campus Operations, Campus Project Coordination Office, etc.

Administrator for Service Line Implementation

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Little Rock, AR • January 2015 to June 2016

- Lead for UAMS' transition to 15 Service Lines which began in July 2014 and is best described as a cultural and structural transformation of the institution's clinical enterprise. It is designed to assist providers deliver care across the inpatient and outpatient continuum in a horizontal rather than vertical manner, and emphasizes patient satisfaction, quality outcomes and efficiency. The transition represents an integration of College of Medicine professional provider services as well as technical components of care associated with the Medical Center. Responsibility for leading all aspects of this initiative and serving as the liaison with the Medical Center CEO, College of Medicine Dean as well as Vice Chancellors for Human Resources, Information Technology and Finance
- Responsible for development of a balanced scorecard to measure externally normed performance metrics for quality, clinical access, finance, research, education and clinical outcomes
- Development and management of associated Leadership Councils

Psychiatric Research Institute (PRI) Administrator

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Little Rock, AR • September 2007 to December 2014

- Faculty appointment within the College of Medicine and College of Public Health

Chief Executive Officer

AVITA COMMUNITY PARTNERS (formerly Georgia Mountains Community Services Board) Flowery Branch, GA • July 2003 to August 2007

Director of Behavioral Health

GEORGIA MOUNTAINS COMMUNITY SERVICES BOARD (now known as Avita Community Partners) Flowery Branch, Georgia • January 2000 to June 2003

OGC Springdale, AR • August 1983 to December 1999

*Chief Clinical Officer • July 1997 to December 1999**Paid Educational Leave • August 1993 to January 1997**Outpatient Division Director • January 1992 to August 1993**Community Support & Intensive Care Division Director • July 1987 to December 1991**Transitional Service Department Director • September 1984 to June 1987**Psychosocial Program Staff/Case Manager • August 1983 to August 1984*

Assistant Professor, College of Public Health

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF PUBLIC
HEALTH

Little Rock, AR • January 2012 to May 2013

Assistant Professor, Graduate School

UNIVERSITY OF ARKANSAS

Fayetteville, AR • August 1997 to May 1998

Instructor

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Little Rock, AR • April 1996 to December 1996

Research Assistant

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Little Rock, AR • September 1995 to December 1996

Case Manager

GAIN – PROGRAM OF ASSERTIVE COMMUNITY TREATMENT

Little Rock, AR • October 1995 to November 1996

Graduate Assistant

VIRGINIA COMMONWEALTH UNIVERSITY

Richmond, VA • August 1993 to August 1995

Research Assistant, AR Rehabilitation Research and Training Center

UNIVERSITY OF ARKANSAS

Fayetteville, AR • Summer 1983

PROFESSIONAL CERTIFICATIONS

AR Licensed Professional Counselor

#P9610027

AR Licensed Social Worker #1088-B

EDUCATION

VIRGINIA COMMONWEALTH UNIVERSITY

RICHMOND, VA
 Doctor of Philosophy
 Health Services Organization & Research
 August 1997

UNIVERSITY OF ARKANSAS – FAYETTEVILLE, AR
 Master of Education
 Rehabilitation Counseling
 May 1988

UNIVERSITY OF ARKANSAS –
 FAYETTEVILLE, AR
 Master of Arts
 Sociology
 December 1983

UNIVERSITY OF ARKANSAS –
 FAYETTEVILLE, AR
 Bachelor of Arts
 Social Work
 May 1982

KEY QUALIFICATIONS

<ul style="list-style-type: none"> • Strategic Planning • Leadership Experience • Strong Analytical Skills • Effective Team Development • Project Management • Results-oriented Approach • Mentoring • Healthcare Finance Knowledge • Fiscal Planning and Management 	<ul style="list-style-type: none"> • Programmatic Development • Contract Development, Negotiation and Management • Clinical Outcomes Management • Regulatory & Accreditor Compliance • Physician Management • Strong Collaborator • Community Partnership Development
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SOFTWARE

- Microsoft Office Suite
- Business Objects

- Epic
- SAP

SUPPLEMENTAL INFORMATION

- Youth Home Board Member
- ATIVA Board Member
- Leadership Little Rock Chamber of Commerce Graduate 2008
- Community Group Leader
- Medical Ethics Advisory Committee

OGC MEDICAL DIRECTOR**VITAE**

Travis W. Jenkins, M.D

2018to present Interim CMO, Medical Director
 2008 Medical Director, Emeritus
 Psychiatrist, Outpatient Clinic
 OGC, Springdale, AR

1973-2008 Medical Director, Chief Medical Officer OGC, Springdale, AR

Clinical Assistant Professor Psychiatry, University of Arkansas for Medical Sciences, Little Rock, Arkansas

Adjunct Associate Professor, University of Arkansas Department of Psychology, Fayetteville, Arkansas.

Formerly: Lecturer at Law, University of Arkansas School of Law Fayetteville, AR

EDUCATION

1959-1962 Undergraduate Studies, Harding College, Searcy, Arkansas 1962-1966 Medical School, University of Arkansas at Little Rock
 Leading to Doctor of Medicine degree 1966
 1966-1967 Internship: USAF Hospital Keesler, Biloxi, Mississippi
 1970-1973 Residence in General Psychiatry: William S. Hall Psychiatric Institute, Columbia, South Carolina
 1976 Board Certified American Board of Psychiatry and Neurology

HONORS

1972-1973: Chief Resident at William S. Hall Psychiatric Institute
 1985: Awarded the distinguished Community Service Award by the Arkansas Council of Community Mental Health Centers
 1992: Exemplary Psychiatrist Award by the National Alliance for the Mentally Ill (NAMI)
 1997-1998: Psychiatrist Member, Arkansas Social Work Licensing Board
 2000: Practitioner of the Year, OGC
 2000: OGC Professional Staff Member of the Century Member
 2002: Governor's Task Force On Mental Health
 2002: Member, Northwest Arkansas Task Force on Community Health
 2006: Distinguished Psychiatrist in Residence John Brown University

MEMBERSHIPS

American Psychiatric Association Arkansas Psychiatric Society

SPECIAL INTERESTS

Diagnosis, evaluation and treatment of Attention Deficit and related disorders in children, adolescents and adults.

Has participated in numerous workshops for parents, educators and mental health professionals on this subject with workshops presented locally and in Memphis, Oklahoma City, Little Rock and Fort Smith.

EDUCATION:

General Psychiatry Residency
William S. Hall Psychiatric Institute Columbia, S.C.
(1970-1973)

M.D.: University of Arkansas Medical School Little Rock, AR
(1962-1966)

B.A.: Harding College Searcy, AR. (1959-1962)

WORK:

OGC Springdale, AR September 1973- present Chief Medical Officer

University of Arkansas for Medical Sciences, Little Rock, AR
Clinical Assistant Professor Psychiatry
University of Arkansas Dept. of Psychology, Fayetteville, AR Adjunct Associate Professor

BOARDS:

Governor 's Mental Health Services Task Force

MEDICAL LICENSE:

American Board of Psychiatry and Neurology,
October 1976 State of Arkansas

PROFESSIONAL ORGANIZATIONS:

American Psychiatric Association APA
Council of CMHC

OGC CLINICAL DIRECTOR:

Jared Sparks, LCSW, PhD

jared.sparks@ozarkguidance.org

479.841.5065 mobile

Professional Experience

10.01.17 – Present – Vice President of Clinical Services and Compliance,

OGC

- Responsible for mental health professional and paraprofessional clinical services, service quality, supervision, and compliance.
- Ensures conformance to CARF accreditation and OBHS certification standards.
- Member of Executive Team, Chair of Compliance Committee, Chair of Clinical Quality Committee.
- Member of Program Development Committee, Mental Health Council of Arkansas.

10.30.15 – Present – Program and Administrative Surveyor, Commission on Accreditation of Rehabilitation Facilities (CARF)

- Complete three surveys annually within the United States and British Columbia.
- Complete Program and Administrative surveys for Organizations Accredited under Behavioral Health Standards Manual.
- Complete Program surveys for Organizations Accredited under Children Youth and Families Standards Manuals.

11.04.14 – 10.01.17 - Compliance Director (Interim), OGC

2.17.14 – 10.01.17 – Clinical Director OGC

10.14.12 – 2.16.14 - Director of Clinical Practices, OGC

7.25.05 - 10.13.12 – Program Coordinator, Clinical Manager, Clinical CQ Manager II,

OGC

Education

2010 PhD Tulane University Graduate School of Social Work, New Orleans, LA

**Dissertation - Provider Attitudes towards Dual Relationships and Recovery in Community Mental Health Centers*

1994 MSW Social Work, University of Alabama, Tuscaloosa, AL

- (Field placement) Walter Reed Medical Center Inpatient Psychiatry, Spring 1994
- (Field placement) Tuscaloosa County Board of Education, Spring 1993

1992 BA Psychology, University of Alabama, Tuscaloosa, AL

- (Intern) Bryce State Hospital Recreational Program for severely mentally ill adults

Professional Certifications and Licenses

- Certified in Health Care Compliance (CHC), September 2018 to present, Health Care Compliance Association
- Licensed Certified Social Worker (LCSW), August 2005 to present Arkansas License #1971-C
- Diplomate in Clinical Social Work (DCSW), 2000, National Association of Social Workers

Selected Publications

Sparks, J. (2015). Personalized Health Care. *Encyclopedia of Social Work*. New York: Oxford University Press.

Shobe, M., Murphy-Erby, Y., Sparks, J. (2014). Mentorship efforts to support part-time social work faculty members. *Mentoring and Tutoring: Partnership in Learning*. doi:10.1080/13611267. 2014.983328.

Blog Contributions

Individual Contributions to nwamotherlode.com On Your Mind Blog

- October 25th 2017 On your mind: She broke up with him after he pushed her, but says it's hard to stay strong
- September 21st, 2016 On your mind: he didn't mean it
- February 3rd, 2016 On your mind: old abuse, new baby

Selected Presentations

Sparks, J. (November 6, 2017), *Crisis Intervention Training: Suicide Crisis Intervention*. Washington County Sheriff's Office, Fayetteville, AR

Boughfman, E., & Sparks, J. (April 2017). *Supervision and Ethics*. Co-Presenter at continuing education community training (Supervision Training) for Mental Health Professional Supervisors. University of Arkansas Counselor Education & OGC. Springdale, AR.

Other Professional Activities

- September 2014 to present Board of Directors Member, Arkansas Crisis Center. Positions held include, Secretary and interim Board President.
- 2009 to present, member of Northwest Arkansas Suicide Prevention Coalition (Co Chair 2015)

Honors

8.16.2011, Mental Health Council of Arkansas, Les Williams Practitioner of the Year

E.1.E Submit a minimum of three (3) letters of recommendation from five (5) different sources.

E.1.E.

LETTERS



Siloam Springs School District

*847 South Dogwood
Post Office Box 798
Siloam Springs, Arkansas 72761*

*Telephone 479.524.3191
Fax 479.524.8002
<http://sssd.k12.ar.us>*

February 18, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past 27 years in the Siloam Springs School District, currently as Superintendent for 17 years, Assistant Superintendent for 5 years, and as High School Principal prior to that. I can unquestionably speak to the qualifications of Ozark Guidance.

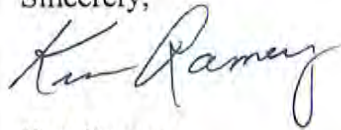
My experience with Ozark Guidance has been a good positive working relationship. They are responsive, flexible, willing to discuss and adapt to ever changing student/family needs in a public school setting. We have enjoyed a strong professional – collegial relationship for many years.

I can call them and request training for students or teachers, input on services, or ask for future developmental training. We value and appreciate the commitment of Ozark Guidance to both students and families, and to our teacher training. No other professional organization can match their leadership, knowledge, or execution on a timely basis for our school district. Our school

counselors have partnered K-12 for years with Ozark Guidance. This gives the district a historical perspective in serving children and families for improved results.

We trust the relationship we have with Ozark Guidance. DHS is welcome to contact me directly should they have further questions about this reference and the significant work that Ozark Guidance provides in the local community.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Ramey". The signature is fluid and cursive, with the first name "Ken" and last name "Ramey" clearly distinguishable.

Ken Ramey
Superintendent
ken.ramey@siloomschools.com



ROGERS POLICE

Hayes Minor
Chief of Police

1905 S. DIXIELAND RD
ROGERS, AR 72758
PH 479-621-1172
FAX 479-621-1131
www.rogersar.gov/police

February 11, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
PO Box 6430
Springdale, AR 72766

Via email to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including my home county of Benton. Your presence and numerous contributions to our community are certainly something I hope continues.

I have had many occasions to work with Ozark Guidance on different levels throughout my 25 year career with the Rogers Police Department. I feel as though my experiences allow me to confidently speak to the qualifications of this great organization.

Act 423 of 2017 mandates all law enforcement agencies in Arkansas with ten or more certified officers have at least one officer trained in Crisis Intervention (CIT) to coincide with the opening of the crisis stabilization units across the State. The Rogers Police Department took this one step further and brought in professionals with the University of Memphis to provide a train-the-trainer session. This session included eight officers of the Rogers Police Department and a staff member of Ozark Guidance Center as well as others in the Northwest Arkansas community. Since the training, we have formed a regional steering committee with a goal of reducing the number of people suffering from mental illness ending up in the criminal justice system. Ozark Guidance staff members have been essential in insuring that this collaboration is successful. Staff members at Ozark Guidance continue to assist law enforcement throughout our region with the ongoing CIT training that is being provided to hundreds of officers across Northwest Arkansas.

It's important to note that our relationship with Ozark Guidance isn't solely tied to the CIT training and crisis stabilization units. Our officers, for years, have relied on the 24/7 availability of Ozark Guidance staff to assist in a multitude of situations outside our area of expertise. Their presence in our community is significant though often overlooked. We appreciate their partnership.

Please feel free to let DHS know they are welcome to contact me directly if they have further questions regarding this letter and the essential work that Ozark Guidance provides this community.

Sincerely,


Hayes Minor
Chief of Police
hminor@rogersar.gov



Arkansas Support Network

Supporting Choices and Opportunities for
Individuals with Disabilities and their Families

SINCE 1988

February 20, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

It is my privilege to write to you in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

For more than 25 years, Ozark Guidance and Arkansas Support Network (ASN) have partnered together to support individuals who are dually diagnosed with both a developmental disability and a behavioral health condition. Ozark Guidance serves as an important ally in ASN's mission to ensure that individuals with the most significant disabilities have the opportunity to live in and receive necessary services and support in their communities. I have personally been employed at ASN for the past 19 years of that 25+ year relationship, and I have served in many capacities during that time. I have experienced working with Ozark Guidance from the perspective of a direct support staff, a service coordinator, a department director, the Deputy CEO, and now the CEO. Based on all of these levels of engagement, I can speak to the qualifications of Ozark Guidance with confidence and full support.

Ozark Guidance not only provides important supports and services to a vast and diverse clientele throughout the eight counties in Arkansas, the organization offers mission-driven services that facilitate meaningful lives for the people it supports and collaborative relationships for the agencies and entities jointly committed to serving these communities. I've worked with Ozark Guidance as they've provided direct services to individuals supported by ASN. I've worked with Ozark Guidance on law enforcement training initiatives to facilitate safer community engagement for individuals with behavioral health and disability diagnosis, and I've worked with Ozark Guidance leadership to support and maintain important partnership initiatives between our organizations. At every level of engagement, I've witnessed the care for our community and commitment to quality supports that Ozark Guidance brings to its work. Ozark Guidance is not just a community mental health provider, they are a pillar of our community and an established stakeholder in the best interest of the citizens living here. Their work is important and must continue.

Main Office
8836 Isaac's Orchard Road
Springdale, AR 72762
Phone: (479) 927-4100
Fax: (479) 927-4101
Toll Free: 1-800-748-9768

"Arkansas Support Network operates, manages, and delivers service without regard to age, religion, disability, sex, race, color, or national origin"

Visit our web site at: www.supports.org

Family Support Program
814 E. Emma, Suite 219
Springdale, AR 72764
Phone: (479) 927-1004
Fax: (479) 927-1373
Toll Free: 1-800-748-9768

I would be happy to discuss the positive influence of Ozark Guidance on our community further or provide additional information as needed. Please feel free to have representatives from DHS contact me directly if needed.

Thank you for all your organization provides. I look forward to continuing our partnership well into the future.

Respectfully,



Syard Evans, Ph.D.,
Chief Executive Officer
sevans@supports.org

February 4, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
Po Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura:

It is my honor to provide a letter of support to Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

I first attended a NAMI support group meeting in 2002. All meetings were held on the campus of Ozark Guidance when I first came to the NAMI meeting and NAMI Northwest Arkansas still meets on the Ozark Guidance campus. Since 2010, I have served as the facilitator for NAMI. I can confidently speak to the qualifications of Ozark Guidance.

NAMI Arkansas provides mental health advocacy, education, support, and public awareness to Arkansans so they can build better lives.

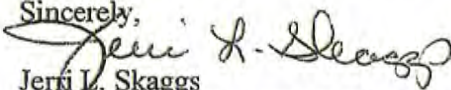
Ozark Guidance has a similar mission, "saving and changing lives by providing compassionate, quality behavioral health services."

Not only do our mission statements fit for each organization, Ozark Guidance provides our support group with a safe place to meet so that our NAMI group can offer support for families and consumers dealing with mental illnesses.

Ozark Guidance offers many services to families, consumers and the community. This is a great help to our NAMI group in which we can let those needing mental health services know that Ozark Guidance provides many services such as serving individuals of all ages, availability is 24/7, serves in 150 schools, offers a sliding scale for payment of services as well serves a large Medicaid and Medicare population.

DHS is welcome to contact me directly should they have any questions about this reference and the mission-driven work that Ozark Guidance provides in the local community.

Sincerely,



Jerri L. Skaggs
NAMI Northwest Arkansas Support Group Facilitator
479-273-3016 – jerriskaggs@hotmail.com



2601 Gene George Blvd., Springdale, AR 72762
479-725-6800 | www.archildrens.org

February 26, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region, including Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington, currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past three years as the Chief Administrator for Arkansas Children's Northwest (ACNW), I can confidently and with enthusiasm speak to the qualifications of Ozark Guidance. It is my pleasure to offer this letter of reference and support.

As a new pediatric acute care facility in Northwest Arkansas, I have appreciated the collegiality and expertise of your center. You and your team provided partnership and expertise to ACNW during the years we were building. Since opening, that partnership has only grown as you have provided care and services to patients that have been referred from our hospital.

DHS is welcome to contact me directly should they have further questions about this reference and the vital work that Ozark Guidance provides to the community of Northwest Arkansas.

Sincerely,

A handwritten signature in black ink that reads "Trisha Montague". The signature is written in a cursive style with a long, sweeping underline.

Trisha Montague, MS, RN, NEA-BC
Chief Administrator
(479) 725-6858
montaguepa@archildrens.org

Judicial Equality for Mental Illness
Nancy P. Kahanak
952 S. Washington Ave.
Fayetteville AR 72701
479 935-5013
nananak27@gmail.com

January 11, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Dear Dr. Tyler,

It is with pleasure and pride that I am sending this letter in support of Ozark Guidance Center, Inc. The high quality of care and commitment Ozark Guidance Center has provided our communities for over 40 years have been invaluable. Our area has grown and the need for such excellent care is greater today than it has ever been. With such experience and growth, OGC is in a unique position not only to continue serving Benton, Carroll, Madison and Washington Counties, but also to use this wisdom in caring for the mental health needs of Baxter, Boone, Marion and Newton Counties as we move forward.

I worked for Ozark Guidance Center for 25 years. My positions included case manager, program manager, research assistant, and member of the ACT Team with other professionals. I have always felt valued by the agency for my work. The administration was open and accessible, and I was treated fairly. I had a deep pride in the work done by the agency; who we served, how we treated our clients, variety of services offered, and depth of options available.

The advocacy group Judicial Equality For Mental Illness (JEMI) that I coordinate, was started in 2012 by several of us in the mental health community. JEMI was front and center in advocating for and obtaining the Arkansas Crisis Stabilization Units. Statewide we have over 300 JEMI members, and our monthly meetings draw local participants in furthering mental health issues.

In the past 4 years I have been part of the Ozark Guidance Center governing board, and this has given me a chance to observe the growth and change of the agency. I see the same institutional values intact despite the growth from 40 employees, to employees in the hundreds! The growth has allowed many programs to develop and thrive within the agency. Young, creative and dedicated staff are going all out to provide top-notch care, with support from long-serving staff.

I continue to be just as proud as ever in being associated with an agency so experienced and dedicated to serving the community. Our area is incredibly fortunate to have a committed staff with institutional knowledge of issues, problems, resources, and solutions. To think of losing all that is unacceptable.

I would be happy to have DHS contact me directly with any questions about this reference.

Sincerely,



Nancy P. Kahanak, MS
Coordinator, Judicial Equality for Mental Illness (JEMI)



3825 Cawood Lane
Springdale, AR 72762
479-725-2213
www.nwacasa.org

March 11, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past sixteen (16) years in as the Executive Director of CASA of Northwest Arkansas, I can confidently speak to the qualifications of Ozark Guidance.

As a fellow non-profit organization that provides service and support to abused and neglected children in the foster care system, we collaborate with the 100's of mental health professionals in Northwest Arkansas' schools who provide school based therapy for children in the foster care system. It has been our experience that Ozark Guidance works closely with children who are in foster care through their foster home outreach program, providing support to children and foster parents to preserve placements. Their CASSP program works with and supports many of our families from foster care through the transition back home or into an adoptive placement.

We have also have also seen Ozark Guidance work closely with stakeholders in Benton County to help start up a safe babies 0-3 court. They are integral part of the process participating in Family Team Meetings and court hearings.

DHS is welcome to contact me directly should they have further questions about this reference and the vital work that Ozark Guidance provides in the local community.

Sincerely,

A handwritten signature in black ink that reads "Crystal Vickmark". The signature is written in a cursive style with a large initial "C".

Crystal Vickmark, M.S.
Executive Director, CASA of Northwest Arkansas
3825 Cawood Lane
Springdale, AR 72762

479.725.2213

Crystal@nwacasa.org



where excellence lives

February 4, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight-county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton, and Washington) currently served by Ozark Guidance.

The Bentonville School District has partnered with Ozark Guidance over the past seventeen plus years, which qualifies me to speak to the qualifications of Ozark Guidance.

Our valued partnership with Ozark Guidance affords our students the opportunity to receive school-based counseling services during the school day. The Therapeutic Day Treatment Center allows students to receive more focused support services to meet their needs and their family's needs. Ozark Guidance works closely with district staff reporting on student progress, treatment, and release dates.

DHS is welcome to contact me directly should they have further questions about this reference and the significant work that Ozark Guidance provides in the local community.

Sincerely,

A handwritten signature in black ink that reads "Debbie Jones".

Debbie Jones, Ph.D.

djones@bentonvillek12.org / (479) 254-5013

500 Tiger Boulevard Bentonville, AR 72712

bentonvillek12.org



Springdale School District

804 W. Johnson Avenue, Springdale, AR 72764 Phone 479-750-8800

Dr. Jim Rollins, Superintendent
jrollins@sdale.org

March 5, 2019

Ozark Guidance Center, Inc.
Attention: Laura H, Tyler, CEO
P. O. Box 6430
Springdale, AR 72766

Via email to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight-county region (including Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance for many, many years as Superintendent of Springdale Public Schools, I can confidently speak to the qualifications of Ozark Guidance.

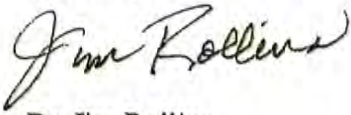
We have been a partner with Ozark Guidance in providing on-site therapy for children and families in our schools. Many of our families (approximately 70%) are in poverty and mental health services would be unreachable, but Ozark Guidance provides a sliding scale for their services as well as accessibility on our campuses.

We have enjoyed additional partnerships through the placement of social work and counseling interns with Ozark Guidance at our school sites. These services allow us the flexibility to serve more children and families including our children who experience mental health issues whether due to trauma in their lives or other stresses.

Recently, we have partnered with Ozark Guidance to provide training to all of our teachers and administrators in the area of understanding traumatized children, youth and adults. Through live-streamed events, our staff has begun to learn why and how people deal with stress as well as how to respond to them.

The Department of Human Services is welcome to contact me directly should they have further questions about this reference and the vitally significant work that Ozark Guidance provides in our community.

Sincerely,

A handwritten signature in black ink that reads "Jim Rollins". The signature is written in a cursive style with a large, prominent "J" and "R".

Dr. Jim Rollins
Superintendent
Springdale Public Schools

Flippin Elementary School

144 School Lane Road

Flippin, Arkansas 72634

Phone: (870) 453-8860

Fax: (870) 453-8877

Tracie Luttrell

Elementary School Principal

Kelvin Hudson

Superintendent

February 28, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
PO Box 6430
Springdale, AR 72766

Via email to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, bone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance this school year in Flippin Elementary as the elementary principal, I can confidently speak to the qualifications of Ozark Guidance.

We have dealt with two different agencies over the last seven years that I have been elementary principal at Flippin Elementary. This is the first year that we have worked with Ozark Guidance. The transition was extremely smooth. They service approximately thirty of our students and the care that they provide our students is exceptional. They work with our students, teachers and parents to make sure that the needs of the "whole" student are addressed. It is clear that they live their mission of "saving and changing lives by providing compassionate, quality behavioral health services".

DHS is welcome to contact me directly should they have further questions about this reference and the mission-driven work that Ozark Guidance provides in our local community.

Sincerely,



Tracie Luttrell
Flippin Elementary Principal
tracieluttrell@flippinschools.net

February 8, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

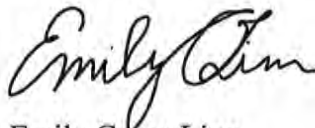
I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past two and a half years in my capacity as Canopy NWA's executive director, I can certainly speak to the qualifications of Ozark Guidance.

I work with refugees from all sorts of cultural backgrounds, many of whom have experienced profound trauma. I have found that Ozark Guidance is willing and able to work with my clients despite cultural and language barriers. They have experience with trauma-informed care and their in-school counselors have been especially helpful to our children as they go through the social adjustment process.

DHS is welcome to contact me directly should they have further questions about this reference and the important work that Ozark Guidance provides in the local community.

Sincerely,



Emily Crane Linn
Executive Director,
Canopy NWA
479.445.3282
Emily.Linn@canopyNWA.org



Magdalene Serenity House
P.O. Box 3394
Fayetteville, Arkansas 72702-3394
(479) 301-2326
lovehealsnwa.org

February 5, 2019

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue to provide a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton, and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past 1.5 years in my role as Program Director and COO of Magdalene Serenity House, I can confidently speak to the qualifications of Ozark Guidance. Our organization has relied solely on Ozark Guidance for mental health and substance abuse assessment, counseling, and medication management. Their services are accessible, high quality, and have been of great benefit to our residents at Magdalene Serenity House. Ozark Guidance has been an outstanding community partner and is integral to the services and support we provide at Magdalene Serenity House. We are grateful for this partnership and their support of our mission. Thus, we are providing this letter of reference in full support of their program and services.

DHS is welcome to contact me directly should they have further questions about this reference and the life changing work that Ozark Guidance provides in the local community.

With Gratitude,

A handwritten signature in cursive script that reads "April Bachrodt".

Dr. April Bachrodt, LMSW, PhD
Chief Operating Officer
Magdalene Serenity House

P.O Box 3394 · Fayetteville, AR 72702 · 479-301-2326

Returning Home, Inc.

Repairing Lives. Restoring Families.



Nick Robbins
Executive Director
Returning Home
703 N. Thompson St,
Springdale AR 72764
479-640-5358
nick@returninghomenwa.com

Date November 17, 2018

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past two years in as Executive Director of Returning Home, I have been greatly appreciative and impressed with Ozark Guidance.

Working with men and women who have been recently incarcerated our population is dealing with Mental Health at a high rate. Our facility is not equipped to provide the professional Mental Health Services needed. We have been blessed to have such a great referral partner in OGC.

DHS is welcome to contact me directly should they have further questions about this reference and the ongoing vital work that Ozark Guidance provides in the local community.

Nick Robbins
Executive Director
Returning Home

A handwritten signature in black ink, appearing to read "Nick Robbins", written over the printed name and title.



2/6/19

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past three years as CEO of Youth Bridge, Inc., I can confidently speak to their qualifications.

Ozark Guidance and Youth Bridge have worked together for more than 50 years serving the Northwest Arkansas area. They have been an integral partner in assuring the needs of our communities are met and most especially during a period of staggering population growth in the NWA area. Together we strive to collaborate whenever possible to assure our respective agency resources are utilized effectively and efficiently to best serve the communities here. Our agencies share a common mission and similar values related to service delivery and our agency outcomes for keeping children and adults out of higher levels of care are among the best in the state.

DHS is welcome to contact me directly should they have further questions about this reference and the meaningful work that Ozark Guidance provides in the local community.

Sincerely,

A handwritten signature in black ink, appearing to read "Darryl Rhoda", is written over a light blue horizontal line.

Darryl Rhoda
President/CEO
479-575-9471
drhoda@youthbridge.com
2153 E. Joyce Blvd., Suite 201
Fayetteville, AR 72703



Dr. Marlin Berry
Superintendent
Dr. Virginia Abernathy
Assistant Superintendent
Mr. Charles Lee
Assistant Superintendent
Dr. Roger Hill
Assistant Superintendent

February 8, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

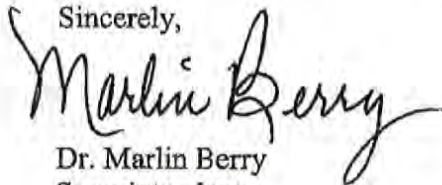
I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past three years as Superintendent of the Rogers Public Schools, I can confidently speak to the qualifications of Ozark Guidance.

I can attest that the services provided by Ozark Guidance Center, Inc. to individual students and small groups makes a significant difference in the academic success of our students. The mental health services provided for our students most definitely help us provide an environment of educational excellence where all belong, all learn, and all succeed.

DHS is welcome to contact me directly should they have further questions about this reference and the important and supportive work that Ozark Guidance provides in the local community.

Sincerely,



Dr. Marlin Berry
Superintendent

Marlin.Berry@rps.net



Arkansas Department of Education

Transforming Arkansas to lead the nation in student-focused education

Johnny Key
Commissioner

February 8, 2019

**State Board
of Education**

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Dr. Jay Barth
*Little Rock
Chair*

Via e-mail to: laura.tyler@ozarkguidance.org

Charisse Dean
*Little Rock
Vice Chair*

Dear Laura,

Susan Chambers
Bella Vista

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Dr. Fitz Hill
Little Rock

Having worked with Ozark Guidance over the past 15+ years in developing and maintaining school-based mental health programing, I can unquestionably speak to the qualifications of Ozark Guidance.

Kathy McFetridge
Springdale

Dr. Sarah Moore
Sautgart

Your staff and services far exceed expectations for our Arkansas school districts. In providing mental health services to our public school age population, your agency goes above and beyond in working with ADE to ensure a high quality of service is always provided.

Ouida Newton
Poyen

DHS is welcome to contact me directly should they have further questions about this reference and the meaningful work that Ozark Guidance provides in the local community.

R. Brett Williamson
El Dorado

Diane Zook
Melbourne

Regards,

Elizabeth Kindall, Ed.D.
Arkansas AWARE State Project Coordinator
Arkansas Department of Education
PO Box 610
Valley Springs, AR 72682
870-302-3094
Elizabeth.Kindall@Arkansas.gov

Four Capitol Mall
Little Rock, AR
72201-1019
(501) 682-4475
ArkansasEd.gov

*An Equal
Opportunity
Employer*



Rogers Public Schools

where all **belong**, all **learn**, and all **succeed**

500 West Walnut Street
Rogers, Arkansas 72756

Phone: 479-636-3910
Fax: 479-631-3504

Dr. Marlin Berry, Superintendent
Dr. Virginia Abernathy, Asst. Supt. for Teaching and Learning
Mr. Charles Lee, Asst. Supt. for General Administration
Dr. Roger Hill, Asst. Supt. for Human Resources

February 8, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past three school years in the Rogers Public Schools, I can certainly speak to the qualifications of Ozark Guidance in providing School Based Mental Health Services to our students and their families.

The partnership between Rogers Public Schools and Ozark Guidance provides collaborative support to school site teams and promotes student well-being. At this time, support services are present in 23 of the Rogers Public Schools. Consistent, appropriate, and quality services are the expectation of all providers. The School Based Mental Health services provided by Ozark Guidance affects the academic and future success of our students and we are grateful for their presence in our schools and community.

DHS is welcome to contact me directly should they have further questions about this reference and the significant work that Ozark Guidance provides in the local community.

Sincerely,

Sharon Langston
Director of Counseling
Rogers Public Schools
Sharon.langston@rpsar.net



Springdale Public Schools
804 West Johnson Avenue
Springdale AR 72764
479-750-8800

February 13, 2019

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington currently served by Ozark Guidance.

Ozark Guidance has partnered with Springdale Public schools for over 25 years in providing School Based Mental Health. I can confidently speak to the qualifications of Ozark Guidance. There is a long history of cooperation and outreach to provide optimal services to those who need it. Ozark Guidance goes above and beyond in upholding their aspect of the partnership. They do quite a bit more than the written Memorandum of Agreement requires of them. Some examples include providing professional development for faculty and staff regarding mental health needs, trauma informed care, suicide prevention and more as well as providing mental health services to students as part of the School Based Health Center model of delivery. I provide this reference because of the excellence in which OGC approaches provision of mental health care.

DHS is welcome to contact me directly should they have further questions about this reference and the vital, mission-driven work that Ozark Guidance provides in the local community.

Sincerely,

Mary Miller LSW.

Coordinated School Health/ School Based Health Center Director
Springdale Public Schools
mmiller@sdale.org
479-750-8790



**FAYETTEVILLE
PUBLIC SCHOOLS**
Since 1871

February 8, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P. O. Box 6430
Springdale, AR 72766

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past fifteen years as a principal and associate superintendent in the Fayetteville Public Schools, I can definitely speak to the qualifications of Ozark Guidance.

Ozark Guidance has been a very stable force in meeting the needs of our students as well as the parents. The service that is provided is done in a very professional and collaborative approach with students, parents and schools. As a formal principal, I can attest to the fact that the service provided to the students and families is highly needed and appreciated by us as a school district. Utilizing Ozark Guidance Center has allowed us to meet the educational, social and mental needs of the total child.

DHS is welcome to contact me directly should they have further questions about this reference and the vital work that Ozark Guidance provides in the local community.

Sincerely,

John L. Colbert, Ed.D.
Superintendent
Fayetteville Public Schools
johnl.colbert@fayar.net



**14th Judicial District
Circuit Court
Juvenile Division**

**COUNTY OF BAXTER
JUVENILE SERVICES
312 Bomber Boulevard
Mountain Home, AR 72653
Phone (870) 425-3840
Fax (870) 424-2955
www.bcjs.org**

February 13, 2019

RE: Letter of Reference for Ozark Guidance Center, Inc

Dear Sir/Madame:

I am writing on behalf of Ozark Guidance Center, Inc. as application is made for expansion of your services across the eight-county region to include Baxter and Marion counties for which I serve through the juvenile justice system. This letter is a testament to knowing the staff on a professional basis within the residential and community-based programs. As an Officer of the Court for almost thirty years, it has been a mission to connect with programs in our state. This entity has been instrumental in partnering with our juvenile justice and non-profit agency to see that all youth are given opportunity to participate as the various levels of your programs were established. We have joined efforts with Ozark Guidance Center, Inc on occasion to provide services with youth who are at-risk and have engaged in delinquent behavior, been neglected by their parent or custodian, in need of residential treatment and/or in need of community based counseling.

This agency has been used on various levels. The levels referred include residential placements for behavior management and placement of emotionally impaired youth. The collaborative efforts between Ozark Guidance Center, Inc and our agency have been productive for the youth and families we serve. Over time, the benefits of the program the youth encountered have garnered more successes than failures. The vision to expand the opportunity for each youth referred to this agency, the most at-risk students, have given them positive influence and support to keep them on a healthy and productive path. Their outreach to those students has proven positive outcomes.

The mutual goal for our youth to be successful has been promoted by their efforts and leadership. It is with pleasure that we extend our support to acknowledge their efforts bringing together Ozark Guidance Center, Inc and community-based programs in Baxter and Marion Counties.

Sincerely,

Cheryl Green

Cheryl Green

~Director~

14th Judicial District Circuit Court
Juvenile Division
Serving Baxter – Marion Counties
312 Bomber Blvd
Mountain Home, Arkansas 72653

870.425.3840 Telephone
870.424-2955 Fax
cgreen@bcjs.org E-mail Address



CITY of SPRINGDALE

POLICE DEPARTMENT

PATROL DIVISION

February 5, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past thirteen years as a police officer with the Springdale Police Department, I can confidently speak to the qualifications of Ozark Guidance.

Throughout my career as a law enforcement officer, I have worked directly with Ozark Guidance on occasions too numerous to count to assist those experiencing mental health crises. In addition, Ozark Guidance has been a dedicated partner in the implementation of Crisis Intervention Team training across the region by providing training, support and experience to law enforcement and the community. Finally, Ozark Guidance's local connection with the eight counties they serve gives them a unique perspective and commitment to continuing to serve their hometown.

CITY of SPRINGDALE

POLICE DEPARTMENT

PATROL DIVISION

DHS is welcome to contact me directly should they have further questions about this reference and the vital work that Ozark Guidance provides in the local community.

Sincerely,

A handwritten signature in black ink, appearing to read "Lt. Derek Wright" with a stylized flourish at the end.

Lt. Derek Wright
201 Spring St.
Springdale, AR 72764
(479) 756-8200
dewright@springdalear.gov



Washington County Sheriff's Office

February 13, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past fourteen years as Sheriff of Washington County, I can confidently speak to the qualifications of Ozark Guidance.

We have always maintained a good working relationship with Ozark Guidance Center. In my experience they have provided a quality service that is necessary for our line of work. I am happy to give a reference for Ozark Guidance Center in order for them to receive all the funding necessary, so they can continue providing their greatly needed services.

DHS is welcome to contact me directly should they have further questions about this reference and the mission-driven work that Ozark Guidance provides in the local community.

Sincerely,

Tim Helder
Washington County Sheriff
thelder@co.washington.ar.us

Northwest Regional Campus
1125 N. College Avenue
Fayetteville, Arkansas 72703

Pearl Anna McElfish, PhD, MBA
Vice Chancellor
pamcelfish@uams.edu



February 12, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Dr. Laura Tyler:

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance. Having worked with Ozark Guidance for more than 20 years, the University of Arkansas for Medical Sciences (UAMS) is fully confident in Ozark Guidance's services and qualification and is excited to continue to partner with them.

UAMS is the only medical, nursing, pharmaceutical, and public health education university in Arkansas. It is also the state's largest, most comprehensive facility for medical treatment and biomedical research. UAMS is part of the University of Arkansas system and has an enrollment of more than 2,500 students in five colleges (Medicine, Nursing, Pharmacy, Public Health, and Health Professions) and a Graduate School. Matrixed into the colleges are seven institutes of excellence: Cancer, Myeloma, Aging, Psychiatric Research, Eye, Spine & Neurosciences, and Translational Research. UAMS also provides an interactive video infrastructure throughout the region. We have and will continue to partner with Ozark Guidance to meet the behavioral health needs of the region.

Through our work with Ozark Guidance to meet the behavioral health needs of the region, I have directly observe the value and quality of services Ozark Guidance provides. Ozark guidance serves a critically important role in our community, and UAMS is pleased to offer our resources to continue to help Ozark Guidance meet the needs of the community.

DHS is welcome to contact me directly should they have further questions about this reference and the important work that Ozark Guidance provides in the region. My contact information is listed below.

Sincerely,

A handwritten signature in black ink that reads "Pearl Anna McElfish". The signature is written in a cursive style.

Pearl Anna McElfish, PhD, MBA
Vice Chancellor Northwest Arkansas Region
University of Arkansas for Medical Sciences
1125 N. College Avenue | Fayetteville, AR 72703-1908
Office phone: (479)713-8680
Cell phone: (479) 264-8690
E-Mail: pamcelfish@uams.edu



DEPARTMENT OF VETERANS AFFAIRS
VA Medical Center
1100 North College Avenue
Fayetteville, AR 72703-6995

February 14, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center to continue providing a wide array of behavioral health services across the eight-county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

I have worked directly for Ozark Guidance as the Chief Medical Officer/SVP in 2017-2018. In addition, I have worked with Ozark Guidance as a community stakeholder over the past 3.5 years as both the Assistant Chief and Chief of Mental Health at the Veterans Health Care System of the Ozarks. Given these diverse experiences as both a direct employee as well as a community partner, I can confidently speak to the strong qualifications of Ozark Guidance.

Ozark Guidance provides extensive services to the eight-county region, including serving 150 schools and providing services to over 12,000 clients annually. Their mission is "Saving and changing lives by providing compassionate, quality behavioral health services." Ozark Guidance truly carries out this mission by serving the underserved and treating a large Medicaid and Medicare population. They maintain a solid community focus guided by their governing, volunteer board of directors who naturally bring community needs and perspectives to light. It is a non-profit organization that prioritizes the mission above financials. Because of this approach, they are a natural partner with the VA as we seek support for Veterans who may not be eligible for traditional VA services. Finally, they serve a large educational role as a training site for counseling and social work interns—this has a major impact on all health care providers in the Northwest and North Arkansas region.

DHS is welcome to contact me directly should they have further questions about this reference and the vital work that Ozark Guidance provides in the local community.

Sincerely,

A handwritten signature in black ink that reads "Justin B. Hunt, MD, MS". The signature is written in a cursive style.

Justin B. Hunt, MD, MS
Chief of Mental Health
Veterans Health Care System of the Ozarks
Justin.Hunt2@va.gov

BOARD OF DIRECTORS
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Ann-Marie Magre, MD
John D. Moore, MD



61
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Paula J. Maxwell, RN
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Paula L. Storment, CPA, CMPE
Chief Financial Officer

February 5, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past nine years as Chief Executive Officer of Medical Associates of NWA, P.A. (MANA), I can confidently speak to the qualifications of Ozark Guidance.

MANA has worked in coordination with Ozark Guidance Center on behavioral health issues for patients we have in common. We have consistently found that Ozark Guidance has provided a high level of care to this population. We have also been able to use Ozark Guidance Center as a resource to help address the behavioral health needs of family members of our patients.

DHS is welcome to contact me directly should they have further questions about this reference and the beneficial work that Ozark Guidance provides in the local community.

Sincerely,

Jason K. Wilson, CPA, FACMPE
Chief Executive Officer
jason.wilson@mana.md



VANTAGE POINT OF NORTHWEST ARKANSAS

Vantage Point of Northwest Arkansas
4253 N. Crossover Rd., Fayetteville, AR 72703

February 6, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance in various capacities over the past 30 years as an acute psychiatric hospital, I can confidently speak to the qualifications of Ozark Guidance.

Ozark Guidance provides a solid foundation for the community mental health needs of Northwest Arkansas. We have long enjoyed our partnership with Ozark Guidance in serving patients of all ages that rely heavily on the services that Ozark Guidance provides. As a community based mental health provider they undeniably serve patients that would otherwise fall through the cracks and do so with integrity and compassion. Specifically, they provide much needed assistance to both uninsured and underinsured clients. They are embedded in the schools of the communities they serve which helps prevent escalation of mental health needs and provides transition for patients upon discharge.

DHS is welcome to contact me directly at 479-521-5731 ext. 2215 should they have further questions about this reference and the mission-driven work that Ozark Guidance provides in the local community.

Sincerely,



Megan Wedgworth
CEO, Vantage Point of Northwest Arkansas
Megan.Wedgworth@VantagePointNWA.com



February 4, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight-county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past twenty-five years in health care administration in Northwest Arkansas, I can speak to the qualifications of the Ozark Guidance Center. While our area is fortunate to have many healthcare resources, we are limited in community-based behavioral health care serving all ages in our community. I am relatively new in my role as CEO, but I have been very impressed with Laura Tyler her entire leadership team and their desire to deliver consistent, high quality care to all patients regardless of their ability to pay for that care.

DHS is welcome to contact me directly should they have further questions about this reference and the vital mission-driven work that Ozark Guidance provides in the local community.

Sincerely,



J. Larry Shackelford
President and CEO
Washington Regional Medical System
3215 N. North Hills Drive
Fayetteville, AR 72703
479-463-6003
lshackelford@wregional.com



**P.O Box 1030
Marshall, AR 72650
debbieackerson@bmrhc.net
870-448-5733**

February 4th, 2019

**Ozark Guidance Center, Inc
Attention: Laura H. Tyler, CEO
P.O Box 6430
Springdale, AR 72766**

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,


I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Qualifications as a community mental health center in order to continue providing a wide array of behavioral health services across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past 15 years as BMRHC CEO, I can certainly speak to the qualifications of Ozark Guidance.

Our organization has successfully partnered with Ozark Guidance for many years, which has afforded us the opportunity to expand case management services to our patient population. Together, we strive to meet the access and affordability of health care needs that are prevalent in our communities.

DHS is welcome to contact me directly should they have further questions about this reference and the vital work that Ozark Guidance provides in the local community.

Sincerely,


Debbie Ackerson, BA/HCA, AS/BA
Chief Executive Officer



March 7, 2019

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

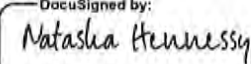
I'm writing this letter in support of Ozark Guidance Center, Inc. It's my understanding that your organization is responding to an RFQ from the state Department of Human Services to continue providing behavioral health services across the eight-county region in which you currently operate, including treating mental health and substance use disorders.

Genoa Healthcare, which specializes in pharmacy services for behavioral health, has worked with Ozark Guidance for the past decade, and as the Regional Vice President for Arkansas, I can confidently speak to the qualifications of Ozark Guidance. A Genoa Healthcare pharmacy is sited within Ozark Guidance's Springdale clinic and we provides services for all of the outlying clinics.

Our Springdale pharmacy has developed an excellent working relationship with Ozark Guidance clinic staff. Working closely together with their care teams, we are able to increase consumers' medication adherence with our tailored and integrated services. It has been a positive experience working with Ozark Guidance, especially seeing firsthand the outstanding care patients receive when they are in the clinic.

The DHS is welcome to contact me directly should they have further questions about this reference and the important work Ozark Guidance provides in the local community.

Sincerely,

DocuSigned by:

2F84E483123F43A

Natasha Hennessy
Regional Vice President
Genoa Healthcare

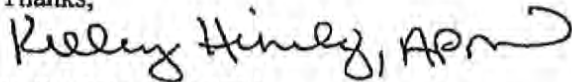
Karas Correction Health Care
Washington County Detention Center
1155 W. Clydesdale Dr.
Fayetteville, AR; 72703
Phone: 479-444-5859

02/20/2019

I am writing this letter to endorse the ongoing collaborative agreement with Ozark Guidance Center. The mental health providers and ancillary staff at Ozark Guidance Center has provided impeccable service for Washington County and Madison County detainees housed in the Washing County Detention Center (WCDC) whom are enrolled in the Forensic Outpatient Restoration Program. Ozark Guidance Center, in collaboration with the medical team at WCDC, ensure detainees receive the mental health services and medication (if required) to meet the FORP program requirements while in detention.

Please feel free to contact me with any questions regarding our collaborative efforts.

Thanks,



Kelley Hinely, APRN

Medical Director

WCDCMedical@co.washington.ar.us

E.2 GENERAL SERVICE DELIVERY REQUIREMENTS

E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.

E.2.A.

OGC was founded on the mission to serve individuals returning to our community due to Arkansas Act 433 of 1971. The agency has always recognized its role in creating a positive and meaningful life for the adults who have a serious and persistent behavior health diagnosis. We have provided programs to meet these needs, even when challenged by inadequate funding. OGC has programs that provide full day, community based, medical, and outpatient services to this client population, based upon their individual needs. OGC has had an active Consumer Council within our Community Support Programs (CSP) and supported the National Alliance for the Mentally Ill for over 10 years as an avenue to understand and improve services based upon recommendations from clients and their families.

Services are directed at treatment in the least restrictive setting and stabilization, through clinical and medical interventions, creation of an active and collaborative treatment plan that builds insight and functional skills within the individual, and positive social skills allowing clients to function effectively within the community. We have multiple CSPs within our region that offer individual therapy, group therapy, rehabilitative day services, psychiatric diagnostic assessment, medication administration and management, crisis intervention, and crisis stabilization. The agency offers community-based HUD housing to adults who experience SMI ,who are homeless or at imminent risk of losing their housing. We offer support to residents/client through day programming and individualize the care plan as clients gain employment and transition to independent living. These housing and community-based programs align well with the need to serve clients who have been hospitalized at the Arkansas State Hospital.

OGC continuously evolves to meet the needs of the SMI/SED population through the expansion of services in the community. Our goal is to have the greatest opportunity for positive impact possible through a combination of crisis intervention, stabilization, treatment and education at all socio-economic levels. Currently our CSP day treatment services are based upon Individual Resiliency Training (IRT), an evidenced based program for the treatment of individuals who are recovering from an initial episode of psychosis. We offer groups that focus on understanding psychosis, self-management, the impact of substance use, the benefits of nutrition, exercise and relationships, and development of interpersonal skills.

As noted in these Arkansas Department of Human Services Performance Based Contracting documents, changes may be made in good faith following acceptable industry standards. Thus,

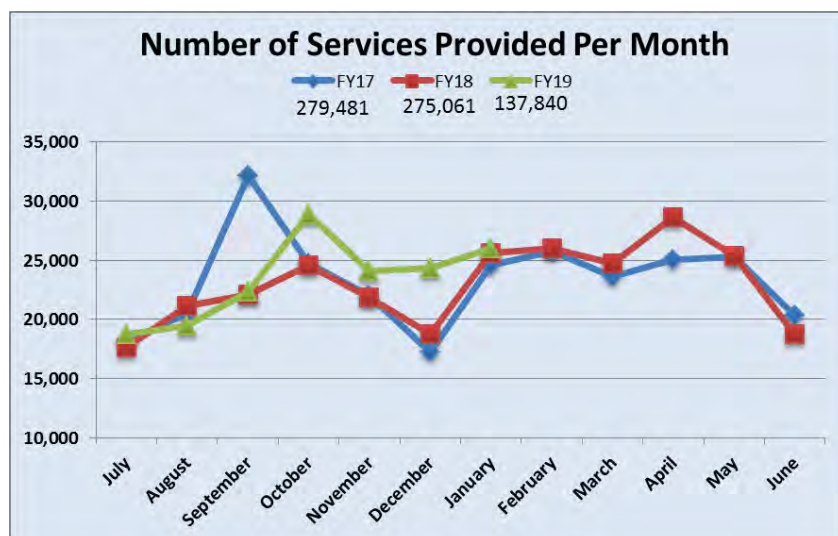
Ozark Guidance looks forward to providing input and constructively engaging to establish and/or change performance standards that are reasonably achievable.

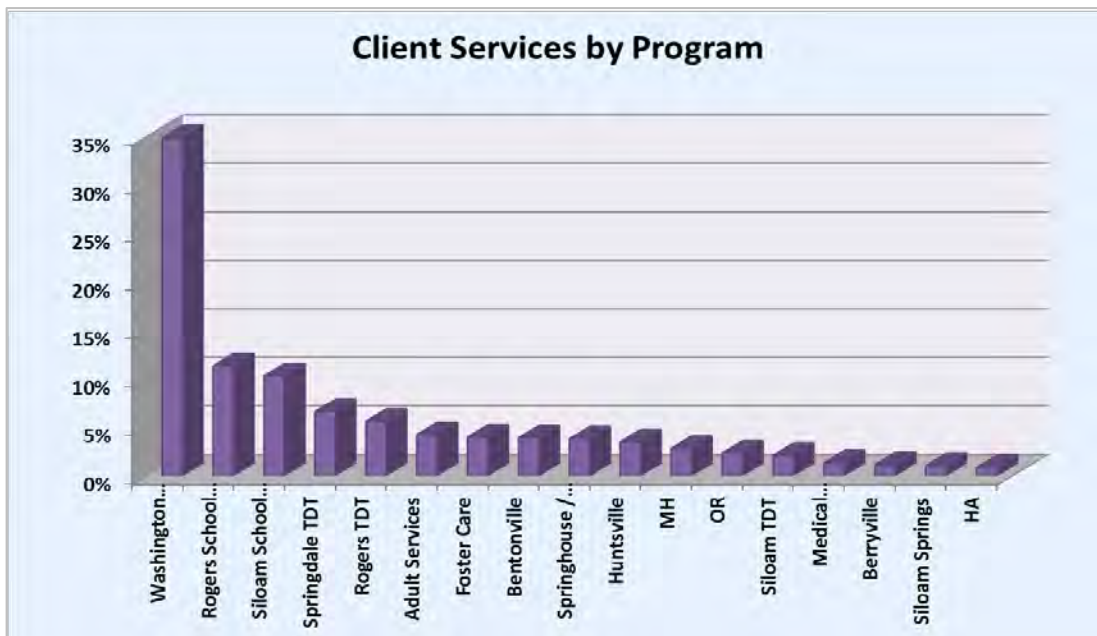
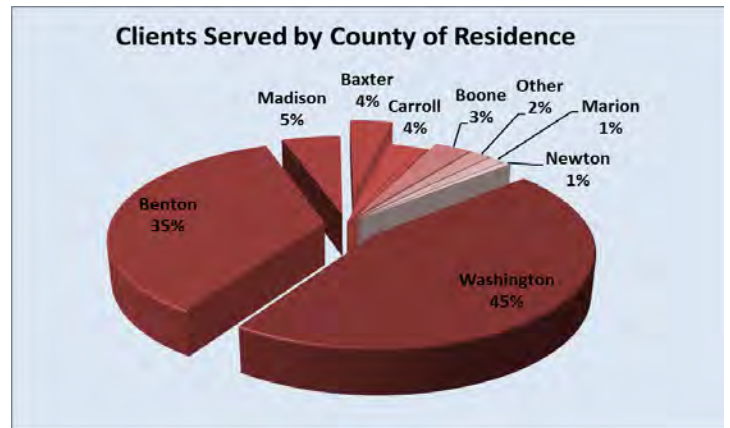
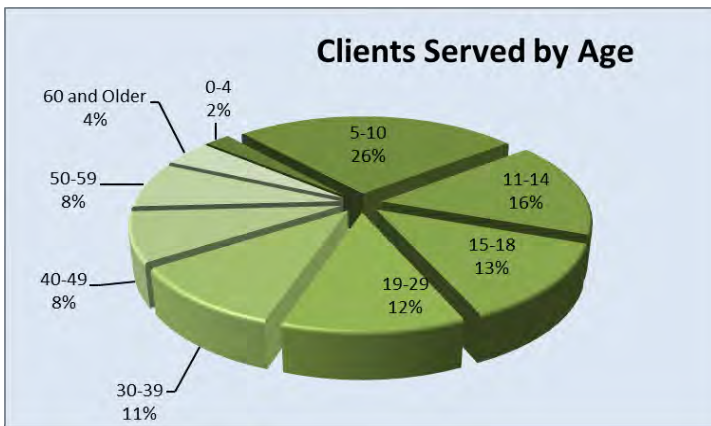
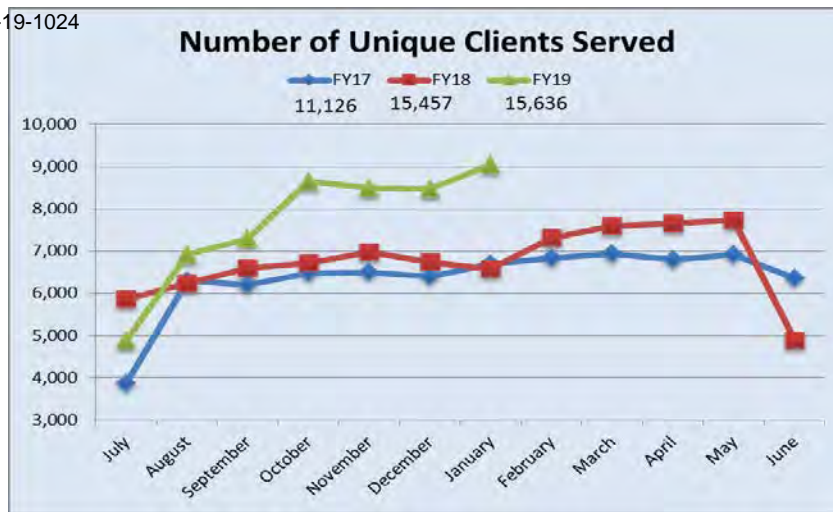
The agency has over 175 mental health professionals and qualified behavioral health providers serving clients in the community and educating their peers and other professionals about the unique needs and characteristics of individuals with serious mental health issues.

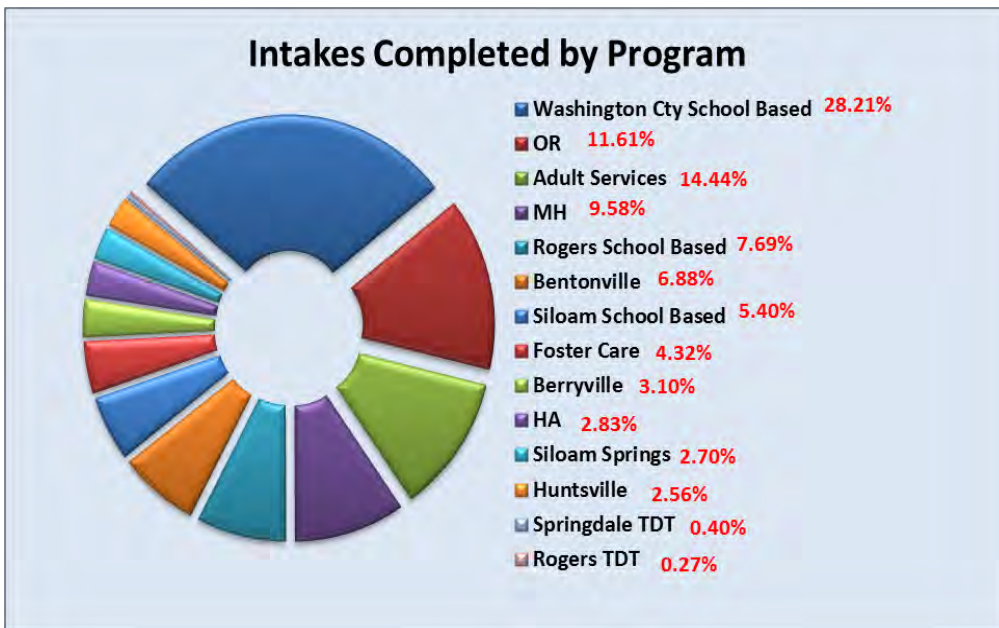
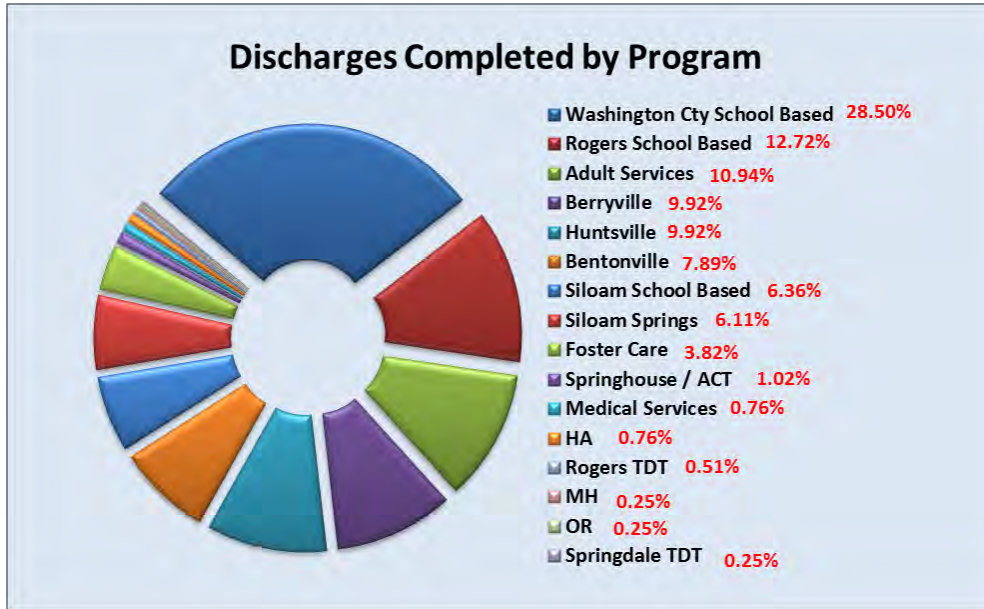
OGC continues to develop and grow services for the clients in the eight-county region. The graphs below provide a Fiscal Year to date (through January 2019) overview of the services. Since many of our services are provided to children, there is a seasonal impact on the number of services.

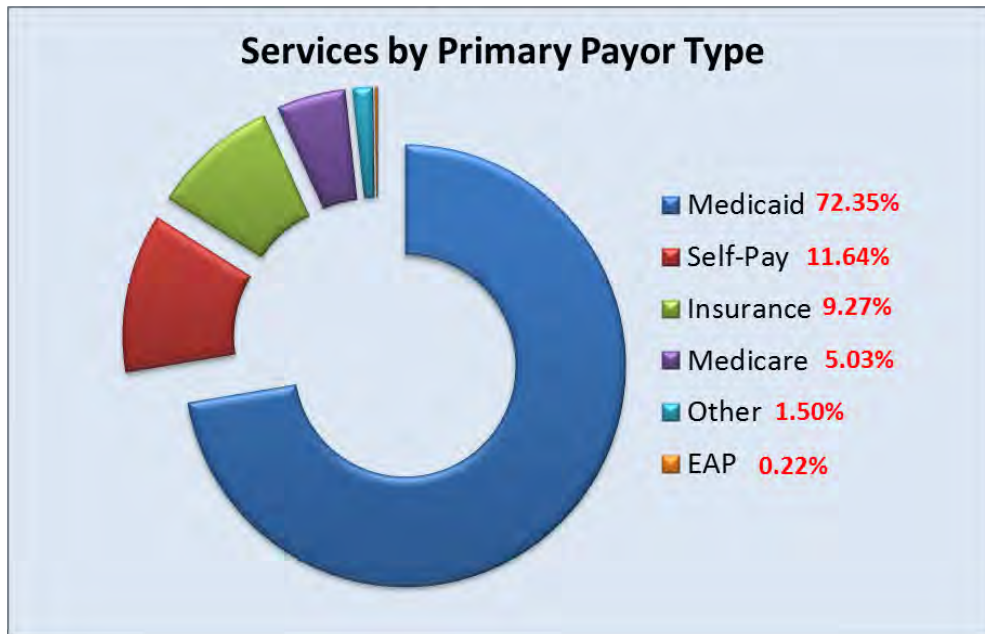
In January 2019 OGC:

- Provided **26,014** Services (25,611 Jan. '18) – **more than 23,862 hours**
- Provided **163,458** Services FY19 to date
- Served **9,049** Clients (6,577 Jan. '18)
- Served **15,636** Clients FY19 to date
- 103 School Outreach Services (103+ hrs.)
- 15 Child Outreach (24+ hrs.)
- 21 Adult Outreach (2+ hrs.)









OGC partners closely with other hospitals to provide behavioral health follow up including medication management for individuals who have been recently hospitalized. Employed prescribers have recently implemented “just in time scheduling” a National best practice for behavioral health scheduling that has allowed flexibility for the clients and decreased no shows. This has improved client access overall.

OGC substance abuse treatment and diversion services have recently expanded into four new counties that are part of this Region. In addition to treating substance abuse as a primary and co-occurring illness and providing Drug and Alcohol Safety Education Program, OGC is developing an Intensive Outpatient Program for substance abuse treatment. We are scheduled to have a site visit for this service from the Commission on Accreditation of Rehabilitation Facilities (CARF) prior to the start date of this grant.

OGC assesses individuals for risk of harm to self or others and provides crisis services across our 8 county region. We have an on-call team that provides quick access to a professional after hours, weekends and holidays. Clinicians at each office respond to crises that occur during regular work hours. Clinicians currently respond to individuals at area hospitals, local jails, schools, and at our 10 offices located across Region 8. We meet with foster children when they express thoughts or demonstrate behaviors that indicate they are at risk of harm to self or others with the goal to stabilize and wrap additional services around them. We have developed a specialty program that focuses on children and youth in foster care. These services occur within the office, home and community and are collaborative with foster families and caseworkers.

OGC

has contracts with the area psychiatric hospitals to allow quick admission for individuals at high risk and transition back into outpatient services when they are ready for discharge.

OGC, in partnership with the Washington County Quorum Court, is developing a Crisis Stabilization Unit. The site has been identified and approved by DPSQA. OGC is working with CARF to schedule a survey between April and May and anticipate an opening date in the summer of 2019. The collaboration around the development of the Crisis Stabilization Unit underscores the close relationships that OGC has with the community. The Judicial Equality for Mental Illness Coalition as well as the local jails, sheriffs, and police have all helped garner support for this project. In fact, the local police departments have partnered with OGC to provide Crisis Intervention Training to local and regional officers. Staff from OGC help develop the training and present sections of the CIT. The course also offers an opportunity for the police to tour OGC Campus and interact with a panel of adults with serious mental illnesses that have a history of altercations with law enforcement due to psychiatric instability. Currently, we have supported the training to over 100 law enforcement officers in our area.

E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines.

E.2.B.

All telemedicine services are provided following the standards set forth in Arkansas Act 203 and the Arkansas Medical Board. We use two-way electronic video and audio data exchange with bandwidth and frame rate speed that exceeds requirements. The system used for telemedicine uses a unique Advanced Encryption Standard (AES) with a 256-bit key generated and securely distributed to all participants at the start of each session. The requirement for unique user identification is met through multi-layered access controlled by the agency, including verified email address and unique password protection for each session.

Sessions traverse the secure infrastructure of the provider, which provides end-to-end encryption of all information. All services are logged, so there is an administrative record available for reports to review utilization. We have formed a Business Associates Agreement (BAA) with the enterprise video communications company in order to serve as confirmation that it is aware of its responsibilities with regards to the privacy and security of PHI. OGC also provides annual training for staff related to their responsibilities for protecting all PHI information in all setting. Clients are served in a private room that is consistent with traditional outpatient sessions. Clients are given the option to decline the use of telemedicine services and request all sessions through in-person treatment.

E.3 SERVICE DELIVERY DUTIES

E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:

- a. Serve the following populations in the delivery of crisis services:**
 - i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.**
 - ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.**
- b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.**
- c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.**
- d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.**
- e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.**

- f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.**
- g. Utilize mobile crisis teams to triage individuals into the least restrictive services.**
- h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.**
- i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.**
- j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.**
- k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis.**

E.3.A.a.i.

OGC has developed a comprehensive system for mobile crisis during the past 10 years through the implementation of services close to at risk individuals. We have staff in over 150 local schools who are able to respond to crises immediately within that setting and provide interventions within the home setting in order to stabilize the child and family. Within the past year, we have responded to attempted and completed suicide within our area by mobilizing staff to be present to support students and school staff through these tragedies. We have collaborative agreements with the school districts to serve individuals that do not have a payment source and offer them the full continuum of care. During the first six months of this fiscal year we have served individuals and their families while in crisis, who did not have a payment source. The agency also has 3 after-hours on-call teams that respond to requests during night, weekend and holiday hours. These teams respond to calls from hospitals, jails and individuals in the community that are at risk of hospitalization.

E.3.A.a.ii.

OGC has developed a team of 9 Mental Health Professionals and 4 Qualified Behavioral Health Providers to respond to the unique needs of this population. Services are provided to children in foster care in the clinics, foster homes, schools, shelters and community. Frequently, children do not have a comprehensive funding source when they initially enter foster care due to the requirements for medical and funding source authorization and approval of services.

E.3.A.b.-k.

Ozark Guidance has policies that outline the functions of our mobile crisis teams. These are below. We also have numerous other clinical and client care policies that are available to staff on a Web-based platform. Some of these include the duty to warn, reporting abuse neglect, and exploitation, and risk identification, assessment, and management.

Category: Client Care		
Subject: Crisis Services and Emergency Response Plan		Effective Date: 5:18
Authorized and Approved By: Executive Team	Regulatory Standard: BHA Certification; State Plan	Review Date:

- I. Policy: OGC provides crisis services to children, youth, and adults experiencing psychiatric or behavioral crises. Services are provided within OGC’s catchment area to the mobile crisis population, acute care funds population, and persons in custody of the Division of Children and Family Services (DCFS).
- II. Purpose: To ensure adequate and appropriate care to clients in crisis and/or in need of emergency services.
- III. Definitions: None.
- IV. Procedure:
 - A. Requirements and Processes: Implement and maintain a site-specific emergency response plan as identified below:
 - 1. Provide a 24-hour emergency number to all clients:
 - a. OGC posts the 24-hour number on its website and all public entries to each site (1.800.234.7052 or 479.750.2020)
 - b. OGC includes the 24-hour number on voice mail greetings
 - c. Phone lines are automatically forward to the after-hours answering service during evenings, weekends, emergencies, and holidays
 - d. OGC includes the 24-hour number in client handbook
 - e. Mental Health Professionals (MHPs) provide the 24-hour number and review how clients can access crisis services and after hours services during the diagnostic assessment and document the discussion.
 - 2. Identify local law enforcement and medical facilities within a 50-mile radius that may be emergency responders to client emergencies:
 - a. Contact information in emergency response plan is located at front desk
 - 3. Face-to-Face emergency response is:
 - a. Available 24 hours a day 7 days a week

- b. Provided telephonically by a MHP within 15 minutes of an emergency/crisis call and face to face assessment within two hours when indicated. (Please see On Site, Phone, and Mobile Crisis services procedures).
- 4. Response strategies are based on:
 - a. Time and place of occurrence
 - b. Individual's status (client/non-client)
 - c. Contact source (family, law enforcement, health care provider, etc.)
 - d. Safety
 - e. Clinician documents response in context of a., b., c., and d.
- 5. Provide emergency services training:
 - a. OGC requires age appropriate training that complies with CARF requirements.
 - b. OGC trains for all MHPs and Qualified Behavioral Health Professionals (QBHPs) through Essential Learning and when applicable through face-to-face crisis training
 - c. After hours, counselors on call (COC) complete emergency response team orientation prior to providing services to crisis clients.
 - d. All after hours counselors have monthly supervisory phone contact and updated schedules
 - e. Documentation of training is maintained in staff personnel file. This includes Essential Learning Training Log
- 6. Require clinical review by the clinical supervisor or emergency services director within 24 hours of each after hours emergency intervention:
 - a. On-site, Phone, and Mobile crisis services all have a clinical review process that is outlined in each respective procedure.
 - b. Please see On-Site, Telephonic, and Mobile Crisis services procedures for more information.
- 7. Documentation of all crisis calls, responses, collaborations, and outcomes is completed within two hours. When appropriate services provided as follow up to the crisis call are documented in accordance with OGC Documentation Compliance Plan.
- 8. Emergency responses may not vary based on the client's funding source.
- 9. Emergency responses are made in the least restrictive environment that is safe and allows for effective care.

- V. Attachments
- A. Onsite Crisis and Emergency Procedure
- B. Crisis Phone and Emergency Procedure
- C. Mobile and DCFS Crisis and Emergency Procedure

Attachment A: Onsite Crisis and Emergency Procedure

On Site Crisis Services are provided to clients and non-clients during regular business hours, 8:00 a.m. to 5:00 p.m. Monday through Friday at all OGC locations. These services can be initiated both by walk-in and by phone. Mental health professionals will be available at all locations during business hours. Those individuals currently in treatment at OGC will receive Crisis Services within the department/unit where they receive services.

1. Refer requests for Crisis Services, telephone calls, and walk-ins, to OGC office nearest to where the individual lives. This includes individuals not currently in treatment at OGC or those receiving services through a service unit.
2. Crisis calls are responded to within 15 minutes and face to face crisis assessments are made within two hours.
3. Crisis call and face to face assessment for existing clients should be handled by the client's MHP if at all possible.
4. Crisis calls/face to face assessments of non-clients and clients whose MHP is not available should go to the MHP designated as "on call" that day or first available MHP.
5. If no MHP is available the call/face to face assessment goes to the clinical manager or the program coordinator.
6. Each site will utilize the MHP at that site to address the emergency
7. The MHP who is assessing the client determines next steps regarding treatment
8. The MHP will complete a risk assessment and when possible a safety plan.
9. MHP who is working with the client may refer to a more appropriate agency or other division if not appropriate to OGC Crisis Services with options for care
10. Referral information may be found in the Emergency Site Book or by searching www.arkansas211.org. 211 call specialists may be reached at 866.489.6983.
11. Documentation occurs in Electronic Health Record (EHR) service note within two hours

12. Paper forms for hospital screening, if used, are sent to medical records to be scanned by next business day.
13. Clinical manager reviews crisis services and those who have had a risk assessment within 24 hours.

Attachment B: Crisis Phone and Emergency Procedure (not requiring mobile response)

OGC Crisis Services provides after-hours Mental Health Professionals for Crisis Services. The calls are received and routed by the answering service and the Crisis Services hours are 5:00 p.m. until 8:00 a.m. Monday through Thursday and 5:00 p.m. Friday until 8:00 a.m. Monday. Paid holidays will also be covered by the after-hours Mental Health Professional. MHPs serving on the crisis on-call team follow the below procedure:

1. Inform answering service where you can be reached at all times (Mental Health Professional on-call).
2. Have mobile phone with you at all times while on call.
3. Have counselor emergency call book.
4. Maintain an adequate supply of all required forms.
5. Determine whether caller is a client of OGC and whom he/she sees at the center.
6. Determine whether call is an emergency.
7. Make an effort to resolve the problem(s) to the non-emergency caller's satisfaction.
 - a) Take messages to give to client's therapists or physician.
 - b) Provide referral numbers
 - c) Provide support
8. Treat emergency calls with clinical skill and personal concern until some resolution is reached.
 - a) Address suicide calls:
 - i) Obtain caller's address immediately.
 - ii) Determine if a drug overdose has occurred.
 - iii) Call 911, if the emergency is life threatening.
 - b) Advise callers with complaints of violent behavior against them to call the local police

- c) Address danger to others:
 - i) Obtain address from caller immediately.
 - ii) Determine specific individuals in danger and how to contact them, if possible.
 - iii) Call law enforcement personnel and perform “duty to warn” activities.
 - iv) Document all activity.

- d) Advise rape victims
 - i) Not to bathe.
 - ii) Not to change clothes.
 - iii) Not to change anything in the home or area in which the rape occurred.
 - iv) Not to douche or use the bathroom, if possible.
 - v) Advise caller to call Rape Crisis (927-1020 or toll free 1-800-794-4175).
 - vi) If rape occurred in the past, offer some support and inform caller that Rape Crisis and OGC have counseling available.

- e) Commitment can be initiated by callers who report another person who is a danger to self or others:
 - i) Advise caller to call prosecuting attorney if person is unwilling for voluntary treatment.
 - ii) Advise caller that this process can be initiated by anyone he/she does not have to be a relative.
 - iii) Provide information and assistance regarding Arkansas Act 861.

- 9. Document call within 2 hours.
 - a) Documentation is made within EHR.

 - b) Paper forms for hospital screening, if used, are sent to medical records to be scanned by next business day.

- 10. The coordinator of crisis services provides clinical review by:
 - a) Reviewing log from the answering service daily that includes the time the call came in; when it was dispatched to the on-call staff, and when on-call staff retrieved the message from the answering service.

 - b) Following up with the caller directly if the caller is not in services. Calls are documented in the Crisis Phone Contact note if the client is not in services

 - c) Reviewing the notifications triggered by the phone crisis call note, sent by the EHR to the client’s clinician

 - d) Reaching out to clinicians and clinician’s clinical manager until client is seen.

Attachment C: Mobile and Division of Children and Family Services (DCFS) Crisis and Emergency Procedure

1. OGC professional staff will respond to face-to-face requests for emergency intervention received from a hospital or law enforcement agency or other requesting agency for a current client or non-client by making phone contact within 15 minutes of a request for crisis assessment.
2. OGC will coordinate with the hospital or law enforcement agency or other requesting agency to determine whether the face-to-face response by the MHP is needed within two hours of the request.
3. The hospital or law enforcement agency or other requesting agency in agreement with OGC may determine that the face to face by MHP is not needed, needed within two hours, or needed on a different time frame and identify the least restrictive setting to safely complete the assessment.
4. If a different time frame is proposed, the agreement and a reasonable basis for the agreement will be documented by OGC staff in EHR.
5. OGC will use appropriate forms in crisis assessment process
 - a. MHPs will use OGC screening forms clients screened for hospitalization.
 - b. MHPS will use SPOE forms for clients being screened for Arkansas State Hospital
 - c. MHPs will use DCFS SPOE forms for persons in custody of DCFS
 - d. Each type of screening above has a separate process and form that is located in the Emergency Response Plan.
6. OGC MHPs will provide services to persons in custody of the DCFS in a community setting. This may include but is not limited to a home or foster home, school, or DCFS office.
 - a. OGC MHP will complete safety checklist prior to seeing any client in a home or foster home.
 - b. OGC MHP may go to a home or foster home unless he/she determines the home or foster home is not safe.
 - c. The safety concern will be documented, and a suitable alternative will be determined.
7. For the DCFS population crisis, services will focus on stabilization of the client within the community. The stabilization process will integrate other care partners as appropriate.
8. OGC MHP will complete a risk assessment and safety plan whenever possible and indicated.

9. Follow up will be provided to the client (by the client's MHP or MHPP) within 24 to 48 hours when the client is accessible.
10. If the individual in crisis has a behavioral healthcare provider that they have been working with, OGC will whenever appropriate and possible contact that healthcare provider. OGC will provide the crisis assessment and appropriate crisis services.
11. For those individuals deemed to be in need of acute hospitalization, the screener or other identified OGC staff will begin documenting efforts to locate an acute placement immediately. Documentation should continue until placement is confirmed and takes place. This will be done in collaboration with the assigned PASSE as appropriate.
12. The MHP providing face-to-face assessment services will continue to provide crisis stabilization services until OGC MHP or other medical or behavioral health professional determines the person is stable. This determination must be documented and available for OGC MHP to scan into OGC EHR.
13. OGC mobile response team consists of the after-hours crisis on call team and during business hours the MHPs available at the time of the face to face assessment request.
14. This "team" will triage the person served into the least restrictive services including but not limited to: immediate outpatient treatment by a behavioral health professional, crisis stabilization services, referral to substance abuse detoxification, referral to an authorized crisis intervention unit if available, or admission to local acute psychiatric hospitalization.
15. The coordinator of crisis services or designee will run an EHR query for mobile assessments daily and review to determine if safety of client was addressed, crisis stabilization was provided, and whether referral to the least restrictive environment was made.

All mobile crises are documented within two hours

E.3.A.e-k.

OGC has developed a screening assessment and protocol using age, gender, and culturally appropriate defined criteria to measure the immediate and potential safety needs (danger to self and others). This tool is based on the Columbia-Suicide Severity Rating Scale and was developed by an OGC team led by a psychologist.

OGC TOOL

Assessment

Diagnosis and synopsis of events leading up to crisis situation:

Text input field with ABC icon and expand/collapse buttons.

Response to Interventions AND Therapeutic Intervention provided*

- Information located in the intervention section of the TX Plan
 Intervention and response to intervention

Progress or Regression and Prognosis *

Text input field with ABC icon and expand/collapse buttons.

Please answer yes to the next question if you documented symptoms and/or impairments that will help justify services and current/future authorization requests.

Significant symptoms and/or functioning deficits documented in this service.

- True

Was Client evaluated for Acute Psychiatric Hospitalization?

- Yes
 No

Changes in MTP indicated?*

- Yes
 No

Plan for followup: (select one)

- Client agrees to followup with OGC
 Client declines appointment with OGC and agrees to call 9-1-1 or go to nearest Emergency Room if unable to keep self safe.
 Client refuses plan for followup. (Review immediate risk & required notifications including those in duty to warn. Consider welfare safety check/talking to family about possible commitment. Consult with Clin. Manager if needed.)

Details:

Text input field with expand/collapse buttons.

Additional Information:

Complete

Observations

Observed/Reported changes in Medications/Medical Condition and Actions taken:

ABC ✓
↑
↓
+

Describe interval history (i.e., improvement or worsening of symptoms, new issues or stressors) since last visit:*

- Yes (describe)
- The client denies any changes in stressors or symptoms since last visit.

ABC ✓
↑
↓
+

Brief Mental Status Exam and Observations

Mood: (Choose one or more of the following that apply)*

- Euthymic
- Depressed
- Anxious
- Angry
- Euphoric
- Irritable

Affect: (Choose one or more of the following that apply)*

- Full
- Constricted
- Flat
- Inappropriate
- Labile
- Tearful

Behavior: (Choose one or more of the following that apply)*

- Cooperative
- Resistant
- Agitated
- Impulsive
- Over Sedated
- Assaultive
- Aggressive
- Hyperactive
- Restless
- Loss of Interests
- Anhedonia
- Withdrawn

Cognitive Impairment of: (Choose one or more of the following that apply)*

- None Reported
- Orientation
- Memory
- Attention/Concentration
- Judgment
- Insight
- Ability to Abstract

Client Observations

Appearance*

- Well Groomed

Bid No. 710-19-1024

84

- Disheveled
- Good Hygiene
- Poor Hygiene
- Other (explain)

Is there a presence of Abnormal Involuntary Movement?*

- Yes (describe)
- No

If Abnormal Involuntary Movement is present, is an AIMS evaluation indicated?

- Yes
- No

Attitude:*

- Cooperative
- Partially Compliant
- Guarded
- Other (explain)

Current Risk of Harm to Self/Others/Safety Plan:

Date of Last Risk Assessment:

Risk Rating of Last Assessment:

Date of Last Crisis Safety Plan:

Date of Last Crisis Safety Plan Review:

Triggers to Complete a new Risk Assessment*

- Suicide Attempt since last contact
- Violent act resulting in harm to someone else since last contact
- Psychiatric Hospitalization since last contact
- Newly identified suicidal/homicidal ideation
- Newly identified plans to harm self or others
- Several risk factors indicating need for new risk assessment
- Evaluate the reduction in the current risk level
- No Additional information to warrant a new risk assessment

Was the Crisis Safety Plan Reviewed Today:*

- Yes
- No

Select Today's Date:

Was the Client screened/assessed for inpatient psychiatric hospitalization during the visit?*

- Yes - was screened and was hospitalized
- Yes - was screened and not hospitalized
- No - was not screened

Ideation:*

- Other (describe)
- Plan (describe)
- Intent (describe)
- Attempt (describe)
- None

****Provide a Medical Necessity Statement for this service in the TX Plus section of the note****

*** Indicates required field**

Complete



Risk Assessment - CHILD

Section I. Harm to Self

Answer the following questions based on the past month. For 'YES' answers, document details in the text boxes.

1.) Have you wished you were dead or not alive anymore? Have you wished you could go to sleep and not wake up? *

- Yes
- No

ABC ✓

+

2.) Have you thought about doing something to make yourself not alive anymore? Have you had any thoughts about killing yourself? (general, non-specific thoughts of wanting to die or end one's life, without specific ways of methods)*

- Yes
- No

ABC ✓

+

(*If YES to question '2', you must answer questions 3-5**)

3.) Have you thought about how you would kill yourself/make yourself not alive anymore? What did you think about? (Thoughts of suicide, and has thought of at least one method. This is different than a specific plan)

- Yes
- No

4.) When you thought about killing yourself/making yourself not alive anymore did you think that this was something that you might actually do? (Active suicidal thoughts and reports some intent to act on the thoughts)

- Yes
- No

5.) Have you ever decided how or when you would kill yourself? Have you ever planned out how you would do it? When you made this plan, was any part of you thinking about actually doing it? (Thoughts of killing oneself with details of plan fully or partially worked out, with some intent to carry it out)

- Yes
- No

6.) Did you ever do anything to try to kill yourself/make yourself not alive anymore? Have you ever started to do something (or done anything to get ready) to kill yourself? (Examples: collected pills, obtained a gun, wrote a suicide note, held a gun but changed your mind, went to the roof but didn't jump, took pills, tried to shoot yourself, cut yourself, etc.)*

- Yes
- No

Section II. Harm to others

7.) Have you ever hurt anyone else on purpose? (If 'YES' document details: date/year/age, circumstances, weapon use, severity, outcome)*

- Yes
- No

8.) In the past month, have you thought about hurting anyone else? (If 'YES': Have you thought about how or when you could hurt someone? Do you have (or can you get) something that you could use to hurt someone? Is any part of you thinking about actually doing it?)*

- Yes
- No

Section III. Other Relevant Clinical Factors

These factors have been found to be associated with increased risk of harm to self and/or others. They are listed here to aid the clinician in recalling and considering issues and concerns that are relevant to risk. When completing this section, check all factors that are an important part of the clinical picture.

Demographics and History:*

- Male gender

- Issues related to sexual orientation/gender identity
- Family history of suicide
- Family history of mental illness
- History of problems maintaining healthy relationships (family, friends, teachers)
- History of non-violent antisocial or law-breaking behavior (e.g. theft, property destruction)
- History of abuse, neglect, or other traumatic experiences
- History of poor response to/non-compliance with treatment or supervision failures (e.g. probation)
- Not Applicable
- Other (describe)

Symptoms/Mental Health Concerns:*

- Insomnia or lack of sleep
- Feelings of hopelessness or worthlessness
- Current anger or agitation
- Substance use issues
- Active symptoms of a major mental disorder (i.e. bipolar, schizophrenia, schizoaffective)
- Lack of insight into current symptoms and/or need for treatment
- Not Applicable
- Other (describe)

Social Factors:*

- Chaotic/unstable environment or living situation
- Recent loss (death of loved one, divorce/separation, loss of relationship, humiliation, or loss of self-esteem, changes in living situation)
- Low social connectedness (few friends, impaired relationships, termination of romantic relationship)
- Low bonding to school (poor academic performance; limited/no involvement in extracurricular activities; truancy)
- Low family bonding (low levels of parental involvement; family conflict)
- Victim of bullying and/or being a bully
- Attitudes supportive of violence or aggression
- Not Applicable
- Other (describe)

Use this box to comment further on the factors checked above that you consider important in making your risk formulation.

Section IV. Protective Factors

Check all the protective factors that are an important part of the current clinical picture*

- Core values and beliefs, including religious/spiritual beliefs
- Has demonstrated use of positive coping or conflict resolution skills
- Planning for the future
- Expresses a sense of purpose or responsibility
- Fear of death or of legal consequences for harming others
- Positive social supports and connection to others (including family, friends, significant other, pets, job, community group, etc.)
- Stable living environment
- Lack of access to means for harm to self and others
- Not Applicable
- Other reasons for living

Use this box to comment further on the factors checked above that you consider important in making your risk formulation.

Section V. Risk Formulation and Recommendations

Date:*

Overall risk rating:*

--SELECT-- ▾

Risk Management Strategies: Check all recommendations made at the time this risk assessment was completed.*

- Involvement in therapy
- Follow-up with PCP
- Scheduled (early) follow-up
- Evaluation for hospitalization
- Contact with medical services
- Increased service frequency
- Crisis safety plan
- Crisis # provided
- Supportive other (e.g. friend, relative, significant other) to restrict access to means
- Add crisis stabilization services to MTP
- Other

Summarize overall rating, risk of harm to self and/or others, major risk factors, treatment recommendations, and plans to manage risk. Also use this box as needed to comment on any of the checked strategies above, including the clients decline of any recommendations.*

Was the Client screened/assessed for inpatient psychiatric hospitalization during the visit?*

- Yes - was screened and was hospitalized
- Yes - was screened and not hospitalized
- No - was not screened

* Indicates required field

Complete

Risk Assessment - ADULT

Section I. Harm to Self

Answer the following questions based on the past month. For 'YES' answers, document details in the text boxes.

1.) Have you wished you were dead, not alive anymore, or wished you could go to sleep and not wake up? *

- Yes
- No

ABC
✓

^
v
+

2.) Have you actually had any thoughts of killing yourself? (general, non-specific thoughts of wanting to die or end one's life, without specific ways of methods)*

- Yes
- No

ABC
✓

^
v
+

(*If YES to question '2', you must answer questions 3-5**)

3.) Have you been thinking about how you might do this? (Thoughts of suicide, and has thought of at least one method. This is different than a specific plan)

- Yes
- No

4.) Have you had these thoughts and had some intention of acting on them? (Active suicidal thoughts and reports some intent to act on the thoughts)

- Yes
- No

5.) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? (Thoughts of killing oneself with details of plan fully or partially worked out, with some intent to carry it out)

- Yes
- No

6.) Have you ever done anything, started to do anything, or prepared to do anything to end your life? (Examples: collected pills, obtained a gun, wrote a suicide note, held a gun but changed your mind, went to the roof but didn't jump, took pills, tried to shoot yourself, cut yourself, etc.)*

- Yes
- No

Section II. Harm to others

7.) Have you ever deliberately hurt anyone else? (If 'YES' document details: date/year/age, circumstances, weapon use, severity, outcome)*

- Yes
- No

8.) In the past month, have you had any thoughts or fantasies of hurting anyone? (If 'YES': Do you have a plan to carry this out? Access to weapons or means? Intent to go through with it?)*

- Yes
- No

Section III. Other Relevant Clinical Factors

These factors have been found to be associated with increased risk of harm to self and/or others. They are listed here to aid the clinician in recalling and considering issues and concerns that are relevant to risk. When completing this section, check all factors that are an important part of the clinical picture.

Demographics and History:*

- Male gender
- Issues related to sexual orientation/gender identity
- Family history of suicide
- Family history of mental illness

- History of problems maintaining healthy relationships (intimate, family, professional)
- History of non-violent antisocial or law-breaking behavior (e.g. theft, property destruction)
- History of problems maintaining employment
- History of abuse, neglect, or other traumatic experiences
- History of poor response to/non-compliance with treatment or supervision failures (e.g. probation, Act 911)
- Not Applicable
- Other (describe)

Symptoms/Mental Health Concerns:*

- Insomnia or lack of sleep
- Feelings of hopelessness or worthlessness
- Current anger or agitation
- Relevant medical issues. (Pain or health problem, suggests medical follow-up is needed, serious medical diagnosis)
- Substance use issues
- Personality disorder
- Active symptoms of a major mental disorder (i.e. bipolar, schizophrenia, schizoaffective)
- Lack of insight into current symptoms and/or need for treatment
- Not Applicable
- Other (describe)

Social Factors:*

- Chaotic/unstable environment or living situation
- Recent loss (job/income, relationship, social status, death of loved one, legal issues)
- Lack of social connectedness or supports; isolation
- Attitudes supportive of violence or aggression
- Not Applicable
- Other (describe)

Use this box to comment further on the factors checked above that you consider important in making your risk formulation.

Section IV. Protective Factors

Check all the protective factors that are an important part of the current clinical picture*

- Core values and beliefs, including religious/spiritual beliefs
- Has demonstrated use of positive coping or conflict resolution skills
- Planning for the future
- Expresses a sense of purpose or responsibility
- Fear of death or of legal consequences for harming others
- Positive social supports and connection to others (including family, friends, significant other, pets, job, community group, etc.)
- Stable living environment
- Lack of access to means for harm to self and others
- Not Applicable
- Other reasons for living

Use this box to comment further on the factors checked above that you consider important in making your risk formulation.

Section V. Risk Formulation and Recommendations

Date:*



Overall risk rating:*



Risk Management Strategies: Check all recommendations made at the time this risk assessment was completed.*

- Involvement in therapy

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- Follow-up with PCP
- Scheduled (early) follow-up
- Evaluation for hospitalization
- Contact with medical services
- Increased service frequency
- Crisis safety plan
- Crisis # provided
- Supportive other (e.g. friend, relative, significant other) to restrict access to means
- Add crisis stabilization services to MTP
- Other

Summarize overall rating, risk of harm to self and/or others, major risk factors, treatment recommendations, and plans to manage risk. Also use this box as needed to comment on any of the checked strategies above, including the clients decline of any recommendations.*

Was the Client screened/assessed for inpatient psychiatric hospitalization during the visit?*

- Yes - was screened and was hospitalized
- Yes - was screened and not hospitalized
- No - was not screened

*** Indicates required field**

Complete

Complete



Safety Plan

CLIENT HANDOUT TO TAKE HOME

This plan is intended to be a collaborative process with client.

Plan is not the same as contracting which is contraindicated with new clients, emergency clients, agitated, psychotic, impulsive, or when intoxicated. Contract does not substitute for thorough evaluation and follow up.

First Name:

Text input field for First Name

Last Name:

Text input field for Last Name

Date:

Date selection field with calendar icon

These things have worked to keep me safe in the past

- Checkboxes for 'Contacting OGC Crisis Line' and 'Going to the Emergency Room'

My Triggers... (Things that put me at emotional risk)

Text area for My Triggers with scroll arrows

Warning signs that I'm not feeling good...

Text area for Warning signs with scroll arrows

List 1-3 things I can do to be calm and stay safe in the moment (Consider things that have worked for client in the past.)

Text area for coping strategies with scroll arrows

My preferred interventions for personal and public safety:

Type of treatment

Text area for Type of treatment with scroll arrows

Choice of Provider

Text area for Choice of Provider with scroll arrows

Medications

Text area for Medications with scroll arrows

Other (For example, if hospitalized: allergies, dietary needs, religious/spiritual preference)

Text area for Other with scroll arrows

List 1-3 people that I can talk with for support in a crisis

Text area for support people with scroll arrows

Plan for followup: (select one)

- Radio buttons for 'Client agrees to followup with OGC' and 'Client declines appointment with OGC and agrees to call 9-1-1 or go to nearest Emergency Room if unable to keep'

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self safe.

- Client refuses plan for followup. *(Review immediate risk & required notifications including those in duty to warn. Consider welfare safety check/talking to family about possible commitment. Consult with Clin. Manager if needed.)*

Details:

Reminders:

- Take medication as prescribed
- Ask for help if symptoms don't improve
- Keep all scheduled appointments
- Call 9-1-1 or go to nearest Emergency Room if unable to keep self safe

--Emergency Numbers--

Ozark Guidance: 479-750-2020 or 1-800-234-7052

National Suicide Prevention Line: 1-800-273-TALK (8255)

Complete

In combination with the crisis service note the tool includes:

Clear documentation of existing support network.

Clinical recommendations and disposition.

If needed, all steps taken and (or) contacts made to locate acute placement including:

Timelines

Agencies

Contact persons

Outcomes;

Contacts made to the individual's behavioral health treatment team members to help solve the crisis, if applicable.

How the team worked with the caregiver or support network to

De-escalate the crisis.

Problem-solve and to recommend a course of action.

If acute placement is not needed, the screening assessment documents

Treatment services recommended.

Individual's response to the recommended treatment.

Time and place of the treatment services recommended.

OGC has protocols for using the screening assessment tool to adequately triage planning and Care in Region 8. If for any reason the individual needing acute placement is not placed immediately, OGC will document attempts for placement until appropriate placement is secure and the individual is placed.

Crisis intervention and stabilization services will be provided in a community setting to any screened individual until placement in an acute setting, or the individual is deemed stable by a medical or behavioral health professional and stabilization is clearly documented by one (1) or more of those professionals.

OGC will maintain a DHS certified location in every county in their Region. OGC currently has sites in 6 of the 8 counties in the Region. The final two sites have been identified for Marion and Newton Counties and will be operational by July 1, 2019.

OGC has a Warm Line, which is available to clients in crisis during work hours, evenings, weekends, and holidays. This Warm Line is operated in partnership with Mid-South and Counseling Associates. OGC has developed language to describe this service that highlights the difference between this and a crisis line.

“Our Warm Line is available every day including evenings, weekends and holidays. While our emergency hotline is still available, this is more for those days when things aren’t going well. Your thoughts or feelings may be confusing or uncomfortable. Talking with someone, a good listener, could be just what you need. Or, you or your family may have questions or need some specific support. Our experienced mental health paraprofessionals can help you find additional resources that could greatly help.”

OGC Mobile Crisis team will triage the individuals into the least restrictive services including, without limitation: immediate outpatient treatment by a behavioral health professional, crisis stabilization services, referral to substance abuse detoxification, referral to OGC Crisis Unit, or admission to acute psychiatric hospitalization. Rationale will be clearly documented for any intervention service.

In case of acute hospital diversion, OGC will develop a crisis stabilization plan. A crisis stabilization plan will clearly document scheduled appointments and connection with outside resources and natural supports. The crisis stabilization plan will:

Utilize the individual’s suggestions to help an individual avoid harming self or others or feel anxious or afraid until an intervention can begin or be continued.

Document follow-up procedures for the individual as well as for the treatment team.

For the DCFS population specifically, OGC will make every reasonable effort to divert from acute hospitalization. If diversion can occur, a written safety plan must be implemented and shared with applicable individuals (e.g. the child when age appropriate, DCFS worker/supervisor, and adult in the child’s current placement). The CMHC must complete a face-to-face follow-up within twenty-four (24) to forty-eight (48) hours of the initial crisis. OGC has a number of diversion possibilities that can be used in the clients’ communities. These include: outpatient appointments at OGC or other community based providers, referral to peer support for outreach and connection to service, and care coordination. Additionally, OGC has a Acute Crisis Unit in development in Fayetteville that will be operational by summer 19.

For a re-occurring crisis, OGC crisis team will re-evaluate the recommendations of any previous crisis and safety plans and use a Wraparound or collaborative approach to placing the individual and (or) providing additional treatment and (or) supportive services.

OGC administers the Local Acute Care funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. There is an administrator of the LAC funds who coordinates with the clinical teams to provide the initial review and if appropriate funding as well as ongoing review and funding. OGC has contracted with several hospitals to place clients using this fund.

E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:

a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:

i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status

b. Serve as the Single Point of Entry (SPOE) for ASH:

i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.

ii. Ensure the SPOE assessment is completed completely and accurately.

c. Serve Clients on the ASH waiting list:

i. Describe what services you will make available to provide support and stabilization to those awaiting admission.

d. Serve Client actively admitted to ASH as they prepare for discharge:

i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.

e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. Provide services to Community-based 911 Status Clients regardless of the payor source

f. Provide services to community-based 911 Status Clients regardless of the payor source

E.3.B.a.

OGC will serve the following population in the delivery of services pertaining to ASH within the Community Mental Health Center's Region:

Adults, youth, and children residing within OGC's respective Region, who are in need of admission to ASH, awaiting an ASH bed and on the ASH waiting list, Clients referred by ASH currently receiving services at ASH who were residing in region area at time of admission and preparing for discharge to return to that region, or client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 status.

E.3.B.b.

OGC will serve as the SPOE for ASH:

OGC will provide SPOE assessments for persons with serious psychiatric emergencies. OGC will act as the SPOE for individuals present in its Region who are being considered, voluntarily or involuntarily, for the ASH inpatient program.

SPOE assessments are completed by a mobile response team consisting of the after-hours on call team. During business hours, the MHPs available at the time of the face to face assessment request complete these assessments. During the day each OGC Department has designated crisis clinicians who are trained to provide SPOE assessments

The SPOE screening will occur within two (2) hours of the initial request to OGC, and OGC will assess whether inpatient services at ASH are medically necessary, unless the party requesting is agreeable to a different time frame that meets the clinical needs of the Client:

Screenings that take place outside the two (2) hour time requirement will have clear documentation as to the reason.

The licensed behavioral health professional is/will be trained with documented competency to complete the screening and be familiar with OGC's policy and procedures.

If the initial phone screening results in a determination that a full SPOE screening assessment is needed, the SPOE screening assessment will be completed by a licensed behavioral health professional (BHP).

The SPOE assessment form is certified by DHS, includes an evidenced-based screening tool, and will contain the following information if the individual is screened in an inpatient/medical facility or emergency room:

Completed SPOE/Crisis Intervention Form noting acute psychiatric symptoms dated within the last seventy-two (72) hours (Including physical location for discharge after stabilization).

Hospital Face sheet with complete demographic/financial information.

All Nurse and Physician progress notes.

All Physician Orders.

Medication Administration Records

Emergency Room Admission Data (if applicable).

A signed statement by the attending physician stating that the Client is medically cleared/stable for discharge, not transfer, from the inpatient medical facility.

All Lab/EKG reports. If Client is on Clozaril/Clozapine, report will include WBC w/Differential dated/obtained within seven (7) of admission.

Medical/Psychiatric Consults.

History and Physical.

Psychiatric Evaluation (if applicable).

Vital Sign and Height/Weight Record.

Court Order/Jail Hold Order (if applicable).

Guardianship Papers (if applicable).

If the SPOE screening is completed in a clinic, the following information is required, along with the results of an evidenced-based crisis screening tool:

Completed SPOE/Crisis Intervention Form noting acute psychiatric symptoms dated within the last seventy-two (72) hours. This will include the Client's physical location for discharge after stabilization, if known.

Demographic/Financial Information.

Emergency contact information.

Where in the Catchment Area the Client be placed when stabilized, if known

Court Order/Jail Hold Order (will have both if jail hold).

For reconsiderations, the requesting facility will provide updated progress notes, physician orders, Medication Administration Records, and functional status reports.

CMHC letter of authorization.

OGC may designate someone other than its staff to complete the SPOE. However, the designated individual will be trained in completing ASH SPOE screenings.

OGC will ensure the SPOE form is completed in all areas and will send a letter from OGC as proof of authorization.

OGC will serve Clients on the ASH waiting list:

OGC is responsible for providing Care Coordination to any Clients awaiting admission to ASH. At a minimum, this will include pursuing insurance enrollment for the Client.

OGC will provide any appropriate and medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals to assist and support with stabilization during the wait period for those awaiting admission to ASH or for those individuals discharging from ASH who are uninsured or underinsured.

When necessary, OGC will be responsible for securing acute hospitalization with another provider if a bed is not available at ASH. This will include documenting all efforts toward placement. The ACF through this contract will be utilized as a payor of last resort.

OGC will provide clients actively admitted at ASH and awaiting discharge with services as follows:

OGC will provide Care Coordination services to Clients discharging from ASH, when requested by DHS:

When ASH notifies OGC about the upcoming discharge, OGC will coordinate all discharge planning efforts including, but not be limited to, services to ensure that therapy, Medication Management, and coordination of a primary care physician are in place. For all clients discharging from ASH the first appointment will be a scheduled appointment no later than seven (7) days after discharge, and the appointment cannot be a “walk-in” appointment.

OGC will ensure that appropriate insurance enrollment is initiated prior to discharge.

Housing and transportation will be arranged, if applicable.

OGC will remain in regular communication with designated ASH staff with regards to ASH's recommended discharge planning needs, as well each Client's needs.

OGC will serve all ASH discharges referred by ASH to OGC without insurance or who are not a member of a PASSE, or when requested by DHS:

OGC will provide Care Coordination to clients without insurance. Care Coordination will include assisting the client to obtain appropriate insurance coverage enrollment.

For all clients discharging from ASH the first appointment will be a scheduled appointment no later than seven (7) days after discharge, and the appointment cannot be a "walk-in" appointment.

OGC will provide medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals to assist and support with stabilization for those individuals for the uninsured and the underinsured.

Upon completion of inpatient treatment at ASH, Clients with a 911 Status are discharged on a conditional release order that allows the State to monitor their community functioning for up to five (5) years. OGC, as part of the state system, will provide the necessary treatment for the 911 Status Clients regardless of payor source, who are not a member of a PASSE, or upon DHS request:

Individuals on 911 Statuses are required to comply with medications, treatment and therapy, substance abuse treatment, and drug testing as prescribed. OGC will coordinate with the State to ensure these Clients receive the needed treatment within the community.

For all clients discharging from ASH the first appointment will be a scheduled appointment no later than seven (7) days after discharge, and the appointment cannot be a "walk-in" appointment.

OGC will provide services to Community-based 911 Status Clients referred by ASH, regardless of payor source, and who are not a member of a PASSE, as follows:

OGC will provide Care Coordination to Clients currently on conditional release that has no insurance or insurance other than Medicaid. At a minimum Care Coordination will include assisting the Client in pursuing appropriate insurance coverage enrollment.

For all clients discharging from ASH the first appointment will be a scheduled appointment no later than seven (7) days after discharge, and the appointment cannot be a "walk-in" appointment.

OGC is responsible for providing medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals to assist and support with stabilization for those individuals who are uninsured or underinsured.

E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:

- a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.**
- b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.**
- c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.**
- d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.**

E.3.C.a-d.

OGC has a full-time forensic psychologist that has advanced training in the field of forensic assessments. We also have contracts with 2 Ph.D. Clinical Psychologists that have completed the training required to provide forensic assessments and maintain the qualification through ongoing training. We receive requests from the courts to complete forensic evaluations in cases where there is reasonable suspicion that a defendant is not fit to proceed and from circuit court when the defense raises the defense of lack of criminal responsibility. Requests are submitted to the Director of the Division of Aging, Adult, and Behavioral Health Services of the Department of Human Services or his or her designee to determine appropriateness of the request. Appointments are scheduled/confirmed when approved by the state.

The forensic psychologists work closely with local law enforcement to complete the face-to-face evaluation of the individual and shall provide a response to the questions asked by the court including but not limited to the issues of competency, responsibility, and capacity of pre-trial detainees. Reports will be completed in a timely manner, as determined by the Director of the Division of Aging, Adult and Behavioral Health Services of the Department of Human Services. OGC will forward to the originating court, with a copy to the Director of the Forensic Services at Arkansas State Hospital, the forensic evaluation and a letter indicating findings regarding the forensic evaluations.

All individuals found not fit to proceed under Act 310 will be served by our Forensic Outpatient Restoration Program staff following a state approved program. The individual receives rehabilitative, educational and medical services, with the goal of restoring the individual to a

level that they are deemed capable of aiding in their own defense so the state can proceed with the legal process. Participants are seen on an outpatient basis or if they are unable to bond out of jail, they are seen at that correctional facility. When working with participants, they are given a pre-test to determine their current knowledge of the legal system. The individual is given information about legal terminology and court proceedings in order to meet this standard. Upon completion, they are given a post-test and then referred to Arkansas State Hospital (ASH) for a scheduled psychological evaluation. Weekly progress reports are forward to ASH. All progress reports and evaluations are sent to Court from ASH.

E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:

- a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.**
- b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.**
- c. Have qualified staff in place to provide didactic competency services.**
- d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.**
- e. Provide Individual Outpatient Restoration according to the RFQ requirements.**
- f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.**
- g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.**
- h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.**

E.3.D.a.-h.

OGC has been providing FORP services since 2012. FORP is operated out of the community integration program, so that the staff with the most experience in working with serious mental illness are available to provide services to this population. Many of the FORP clients are in jail. Over the past several months the Adult Division Director and Clinical Director have been reaching out to and meeting with the jails in our Region in an effort to develop additional ways to more quickly restore these clients or return to ASH if they are unable to be restored. This will involve more collaboration around medications and communication regarding compliance and signs and symptoms of mental illness.

OGC will serve the following populations in the delivery of FORP services within OGC's Region:

Individuals who have been deemed unfit to proceed with the criminal justice or legal process according to according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328

OGC will provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a hearing or a trial.

FORP services will not begin or be performed without a letter of referral or an approval form submitted by ASH to OGC.

FORP services will be performed by qualified OGC staff providing didactic competency services under the Contract. Identified OGC service providers will attend an established training session involving the restoration curriculum provided by ASH.

FORP Clients will have their first appointment within seven (7) days of referral to OGC. If the Client fails to arrive for any appointment, OGC will notify ASH by the next business day following the day of the missed appointment.

OGC will document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines and via method of transmission required by DAABHS or ASH.

If any outpatient services through FORP are reimbursable by Medicaid, or any other payor source, OGC will utilize that payor source.

OGC will provide the following services in the FORP and will use only the most current DHS-approved curricula:

Individual Outpatient Restoration: the instruction of the prepared educational curriculum with each Client receiving outpatient restoration services whether in jail or in the community:

Clients being seen for FORP educational purposes involving restoration may be seen by either Licensed Mental Health Professional and (or) a Certified Qualified Behavioral Health Paraprofessional; however, if psychotherapy is warranted for a Client, this service will be provided by a Licensed Mental Health Professional.

All individual outpatient restoration services will consist of structured sessions that work toward achieving mutually defined goals as documented within a Treatment Plan and (or) restoration curriculum.

Care Coordination including but not limited to, court appearances, facilitating linkages between court and jail personnel, transporting Clients, and service referrals.

Drug Screen.

Marital/Family Behavioral Health Counseling.

Group Behavioral Health Counseling.

Interpreter Services, only with prior approval from DHS

Purchase of medically necessary psychotropic medication.

Pharmacological Management.

Mileage Reimbursement.

Mental Health Diagnosis.

Psychiatric Assessment.

Psychological Evaluation.

Treatment Planning.

Upon determination by the Mental Health Professional or certified Qualified Behavioral Health Provider (QBHP) that a Client has been restored to competency, OGC will contact the DAABHS Forensic Services Program Director and request for an ACT 310 forensic re-evaluation. Between the time a FORP Client has been restored and while awaiting the 310 Evaluation, OGC will have no less than a monthly face-to-face contact with the Client.

Within six (6) months of the original court orders file date OGC will request ASH inpatient admission for any Client that OGC cannot restore as an outpatient Client.

OGC will submit such requests to the DAABHS Forensic Services Program Director for discretionary consideration of inpatient admission at ASH.

While the Client is awaiting admission, OGC will provide Care Coordination services, medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals to assist and support with stabilization, and make Drop-in Model or Club House Model services available, if appropriate.

During the waiting period for admission to ASH, OGC will have no less than monthly contact.

If ASH/DAABHS refers a defendant for whom there has been no psychiatric evaluation within the past six (6) months, OGC will schedule a Psychiatric Assessment (PA) as part of the restoration curriculum. Upon the completion of a PA, and if found necessary, OGC will provide all medically necessary behavioral health services to the Client throughout the course of the Client's participation in the FORP.

OGC will replace and/or engage clinical services personnel within thirty (30) days after the designated personnel separate from employment. DHS should be immediately notified in any case of the loss of FORP staff, change of FORP staff, or difficulty in replacing FORP-certified staff.

All data related to services for FORP population will be submitted in a timely manner upon request to DHS, and in a format identified by DHS.

E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:

a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.

b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.

c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.

E.3.E.a-c.

OGC has historically served all Seriously Mentally Ill adults through a system of care that includes medical, clinical, social, and functional skills interventions. Staff meet individually with clients to discuss the benefits of insurance and work with them on enrolling in affordable plans. Services for more intensive clients includes adult rehabilitative day services that support clients in the development of positive coping skills, interpersonal skills, financial management, nutrition, employment, and housing. Participation in programs is voluntary and individuals may be self-referred or referred by outpatient therapists and clinics, doctors or other medical professionals, the judicial system, community providers, or family members.

The day programs are composed of a multi-disciplinary team including psychiatrist, advanced practice nurse, mental health professional, qualified behavioral health professional, and peer specialist. The philosophy of the program is that services for individuals with severe mental illness will be focused on each person's individual recovery process and will emphasize both the stabilization of mental health symptoms and the skills necessary to manage mental illness and improve functioning in all areas of life. Clients, with their treatment teams, review progress toward individual and therapeutic goals and review the appropriateness of intensive services on a regular basis. Factors that are considered for transition to outpatient care are:

Stabilization in medication management, housing, and social/family relationships

An increase in daily level of functioning, based upon assessments

No recent or likely hospitalizations or arrests due to SMI Diagnosis

Clients have the opportunity to transition to our traditional outpatient services and continue receiving clinical and medical care based upon their individual needs.

OGC operated a modified Club House Model for many years. With the use of peer support and other OBHS services, the current OGC day programs will have many Club House elements that were not available previously. Since the Consumer Council operates out of the day program/club house, the foundation of client driven treatment is established there and will continue to inform the Club House treatment model.

E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe

your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:

a. Make FEP services available to the individuals between the ages of fifteen (15) and thirty- four (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.

b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.

c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.

E.3.F.a.-c.

OGC has a dedicated FEP Clinician who is responsible for coordinating FEP treatment across all 8 counties. The criteria for eligibility are included in a report that the OGC electronic health record automatically generates monthly. This report is reviewed by the FEP Coordinating Clinician who will reach out to any clinician who has a potential FEP client. FEP services are reviewed by the FEP clinician and this clinician provides ongoing education of staff and coordination. This report is also reviewed by the Clinical Director prior to sending to the state. Within the past several months, OGC has been using social media to share FEP information with targeted populations. Some of the posts and related data are below:

Ozark Guidance
Published by Kyle Gibson [?] · January 9 · 🌐

If you or someone in your care has experienced their first episode of psychosis within the last 2 years, please contact us about our First Episode Psychosis (FEP) program. The FEP program is a federally mandated initiative aimed at identifying and treating individuals between the ages of 15-25 who have experienced their first episode of psychosis within the last 2 years. Our role is to provide components of coordinated specialty care for FEP including outreach, family psychoeducation, referral to medical services for assessment, and addressing barriers to care. For more information, call us at (479) 273-9088 today.

👤 14,207 people reached ⓘ

Boosted on Jan 9, 2019 Completed
By Kyle Gibson

People Reached	9.5K	Post Engagement	480
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[View Results](#)

👍❤️😂 364 28 Comments 138 Shares

👍 Like 💬 Comment ➦ Share 🌐

Performance for Your Post

14,207 People Reached

595 Reactions, Comments & Shares ⓘ

367 👍 Like	344 On Post	23 On Shares
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15 ❤️ Love	14 On Post	1 On Shares
----------------------	----------------------	-----------------------

1 😂 Haha	1 On Post	0 On Shares
--------------------	---------------------	-----------------------

3 😮 Wow	3 On Post	0 On Shares
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13 😞 Sad	12 On Post	1 On Shares
--------------------	----------------------	-----------------------

2 😡 Angry	2 On Post	0 On Shares
---------------------	---------------------	-----------------------

51 Comments	36 On Post	15 On Shares
-----------------------	----------------------	------------------------

144 Shares	138 On Post	6 On Shares
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355 Post Clicks

Ozark Guidance

Published by Kyle Gibson [?] · February 1 · 🌐

Studies suggest that people who receive timely treatment following their first episode of psychosis have a much better rate of recovery. Our First Episode Psychosis (FEP) program provides components of coordinated specialty care for FEP including outreach, family psychoeducation, referral to medical services for assessment, and addressing barriers to care for individuals between the ages of 15-25 who have experienced their first episode of psychosis. For more information, call us at (479) 273-9088 today.

5,267 people reached i

Boost Again

Boosted on Feb 1, 2019
Completed

By Kyle Gibson

<div style="display: flex; justify-content: space-between; align-items: center;"> People Reached 4.0K </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> Post Engagement 313 </div>
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[View Results](#)

Pamela Ensminger, Sandy Coll and 259 others

6 Comments
67 Shares

Like

Comment

Share

Performance for Your Post

5,267 People Reached

352 Reactions, Comments & Shares i

255 Like	249 On Post	6 On Shares
10 Love	10 On Post	0 On Shares
1 Haha	1 On Post	0 On Shares
7 Wow	7 On Post	0 On Shares
1 Angry	1 On Post	0 On Shares
11 Comments	8 On Post	3 On Shares
67 Shares	67 On Post	0 On Shares

76 Post Clicks

0 Photo Views	0 Link Clicks i	76 Other Clicks i
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OGC will provide the services for First Episode of Psychosis (FEP) as follows:

OGC will serve the following population for FEP services within OGC's Region:

Individuals between the ages of fifteen (15) and thirty-four (34) who are experiencing a FEP who are:

- Without a payor source, or
- Have insurance benefits that will not reimburse for FEP services.

Because early identification, interventions, and treatment of psychosis increase the chance of successful recovery, improved functionality, OGC will make available FEP services identified below.

As a means of increasing early identification of FEP-related symptoms, OGC will provide at least twice a month community education and awareness events during each month the contract is in place. Ongoing public education will include written literature to be distributed in the community and all activities will be documented. Without limitation, publication and communication efforts will be addressed to each of the following at least every six (6) months:

High-school counselors/teachers.
college counseling centers.
Primary care physician's offices.
Law enforcement.
Juvenile court and juvenile probation officers.
Homeless shelters.
Jails.
Emergency departments.

In completing the above requirement OGC will use both print and social media as social media is a effective method of reaching those individuals impacted by FEP and much more cost efficient. An added modality of treatment that will soon be available at OGC to adult FEP clients is access to a Crisis Stabilization Unit when appropriate. This service is intended to help avoid unnecessary incarcerations in this vulnerable population.

OGC will implement FEP services using an evidenced-based model Navigate that includes, at a minimum, but not limited to, the following required elements as described:

Care Coordination:

Evidence-based therapy services: Individual or group behavioral health counseling using

Cognitive Behavioral Therapy for Psychosis (CBT-P) or Individual Resiliency Therapy (IRT).

Family Education and Support

Evidence-based pharmacotherapy

Supported Employment and Education: OGC has QBHP staff with specialized training in and experience providing supported employment and education. Elements of this service will be provided as needed to clients who express an interest.

OGC will track and clearly document all outcomes related to FEP services including suicidality, psychiatric hospitalizations, substance use, prescription adherence, side effects of psychotropic medications prescribed, and the Client's level of functioning with regards to ability to initiate/maintain involvement in educational setting, employment setting, and social connectivity.

OGC will complete ongoing assessment of suicidality for FEP persons at each visit. Each clinical note has suicide screening and assessments built in

OGC will utilize appropriate payor source if any services are reimbursable by a payor source other than this contract. OGC currently bills private insurance including all three PASSEs, Medicaid and Medicare.

FEP data will be submitted in a timely manner upon request to DHS, and in a format identified by DHS.

E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:

- a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.**
 - b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.**
 - c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.**
 - d. Provide Community-Based Services and Support that are culturally competent, strength-based, and collaborative with community partners.**
- Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.**

E.3.G.a.-d.

OGC has community partnerships and collaborations with relevant agencies, stakeholders, and advocacy groups within OGC's Region. These include the local hospitals, jails, courts, DHS offices, and Universities. During the past year OGC has been active in two hospitals' community needs survey by serving on the planning committees. OGC is currently involved in a Safe Babies Court.

Additionally, OGC provides multiple treatment tracks for its justice populations that can be on probation or recently released from prison. These include tracks for: sexual offenders, domestic violence, anger management, and committed and jailed clients. In partnership with the University of Arkansas, OGC has been actively involved in studying the effectiveness of Choose Love's social emotional learning approach. OGC has ongoing partnerships with Social Work and Counseling programs that include training interns and hosting continuing education opportunities.

OGC has staff and/or Board members active in the: Arkansas Crisis Center, Judicial Equality for Mental Illness coalition, Continuum of Care, Mental Health America, and National Alliance on Mental Illness. Other major sources of collaboration include our CASSP team, family and provider participants, school services liaisons, and therapeutic foster parents. All local school districts, therapeutic foster care parents and CASSP team members have helped shape our service continuum and program plans.

In offering community-based services, OGC maintains a local behavioral health and community resource directory that will be available via the OGC website. This is also available in hard copy at each OGC BHA. OGC has a robust ongoing public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. Use of Social Media allows for both broad and targeted informational campaigns. Information and education activities take place twice a month for FEP and at least once a month for OGC as a whole. OGC has an active marketing department that helps develop flyers, publicizes via advertisement in local media, and ensures a broad array of local referral resources are included in the campaign efforts. Local referral resources may include, but are not limited to:

- Other behavioral health providers.
- Substance use disorder treatment providers.
- Physician offices.
- Law enforcement.
- Jails.
- Homeless shelters.
- Civic groups.
- Emergency departments.
- Schools.
- Colleges.

OGC has maintained an active Consumer Council for many years. This Council meets weekly at the Springhouse location in Springdale. On average, seven to ten consumers participate in Council meetings. The Consumer Council expanded to the Bentonville campus last year and meets on a weekly basis. On average 12-15 consumers participate in the meetings.

An OGC Qualified Behavioral Health Professional (QBHP) facilitates the selection of council officers, including: Secretary, Events Coordinator, and Treasurer. The selection of officers is based on interest and commitment to group participation. The MHPP collaboratively supports meeting organization and ongoing program development with the council officers. Based on feedback from the Consumer Council, there have been changes in the structure of meetings and scheduling of activities. Additionally, based on feedback and fundraising, the Consumer Council has greater participation in planning off campus community integration events. OGC provides parent training, community tragedy response, and serves as a community resource center.

OGC has made several outreaches to the local courts regarding Mental Health Courts and remains open to this possibility with the understanding that OGC may utilize contract funds for participation in Mental Health Courts. At present, a Washington County Circuit Court judge has expressed interest in launching a mental health court; however, this is not feasible with the current number of cases on the court docket unless the state allocates additional funding.

OGC will utilize contract funds for jail diversion.

OGC provides Community-Based Services and Supports that are culturally competent, strength-based, and provided in collaboration with other community partners. Over the past several years OGC has developed a community outreach service to Hispanic and Marshallese Communities in the Region.

E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:

- a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).**
- b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2.H.2.**
- c. Complete the DHS 100 Form. Compliance with Social Services Block Grant requirements found in Attachment H**

E.3.H.a-c

OGC will administer the SSBG funds based upon the criteria determined by the state of Arkansas. An individual is eligible if he/she is participating in the Transitional Employment Allowance (TEA Program), receiving Social Security Income (SSI), have an open protective services case or are determined to be eligible based upon income guidelines set forth in the state approved income scale. Protective services cases must have documentation of a referral from a DCFS Protective Services worker or Division of Aging and Adult Services Protective Services worker in order to qualify. The agency has financial specialists that meet with clients when they begin services and periodically thereafter to confirm their funding sources. A review of the individual's eligibility for Title XX, Medicaid, Medicare, and/or marketplace insurance occurs at this time and the form DHS-100 is completed and signed if appropriate. The client has a Diagnostic Intake by a licensed mental health professional and services are provided based upon their individual needs, as determined by the assessment.

OGC will administer services including non traditional according to the need of the population and available resources.

OGC will comply with the current Social Services Block Grant requirements in providing any Title XX services.

E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:

- a. Ensuring the following services are available directly or through a sub-contractor:**
- i. Partial Hospitalization.**
 - ii. Peer Support.**
 - iii. Family Support Partner.**
 - iv. Supported Employment.**
 - v. Supported Housing.**
 - vi. Therapeutic Communities.**
 - vii. Acute Crisis Units.**
 - viii. Aftercare Recovery Support.**

Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.

The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.

E.3.I.a.

Partial Hospital is currently available at two of our sites. One is in Springdale and one is in Bentonville.

OGC currently has Peer Support staff and plans to have this reviewed in an accreditation visit in April/May.

OGC currently has a Family Support Partner and is working to hire more. The Clinical Director and several other staff have been trained to provide Wraparound services and value this type of care.

OGC currently provides supported employment through its community support programs. In the past we had developed relationships with Ticket to Work and Arkansas Rehabilitation Services and the University of Arkansas Counseling Rehabilitation program. Those relationships and past experiences continue to inform our delivery of supported employment so that we may encourage competitive employment for those clients who desire to work.

OGC has several HUD properties in Washington and Benton counties and support clients in obtaining housing throughout the Region. Supported employment is provided through our community support programs.

OCG is contracted with Mid-South to provide Therapeutic Communities.

OGC has a Crisis Stabilization Unit and Acute Crisis Unit location under renovation and scheduled to open prior to July 1.

OGC provides Aftercare Recovery Support through its community support programs.

OGC has had a drug assistance program for over 10 years that provides assistance to eligible clients who cannot afford certain psychotropic medications. We plan to continue to use this mechanism in alignment with any state recommendations.

OGC is a provider of Medication Assisted Treatment. We currently provide Vivitrol. OGC has the State Targeted Response grant which has funded this resource.

E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:

- a. Collaborate with diverse stakeholders within the proposed Region.**
- b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.**
- c. Assist in developing short and long-term solutions to help individuals connect with community supports.**
- d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.**
- e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.**

E.4A.a – e.

OGC is well established in the community and has relationships with numerous stakeholders including natural supports for clients and families. We will continue to develop these relationships by identifying community needs and focusing on areas where we can collaborate. OGC has the triple aim of providing a better health care experience for individuals, providing that care at a low cost, and improving the health in North Arkansas. Our emphasis on outreach and community integration is reflected in our participation in many activities.

A few of these include: the Youth Homeless Summit, the Marshallese Education Initiative, the Marshallese Nuclear Remembrance Day, the Northwest Arkansas Hispanic Heritage Festival. We have ongoing participation in the Family Literacy Program for the Latin population. Our school outreach coordinator just provided a 4 part Social Emotional Learning series with Springdale Public School that was presented first to Principals and then livestreamed to the entire Springdale School District (30 school buildings) during their Professional Development days, around 1,000 staff members attended in total.

All of these outreach programs have an impact on early intervention, experience a first episode psychosis or having recurring crises. Another example is our work with the Victims with Disabilities Collaborative. We also provide services to the homeless and coordinate with HARK (the Center for Collaborative Care) to help clients use their providers and natural supports effectively. The adult programs rely on input from consumers and peer specialist to

identify what is meaningful in the development of Recovery Goals. These Recovery Goals are often in areas such as: housing, employment, leisure and vocational training.

OGC believes strongly in our clients' ability to recover including their ability to: live independently, have meaningful relationships, work or volunteer, and managing their illness. All of our services are designed with that belief in mind. OGC identifies the client's needs with input from the client and significant others to develop a comprehensive treatment plan outlining all medically necessary services.

Our commitment to help clients remain in their community and lead a productive life is evident in the work we do with DHS, the schools, the courts (Safe Babies Court), the children's shelter, and other providers. We believe that children thrive when supported by their own communities and families.

E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:

a. Describe your policies and procedures for training all staff and tracking training requirements.

b. Describe your ability to demonstrate on-going staff development and recruitment

c. Describe your efforts to ensure all staff are good stewards of state and federal funds

E.5.A.a OGC recognizes that one of our most valuable resources is our employees. The future development of the services and support offered by the organization to the clients we serve relies upon our workforce being fully trained and competent to carry out their roles and participate in the development of OGC services.

Policy Statement

In keeping with one of the six objectives of OGC's strategic plan to become an "employer of choice", OGC is committed to the development and training of each member of staff, equipping them with the necessary skills and knowledge to provide the best possible quality service and support to the client's we serve.

Aims of the Policy

To support and promote development of all staff members through education and training;

To standardize procedures for accessing education and training for all staff;

Scope of the Policy

This policy is intended for all staff members of OGC;

This policy sets out the standard format for application for education and training:

Terms and Definitions

Orientation Training: Training given upon hire;

Mandatory Training: Certain types of training are mandatory and will include such areas as Health & Safety, Child Safety & Welfare, HIPPA, Child and Adult services, etc.

Principles

- All new employees will be given appropriate orientation;
- OGC will work to ensure that staff receives the necessary training to
- follow and practice policies and procedures relevant to their job description;
- OGC is committed to the professional development of its staff. It will
- devote resources for training which provide organizational benefit.
-

Responsibilities

- All staff has a responsibility to participate fully in training opportunities, and to inform
- their managers of any additional training needs they may have in relation to any
- aspects of their employment role;
- Staff who are members of regulated professional bodies will be supported and
- facilitated to retain, maintain and develop the requirements of those bodies;
- All staff must reflect the education/training received in the provision of a high
- standard of care and services to the client's we serve;
- All staff must keep a record of their own education/training;
- All Managers must keep a record of the education/training undertaken by all
- staff;
- Human Resource keeps a record of specific education/training undertaken
- by each staff member.
- Identifying Training Needs
- Training needs are identified through a number of ways, including during initial
- orientation, supervision, reviews, or through the Performance Management System.
- The manager decides in conjunction with the staff member the type of training
- most appropriate to meet the training needs of him/her.
- Attendance at Training
- Staff is expected to attend all mandatory training;

- Attendance at all training received by staff, mandatory as well as continued and professional development will be recorded in their Relias file or their training file. This file will
- also include copies of any certificates received.
- Feedback
- As part of OGC's continuing commitment to training, staff are asked to
- provide feedback on the value and effectiveness of the training they undertake.
- This information will be used to assess and improve the training process.

E.5.A.b Describe your ability to demonstrate on-going staff development and recruitment.

E.5.A.b.

Policy: It is the policy of OGC to actively recruit and retain staff.

Purpose: To ensure that OGC identifies recruitment and retentions efforts and trends in personnel turnover are demonstrated.

Recruitment:

Ad Requests are submitted by managers to the Chief Operations Officer for approval when there is an open position that needs to be filled. If approved, it will be forwarded to HR for posting. The job will be posted according to the ad request, either in-house only or in-house and outside the organization. When posted outside the organization, it is posted on Indeed and on OGC website. Ads may also be shared via social media.

Some positions with advanced educational requirements or specialized training may be posted on job boards specific to those positions. For example, a Human Resource Generalist position may also be posted on the local HR job board.

Once an open position is posted, applicants will submit a resume which is logged by position on the open positions folder. Those that meet the minimum requirements are contacted and completion of an Application, Questionnaire and EEO form is requested. Applications and Questionnaires are then logged on the open position folder as well. The EEO forms are forwarded to our Payroll Supervisor who logs and tracks the EEO information.

When all required paperwork is submitted and the applicant meets the minimum requirements, the paperwork is forwarded to the manager for screening and scheduling of interviews. From that process, the manager determines the candidate who will be offered the position and requests a salary quote from HR for the position. This salary quote is offered to

the candidate, and if accepted, the new hire process is initiated. If position is declined, the process is repeated until the position is filled.

Retention:

Retention bonuses are given for positions that are more difficult to fill or that have a higher turnover rate, such as Mental Health Professional (MHP) positions. For example, at present a newly hired Mental Health Professional will be offered a retention bonus in return for a two-year commitment to OGC.

Another type of retention bonus would be offered for MHP positions in our rural areas to offset the cost of travel to and from the remote locations.

Trends:

When an employee resigns his/her position, he/she is sent an exit interview and asked to complete and return or to schedule an appointment to bring in exit interview to HR. The information on the Exit Interview is then compiled by our Payroll Supervisor and included in a turnover report.

We track Mental Health Professional and Behavioral Intervention Specialist positions in the Budgeted MHP/BIS Report and this report is discussed in the Executive Team meeting on a weekly basis.

E.5.A.c. Describe your efforts to ensure all staff are good stewards of state and federal funds.

E.5.A.c

OGC has an active compliance department that works closely with clinical and administrative leadership to ensure that all services are medically necessary, follow the OBHS service definition, and billed correctly. The Compliance Officer is certified in Health Care Compliance and has had specialized training in preventing Fraud, Waste and Abuse.

OGC has a Compliance Plan that is reviewed annually by the Executive Team and the OGC Board of Directors. This Plan outlines specifically how all OGC employees have an active role to ensure that OGC remains good stewards of state and federal funds

Compliance Program Plan

Ozark Guidance Mission, Vision, and Values

Mission

Saving and changing lives by providing compassionate, quality mental health services.

Vision

Leading the way in meeting the mental health needs for all people of Northwest Arkansas.

Values

Relationships, Integrity, Accountability, Service, Innovation

Introduction and Organization Culture

Ozark Guidance Center, Inc. (OGC) is committed to the highest standards of ethics, honesty, and integrity in pursuit of its mission, vision, and values. OGC promotes a culture of ethical practice in all aspects of business operations and is committed to maintaining the highest level of professional and business standards. All staff members are required to conduct themselves in a manner consistent with the mission and strategic plan of the organization and comply with all applicable state and federal laws, rules, and regulations. The organization culture is created and supported through implementation of this plan.

OGC believes in corporate citizenship that considers the needs of staff members, clients, and the community at large. OGC strategic plans include review of appropriate corporate citizenship, such as how OGC collaborates with hospitals and uses local acute care funds. OGC participates in advocacy efforts for clients and other stakeholders. These can take the form of education and outreach such as, ongoing anti-bullying programs.

Written Standards of Conduct and Corporate Compliance Policies

It is OGC's policy to establish a centralized mechanism to track and ensure compliance with applicable state and federal laws, accreditation standards, rules and regulations to achieve the goal of preventing fraud and abuse. OGC's Compliance Program consists of the Corporate Compliance Plan ("Plan"), Code of Conduct, Code of Ethics, Fraud, Waste, Abuse, and False Claims Act Reference Document, and the Documentation Compliance Plan. These documents apply to all staff, contractors, and interns. Additionally, these documents provide the guiding standards of conduct for OGC and set forth OGC's commitment to its clients and following federal and state contractual and regulatory requirements. Ozark Guidance prohibits fraud, waste, abuse and other wrongdoings related to billing practices and functions.

The objective of this Plan is to prevent, detect, and correct violations of laws, rules, regulations, and the Code of Conduct within the agency. The Corporate Compliance Plan outlines OGC's self-audit process for risk management related to compliance with laws, rules, regulations, and ethics. The organization reviews policies, procedures, staff practices, staff education and training annually. All known or suspected violations shall be reported to the Corporate Compliance Officer, who will initiate the appropriate response.

Compliance Program Governance

OGC expects that staff, the Board of Directors, contractors, and interns to obey the law and behave ethically. In addition, the following classes of individuals have specific responsibilities to oversee or promote compliance with the organization's standards, policies, and procedures: the Board of Directors, the Executive Team, Chief Executive Officer, Corporate Compliance Officer and Officer, the HIPAA Privacy Officer, the HIPAA Security Officer, and Program Directors.

The Board of Directors

The ultimate responsibility to oversee the activities of the organization rests with the Governing Board. The Board discharges that duty, in part, by assuring that information and reporting systems exist. Those systems must be reasonably designed to provide OGC management and the Governing Board with timely and accurate information that can be used to reach informed judgments. Those judgments are made not only with respect to business performance, but also with respect to the organization's overall compliance with the law. Board members adhere to a written conflict of interest declaration and a written code of conduct declaration. Both are reviewed and signed annually.

Executive Team

The OGC Executive Team is responsible for assuring that all staff observes the Plan, Code of Conduct, and policies and procedures related to Corporate Compliance.

Chief Executive Officer (CEO)

The Chief Executive Officer, and as requested, the Clinical Director/Corporate Compliance Officer, are responsible to make periodic reports to the Governing Board regarding the Corporate Compliance Program's effectiveness in achieving its purpose of promoting ethical behavior, and deterring and detecting unlawful or unethical conduct. Reports to the Governing Board should occur at a minimum, annually, and more frequently, if warranted. If an activity is determined to be unlawful, it will be reported to the Governing Board through a process determined by the Chief Executive Officer.

The Chief Executive Officer is responsible to assure the following is achieved:

- Standards, policies and procedures are communicated effectively to staff, including how arrangements are made for staff training.
- Standards, policies and procedures are enforced consistently through appropriate disciplinary actions, and require that all Program Directors similarly and consistently enforce these standards, policies and procedures.
- Reasonable steps are taken to respond to problems that are detected and to prevent those problems from recurring.

Corporate Compliance Office

The organization provides the Corporate Compliance Office with the resources necessary to fulfill the responsibilities under the Corporate Compliance Program. Recognizing the appropriate role of reporting relationships, other personnel, accountants, and legal counsel are available to assist, when appropriate. The Corporate Compliance Officer (CCO) and the Associate Clinical Director make up the Office of Corporate Compliance at OGC. The CCO

reports directly to the CEO and Board of Directors on compliance related matters. The CCO is responsible for the day-to-day operations of the Corporate Compliance Program.

The Corporate Compliance Officer is responsible for:

- Monitoring and oversight of the compliance program and activities;
- Reviewing the compliance plan on a regular basis and updating as needed;
- Reporting on a regular basis Governing Board, Executive Committee and Clinical Quality Committee, board, on results of monitoring and auditing activities;
- Developing and participating in employee orientation and training programs on compliance;
- Ensuring that stakeholders are educated on relevant professional codes of conduct through including review of professional code of conduct as appropriate during orientation and ongoing communication to the Board;
- Coordinating internal audits and monitoring activities;
- Acting on and investigating matters related to corporate compliance (i.e., staff, consumer and payer complaints);
- Assisting with corrective action plan development, review, and implementation;
- Developing and implementing feedback loops which encourage staff to report potential problems without fear of retaliation;
- Coordinating with the Human Resources Department on staff disciplinary policy regarding compliance;
- Providing for the creation, distribution, retention, storage, and retrieval of all records necessary to protect the integrity and confirm the effectiveness of OGC's compliance effort;
- Serving as the point of contact for all federal and state regulatory agencies as well as accrediting institutions.
- Overseeing the process of the development and review of Annual Plans and Reports necessary for accreditation. Annual plan updating and reports review may occur in committees, subcommittees identified by the compliance office. These may include Board of Directors, Subcommittees of the Board of Directors, Executive Team, and/or Clinical Quality.
- Overseeing the process of the development and annual review of organizational policies and procedures; policies and procedures may be reviewed and approved by the Compliance Office, Clinical Quality, or other committee as needed. Review is annual. Only significant changes in policy are reflected in the review date section. The Compliance Office may designate the review and approval of policies to Leadership staff as needed and appropriate.

HIPAA Privacy Officer

The organization HIPAA Privacy Officer, in coordination with the CCO, is responsible for managing the organization's compliance with Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 42 CFR Part 2, state laws, and internal privacy policies including implementation, maintenance of, and adherence to the organization's policies and procedures relating to the confidentiality of protected health information (PHI). Ozark Guidance Center's HIPAA Privacy Officer is the Health Information Manager.

The Privacy Officer is responsible for:

- Providing information for the development of privacy policies and procedures in coordination with administration

- Coordinating with the Clinical Quality Committee/Executive Team, relevant departments, and committees to create and maintain required documents including amendments, authorization forms, notices, and other required materials
- Assist in development of orientation and annual training,
- Assisting the Human Resource Director and Chief Financial Officer obtain business associate agreements, as requested
- Overseeing individual rights to inspect, amend, and restrict access to their PHI when required
- Investigating and resolving complaints about the organization's and/or providers' privacy policies, procedures, and/or practices
- Maintaining current knowledge of applicable federal and state privacy laws and regulations
- Serving as privacy consultant to the organization for all departments and appropriate entities
- Cooperating with the Department of Health and Human Services Office of Civil Rights and other legal entities in any compliance reviews or investigations.

HIPAA Security Officer

The HIPAA Security Officer (HSO) is responsible for protecting the confidentiality, integrity, and availability of the organization's information systems and electronic Protected Health Information (PHI), as well as promoting the organization's information systems compliance with applicable federal and state laws and regulations. Ozark Guidance Center's HIPAA Security Officer is the Information Systems Manager.

The HIPAA Security Officer (HSO) is responsible for:

- Conducting evaluations to avoid the organization's information system from compromising the confidentiality, integrity, or availability of any other organization's information systems;
- Developing, documenting, and disseminating security policies, procedures, and standards for authorized users of the organization information systems and the data contained therein;
- Coordinating the selection, implementation, and administration of the organization's security controls;
- Organizing regular security awareness and training for staff and others,
- Coordinating with the organization's HIPAA Privacy Officer to support compliance with security policies, procedures, and controls found in the HIPAA Privacy Rule.

Program Directors

Each Program Director is responsible for modeling and enforcing the expectations of the organizational culture and ensuring all staff members perform duties ethically and in compliance with regulations. If an individual is uncertain whether specified conduct is prohibited, he/she must contact their Program Director or the CCO for guidance prior to engaging in such conduct.

Program Directors are responsible for daily oversight of their program to ensure compliance with organization policies and procedures, federal and state laws, and accreditation standards. A Program Director who directs or approves improper actions by a staff member; is aware of conduct that violates the organization Code of Conduct, policies or procedures and does not act appropriately to correct the problem; or fails to exercise appropriate supervision and oversight

with regard to his or her department's compliance with the organization's Code of Conduct, policies or procedures, is subject to appropriate disciplinary action. Action may include termination.

Corporate Compliance Committee

OGC has a Compliance Committee which has direct oversight and responsibility for the compliance activities of OGC and which assist OGC in fulfilling its legal, contractual, and accreditation compliance obligations. The Corporate Compliance Committee meets quarterly or more often if needed. The Compliance Committee is chaired by the CCO and consists of representatives from various programs across the organization. Additionally, the Chief Medical Officer, Chief Operations Officer, Associate Director of Operations, and Associate Clinical Director attend the committee meetings. The Corporate Compliance Committee generally meets in combination with the Clinical Quality and Performance Improvement Committee.

The Committee participates in the following compliance activities:

- Reviewing and making recommendations for updates to the Plan and associated compliance policies, procedures, and other documents at least annually.
- Reviewing and making recommendations for performance indicators, goals, and objectives for the Corporate Compliance Program,
- Developing and conducting internal monitoring and compliance audits,
- Serving as a resource to OGC on matters of compliance, legal, and regulatory changes,
- Assessing and identifying areas of risk, including conducting a risk analysis
- Reviewing and discussing Corporate Compliance Review findings,
- Assisting in formulating recommendations to the Executive Committee for corrective action(s) to ensure compliance
- Making recommendations for ways to offer training and education regarding Corporate Compliance and fraud, waste and abuse,

Education and Training

New Employee Orientation: During orientation, all new staff is required to complete new employee orientation and training on the Code of Conduct, conflicts of interest, the False Claims Act, whistleblower protections, HIPAA and privacy, and Fraud, Waste, and Abuse.

Compliance Program Ongoing Training: Each OGC employee is required to complete annual compliance and privacy training. The Corporate Compliance Officer trains the Board of Directors on Compliance at least annually.

The Compliance Office reviews and updates, as necessary, the compliance training annually or when there are material changes in regulations, policy, or guidance.

Monitoring and Auditing

To detect noncompliance and improve the quality of operations, an ongoing assessment and evaluation is integral to the success of OGC Compliance Program. There are various mechanisms that OGC has in place in order to ensure that the Plan and associated documents are being monitored and followed.

Risk Assessments: OGC conducts periodic risk assessments to evaluate and prioritize compliance related risks. The Compliance Committee assists in the development and review of the risk assessments, as well as, addresses the results, and oversees the development and implementation of appropriate corrective action plans. The compliance risk assessment activities are included with OGC's risk management activities.

Excluded individuals and entities: OGC conducts regular checks of the U.S. Department of Health and Human Services Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the System for Award Management (SAM). These checks are completed prior to hire as part of the background check process and monthly. If any names on OGC staff members appear on this list, the information is forwarded to the CCO, who completes a review and verification. If the CCO verifies that a debarred individual is working for or proposing to work for OGC, OGC will take appropriate action including but not limited to not hiring the individual or termination.

Internal auditing activities: To ensure that OGC complies with applicable state and federal laws and regulations, and to detect fraud, waste, and abuse, OGC has a variety of mechanisms in place to conduct internal audits. Audits are conducted:

- On a random basis as part of continuous quality improvement activities
- In response to an identified or alleged compliance violation
- As part of the review of delivery of services
- As part of routine billing and financial processes
- As required by state, federal, laws, rules and regulations.

External auditing activities: OGC partners with and participates in external audits with the Department of Behavioral Health Services, Beacon Health Options, Office of Medicaid Inspector General, and other outside entities as required.

Investigating and Reporting

An open line of communication between the Corporate Compliance Office and the staff or others associated with OGC is critical to the successful operation of the Compliance Program. Specific questions about whether any action complies with OGC policies or applicable law shall be directed to the Corporate Compliance Office. An individual may seek guidance or report a violation to their supervisor/manager, the Corporate Compliance Officer or Office directly, by completing the Corporate Compliance Request for Review Form, or emailing Compliance.Office@OzarkGuidance.org.

It is recommended that concerns regarding compliance or other legal/regulatory requirements be submitted to the compliance office within three days of the occurrence. The Compliance Office will attempt to resolve concerns and generate a final report within seven (7) business days. The Corporate Compliance Office will keep all reports confidential when possible; however, during the investigation the individual who reported the violation may become known or may have to be reported to government authorities.

The CCO has the authority and responsibility to investigate any potential compliance issue and to direct others to do so as appropriate. The CCO or designee will:

- Promptly initiate an investigation of a potential compliance issue to make a case-by-case determination as to whether a violation has occurred. The CCO will either personally conduct the investigation or refer the complaint to a more appropriate area internal or external to the organization.
- For investigations of potential fraud, waste and abuse, the CCO will be involved in the investigations of all potential fraud, waste and abuse concerns, whether it applies to OGC directly or one of OGC's contractors.
- Provide a report of all instances of suspected non-compliance involving indications or suspicions to the Chief Executive Officer and to other external agencies, as appropriate.
- Prepare and submit a report to appropriate Leadership following all investigations of concerns or suspicions. The report will include:
 - Documentation of the issue and potential compliance violation,
 - Description of the investigative process ,
 - Copies of interview notes and key documents,
 - Log of witnesses interviewed ,
 - Corrective action recommendation, and
 - Report violations of criminal, civil, or administrative law to the appropriate federal and/or state authority within a reasonable time after determining that there is credible evidence of such violation.

The CCO and designee have full authority to interview staff and review any document (subject to state and federal laws on confidentiality) they deem necessary to complete the investigation. Investigations are done promptly and can consist of interviewing personnel, examining documents, and consulting with legal counsel when necessary. All organization staff members and providers must cooperate with those investigating such matters.

A written record of each investigation is to be created and maintained by the CCO and/or designee in a confidential, secure location. The CCO submits the results of each substantiated investigation of OGC's staff violations to the supervisor(s) of the staff(s), CEO and Human Resources for appropriate disciplinary action. OGC must protect the rights of anyone made the subject of a report and therefore actions taken in response to reports of non-compliance will not be made public beyond what is required to process the report.

Corrective Action Plans

As part of the comprehensive Compliance Program, OGC has established an internal investigation and correction action process to ensure that timely, complete, and objective investigations are conducted in response to all allegations. The exact nature and level of thoroughness of the internal investigation will vary according to the circumstances and findings. Upon conclusion of an internal investigation, corrective action plans and preventative measures are recommended and implemented as appropriate.

Voluntary Disclosure

If illegal or unethical activity is discovered, the Corporate Compliance Officer, in consult with the Executive Committee, as appropriate, will make recommendations for the appropriate

corrective action. That corrective action may include a voluntary disclosure of wrongdoing to federal and/or state authorities, as well as a voluntary repayment of any funds improperly paid.

Disciplinary Measures

OGC staff members are subject to disciplinary actions as set out in the established personnel policies and procedures for failure to comply with federal and state laws and regulations and OGC's policies and procedures. This includes failure to report a suspected violation of any law, federal or state healthcare program requirement, or violation of an organization policy.

Depending on the severity of the violation, disciplinary actions can range from corrective action, oral reprimand, warning, dismissal, or termination. There is also a range of penalties for violation of federal and state healthcare program regulations. Such penalties can include monetary fines, civil and criminal legal actions and federal program exclusions. OGC's contract providers are subject to the same federal, state, and local laws and are also subject to the provisions of each contract for monitoring, compliance and performance.

Violations of Federal laws can result in the organization having to enter into a Corporate Integrity Agreement (CIA) with the Federal Government. The CIA's give the government authority to continually monitor a provider's compliance efforts, often times this authority extends for a number of years.

Attachments:

- A: Code of Ethics
- B. Fraud, Waste, Abuse, and False Claims Act Reference Document
- C. Documentation Compliance Plan 2018

Documentation of Review and Approval
11/26/2001
09/28/2014
2/06/2015
12/22/2016
11/22/2017
4/11/2018

Code of Ethics

The ethical codes which follow are modeled after the Code of Ethics of the American College of Healthcare Executives and are a synopsis of ethical values and expectations that are widely dispersed throughout Ozark Guidance's organization, protocols, practices and procedures. These codes articulate the global responsibilities and accountabilities of staff to pro-actively seek to understand and act on our value to be known for our extraordinary ethical conduct in our business and service relations and exchanges with each other, our organization, our employees and volunteers, the people who receive services from us and the communities. This Code of Ethics documents is a supplemental document to and part of the Corporate Compliance Plan.

Ozark Guidance participates and collaborates with advocacy groups, community organizations, and boards that provide trainings to area professionals within the schools and workplace settings. It is our intention that, as we grow in our understanding and acting ethically, this code will grow to reflect our maturity. It is not intended to be a complete listing or cookbook of prescribed ethical behaviors, but a code of ethical imperatives to be guides and encouragements toward living out the spirit of ethical conduct in the routines and exceptions of our organizational life.

Our Ethical Preamble:

We want to be known and respected for our extra ordinary ethical integrity due to the high degree 1) that we are faithful to our Vision, Mission and Values, and 2) that we seek carefully and considerately to balance personal social good with our intent to do no harm, be truthful, just and fair in all our service and business exchanges with the people, organizations and communities we serve. These codes are toward these ends.

Global Responsibilities:

Staff shall:

- Uphold the vision, mission, values and ethics of Ozark Guidance;
- Conduct all personal, role, and professional activities and organizational business with honesty, integrity, respect, fairness, and good faith in a manner that will reflect well upon Ozark Guidance and our various professional ethical codes.
- Comply with all laws, rules and regulations pertaining to Ozark Guidance operations in all jurisdictions in which we serve;
- Maintain competence and proficiency in behavioral healthcare governance, leadership, management and services through programs of continuing education and improvement;
- Avoid the exploitation of authority, power or relationships for personal gain;
- Respect personal, professional and role confidences;
- Enhance the dignity and image of Ozark Guidance through positive public relationships, education and business/service exchanges;
- Refrain from participating in any activity that demeans the integrity and credibility of Ozark Guidance.

Staff responsibilities to clients and/or others served, to the organization, and to our peers

Staff shall, within the scope of their shared or specific authorities and responsibilities:

- Ensure processes to evaluate the accessibility, quality, cost and effectiveness of care and services rendered;
- Avoid practicing, facilitating or condoning discrimination and institute safeguards to prevent discriminatory organizational practices;
- Ensure respect for the human dignity, personal worth and civil rights of all persons served and provide processes that will advise people served of the rights, opportunities, responsibilities and risks regarding available behavioral healthcare services;
- Provide processes that ensure the autonomy and self-determination of clients and/or others served;
- Ensure the existence of procedures that will safeguard the confidentiality and privacy of people served and ensure that conflicts between these values and Ozark Guidance's obligation to prevent self-harm to others are handled with conscientious, considerate care and within the limits of applicable civil or criminal law and procedures.
- Provide processes to facilitate patient admissions to the most appropriate, affordable and least restrictive and intrusive levels of care.
- Provide full disclosure of charges for services including itemized billings, sources of reimbursements and information about any limits on care and personal responsibility at time of service agreements.
- Provide behavioral healthcare services consistent with available resources and ensure the existence of a program/budget resource allocation process that considers ethical ramifications and priorities;
- Conduct both competitive and cooperative activities in ways that improve community healthcare services and foster a healthy population in safe and sound communities;
- Provide support and leadership in the use and improvement of high standards of governance and management as well as sound business and service provision practices and fair and just exchanges;
- Respect the customs, cultures and practices of people served in ways consistent with our organization's values and;
- Be truthful and ethical in all forms of professional, role and organizational communication (e.g., information, opinion, interpretation, fundraising, marketing or advocacy), and to avoid giving information that is false, misleading or deceptive.

Staff Responsibilities to Community and Society

Staff shall:

- Work to identify and meet the behavioral healthcare needs of the communities we serve;
- Work to ensure that all people have reasonable access to necessary behavioral healthcare services, regardless of personal financial circumstances;
- Lead in public dialogue on healthcare policy issues and advocate solutions that will improve health status and promote accessible, quality, affordable and effective healthcare including appropriate and equitable private and public coverage for behavioral healthcare services;
- Consider the short-term and long-term impacts of governance and management decisions on the communities served and on society and;

- Provide public information and consumer information that is adequate and accurate to help with enlightened judgements and decisions regarding services.
- Be socially responsible for meeting legal, ethical, and economic responsibilities placed on them by shareholders.

Staff will work cooperatively and considerately to:

- Create a working environment conducive to supporting ethical conduct and behavior throughout the organization;
- Ensure that individuals may freely express ethical concerns, conflicts, and grievances and provide mechanisms for discussing and addressing such concerns with protection from retribution for raising non-frivolous ethical issues;
- Ensure a working environment that is free from harassment, sexual and other, coercion or abuse of any kind, especially to perform illegal or unethical acts; and discrimination on the basis of race, creed, color, gender, ethnic origin, age or disability;
- Ensure a working environment that is conducive to proper utilization of workers, volunteers and board members;
- Ensure safe work environments and job safety;
- Ensure shared support, accountability, and responsibility for conduct consistent with Ozark Guidance vision, mission, and values.

Conflict of Interest

Staff will not only live up to the letter of the law and organizational policies regarding conflicts of interest but will aspire to high levels of ethical conduct by:

- Avoiding any actions to benefit directly or indirectly by using authority or inside information or to allow a friend, relative or associate to benefit from such authority or information;
- Avoiding any use of authority or information to make a decision to intentionally affect Ozark Guidance adversely;
- Conducting all personal, role and professional relationships in such a way that all those affected are assured that governance, management, professional and staff decisions are made in the best interests of the organization and those served by it;
- Disclosing to appropriate authorities any direct or indirect financial or personal interests that pose potential or actual conflicts of interest;
- Accepting no gifts, benefits or gratuities offered with the expressed or implied expectation of influencing a decision.
- Ensuring that professional boundaries are maintained with clients, staff, and other stakeholders. This includes:
 - Direct service staff should not engage in personal relationships with their current or former clients including sexual relationships.
 - Not engaging in physical contact with clients when there is a possibility of psychological harm to the client because of the contact.
 - Not lending money to clients or purchasing items for clients with their own money.
 - Direct service staff should not accept money or any gift or gratuity from their clients.
 - Only designated staff in customer service and accounting may accept money for services.
 - Direct service staff does not fundraise with clients, sell items to clients, or hire clients.

Additional Principles:

The Code of Conduct is in the staff handbook and should be followed at all times. OGC's business will be conducted in good faith, with integrity and in accordance with the principles contained in this document. Adherence to these principles is essential to the mission of OGC and its ability to successfully accomplish its mission:

- Staff shall act in accordance with the ethics of his/her profession, the Code of Conduct, the Code of Ethics, and the staff handbook
- Staff shall demonstrate compassion and respect for human dignity and practice common courtesy with all who come into contact with OGC.
- Staff shall safe guard consumer and provider confidentiality within the constraint of the law staff shall demonstrate honesty and integrity in all interactions with fellow staff, providers, consumers and other stakeholders.
- Staff shall not utilize their position with the agency in such a fashion that would lead to personal financial gain or abuse the boundaries of their authority with clients or other providers.
- Staff will not solicit nor accept gifts or favors from providers in lieu of favorable decisions on contracts, administrative decisions, or other business functions.
- All Staff have a duty to report unethical or illegal activities to the appropriate personnel.

Marketing Practices

Ozark Guidance will conduct marketing practices in an honest and factual manner. Marketing materials and practices will in no way mislead the public or misrepresent Ozark Guidance's service competencies. Ozark Guidance will not make any service outcome claims that are not justified by valid and reliable outcome data. Ozark Guidance will use clear and consistent methods of communicating information to clients, families, and other stakeholders and will be sensitive to the accessibility of the information, especially with regard to literacy. Ozark Guidance will not use monetary rewards or gifts to any potential client in an attempt to entice them to enter services. For more information, please reference the *Media Communications* and the *Communication with Clients* policies.

Personal Property

Ozark Guidance staff are responsible for their own personal property and should take appropriate safeguards such as locking office doors and not leaving valuables unattended.

Staff Responsibilities to Report Violations:

Staff who has reasonable grounds to believe that another member has violated Ozark Guidance's code of ethics or civil or criminal laws regarding healthcare or our shared responsibilities regarding malfeasance, beneficence, fairness and justice has a duty to communicate such facts to an appropriate authority for due process review and consideration. Please reference the Ozark Guidance *Corporate Compliance Plan* for more information on how to report potential or alleged violations.

Documentation of Review and Approval
November 1999
February 6, 2015
April 11, 2018

Fraud, Waste, Abuse and False Claims Act Reference Document

Ozark Guidance maintains a Corporate Compliance Program to help employees understand and meet their legal responsibilities in the practice of health care. Please review the Corporate Compliance Plan, Code of Conduct, Code of Ethics, Documentation Compliance, and other associated policies and procedures for more information.

Core Elements of Health Care Law

With the practice of health care being so closely governed by federal and state law, Ozark Guidance staff understand the fundamentals of complying with licensure, informed consent, confidentiality, standards of care, and routine medical records law. These core elements of health care law relate directly to the delivery of health care services.

Other Health Care Law

Another important area of legal compliance pertains to the many miscellaneous laws that govern the mechanics (as opposed to the substance) of service delivery. Examples include:

- Records Retention and Destruction
- HIPAA Privacy and Security;
- OSHA and other workplace safety laws;
- Department of Labor laws; and
- Business practices related to kickbacks, unfair competition, and improper referrals.

Health Care Billing Laws and Practices

Federal and state laws govern how providers file claims for the services they render. When an improper claim is filed, it could have violated a law. We must understand that payors and prosecutors are increasingly treating all improper claims as potential *billing fraud*.

By some estimates, health care billing fraud exceeds \$100 billion annually. Understandably, payors have made it their highest aim to eliminate fraudulent claims and punish wrongdoers. Nowhere is billing fraud more intensely scrutinized than in the Medicaid and Medicare programs.

Three specific applications of billing law are essential to any provider's understanding.

- **Federal Fraud, Waste and Abuse** – makes it a crime to submit inaccurate billings to Medicaid or Medicare.
- **Federal False Claims Act** – allows civil recovery for wrongfully submitted claims to Medicaid or Medicare
- **State Medicaid and Medicare Guidelines** – provide guidance for submitting lawful claims and avoiding Fraud, Waste, and Abuse and False Claims Act concerns.

Fraud, Waste, and Abuse

Fraud: an intentional deception or misrepresentation made by a person or entity with the knowledge that the deception could result in some benefit (usually monetary) under a state or federally funded program to him/herself, the entity or some other person.

Waste: includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare/Medicaid Program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

Abuse: includes practices/actions that are inconsistent with sound fiscal, business, or medical practices and result in cost to state and/or federally funded programs. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

Staff are expected to report any false, inaccurate, or questionable claims or actions as well as questions, concerns or potential fraud, waste, or abuse issue in accordance with the Compliance Plan.

A Closer Look at the False Claims Act

Our Corporate Compliance Program applies to all areas of service and billing, but Medicaid billing deserves special attention given the significant volume of Medicaid clients we serve each year. Ozark Guidance Center that all staff shall comply with all applicable Federal and State False Claims Act laws and regulations.

Medicaid Guidelines

Medicaid is a federal program administered by the State through the Department of Health and Human Services (DHHS). Medicaid Guidelines published by DHHS are found in policy manuals and typically have the full force of law. Therefore, it is essential that we fully comply with all Medicaid Guidelines before submitting a claim to Medicaid.

When a provider does not comply with Medicaid Guidelines, the mere filing of the claim opens up the possibility of a criminal or civil action by state or federal prosecutors. Criminal fraud against providers is prosecuted every day, but the civil false claims action is easier to prove and is now a favorite tool by regulators in their fight against Medicaid fraud and abuse.

False Claims Act

A federal civil action under the False Claims Act is available against any provider who knowingly files an inaccurate or inappropriate Medicaid claim. Proof focuses on what the provider knew or should have known. Thus, Medicaid guidelines are very persuasive in proving civil liability, because providers should know from the guidelines what is and is not permitted under Medicaid.

Liability under False Claims is regularly proven by showing one or more of the following:

- lack of medical necessity
- inappropriate levels of care
- inappropriate service providers
- violations of community standards of care

- incomplete medical documentation
- inaccurate medical documentation
- inconsistent medical documentation
- untimely medical documentation

Penalties for False Claims

Negative consequences for filing false Medicaid claims can be substantial. Damages of up to three times the value of the false claims can be imposed. Court costs and attorney's fees are also recoverable against a provider. Furthermore, an offending provider or entity can be barred from Medicaid participation.

Qui Tam Provision of False Claims Act

Qui Tam is a type of action based on the assistance of private individuals. The False Claims Act has a Qui Tam provision that allows an individual to collect from 15% to 30% of the civil damages if he or she reports or provides useful information to authorities regarding Medicaid violations.

Qui Tam is an extremely important compliance tool in that it creates an incentive for clients, contractors and employees to report Medicaid fraud, waste, and abuse. Federal Qui Tam can be found at 31 U.S.C. §3730. Arkansas Qui Tam law is at A.C.A. 5-55-113.

Non-retaliation and whistleblower protection

Ozark Guidance prohibits retaliation against persons who reported actual or suspected false claims. Persons bringing these claims (as known as "whistleblowers") are granted protections under the law.

We prefer to be informed first of suspected non-compliance, but staff are free to take their compliance concerns outside of Ozark Guidance if/when necessary. Our highest priority is to be legally compliant in billing. Hiding non-compliant billing is not an option.

Your Role as Ozark Guidance Staff Members

Billing and Documentation Integrity

While Corporate Compliance applies to all law, billing integrity requires and receives the most attention. We have found that billing integrity is best maintained by practicing the fundamentals of health care. Specifically, medical necessity must form the basis of everything we do, and medical documentation must be accurate, timely, and infused with clear medical necessity. Compliance requires the highest integrity in document preparation and maintenance. Staff should never falsify, destroy, or improperly alter any document.

Job Duties

Job duties provide general guidance pertaining to your role in compliance, even if you are not clear as to why. The little things you do in your day-to-day performance represents the heart and soul of our legal compliance efforts. Thus, do not overlook the legal importance of our position description.

Policies, Procedures, and Protocols

The particulars and specifics of legal compliance are found in the policies, procedures, and protocols we have developed. We take great care to incorporate your legal responsibilities into all of our written guidelines. You may not be a health law expert, but you can act like one by simply adhering to Ozark Guidance policies, procedures, and protocols.

Overseeing Compliance of Contractors

We require all contractors doing business with Ozark Guidance to adopt specific contract language obligating them to the highest standards of legal compliance. Failure by a contractor to comply with the law serves as the basis for *breach of contract*. Furthermore, any Ozark Guidance employee who uses or oversees a contractor should monitor legal compliance of that contractor and immediately report suspected non-compliance.

Reporting and Investigating Non-Compliance

If you suspect non-compliance within Ozark Guidance, you are required to report it to your supervisor or our Corporate Compliance Officer. Also, staff must report any suspected non-compliance by contractors. The Compliance Office is responsible for overseeing all compliance investigations. You are also required to preserve all records and fully cooperate with any investigation.

Staff Discipline for Non-Compliance

Staff can be disciplined up to and including termination for: *failure to comply with the law, failure to report suspected non-compliance, or failure to abide by the Corporate Compliance Plan and associated documents.*

Compliance Made Simple

Respect Your Job Duties

- Job descriptions have many imbedded compliance tasks
- When performing job tasks, be: thorough, timely, accurate

Policies, Procedures, and Protocols

- Be aware of and understand all policies, procedures, and protocols
- These documents serve as an answers to many questions that arise

Communicate

- Ask questions
- Discuss compliance concerns with supervisors and subordinates
- Report suspected non-compliance

Cooperate

- With internal audits and investigations
- With external audits and investigations
- Confidentiality and Privacy do not limit your freedom to report or participate in investigations of billing non-compliance.

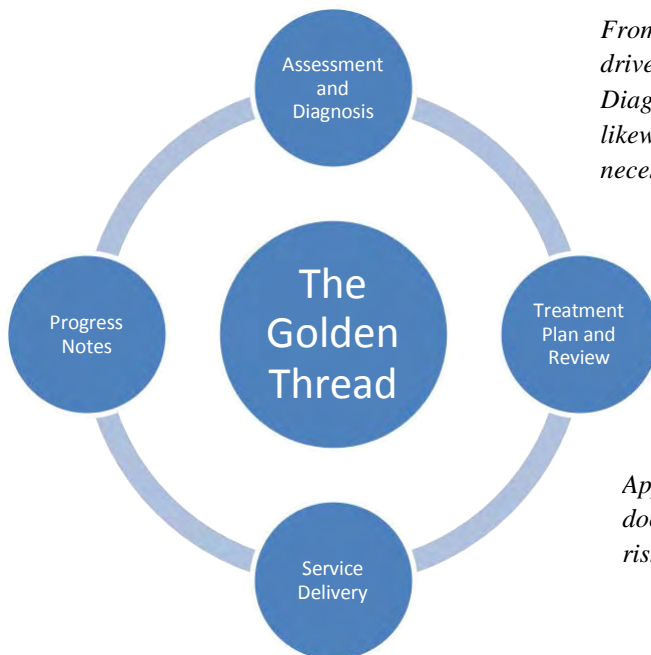
Documentation Compliance

This Documentation Compliance Standards Plan is designed to promote compliance with the Centers for Medicare and Medicaid (CMS), Arkansas Medicaid, Arkansas Division of Behavioral Health Services (DBHS), CARF, and internal documentation guidelines. Internal documentation guidelines are consistent with Medicaid/DBHS and CARF guidelines, commonly accepted community based standards of care, and are intended to enhance the care of our clients.

There is an expectation that staff will read and follow the standards in this plan in all of their documentation. However, there is an ongoing effort to have all documents in the electronic health record (EHR) and same day documentation throughout all service areas. There is also an expectation that documentation will be reviewed in supervision and internal audits to ensure that staff is following this plan.

Medical Necessity and the Golden Thread –

The Golden Thread is the consistent presentation of clinical information throughout all documentation. The Golden Thread begins with an intake assessment that clearly identifies an appropriate clinical problem area and corresponding diagnosis(es). The treatment plan is developed based on the identified problem areas and diagnosis(es) and determines goals for helping the client through the identified problem. Each goal should have specific objectives and interventions prescribed that will help the client along the path in recovery. Finally, the Golden Thread includes progress notes that demonstrate that the services you deliver match what was prescribed in the treatment plan. The Golden Thread is not only important for compliance and reimbursement, but is also an important tool for delivering quality care. Using the principles of The Golden Thread promotes client-centered treatment, engagement, identifies medical necessity, and maintains a focus on outcomes.



From intake to discharge, medical necessity should drive every treatment decision and chart entry. Diagnostic and treatment plan revisions can likewise be required by the specifics of medical necessity.

The Golden Thread ensures that a third party can read a chart and tie everything done by Ozark Guidance to documented medical necessity.

Applying the Golden Thread to your documentation reduces Ozark Guidance's risk and non-compliance exposure.

High Quality and Professional Documentation - All documentation in Credible must be professional and written with an expectation that outside agencies and clients will view these documents. "Services" available for selection in the client chart - including those that are not billable such as the General Note, the Client Family Involvement Log, the Restraint/Seclusion Form, the Staffing form and others are part of the client chart.

Minimum Documentation Requirements:

- Documentation must be individualized to the client and specific to the services provided
- Date and time the service was provided
- Signatures (can be electronic) must include name and credentials of person who provided the service
- Setting/location of the service
- How the service relates the treatment plan
- Interventions utilized during the service
- Description of progress/regression, response to the intervention, and prognosis

Each service has its own set of documentation requirements. The service notes in the EHR are set up to capture the majority of the documentation requirements for each note. Clinical staff providing services to clients will need to document interventions used during the course of a service provided as well as the client's response (and/or the family's response to the interventions provided).

DI's - Diagnostic Interviews will be signed and submitted no later than midnight the following business day after the provision of the DI. DI's will be completed at time of admission prior to any services, except Crisis Psychotherapy and when there is a significant clinical change. They are indicated when there is a significant change in presentation and treatment need. This may or may not coincide with a level of care change. A minor change in diagnosis, such as severity or subtype may not warrant a new DI.

DLA-20 - The DLA 20 for children and adults must be completed with the Master Treatment Plan Reviews, and at the time of Discharge from services. If the client has not been seen prior to discharge, the clinician completing the discharge summary can use the same scores from the most recent DLA to complete the Discharge DLA.

Non-Admits - A non-admit form may be filled out if a client has had only a Crisis Psychotherapy (and there is no concern about risk to self/others) and/or a Diagnostic Interview. Staff is to follow the procedures for clients not actively engaged in services in terms of notification of the client. Non-Admits do not require a second signature.

PCP Referrals - PCP referrals are required for all Medicaid clients who are receiving Tier 1 services. A client can receive three (3) services prior to having a PCP referral on file. The DI counts as one of the three services. Crisis Psychotherapy does not count towards one of the three (3) services.

Generally, PCPs provide referrals for six (6) months at a time. There is no limit on the number of times a referral may be renewed, but renewals must be medically necessary and at least every six (6) months. The PCP referral can be oral/verbal or written using the PCP referral form. The PCP

clerk at Ozark Guidance obtains PCP referrals; however, the clinicians and other providers can discuss the need for a PCP referral with their clients. This will help ensure that the PCP referral is received so that services are not disrupted. Services cannot be provided in the absence of a PCP referral, except Crisis Psychotherapy and a MTPR, without approval from the VP of Clinical Services and Compliance.

The PCP referral must be documented in the client's medical record. There may be other payors that require PCP referrals. This requirement would be identified at the time the client/family/guardian meets with the financial specialist.

Psychiatric Diagnostic Assessment - For Medicaid clients who are Tier 2 or Tier 3, a Psychiatric Diagnostic Assessment (PDA) with the physician will be conducted within 45 days of their Tier determination. After the initial PDA, continuing care PDAs are due annually. No clinical services will be provided in the absence of a Psychiatric Diagnostic Assessment (except Crisis Psychotherapy services).

If a client has Medicaid and is discharged either voluntarily or is discharged following no show per the policy, that client can return to services and NOT have a new PDA if the previous PDA is within the allowed time frame (within a rolling 12 month period). Medicaid will NOT pay for a second PDA for any client regardless of number of discharges and episodes of care within a 12 month period, UNLESS there is clear clinical need.

For clients who do not have Medicaid, the PDA is not a required service and does not have to adhere to the Medicaid requirements.

MTP: A treatment plan is required for all clients. The Master Treatment Plan (MTP) is created at the time of the DI and annually thereafter for clients who have Medicare, Private Insurance, and Medicaid clients who are Tier 1. A MTP for Medicaid clients who are Tier 2 or Tier 3 is required to be completed and is a billable service for these clients. A mental health professional must complete the MTP for a Tier 2 or Tier 3 client within 14 calendar days of the client entering care (first billable service) at a Tier 2 or Tier 3 level. Clinicians will follow the current *Master Treatment Plan and Review* policy.

The Treatment Plan should be based on the client's (and/or parent's/guardian's) articulation of the problems or needs to be addressed in treatment. Each problem must have one or more clearly defined behavioral goals or objectives that will allow the beneficiary, family members, provider and others to assess progress toward achievement of the goal or objective. For each goal or objective, the Treatment Plan must specify the treatment intervention(s) determined to be medically necessary to address the problem or need and to achieve the goal(s) or objective(s).

The MTPR must reflect the client's (and/or parent's/guardian's) assessment of progress toward meeting treatment goals or objectives and their level of satisfaction with the treatment services provided. The MTPR should be revised based on the progress made, barriers encountered, changes in clinical status and any other new information. The client, the parent, or the guardian must be provided an opportunity to express comments about the MTPR. This can be documented

in a client and family involvement log and/or in the client/family involvement problem area of the treatment plan.

MTPRs: Master Treatment Plan Reviews (MTPRs) must be completed by the MHP and signed by a Medical Doctor (MD) every 180 days for Medicaid clients who are Tier 2 or 3. For Medicaid clients who are Tier 1, Private Insurance, Medicare, self-pay MTPRs are completed annually. MTPR's may be signed and submitted, in the absence of a PCP referral.

If there have been no services provided during a 180-day review period, the client's primary clinician should be attempting to contact and reengage or discharge the client. However, if the client wants to remain in services, a MTPR can be completed when the client returns to services. Clinicians will complete and sign the MTP/MTPR the same day it is created. It is not appropriate to schedule the treatment plan on one day and complete and/or sign later that week. There is a paper form to capture signatures for the MTP/MTPR that can be attached to the client's medical record.

Primary staff who will be delivering or supervising the delivery of the specific services will sign MTPs and MTPRs.. For MHPPs, this may be the provider who delivers most of the services.

If the MTP or MTPR is not signed within the required 14-day period, the Clinical Manager or MHP will create an addendum note explaining that the treatment plan was not signed within the required period. If possible, but not required, the reviewing MD can sign the MTP/MTPR late. Accounts Receivable should be notified to mark the MTP/MTPR non-billable through a billing correction. Clinical Managers can approve this service.

Treatment Plan Addendum - A non-billable treatment plan addendum may be completed to make minor changes like adding an intervention, changing a frequency of an intervention, and adjusting an objective. A treatment plan addendum can also address a diagnosis change, but it must follow the *Diagnostic Assessment, Revision, and Collaboration* policy and procedure.

Progress versus process – Progress notes need to emphasize the intervention first. The three basic elements are: What did you do(what's the intervention)?, why? (relationship to the objective), and how? (how the client responded)

Progress notes will be documented and locked into the EHR no later than midnight the next business day after the delivery of any medical/clinical/nursing service. MHPPs are to document by end of shift of the following business day. Same-day documentation is expected and required 90% of the time. Dictated progress notes will be completed within the three (3) business days after the medical/professional service was delivered. Transcription will be completed and entered into the EHR no later than three (3) business day after the dictation has been received.

Crisis Notes – Whenever possible, all crisis psychotherapy/emergency services, crisis phone contacts, Single Point of Entry face-to-face assessments, crisis responses and collaborations, and external contacts, should be documented within the EHR within two (2) hours upon the provision of the crisis/emergency service(s). Consultations with supervisors regarding crises can be documented within the crisis note. Collaborations with external contacts such as calling mobile assessors can also be documented in the crisis note.

Risk Assessment and Safety Plan – These documents should be completed according to the *Risk Identification, Assessment, and Management* policy. They are not separate billable services and are intended to overlap with a crisis service, individual, or family therapy service.

For Clients Not Actively Engaged In services -

Clients who are receiving MHP services can remain open for up to 120 days. This is intended initially for clients who needed telephonic access to the treatment team for medication or clinical support to prevent decompensation. This requires clinical supervisor review and approval. Typically, this was used in school-based services for children moving away in the summers. This should be used as a rare exception only when discharge and readmission is not indicated. This is not intended for clients who may have semiannual or annual visits to medical provider.

Discharge Summaries –

Please review and follow the *Discharge from Services* policy.

Readmission -

Readmission following discharge to no show– Clients who have been discharged following the Medicaid no show discharge policy, can be readmitted without a new PDA or PCP referral if the previous PDA and PCP referral is current. If the PDA is current and the PCP referral is not, only those services allowed without a PCP referral are allowed. If readmitted, do not send the discharge summary to bad docs. The first service may be a clinical service by an MHP including family therapy or intervention. If the treatment plan is out of compliance, the very next service needs to be a treatment plan review.

Readmission following discharge due to client request. If a client requests to be discharged and presents for readmission within three months of discharge, that client may be readmitted according to the no show policy referenced above. The first service may be a clinical service by an MHP. If the treatment plan is out of compliance, the treatment plan review needs to be the first service.

Readmission following discharge due to internal error. If a client is discharged in error, the discharge summary can be sent to bad docs and the client may be readmitted if the PDA and PCP referral are current. An example of when a discharge may be in error is if a client is discharged due to no clinical/medical services but there is a scheduled medication management appointment. If the PDA is current and the PCP referral is not, only those services allowed without a PCP referral are allowed.

Readmissions without regular intake can create problems with keeping track of due dates for consents, releases, PCP referrals, services, and authorizations - so use with caution

Transition Plan – Completion of this document is a CARF requirement. Please follow the process outlined in the *Transition Plan* policy.

Staffing Note – Some high intensity programs such as TDT may have need for the team staffing or difficult case consultation to be captured in the EHR. This is primarily intended to

help with the flow of information within medical services to prescribers who may not be in the staffing or conferences.

Client on phone during session - There are times when a family member is only available via phone. We cannot provide any billable service during the time that a client is on a phone call with a family member. One option is to in an individual psychotherapy session, prep a client for a phone call with a family member (s) and process afterwards. This is not billable as family therapy. A phone call may also be documented in the client/family involvement log, especially if it is about the treatment plan.

Documentation of Review and Approval
08/10/2009
02/04/2014
06/05/2015
08/30/2017
04/11/2018
11/30/2018

RECORDS AND REPORTING

E.6.A. Describe your company’s policies and procedures related to Client records and record retention including:

- a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.**
- b. How you plan to document all services rendered via the Contract’s funding sources and report this data to DHS in the DHS-approved format and timeframe.**

OGC will demonstrate the ability to develop and maintain appropriate Client records in an electronic health record system. Currently, OGC maintains an electronic health record through Credible. Credible has been in place since 2011. OGC has a dedicated FORMS group that coordinates with the Clinical Quality Team to ensure that documentation mirrors requirements of Medicaid and other payers. Ozark Guidance has detailed policy and procedure that outline how the organization complies with HIPAA and maintains and retains records.

OGC will provide DAABHS with copies of CARF accreditation review reports, including any deficiencies noted and remedies required by CARF, within five (5) days of receipt.

OGC will copy DAABHS on any communication between OGC and TJC, COA, or CARF regarding correction of deficiencies and acceptance of remediation.

OGC will copy DAABHS on all communication related to accreditation between OGC and CARF.

General Reporting

OGC will complete DHS required data entry in the system or manner specified by DHS no later than the tenth (10th) working day of the month for the previous month. Data entry must be timely, accurate, and consistently reflect required data points with the degree of specificity indicated by DHS. To meet this standard the Director of Information systems works closely with FORMS team to identify data points within Credible that can be used create reports that have the required data.

OGC will document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe. We currently have dedicated staff in information services who coordinate this. Clinical forms are often used to gather information.

OGC will comply with compilation and submission of any other ad hoc reports requested by DAABHS in the timeframe mutually agreed upon between OGC and DAABHS.

Upon request, OGC will provide to DHS documentation and reporting that is client specific and includes at a minimum, first name, last name, date of birth, social security number and service(s) rendered.

OGC will comply with DHS incident reporting requirements

OGC shall report specific information on an annual basis as follows to DAABHS for federal reporting purposes:

Identification of the number of unduplicated Clients receiving evidence-based services specifically listed by Substance Abuse and Mental Health Services Administration (SAMHSA).

Maintenance of Effort (MOE) reporting which requires the Community Mental Health Center to report annually the amount of Medicaid revenue received in the previous state fiscal year.

Upon request, OGC will submit written report describing OGC's quality improvement activities, which include at a minimum, assessment of progress toward OGC's goals, program achievements not related to goals, and outcome data as it relates to OGC's current quality assurance goals and objectives.

APPEALS AND GRIEVANCE PROCESS

E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.

A. OGC has a system for handling individual complaints and appeals and shall cooperate fully with the processing of any complaint or appeal in accordance with the Arkansas Medicaid Manual. The OGC has a robust compliance department that processes any complaint or appeal. This department reports directly to the CEO and the Board on at least a quarterly basis regarding complaints and appeals. We have a well developed system that is outlined in policy format below:

Category: Client Policies		
Subject: Formal Complaints		Effective Date: 04/98
Authorized and Approved By: Clinical Quality	Regulatory Standard: CARF 1.K.3; 1.K.4	Review Date: 04/01; 12/11; 1/12; 7/14; 5/17; 10/17; 09/18

I. Policy: It is the policy of OGC to support the rights of clients, their families, and interested others to file complaints related to any issue or concern about the care received at OGC.

II. Purpose: To ensure that clients, their families and interested others have a means of providing ongoing feedback to OGC. This results in a prompt resolution of an issue or concern, a system to track trends, and a mechanism to improve the overall quality of care that clients and their families receive.

III. Definitions:

A. *Client Advocate:* An employee of OGC assigned to help clients navigate the formal complaint process.

B. *Formal Complaint:* An oral or written expression of dissatisfaction regarding a client’s care at OGC

IV. Procedure:

A. When a client concern is identified, the staff member involved in the initial contact with the client will notify the program coordinator. The client is to be contacted at the program level regarding the complaint within one business day. If resolution is not reached at the program level, then complaint information is forwarded to the Client Advocate to initiate the formal complaint process.

B. Filing a Formal Complaint

1. Clients are notified of the formal complaint process and how to file a formal

- complaint in orientation and as outlined in the Client Handbook.
2. Clients, their families, or any interested others are able to file a formal complaint orally or in writing.
 3. If the person filing the formal complaint is not the client or the client's parent/guardian, a valid release of information will need to be on file prior to the filing of the formal complaint.
 4. OGC will provide reasonable assistance to those filing a formal complaint.
 5. If the situation places the client in imminent danger, the staff member who receives the complaint will notify the program coordinator and clinical director immediately.
 6. Attempts are made to resolve complaints at the lowest organizational level possible.

C. Investigating a Formal Complaint

1. The client advocate will outreach the client to determine the nature of the complaint within two business days of notification of the formal complaint.
2. The client advocate will complete the Client Complaint Form and conduct further investigation, including involving the Compliance Officer or Clinical Director as needed and determine a resolution to the complaint.

D. Resolving a Formal Complaint

1. It is recommended that formal complaints be resolved within 14 business days from the original date of the complaint.
2. The Client Advocate will notify the client of the resolution to the complaint and complete the Client Complaint Resolution Form. Notification regarding the actions to be taken to address the complaint is documented on this form.
3. If the client, client's family or other interested party is not satisfied with the resolution to the formal complaint, the Client Advocate will refer the complaint to the Clinical Director. The Clinical Director is ultimately responsible for final resolution of the complaint.
4. Clients, their families, and other interested parties can contact the Department of Behavioral Health Services or other agency/advocacy service as an external review of the formal complaint.
5. All relevant external reporting completed as required in the Arkansas Medicaid Manual.

E. OGC recognizes that fear of retaliation on the part of the client, their families or other interested parties and takes those allegations seriously. Filing a formal complaint will not result in retaliation or barriers to services. Any change in services must adhere to OGC policy; constitute a safe environment and effective care for the client and others.

F. OGC retains information related to formal complaints and conducts a written analysis of all formal complaints annually. The written analysis at a minimum includes:

1. Whether formal complaints were received
2. Identifying Trends
3. Determines areas needing performance improvement

4. Actions to be taken to address the improvements needed

5. Actions taken or changes made to improve performance

V. Attachments:

A. Client Complaint Form

B. Resolution Form

Client Complaint Form

Date Complaint Received:
 Staff Receiving Complaint:

Client/Complainant Contact Information:

Name of Client:	Case #:
Name of Person filing complaint (if not the client)	Relationship to Client: Self Parent/Guardian Spouse Other Family Member Friend Other –
Phone # of person filing complaint:	

Nature of Issue:

Staff Name (if mentioned by complainant):
Program:
Location:

Client Complaint Resolution Form

Client Name	
Name of Complainant (if not the client)	
Date Complaint was filed:	
Date Complaint was resolved:	
Staff who resolved complaint:	

Investigation and Findings (include staff involved, chart review, etc.):

Agreed upon resolution with client/complainant:

Was the client satisfied with the resolution of the complaint? Yes No

Recommendations to avoid future issues:

QUALITY ASSURANCE

E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available

OGC uses continuous quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available. OGC complies with, at a minimum, Quality Assurance requirements outlined in the most current version of the DHS Behavioral Health Agency Certification Manual.

Our quality assurance and quality improvement methods focus on all populations but especially with the high utilizers mostly comprised of those with recurring crises, hospitalizations, and emergencies. We have been tracking PQRS and meaningful use indicators for these groups and are in the process of implementing HEDIS.

Outcome measures are used to track effectiveness. OGC is committed to demonstrating value to our clients and payors.

Below is a summary of OGC PI Plan and charters of groups associated with the PI process



Ozark Guidance

FOCUSED ON YOUR MENTAL HEALTH

PERFORMANCE MEASUREMENT AND MANAGEMENT PLAN AND REPORT

2018

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OGC Mission, Vision, and Values

Mission

Saving and changing lives by providing compassionate, quality behavioral health services.

Vision

To create healthier communities through connecting professionals and consumers with exceptional care across the area

Values

Relationships, Integrity, Accountability, Service, Innovation Services

Purpose of Plan

The purpose of the Performance Measurement and Management plan is collect and utilize process and outcome level data to demonstrate effectiveness to funders and other key stakeholders, to determine ongoing performance and determine need for and address performance improvement issues. The plan will work towards utilizing tools such as logic models (measuring input, activities, output, and outcomes/impacts), management data reports, development of key performance indicators (KPIs) and performance dashboards to measure performance and integrate findings into training, staff development and performance improvement processes.

Satisfaction and other process measures related to wait times, length of service periods, compliance issues will remain important but will be accompanied by outcomes related to how the client benefits from the service experience.

Accredited Programs

The Performance Measurement and Management Plan provides data to improve service delivery to OGC Programs including: Acute Crisis Stabilization Outpatient Treatment: Integrated AOD/MH Adult, Community Integration, Diversion: Integrated AOD , Day Treatment (Children and Adolescents), Specialized or Treatment Foster Care (Children and Adolescents), Outpatient Child: Integrated AOD/MH (Children and Adolescents), Partial Hospitalization and the Intensive Outpatient Program. Objectives for each program may be found in the Appendices.

2018 PERFORMANCE IMPROVEMENT (PI) PLAN

OGC is committed to the delivery of quality health care service to its customers in the Benton, Washington, Madison, Carroll, Newton, Baxter, Boone, and Marion county areas in keeping with the agency's mission.

Objectives:

In addition to Program specific objectives, four areas of focus will fulfill the agency's

Performance Measurement and Management efforts.

1. Customer focus:

- Meeting the needs and expectations of the customers is the reason for being in business
- A customer is defined as any person, unit or organization that receives any service (output) of the work performed.
- OGC has identified both internal and external customers to include persons-served (clients), 3rd party payers, employees, volunteers, donors, vendors, and the community.
- Customer focus training will be part of employee orientation.

2. Process focus:

- OGC will work to improve processes, and not focus solely on individual performance.
- Process, patterns of practice, professional performance and patient outcomes, that can be improved will be identified, and actions or solutions will be implemented accordingly.
- Leaders will facilitate interdepartmental contact and collaborative efforts.

3. Employee Empowerment:

- It is the responsibility of management to provide information and education so that each employee – to the employee's ability and resources – feels empowered to meet customer needs or to make appropriate referrals to see that each customer or customer group needs are met.
- Innovative approaches to making improvements will be encouraged, as ideas of those providing direct service are valued.
- Workgroups formed will include owners of the process when issues are to be addressed.
- Teamwork and participation of all employees will be promoted and practiced throughout the organization.
- Leaders individually and jointly foster communication with all levels of staff through daily staff interactions. The agency conducts quarterly leadership meetings, biweekly administrative manager meetings, weekly executive committee meetings, and monthly Clinical Quality/Compliance/PI Committee meetings.

4. Data Driven:

- Efficiency, effectiveness, access and satisfaction outcomes for each program/service seeking accreditation, are obtained and reviewed on a scheduled basis (see Annual PI Schedule).
- OGC measures business function performance indicators.
- Data about the persons served are collected at: the beginning of services, appropriate intervals during services, and points in time following services (For example, data is gathered via survey to clients who have been discharged).

The data collected by the organization include: financial information, accessibility information, resource allocation, surveys, risk management, governance reports, human resource activities, technology, health and safety reports, strategic planning information, field trends, including research findings, if applicable, service delivery.

The data address: the needs of the person served the needs of other stakeholders, the business needs of the organization.

PLANNING PROCESS

1. **Plan** - Agency leaders plan for performance improvement considering the organization's mission, the current strategic plan, available resources and certification criteria established by funding sources and credentialing entities. Consideration is also given to identify consumer and community needs based on data collected through surveys, e.g., staff and client satisfaction surveys. Core programs will be reviewed and improved accordingly.
2. **Design/Redesign** – When establishing new services, occupying a new facility or significantly changing existing functions or processes, the following issues will be addressed:
 - How process/function/ service was consistent with mission/vision and other plans?
 - comparative analysis within or between programs
 - How customers and staff's ideas about a well-designed process/function/service were obtained.
 - What experts (scientific, professional, other sources) were utilized to assist in the design phase?
 - What databases were available and appropriate to provide information on the performance of such processes/functions/services?

A 12-point outline has been added to the PI plan as an appendix this year to better evaluate program changes.

3. **Measure** – Criteria for Indicators:
 - Relevant;
 - Scientifically sound
 - Reliable – OGC uses an electronic health record that can be queried to yield consistent results. The Vice President of Clinical Services and Compliance and the Associate Clinical director meet with program administrator to ensure methodology for data collection is understood
 - valid – OGC has chosen outcome measures that have demonstrated reliability and validity, such as the DLA-20 and the PHQ-9
 - Complete – Data fields can be set to be “forced” such that staff is required to complete a field before a form can be locked in. Clients are assigned to programs when they enter services and are reassigned when they transfer so that analysis can be done separately for all the programs surveyed

- Accurate - When data is pulled for reports, there is a review of the values to identify outliers to determine whether the information collected is accurate
 - Informative for decision making;
 - Compatible;
 - Feasible;
 - Affordable;
4. **Assess** – The assessment element of the cycle should answer the following questions:
- What degree do measures conform to process and/or outcome objectives;
 - How stable is the process, or how consistent is the outcome?
 - Where might a stable process be improved?
 - Was the undesirable variation in a process or outcome reduced or eliminated?
5. **Improve** – The improving element of the cycle includes:
- Identifying a potential improvement;
 - Testing the strategy for change;
 - Assessing the data from the change to determine the improvement;
 - Implementing the improvement strategy system-wide.

PI initiatives will be recommended by the appropriate committee, group, or staff member(s). Conclusions, recommendations, actions and follow-up will be provided for each initiative.

The PI process has system-wide operational linkages. Pertinent information will be used to track, report, analyze and comply with applicable processes and activities. Relevant information is also reported to the Board of Directors on a regular basis.

INFORMATION MANAGEMENT

Most clinical information/data utilized for client care decision-making is generated through an electronic medical record application developed by Credible, an organization specializing in developing information systems for community mental health services. This system includes client databases, a service delivery tracking system, a billing system, an outcomes system and a clinical record keeping system.

OGC collects both qualitative and quantitative data through a software program for quality assessment processes called MOST™ (Measure of Success Tracking); through staff and client satisfaction surveys as well as other methods such as observations and supervision.

Needs Assessment

Program needs are based on community/consumer requests, referrals from other professionals and agencies, ongoing data collection and state and federal requirements. We also use this information in designing our Strategic Plan. OGC is currently involved in gathering data from a community needs assessment in partnership with local hospitals

and other stakeholders.

PERFORMANCE IMPROVEMENT

Role of Quality Improvement

Quality Improvement monitoring and evaluation of results provide an important source of data about patterns, trends and potential problems and opportunities to improve services. Administration and Staff use this information in their short and long-range planning processes to provide high quality client care, clinical performance, patient services and the safest, least restrictive environment possible.

Internal and External Comparison of Data – Comparison data include client perception of care studies in Arkansas for both child and adult; Restraint and Seclusion rates from previous data; DLA 20 Child and Adult outcomes; Meaningful Use and PQRS reporting; and numerous internal comparisons of data over time such as medical record reviews, drug peer reviews, infection control rates and safety trends and patterns.

Data are used to set written business functions, objectives, performance indicators, and performance targets. For each CARF accredited program, data is used to set objectives, performance indicators, and performance targets.

Information for clinical outcomes is collected through various processes including the following:

- Quality of Care MOST audits
- DLA-20 Child and Adult
- PQRS reporting
- Review of Beacon Inspection of Care Audits
- Review of Beacon Retrospective Audits
- Meaningful use reporting
- Program service delivery measures
- Client Satisfaction

PERSONNEL RESPONSIBILITIES RELATED TO PERFORMANCE MEASUREMENT AND MANAGEMENT

The Clinical Quality/Compliance/PI Committee consists of the Vice President of Clinical Services and Compliance, Associate Clinical Director, Chief Medical Officer, Chief Operating Officer, Associate Director of Operations, Vice President of Children's Services, Adult Services Director, Director of Substance Abuse & Recovery, and Associate Director of Therapeutic Day Treatment. The Corporate Compliance Officer and the Associate Clinical Director are responsible for overseeing and facilitating data collection and ensuring data collection is reliable, valid, complete, and accurate. Staff members involved in data collection are identified in the PI Schedule.

The Clinical Quality/Compliance/PI Committee will evaluate data and will report to the

Executive Committee and/or Board. The Clinical Quality/Compliance/PI Committee and will be responsible to oversee the organization-wide PI functions including the following tasks:

1. Oversee all PI activities.
2. Receive/prepare both summary and detailed reports of monitoring activities.
3. Respond to all identified areas of improvement needs.
4. Provide feedback, as applicable.
5. Recommend resources necessary to implement and maintain an effective PI process.
6. Review and approve policies and procedures, as applicable (non-clinical policies and procedures may require Executive Committee approval).
7. Develop and improve the Performance Measurement and Management on an annual basis to meet/exceed accreditation standards and state and federal regulations.
8. Focus on sustaining a comprehensive and integrated quality improvement system of the core programs.
9. Provide quarterly reports to the Executive Committee and/or Governing Board.
10. Address accreditation recommendations and incorporate a review of opportunities, weaknesses and challenges within the organization that need attention.
11. Analyze the outcome measures to continually improve the performance of the organization and make recommendations to the Executive Committee in establishing goals and objectives for the organization.
12. Provide information back to staff members who are best able to utilize the information to improve services and the care of our clients.
13. Monitor incident reports, consumer rights and grievance complaints, code of conduct standards and violations and safety standards.
14. Review the organization's policies and procedures compared to actual practices, a review of federal and state safety, fiscal, third party, and clinical guidelines compared to actual practices, and a review of current industry standards of care compared to actual practices.
15. Review appropriate insurance coverage for buildings, equipment and inventory, workers' compensations, professional liability, and vehicles through review of the Risk Management Plan.

As part of the Performance Measurement and Management Initiatives of 2018, the Clinical Quality/PI/Compliance team will have team members and responsibilities assigned to Clinical Quality Committee, Performance Improvement Committee, and Compliance Committee. These teams will all have separate charters and designated team members to fulfill separate roles.

PI Workgroups

The workgroups shall be responsible for the following:

1. Review and modify workgroup issues, goals, membership, and expectations as necessary.
2. Goal statement.

3. Identify, develop, implement, and measure improvements.
4. Provide regular reports to the Clinical Quality Committee and Executive Committee.

Staff Members

All staff members (whether directly involved in client care or not) shall play a role in ensuring quality of services and performance improvement. Each employee shall adhere to established policies and procedures and participate in PI efforts. Multidisciplinary PI workgroups shall be established, as appropriate, to formulate improvement strategies across all aspects of client care and/or service areas.

ANNUAL PERFORMANCE IMPROVEMENT REPORT

The PI program is evaluated annually for its effectiveness to improve the delivery of care and services and to identify community and customer needs. Revisions for improving the structure and process of the program are recommended and implemented by the Executive Committee, Clinical Quality/Compliance/PI Committee. An outcomes management report will be completed annually. The annual report or excerpts thereof will be available to the organization's staff, Board of Directors, Executive Committee, consumers, funding sources and persons served.

The performance improvement plan outcomes and report includes objectives, indicators, and targets for business functions and service programs. However, they may not always be labeled as such in the outcomes report. The objectives may contain the target. The measurement tool may contain the indicator. Persons responsible for collecting the data are the administrators of each business function or accredited site. Tools or indicators such as the surveys, DLA report, and some access indicators may be collected centrally and review coordinated with the appropriate administrator. The 2019 Performance Improvement and Management plan will include some realignment with the CARF standards to more clearly indicate how data is gathered and used.

Annual Performance Improvement (PI) Schedule

Topic	Responsible	Quarterly	Semi Annual	Annual
Environment of Care Evaluation	Safety Director			X
Performance Improvement Plan	Vice President of Clinical Services and Compliance			X
Policy and Procedure Review	Clinical Quality Team			X
Employee Satisfaction Survey	Vice President of Clinical Services and Compliance			X
Accessibility Plan Review	Chief Operating Officer			X
Cultural Competency and Diversity Plan Review	CEO and Clinical Director			X
Risk Management Plan Review	Vice President of Clinical Services and Compliance and Associate Director of Operations			X
Technology Plan Evaluation/Status report.	Director of Information Services			X
Compliance report for personnel training in health and safety practices, identification of unsafe environmental factors, emergency and evacuation procedures, identification and reporting of critical incidents, reducing physical risks, and medication management, if appropriate 1.H.4. CQ	Human Resources			X
Report/Summary of unannounced tests of all emergency procedures, including complete actual or simulated physical evacuation drills, tested on each shift at all locations 1.H.6	Health and Safety Director			X
Summary of critical incidents, resulting in a written analysis provided to or conducted by leadership 1.H.9 (A critical incident is a Sentinel Event or near-miss)	Vice President of Clinical Services and Compliance Associate Clinical Director			X
Summary for Client Rights Incidents – formal complaints/grievances and appeals for trends and areas for improvement –	Crisis Director Vice President of Clinical Services and Compliance Associate Clinical Director			X
Peer Review of medications prescribed to persons served 2.3.8.a. (MD Drug Peer Review)	Chief Medical Officer			X
Written status report on the plan for minimization/elimination of the use of seclusion and restraint 2.F.5	Vice President of Clinical Services and Compliance, Associate Clinical Director, and Chief Medical Officer			X
Review of use of medications by persons served, when applicable. 5.E.4 (Medication Reconciliation)	Chief Medical Officer			X
Summary for comprehensive external (Fire Department, fire sprinkler and Guardtronic inspections) health and safety inspection conducted at all facilities where the organization delivers services or provides administration on a regular and consistent basis, resulting in a written report 1.H.12	Safety Director			X
Topic	Responsible	Quarterly	Semi Annual	Annual

Client Satisfaction	Vice President of Clinical Services and Compliance			X
Staff Satisfaction	Vice President of Clinical Services and Compliance			X
For service improvement, data collected on the persons served at appropriate intervals and at points in time following services 1.M.5.b.d. (beginning of services, end of services, and following services	Vice President of Clinical Services and Compliance and Associate Clinical Director			X
Board conducts self-assessment of the entire board, and signs written conflict of interest declaration and ethical code of conduct declaration 1.B.g.(3), (5)-(6)	Administration/CEO			X
Review of executive leadership performance and executive leadership succession plan 1.B.5.a.0b.	Administration/CEO			X
Review of executive compensation records 1.B.6.e.(6)	Administration/CEO			X
Review of governance policies and bylaws 1.B.7	Administration/CEO			X
Strategic plan reviewed for relevance 1.C.2.e.	Executive Team			X
Budgets are prepared and approved 1.F.2.	Chief Operating Officer and Chief Financial Officer			X
Review or audit of the financial statements of the organization by an independent accountant authorized by the appropriate authority 1.F.10	Chief Financial Officer			X
Review of organization's insurance package 1.G.2.a HR	Chief Financial Officer			X
If transportation services are contracted, the contract is reviewed against Standard 1.H.11.a-k.1.H.11.(1)	We do not contract			
Review of job descriptions 1.I.6.a	Human Resources			X
Performance evaluations of directly employed personnel 1.I.6.d. HR	Human Resources/ Program Coordinators			X
Review of all contract personnel 1.I.6.e. HR	Human Resources/Program Administration			X
Review of personnel policies 1.I.8.e HR	Human Resources/Program Administration			X
Health and Safety Self-inspections conducted on each shift at all facilities where the organization delivers services or provides administration on a regular and consistent basis 1.H.13 (Program Directors using MOST Health and Safety Risk Assessment Survey).	Safety Director		X	
Documented assessments of abnormal involuntary movements are performed every six months for persons served receiving typical antipsychotic medications 2.E. 5.1 (Abnormal Movement/AIMS)	Chief Medical Officer		X	
Environment of Care Tours	Safety Director		X	
Specialized Treatment Foster Care Inspections	TFC Director		X	
Critical Incident Reports	Vice President of Clinical Services and Compliance	X		
Topic	Responsible	Quarterly	Semi Annual	Annual
CARF Medical Record Review and Supervisor	Vice President of Clinical	X		

Reviews (includes person-centered plan periodically reviewed and modified for relevance) 2.C.3	Services and Compliance and Associate Clinical Director			
Medication Variance	Chief Medical Officer and Associate Clinical Director	X		
Client Rights quarterly reports	Vice President of Clinical Services and Compliance	X		
Restraint/Seclusion (<i>organization-wide</i>) <i>Springdale TDT, Huntsville TDT, Rogers TDT, Siloam Springs TDT</i> Arin M	Vice President of Clinical Services and Compliance and Chief Medical Officer	X		
Workgroup Reports	Workgroups	X		

Currently, OGC has: a Clinical Quality Committee that meets twice a month, a Performance Improvement Committee that meets quarterly, and a Compliance Committee that also meets Quarterly. These committees along with associated leadership teams are responsible for quality assurance and improvement throughout the organization.

Committee Charter

Name of Committee: Clinical Quality Committee

Date of Charter: 8/03/18

Charter By: Executive Team

Committee Type: Ongoing

Selection Process: Selection is by role to include diversity (for example: interest, licensure, experience/background) of clinical administrators within the organization.

Membership includes: VP of Clinical Services and Compliance, Associate Clinical Director, Chief Medical Officer, Vice President of Children’s Services, Chief Operating Officer, Associate Director of Operations. Membership includes Division Directors as needed, *QBHP or certified Peer Support recommended but not required. Ad Hoc members may be included as needed. (For example, for 6 month rotation of leadership of new programs.)

Appointment: Appointment is based on the need of the organization. Executive team members on committee determine membership, including dismissal or rotation on and off.

Term: Term of the committee member is ongoing as long as member remains in role related to appointment.

Current Members:

1. Jared Sparks, VP of Clinical Services and Compliance (**Chair**)
2. Jessie Nelson, Associate Clinical Director
3. Chief Medical Officer

4. Erica Boughfman, Vice President of Children's Services
5. John Ryan, Chief Operating Officer
6. Anne Sheetz, Associate Director of Operations
7. Paige Stephens, Director of Adult Services, Coordinator for Crisis Services and Eastern Counties
8. Libby Bier, Director of Substance Abuse and Recovery Services, Coordinator of Adult Outpatient & Adult Intensive Services
9. Kristin Lehner, Director of Foster Care Services
10. Patrick Henry, Associate Director of TDT Services

Expected activities and deliverables:

- Oversee the development or modification, issuance, distribution, and review of Clinical Quality policies and procedures.
- Review and approve Clinical policies and procedures when appropriate.
- Review and approve evidence-based practices to be adopted by OGC.
- Develop practice guidelines as needed.
- Make recommendations regarding OGC approved clinical certifications.
- Review and approve new clinical programming for presentation to Executive Team and Board.
- Review and/or develop action plans based on results of internal audits.
- Facilitate development, distribution and review of client and staff satisfaction surveys.
- Oversee the development and implementation of employee communication and training regarding the Clinical Quality Program including, policies, and compliance issues.
- Reviewing and analyzing clinical quality related issues, rulings, or procedures potentially impacting OGC operations.
- MOST Audits/Internal Auditing, CAP review, and recommendations for systems changes to address deficiencies.

Reporting Time Frame:

The Clinical Quality Committee will report information to Executive Leadership quarterly and the Board at least annually.

Level of Authority for Taking Action

The Compliance Committee is established to advise, inform, and partner with leadership in ensuring that OGC provides high quality clinical services. This is a recommending committee with some exceptions outlined in the expected tasks and deliverables.

Meetings/Procedural

The Committee will meet one to two times a month, and more frequently as circumstances may dictate or as may be required. The Committee Chair is responsible for preparing the agenda and meeting minutes.

Annual Review of Charter

The Clinical Quality Committee shall review and re-examine this Charter annually and make recommendations to the Executive Team for any changes.

Due to the sensitive nature of Clinical Quality Committee activities, each member will uphold the highest standards of confidentiality, including but not limited to information reviewed and discussed at meetings.

Committee Charter

Name of Committee: Performance Improvement Committee

Date of Charter: 8/03/18

Charter By: Executive Team

Committee Type: Ongoing

Selection Process: Selection is by role. This selection will consider and work towards inclusion of diversity (for example: interest, licensure, experience/background).

Membership includes: VP of Clinical Services and Compliance, Associate Clinical Director, Chief Medical Officer, Chief Operating Officer, and an additional 3 to 5 members from across the organization as needed. *QBHP or certified Peer Support recommended but not required.

Appointment: VP of Clinical Services and Compliance and Associate Clinical Director together with the Chief Medical Officer determine committee membership needs including dismissal or rotation on and off and submit for final approval to CEO.

Term: Term of the committee member is ongoing as long as member remains in role related to appointment are as long as the need exists.

Current Members:

1. Jessie Nelson, Associate Clinical Director **(Chair)**
2. Jared Sparks, VP of Clinical Services and Compliance
3. Justin Hunt, Chief Medical Officer
4. Anne Sheetz, Associate Director of Operations
5. Rob Busteed, Accounting Manager
6. Jim Stanley, Facilities
7. Devin Holden, Network Analyst

Expected activities and deliverables

- Review and Revise Performance Measurement and Management Plan and Report annually
- Identify meaningful outcomes in efficiency, effectiveness, access, and satisfaction for all clinical programs and business operations

- Include representatives of new programs and services in planning and implementing outcomes.
- Oversee collection of outcomes
- Review of outcomes quarterly in PI meeting
- Develop PI report quarterly
- Develop, implement, and/or review Root Cause Analysis; Plan, Do, Check, Act; Conclusion, Recommendations, Action, Follow up; or other problem solving methodology
- Oversees reporting from safety director and/or safety committee, including drills and facility inspections, and emergency preparedness

Reporting Time Frame:

The Performance Improvement (PI) Committee will report information to Executive Team and the Board quarterly.

Level of Authority for Taking Action

PI is an advisory committee reporting to the Executive Team of OGC and the Board of Directors. PI ensures there is a follow up and reporting process that escalates to the appropriate executive team member including CEO when standards are not met and/or there is a substantial risk

Meetings/Procedural

The Committee will meet at least quarterly, and more frequently as circumstances may dictate or as may be required. The Committee Chair is responsible for preparing the agenda and meeting minutes. This committee meets on the 4th Friday of the month following the end of the quarter to coincide with the compliance committee.

Annual Review of Charter

The Performance Improvement Committee shall review and re-examine this Charter annually and make recommendations to the Executive Team for any Changes.

Due to the sensitive nature of PI Committee activities, each member will uphold the highest standards of confidentiality, including but not limited to information reviewed and discussed at meetings.

Committee Charter

Name of Committee: Compliance Committee

Date of Charter: 8/03/18

Charter By: Executive Team

Committee Type: Ongoing

Selection Process: Selection is by role to include diversity (for example: interest, licensure, experience/background) of members within the organization.

Membership includes: VP of Clinical Services and Compliance, Associate Clinical Director, and an additional 3 to 5 members from across the organization

Appointment: Appointment is based on the need of the organization. VP of Clinical Services and Compliance together determine committee membership, including dismissal or rotation on and off and submit to COO and CMO for review and final approval.

Term: Term of the committee member is ongoing as long as member remains in role related to appointment.

Members: 1. Jared Sparks, VP of Clinical Services and Compliance **(Chair)**

2. Jessie Nelson, Associate Clinical Director

3. Kathy Burkes, Medical Records Librarian

4. Robyn Benson, Human Resources

5. Anne Sheetz, Client Advocate

6. Chris Bockelman, Chief Financial Officer

Expected activities and deliverables

- Oversee the development or modification, issuance, distribution, and review of Compliance policies and procedures.
- Monitor the effectiveness of OGC's Compliance Program and recommend modifications as needed.
- Oversee the development and implementation of employee communication and training regarding the Compliance Program including, policies, and compliance issues.
- Reviewing and analyzing compliance related issues, rulings, or procedures potentially impacting OGC operations
- Review the result of compliance investigations, including fraud, waste, and abuse.
- Responsible for compliance with CARF, OBHS, and other applicable federal and state standards.

Reporting Time Frame:

The Compliance Committee will report information to Executive Leadership and the Board quarterly.

Level of Authority for Taking Action

The Compliance Committee is an advisory committee reporting to the Executive Team of OGC and the Board of Directors. The Compliance Committee ensures there is a follow up and reporting process that escalates to the appropriate executive team member including the CEO when standards are not met and/or substantial risk is identified.

Meetings/Procedural

The Committee will meet at least quarterly, and more frequently as circumstances may dictate or as may be required. The Committee Chair is responsible for preparing the agenda and meeting minutes.

Annual Review of Charter

The Compliance Committee shall review and re-examine this Charter annually and make recommendations to the Executive Team for any changes.

Due to the sensitive nature of Compliance Committee activities, each member will uphold the highest standards of confidentiality, including but not limited to information reviewed and discussed at meetings.

OGC Clinical Managers complete internal audits in a Measure of Success Tracking Software (MOST) on an ongoing basis to meet certification requirements. These audits are shared with the staff members and reviewed in supervision, team meetings, and the Clinical Manager's meeting. This direct feedback loop from reviewer to direct service ensures that the results of the audit are integrated into the provider's practice.

Within the MOST question set are audit questions related to length of care and level of care. Consistent review of these areas helps ensure that OGC is a good steward of state and federal funds and that we are providing safe and effective care.

Quality and compassionate care for clients with the most serious mental illness is a priority for OGC. We have a number of mechanisms for this. For example, each crisis call in the evenings and weekends is tracked and followed up on the next day. We have reports that allow each program to identify any crisis where there was a moderate or high risk that precipitated a comprehensive risk assessment.

E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:**a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.**

E.9.A.a.

See Notary Public attestation form.

Ozark Guidance Center, Inc.
2400 S. 48th Street
P.O. Box 6430
Springdale, AR 72766-6430

VENDOR ATTESTATION

I, Laura H. Tyler, Laura H. Tyler, PhD, LPC, as CEO of the above company, attest that all DAABHS funds will only be used for the following populations as defined in the RFQ **Section 2.3.2. E.9.A**

Section 2.3.2

Ozark Guidance Center, Inc. (OGC) shall develop and provide crisis services to individuals experiencing Psychiatric or Behavioral Crises in the Community Mental Health Center's Catchment Area. Bid Solicitation Document Bid No. 710-19-1024 Page 20 of 43

1. OGC shall serve the following populations in the delivery of crisis services:

- a) Mobile Crisis population: All adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.
- b) Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. For this specific population, OGC must provide face-to-face crisis intervention and assessment services in the community setting. The community setting includes, without limitation, a home or foster home, school, or DCFS office. Crisis services must focus on stabilization of the client within the community, ensure hospital diversion when appropriate, must include a safety plan, and must include face-to-face follow-up within twenty-four (24) to forty-eight (48) hours of the initial crisis.

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of: Arkansas

County of: Washington

Acknowledged before me, this 12th day of March, 2019.

[Notary Seal, if any]:

<p>NANCY J. BAKER NOTARY PUBLIC WASHINGTON COUNTY, ARKANSAS COMMISSION EXPIRES 11/01/2026 COMMISSION 12350904</p>
--

Nancy J. Baker
(Signature of Notary public)

My commission expires: 11-01-2026

E.9.A.b.

Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H).

OGC, Inc. keeps copy of receipts in triplicate for all SSBG Title XX associated services. In addition to the Form DHS-0145 described above, a provider billing under actual cost reimbursement must submit a letter bill indicating what allowable expenditures were made during the month and the number of service units provided for each service. The provider shall divide the total allowable expenditure for each service by the number of units of that service to determine the unit rate for that billing period. The provider shall sign and date the letter and submit it to the division/office with which the contractor has a legal agreement unless the contractor has been given other instructions.

E.9.A.c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.

OGC, Inc. utilizes Registration Specialist that work closely with billing department to ensure that appropriate protocols are followed. If Medicare, Medicaid, private insurance, or any other source of third party payment for an SSBG client is available, those sources must first be exhausted. OGC will make every effort to utilize Medicaid whenever possible. OGC will document the exhaustion of such benefits in the client's case record. (Protective Service cases are exempt from this requirement.) OGC will bill only the portion of the cost of an SSBG service, the provider shall bill to SSBG only that portion not covered by the third party source.

d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.

See Notary Public attestation form.

e. Describe how your agency will utilize funds toward the development of infrastructure.

Region 8 has 6 out of 8 counties that are extremely rural and are sparsely populated, making services difficult to provide in a cost-effective manner. Funds from the grant will support the infrastructure that is needed to support the clinical care in those communities. These expenses could include rent and utilities for the offices serving the clients. Funds may also be used for recruitment and retention as well as training related to practice transformation. The agency is utilizing telehealth services for some services in these areas in order to meet the special needs of the high risk clients receiving care. These services require high speed internet connectivity that is reliable and meets the clinical requirements to create an experience similar to a face to face session. The soft infrastructure expenses that support care for individuals across Region 8 include the educational awareness that is provided within schools and community settings, handouts and electronic media related to First Episode Psychosis and other topics relevant for SMI and SED adults and children. It will maintain a warm line to respond to individuals that need support

Ozark Guidance Center, Inc.
2400 S. 48th Street
P.O. Box 6430
Springdale, AR 72766-6430

VENDOR ATTESTATION

I, Laura H. Tyler, Laura H. Tyler, PhD, LPC, as CEO of the above company, attest that Ozark Guidance Center, Inc. will undergo an annual audit by a certified public accounting firm. Ozark Guidance Center, Inc. utilizes BKD, Inc. as our external certified public accounting firm for our annual financial audits. **E.9.D**

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of: Arkansas

County of: Washington

Acknowledged before me, this 12th day of March, 2019.

[Notary Seal, if any]:

**NANCY J. BAKER
NOTARY PUBLIC
WASHINGTON COUNTY, ARKANSAS
COMMISSION EXPIRES 11/01/2026
COMMISSION 12350904**

Nancy J. Baker
(Signature of Notary public)

My commission expires: 11-01-2026

outside of traditional office hours and the maintenance of current resource directories for people needing information about treatment, legal support, civic groups, homeless shelters and other services within the community.

E.10 REGION SPECIFIC SERVICES

E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.

a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.

b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.

Across All Counties:

OGC has relationships including MOUs with providers and stakeholders throughout Region 8. OGC has Memorandums of Agreements with 17 school districts across the Region to provide school based counseling services. We actively partner with Head Starts for the provision of supportive services in addition to behavioral health services. OGC also collaborates with Project PLAY, an ongoing free program established to facilitate collaboration between Community Mental Health Centers and early childcare programs, to serve Region 8. OGC is a contracted substance abuse and mental health provider for DCFS.

OGC collaborates with DCFS primarily through our Therapeutic Foster Care Program and Foster Care Services program. In addition to ongoing contact and meetings, OGC hosts a quarterly meeting with local DCFS supervisors and leaders to discuss ways to improve our communication and working relationship. Through our Foster Care services program, we work to provider foster families with the needed supports and tools to minimize foster care placement changes for the youth in our community.

The agency also works closely with Community Clinic and Boston Mountains local Federally Qualified Health Centers, to meet the medical needs of our high risk clients as well as the Primary Care Medical Homes in our area. OGC has a MOU with Arkansas Community

Corrections and coordinated care for UAMS AR Giving MORE clients needing Medication Assisted Treatment.

Additional and Highlighted Relationships by County:

Washington County: OGC works closely with the court system (including Drug Court for trauma specific treatment), Washington County Detention Center, the Economic Opportunity Agency of Washington County, Head Start, Peace at Home Shelter, Arkansas Support Network, Springwoods Inpatient, Vantage Point Inpatient, Courage Therapeutic Riding Center, Children's Safety Center, the Emergency Preparedness Coalition, Northwest Hospital, Community Clinic FQHC, and Magdalene House. OGC has been selected as the contracted service provider for the Crisis Stabilization Unit, located in Washington County that is designated to serve Benton, Carroll, Madison and Washington counties within this region.

Benton County: OGC works closely with the court system, Benton County Jail, Community Clinic FQHC, Arkansas Early Learning, Inc., Northwest Arkansas (NWA) Head Start Human Services, Children's House, and NWA Children's Shelter.

Madison County: OGC works closely the court system. for example with FINS. OGC provides consultation with Head Start and collaborates with Madison County Health Coalition, Boston Mountain Rural health Center, and Madison County Surgical Group.

Carroll County : OGC works closely OGC works closely Mercy health's IOP program Senior Solutions and with the court system and has group therapy and case management in the jail. OGC.

er the Purple Flower.

Boone: OGC works closely with the jail and hospital. OGC works with the local homeless shelter and the Independent Living Program. OGC provides services for Project Play.

Baxter: OGC works closely with the Health Department, Baxter Regional Medical Center and Baxter County Jail. OGC provides individual and group therapy for co-occurring clients in Twin Rivers Living Facility and the Basic Independent Apartments, Serenity House for abused women. OGC collaborates with Gamma House for homeless women, Alpha House for homeless men and their work program, Center of Hope and Salvation Army, Ozark Mountain Alcohol Drug Treatment residential living, and Cotter, and Yellville School Districts.

Newton: OGC works closely with the jail and Boston Mountain Rural Health Center

Marion: OGC collaborates with Boston Mountain Rural Health Center and the health department. We provide full school based services in Yellville. OGC works with the county jail and Juvenile Services

b.

Region 8 has several unique challenges including a multicultural population, high rate of foster care utilization, rural population with low population density, high use of alcohol and drugs for the population and limited availability of specialized care outside of the urban areas. Within this Region, there is a limited pool of clinical mental health professionals. In the more populated counties, Medicaid and non-Medicaid providers compete for mental health professionals. This is especially true for terminally licensed professionals. More rural counties struggle to attract and retain mental health professionals and the population of providers is limited.

OGC is well suited to provide services to the diversity of the population that lives in Region 8. We have several bilingual staff to assist us in providing services to clients that speak Spanish and Marshallese. We also have a Latinx Outreach Specialist and Marshallese Outreach Specialist that help provide education to those in our community about behavioral health issues and how to access services.

Overall, OGC is well suited to serve the Region. We have a reputation of commitment to mission, service, innovation, evidence-based care and partnerships. Consistently serving clients, families and the community is how we've established ourselves as a caring, capable and competent organization that is willing to serve all clients including those who are complex and/or indigent. We have a history of service that stretches across almost 50 years, and we are prepared to continue to evolve as a first choice organization that offers high quality care at a reasonable cost in a value-driven market.

Select MOU/MOA/BAA

Business Associates Agreement

This Business Associates Agreement (“BAA”) is made effective this 1st day of May 2009, by and between the Ozark Guidance Center, Inc. (“Covered Entity”) and Arkansas Support Network, Inc. (“Business Associate”) (collectively the “Parties”).

1. Background

- a. Covered Entity has been designated as a covered entity for purposes of the HIPAA Privacy Rule.
- b. In accordance with the law of the State of Arkansas, Business Associate provides contract services for Covered Entity. The provision of such services may involve the disclosure of individually identifiable health information from Covered Entity to Business Associate.
- c. The relationship between Covered Entity and Business Associate is such that the parties believe Business Associate is or may be a “business associate” within the meaning of the HIPAA Privacy Rule.
- d. The Parties enter into this BAA with the intent of complying with the HIPAA Privacy Rule provision that a covered entity may disclose protected health information (“PHI”) to a business associate and may allow the business associate to create or receive protected health information on its behalf, if the business associate will appropriately safeguard the information.

2. Definitions

The following terms shall have the following meanings in this BAA:

- a. HIPAA means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- b. Individual means the same as the term individual in 45 CFR 160.103.
- c. Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, subparts A and E.
- d. Protected Health Information means the same as the term protected health information in 45 CFR 160.103.
- e. Required by law means the same as the term required by law in 45 CFR 164.103.
- f. Secretary means the Secretary of the U.S. Department of Health and Human Services or his/her designee.
- g. Other terms used in this BAA shall have the same meaning as the terms in the Privacy Rule, unless otherwise specified.

3. Obligations of Business Associate

In consideration of the mutual promises contained herein, the sufficiency of which is acknowledged by the Parties, the Parties hereby agree as follows:

- a. Business Associate agrees not to use or disclose PHI other than as permitted or required by this BAA or as Required by Law.
- b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of PHI other than as provided for in this BAA.
- c. Business Associate agrees to mitigate any harmful effect that is known to Business Associate or a use or disclosure of PHI by Business Associate in violation of the requirements of this BAA.
- d. Business Associate agrees to report to Covered Entity any use of disclosure of this PHI not provided for by this BAA when it becomes aware of such use or disclosure.
- e. Business Associate agrees to ensure that any agent, subcontractor, or affiliate to whom it provides PHI as received or provided by Covered Entity agrees to the same restrictions and conditions that apply through this BAA to Business Associate.
- f. Business Associate agrees to provide access, at the request of Covered Entity, to PHI in a Designated Record Set to Covered Entity or to an Individual as directed by Covered Entity.
- g. Business Associate agrees to make any amendments to PHI in a Designated Record Set at the request of Covered Entity.
- h. Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from Covered Entity available to Covered Entity, or to the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- i. Business Associate agrees to document such disclosures of PHI as would be required for Covered Entity in response to a request by an Individual for an accounting of disclosures of PHI.
- j. Business Associate agrees to implement safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of PHI that Business Associate receives from or creates or transmits on behalf of Covered Entity.

4. Permitted Uses and Disclosures

- a. Business Associate may use or disclose PHI to perform functions, activities, or services for or on behalf of Covered Entity as specified in the BAA, provided that such use or disclosure would not violate the Privacy Rule or the policies and procedures of the Covered Entity.
- b. Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- c. Business Associate may disclose PHI for proper management and administration of the Business Associate if such disclosures are Required by Law or Business Associate obtains assurances from the person to whom PHI was disclosed that it will remain confidential and will be used only as Required by Law.

- d. Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 42 CFR 164.504(e)(2)(i)(B).
- e. Business Associate may not use or disclose PHI if such use or disclosure would violate any term of other applicable laws or agreements.

5. Term and Termination

- a. This BAA shall be effective as of the effective date stated above and shall continue until terminated.
- b. Covered Entity may immediately terminate this BAA or give Business Associate an opportunity to cure any breach of this BAA, including improper or unauthorized use or disclosure of PHI.
- c. Upon termination of this BAA, Business Associate shall return or destroy all PHI received from Covered Entity. This provision shall apply to PHI held by subcontractors or agents of Business Associate.
- d. The rights and obligations of Business Associate under the Term and Termination provisions shall survive the termination of this BAA

6. Miscellaneous

- a. This Agreement shall be governed by the laws of the State of Arkansas, and any ambiguity in this BAA shall be resolved to permit Covered Entity to comply with the Privacy Rule.
- b. Any amendment to this BAA must be in writing and agreed to by both Parties.

Arkansas Support Network, Inc.

Ozark Guidance Center, Inc


By: Keith Vire
Title: CEO


By: _____
Title: CEO



Partnership Agreement for Community Collaborations

I. Introduction

Due to the importance of supporting and serving our clients and to comply with the Victim Justice and Assistance Program, Peace at Home Family Shelter is formally establishing a memorandum of understanding (MOU) with other agencies that continue to work closely with our organization.

Catholic Charities Immigration Services

Economic Opportunity Agency (EOA)

Ozark Guidance Center

Seven Hills Homeless Shelter

Salvation Army (Fayetteville)

Legal Aid

Children's Safety Center

Fayetteville Police Department

Springdale Police Department

Fayetteville Housing Authority

Springdale Housing Authority

NWA Rape Crisis Center

Department of Human Services

Northwest Arkansas Women's Shelter

Sources, Inc.

This partnership that is governed by this policy recognizes and understands that—

- Appropriate, secure partnering among governmental and non-governmental agencies can enhance safety for victims of domestic violence and sexual assault.
- The partners have a common goal of providing access to domestic violence and sexual assault victim services that enhance victim safety.
- Victim safety can be compromised by the failure to maintain the confidentiality of client information.
- Information sharing may increase the effectiveness of service delivery and increase victim safety and abuser accountability, but only when the information sharing is authorized by a victim who is fully aware of the risks and benefits of sharing personal information.
- Each partner continues to maintain its own legal and ethical obligations to honor victims' confidentiality and privacy; or depending on the agency, legal obligations to share information.
- The victims, who use the services offered by the collaboration or any of its partners, retain their right to confidentiality from agencies within the collaboration that have confidential relationships with victims.
- Victims, who use the services offered by the collaboration, determine when and how their information will be shared among the partners or outside of the partnership, consistent with the requirements of law.
- Releases of information should enhance services provided to the survivor, and not be used solely for the purpose of easing the program's administration;
- The most protective privacy option will always be considered. Before a victim chooses to sign a release, the partner will determine if there is another way to accomplish the purpose without the advocate or agency releasing the survivor's personally identifying information;
- When releases of information are required, they will be written, informed, and reasonably time-limited.

II. Partner Roles, Responsibilities, Information Sharing, and Confidentiality Obligations

The partners in the collaboration have created a multi-disciplinary partnership to provide access to domestic violence and sexual assault services that enhance victim safety and privacy. When there is a question about whether a certain approach should be taken by the collaboration in a given situation, the determining factor will be whether the proposed action will enhance victim safety and privacy.

Peace at Home Family Shelter

Roles and Responsibilities:

- Provide confidential services to victims/clients.
- Identify and work to resolve problems that may impede victims' access to resources in the social services network, civil and criminal justice system, and other systems.
- Provide support services to victim/clients
- Educate other partners on domestic violence/sexual assault issues.
- Update partners on emerging issues/research regarding domestic violence/sexual assault issues.

Confidentiality Obligations:

- Recognize that partners have different levels of confidentiality obligations in regard to victim/client information and the sharing of that information.
- Peace at Home Family Shelter has a strict confidentiality obligation to the victim client. The agency will not share individual, personally identifying information about any individual who has received or sought services without the informed, written, reasonably time-limited release of the victim client except for the mandatory reporting of suspected child abuse or neglect as required by state law.
- Peace at Home Family Shelter's limitation on sharing personally identifying information includes sharing of such information with any of the partner agencies in this agreement.
- Peace at Home Family Shelter may share non-personally identifying information (demographics) about those who have used its services and information about systems and processes that affect the victim/clients.

III. Contacts

The parties agree that implementation of the MOU should be carried out in the most efficient manner. For that purpose, the parties have designated a representative who will serve as the single point of contact between the parties. All significant communication concerning the implementation of the MOU will be conducted by those identified below:

Frank Head, Executive Director, Catholic Charities Immigration Services

Michael Lanier, Executive Director, Economic Opportunity Agency (EOA)

Cynthia Curatalo, Chief Executive Officer. Ozark Guidance Center

Jon Woodward, Executive Director, Seven Hills Homeless Shelter

Kim Williford, Executive Director, Salvation Army (Fayetteville)

Lee Richardson, Executive Director, Legal Aid

Elizabeth Shackelford, Executive Director, Children's Safety Center

Greg Tabor, Chief of Police, Fayetteville Police

Kathy O'Kelley, Chief of Police, Springdale Police

Fredia Sawin, Executive Director, Fayetteville Housing Authority

Debbie Bailey, Executive Director, Springdale Housing Authority

Anne Shelley NW Executive Director NWA Rape Crisis Center

Janis Miller, County Administrator, Department of Human Services

Rebecca Farrell, Executive Director, Northwest Arkansas Women's Shelter

Jim Mather, Executive Director, Sources, Inc.

IV. Modification and Termination

Modification to the MOU must be agreed to in writing by all parties and approved by the Department of Finance and Administration, Office of Intergovernmental Services (IGS). Any party may terminate the MOU by giving the other parties thirty (30) days written notice. A copy of termination notice will be provided to the IGS.

The parties hereby agree to the MOU, which shall be effective immediately upon full execution by all parties. It will remain effective until either modified or terminated.



Tom Petrizzo *CYNTHIA A CURATALO*

Chief Executive Officer

Ozark Guidance Center

Teresa Mills

Executive Director

Peace at Home Family Shelter

10-16-14

Date

Date

Memorandum of Agreement (AGREEMENT)
February 1, 2019 – January 31, 2020
Partnership between Ozark Guidance Center and Northwest Arkansas Children's Shelter

Ozark Guidance's Foster Care Services Program is dedicated to providing quality services to children who are in foster care and facilitating permanency and successful placements within the foster care system. It is the intention of Ozark Guidance Center (hereafter referred to as CENTER) and the Northwest Arkansas Children's Shelter (hereafter referred to as SHELTER) to collaborate in providing early screening, identification, and selection of children who would benefit from mental health services and provide associated services.

We agree on the following:

CENTER agrees to:

- Provide SHELTER children with mental health services in accordance with medical necessity and/or the individual child's result of his/her Independent Assessment (when Medicaid is the child's insurer).
- Provide SHELTER staff with mental health recommendations based on the individual's/family's clinical needs.
- CENTER'S provision of therapists to SHELTER will be directly related to the SHELTER'S census in that the SHELTER'S census supports CENTER'S employees in meeting CENTER'S expectations and needs. CENTER will consider needs of the SHELTER'S population and maintain a ratio of at least 1 therapist for every 10 children residing at the SHELTER.
- CENTER therapist(s) will have experience and/or training with providing trauma-informed and evidence-based techniques.
- CENTER'S provision of Behavioral Intervention Specialist (Qualified Behavioral Health Provider) services to SHELTER will be directly related to the SHELTER'S census and the population's clinical needs in that the SHELTER'S census supports CENTER'S employees in meeting CENTER'S expectations and needs. If Medicaid is the child's insurer, CENTER'S Behavioral Intervention Specialist services will only be able to provide services to SHELTER children whose necessity was deemed by his/her Independent Assessment. The Behavioral Intervention Specialist services would be individualized and specific to the child's needs and could include one on one interaction and/or milieu and community-based interventions.
- Provide SHELTER with monthly progress reports of clients in treatment and monthly summary of sessions/interventions by therapist.
- Collaborate with SHELTER staff and attend on site staffing.
- Provide SHELTER with two hours a week of MD/APN time at CENTER'S clinic in Benton County. CENTER'S MD/APN is utilized for Psychiatric Diagnostic Assessments (when appropriate) and/or when SHELTER'S designated General Practitioner refers a specific child through a formalized process to the CENTER'S MD/APN. Otherwise, SHELTER'S designated General Practitioner will be the prescriber of psychotropic medications for SHELTER.
- Collaborate with SHELTER to ensure that scheduled coverage provided by CENTER team members is conducive to the needs of SHELTER. Any identified concerns will be resolved collaboratively based on the dedicated capacity of CENTER and the identified needs of SHELTER.
- CENTER will provide SHELTER with adequate notification of any planned or unplanned schedule changes.
- CENTER will directly bill Medicaid or any other designated 3rd party insurers for any reimbursable services provided to children by CENTER employees.

- CENTER will provide risk assessments of residents upon request from SHELTER.

SHELTER agrees to:

- Provide adequate and confidential spaces for the CENTER team members to meet with children to provide the intervention at the Shelter. These offices will be readily available to CENTER team members as needed. SHELTER will also be accommodating to CENTER team member's interventions that might occur in the school, milieu, etc., as indicated by individual treatment needs.
- SHELTER will work with DCFS to ensure that a PCP referral is obtained as quickly as possible (if appropriate). SHELTER understands with some individuals (depending on clinical need indicated by the Independent Assessment) only three scheduled therapeutic services can occur prior to obtaining a PCP referral: Mental Health Diagnosis, Interpretation of Diagnosis, and 1 session of either individual therapy, family therapy, or psychoeducation.
- Support CENTER team members' attendance in team meetings, trainings, and supervision away from the SHELTER location when needed.
- Provide transportation for children from the shelter to APN/MD appointments and ensure that the adult with the children has adequate knowledge of the children to assist the MD.
- Complete all CENTER intake paperwork with DCFS for each child over the age of three (3) at the time the child is admitted to SHELTER.
- Assist CENTER in working with DCFS regarding anything required to provide treatment to the children.
- SHELTER will refer to National Foster Parent's Association's *Code of Ethics for Foster Parents' Principles* as necessary standards of care for foster children.
- SHELTER staff will take under advisement CENTER's clinical staff's recommendations for clients which may include recommendations related to client safety, need for higher level of care, and medication management services.

CENTER and SHELTER both agree to holding and/or attending at least quarterly meetings involving staff and leadership to address issues that may develop over the course of the contractual year.

This AGREEMENT shall be governed by the laws of the State of Arkansas and shall end on January 31, 2020.

This AGREEMENT may terminate without cause by giving thirty (30) days written notice to the other party.

This AGREEMENT may be amended at any time by agreement of both parties. Such amendment shall be in writing.

It is further understood that any staff provided by CENTER are not employees of SHELTER. CENTER employee(s) shall not be counted when assessing and determining safety in regards to SHELTER staff ratios. CENTER shall be responsible for all payrolls, taxes, employee benefits, liability insurance, workers compensation or any other cost necessary for CENTER to fulfill its obligation under AGREEMENT.

IN WITNESS WHEREOF, the parties have executed this AGREEMENT the day and year reflected below.

Northwest Arkansas Children's Shelter:

Signature Mary A. Patten
Title Executive Director
Date 2/1/19

Ozark Guidance Center

Signature Erica Baylman
Title VP of Children's Services
Date 2-1-19

**CONTRACT FOR THE PROVISION OF MENTAL HEALTH SERVICES
BETWEEN
OZARK GUIDANCE
AND
NORTHWEST ARKANSAS HEAD START HUMAN SERVICES, INC.**

INDEPENDENT CONTRACTOR CONTRACT

THIS CONTRACT is made and entered into this 7th day of August, 2018 by and between Northwest Arkansas Head Start Human Services, Inc., whose address is 2109 SE J St, in the City of Bentonville, and the State of Arkansas, hereinafter referred to as the "Contractor", and Ozark Guidance, whose address is PO Box 6430, in the City of Springdale, and the State of Arkansas, hereinafter referred to as the "Subcontractor".

WITNESSETH:

WHEREAS, the Contractor is engaged in the business of providing a comprehensive child development program, and the Subcontractor is engaged in the business of providing mental health services; and

WHEREAS, the Contractor desires to enter into this Contract with the Subcontractor, providing, among other things, for Subcontractor's services to the Contractor; including but not limited to:

- Classroom observations of preschool (Head Start only) classrooms
- Staff training per Contractor request
- Classroom instruction monthly and per Contractor request
- Serve on Health Service Advisory Committee

WHEREAS, the Subcontractor desires to enter into this Contract with respect to his services to the Contractor, upon the terms and conditions hereinafter set forth.

**ARTICLE I.
TERMS OF CONTRACT**

This Contract will begin on the 7th day of August, 2018, and will end the 31st day of July 2019. Either party may cancel this contract on thirty (30) days notice to the other party in writing, by certified mail or personal delivery.

**ARTICLE II.
SERVICES TO BE PROVIDED**

During the period of this Contract, the Subcontractor shall have the full and complete obligation and responsibility for the performance of the duties and/or work described below for the Contractor and the Subcontractor shall be obligated to the Contractor for the performance of all such duties and/or work. During the period hereof, the Subcontractor shall assist the Contractor and shall perform any and all services required or requested in connection with the Contractor's business. Within the limitations herein provided, the Subcontractor will render such services of an advisory nature as may be requested from time to time by the Contractor.

Scope of Mental Health Services:

1. Staff Mental Health Training:
 - Provide training to NWA Head Start staff on requested topics.
2. Observation of behavior of Head Start Children and Head Start teaching staff to Promote Good Classroom Management a minimum of 2 times per program year.

To include:

- Observation of local program classrooms, including recommendations and consultation with staff.
 - Meeting with parents as requested in conjunction with classroom observation.
3. Review behavior screenings for children, in particular the Ages & Stages: Social Emotional screening tool and any other assessment tools as needed upon request from NWA Head Start staff.
 4. Assist in providing help for children with atypical behavior or development (recommending and implementing procedures to reduce atypical behavior and aid children's proper development) as needed upon request from NWA Head Start staff; assist Head Start Staff to develop behavior management plans for individual children and work with staff and parents on developing appropriate behavior management techniques.
 5. Provide training and encourage the use of community mental health resources and referral procedures:
 - Provide Northwest Arkansas Head Start, Inc. with a list of mental health resources for the Community Resource file annually.
 6. Provide assistance and/or guidance to staff in personal crisis situations as needed.
 7. To serve on Health Services Advisory Committee.
 8. Provide assistance and/or guidance in classrooms monthly or as requested by Northwest Arkansas Head Start.
 9. Provide mental health therapy or guidance to enrolled children and their families as referred by Contractor in child's local area and primary language.
 10. Mental health services will be provided to children at the following locations:
 - a. Bentonville Head Start
 - b. Rogers Arkansas Street Head Start
 - c. Rogers Hallie Martin Head Start
 - d. Gentry Head Start
 - e. Green Forest Head Start
 - f. Huntsville Head Start

ARTICLE III. TIME REQUIREMENTS

The Subcontractor shall devote, during the term of this Contract, such of his time, energy, and skill as is necessary in the performance of his duties and shall periodically, or at any time upon the request of the Contractor, submit data as to the time requirement of work performed and to be performed by him for the Contractor in connection with this Contract.

To facilitate service provision, the following method will be used for scheduling the services requested by the Contractor:

- The Head Start Special Services Coordinator will contact the Subcontractor on a regular basis to request on-site services at the local programs.

- The Special Services Coordinator will give the Subcontractor at least two weeks advance notice of any requested attendance to parent meetings, advisory meetings, all-staff workshops, and other mental health related services provided to Benton, Carroll, and Madison County Head Start programs.
- The exact days of the week and amount of time spent in each program will be negotiated between the Special Services Coordinator and the Subcontractor.
- The Special Services Coordinator will contact the Subcontractor to report any crisis intervention needed by Head Start Staff.

ARTICLE IV. PERFORMANCE AND REPORTING

Services should be provided to Northwest Arkansas Head Start Human Services, Inc. in satisfactory conformance with this Contract through July 31, 2019. On site written recommendations will be filled out by the Subcontractor and left with the center director. The Center Director will forward the recommendations to the NWA Head Start Special Service Coordinator after the observation. The Subcontractor will send a detailed finding within one week of completion of all observations complete with Mental Health Professional suggestions and recommendations. Subcontractor will provide Contractor a detailed list of referred or enrolled children complete with progress updates including amount of time, number of sessions, and general services provided.

ARTICLE V. PAYMENT

The Subcontractor will be paid at the rate of \$50.00 per hour. The total billed service hours for the entire contract duration shall not exceed 250 with no more than 25 billed hours per month. If additional hours are needed beyond the initial 250 hours or 25 billed hours per month, the Contractor and Subcontractor shall negotiate the rate paid to the Subcontractor per hour. In addition \$0.42 per mile will be paid to the Subcontractor for mileage associated with services provided to Contractor. The Subcontractor shall submit an invoice by the 15th of each month for services provided during the previous month under the terms of this Contract. Invoices shall be submitted via email to the Special Services Coordinator. The Contractor will pay the Subcontractor the amounts due as indicated by the invoice within 30 days of receipt of the invoice. Any invoice or bill submitted for hours beyond the contracted hour threshold, associated mileage, or any other associated fee, will be in breach of this contract and invalid without pre-approval in writing by an amendment to this agreement signed by both parties.

ARTICLE VI. RELATION OF THE PARTIES

The Subcontractor is retained by the Contractor only for the purposes and to the extent set forth in this Contract and the Subcontractor's relationship to the Contractor shall, during the term of this Contract, be that of an Independent Contractor. Accordingly, the Subcontractor shall be responsible for payment of all taxes including Federal, State and Local taxes arising out of the Subcontractor's activities in accordance with this Contract, including by way of illustration but not limitation, Federal and State income tax, Social Security tax, Unemployment Insurance taxes, and any other taxes or business license fee as required. The Subcontractor shall not be considered as having an employee status or as being entitled to participate in any plans, arrangements or distributions made by the Contractor.

ARTICLE VII. CONFIDENTIAL INFORMATION

The Subcontractor agrees that any information received by the Subcontractor during any furtherance of the Subcontractor's obligations in accordance with this Contract, which concerns the personal, financial or

other affairs of the Contractor will be treated by the Subcontractor in full confidence and will not be revealed to any other persons, firms, or organizations. The Subcontractor agrees not to publish, reproduce or otherwise divulge any information in whole or in part, in any manner or form or authorize or permit others to do so, taking such reasonable measures as are necessary to restrict access to the information. The Subcontractor agrees to immediately notify, in writing, Northwest Arkansas Head Start Human Services, Inc.'s authorized representative in the event the Subcontractor determines or has reason to suspect a breach of this requirement.

ARTICLE VIII. GOVERNING LAW

Titles, captions, or headings to any provision, article, etc., shall not limit the full contents of the same. These articles have the full force and effect as if no titles existed.

If any term or provision of this Contract is determined to be invalid, it shall not affect the validity and enforcement of the remaining terms and provisions of this Contract.

This Contract shall be binding upon and inure to the benefit of the respective successors, assigns, representatives, and heirs of the parties herein.

ARTICLE IX. INSURANCE

Subcontractor shall maintain Professional Liability Insurance throughout the duration of this Contract. A valid Certificate of Insurance shall be provided to and maintained on file by the Contractor.

ARTICLE X. AMENDMENT

This Contract shall only be amended or modified by written document executed by authorized representatives of the Contractor and Subcontractor.

ARTICLE XI. ATTACHMENTS

Vendor Code of Conduct and Standards of Conduct for Vendors
Ozark Guidance Center Request for Proposal

ARTICLE XII. CERTIFICATIONS

- A. Subcontractor will provide Contractor with written documentation verifying all personnel involved with fulfilling this contract, in whole or in part, meet the qualifications necessary to provide all of the services as outlined in this contract.
- B. The individual signing certifies that he/she is authorized to contract on behalf of the Subcontractor.
- C. The individual signing certifies that this contract shall be governed in all respects as to validity, construction, capacity, performance, or otherwise by the laws of Arkansas.
- D. The individual signing certifies that the Subcontractor is not involved in any contract to pay money or other consideration for the execution of this contract, other than to an employee of the Subcontractor.

- E. The individual signing certifies that the prices quoted in the attached price listing have been arrived at independently, without consultation, communication, or contract, for the purpose of restricting competition.
- F. The individual signing certifies that the prices quoted in the attached price listing have not been knowingly disclosed by the Subcontractor prior to an award to any other Subcontractor or potential Subcontractor.
- G. The individual signing certifies that there has been no attempt by the Subcontractor to discourage any potential Subcontractor from submitting a proposal.
- H. The individual signing certifies that the Subcontractor shall not discriminate against any employee or applicant for employment because of race, color, age, religion, disability, political belief, sex or national origin. The Subcontractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, age, religion, disability, political belief, sex, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Subcontractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be prepared by the Contracting Officer setting forth the provisions of this Equal Opportunity clause.

The Subcontractor shall, in all solicitation or advertisements for employment placed by or on behalf of the Subcontractor, state that all qualified applicants shall receive consideration for employment without regard to race, color, religion, sex, or national origin.

- I. The individual signing certifies that the Subcontractor, and any individuals to be assigned on behalf of the Subcontractor, shall to the best of its knowledge or belief, not currently be disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal or state agency, and are not currently or previously within the past three years been indicted or convicted either civilly or criminally by a governmental entity (Local, State or Federal) for violations of procurement, consumer, and/or felony statutes.
- J. The individual signing certifies that the Subcontractor shall take action to insure that all work is performed in accordance with OSHA guidelines and OSHA required record keeping and training is current and on going.
- K. The individual signing certifies that the Subcontractor shall, in case actual on-site labor costs exceed \$2,000.00, comply with the Davis-Bacon Act and pay employee's the rate of pay in accordance with Department of Labor "prevailing wages" schedule and supply the Agency with the DOL required certification forms and payroll records.
- L. The individual signing certifies that the Subcontractor agrees that the Federal Government and Agency shall have "rights to inventions made under this agreement" in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts, and Cooperative Agreements," and any further implementing regulations issued by HHS.
- M. The individual signing certifies that the Subcontractor agrees to be in compliance with the Copeland Act, 18 U.S.C. 874, as supplemented by Department of Labor regulations, 29 CFR part 3, providing that each contractor and sub-recipient shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair

of public work, to give up part of the compensation to which he/she is otherwise entitled. The recipient shall report all suspected or reported violations to the Agency.

- N. The individual signing certifies that the Subcontractor shall be in compliance with the Clean Air Act (42 USC 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 USC 1251 et seq.). Violations shall be reported to the HHS and the appropriate Regional Office of the Environmental Protection Agency.
- O. The individual signing certifies that the Subcontractor shall include the provisions of paragraphs (I) through (N) in every subcontract or purchase order (over \$1,000,000) unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order No. 11246 of September 24, 1965, as amended by Executive Order No. 11375 of October 13, 1967, so that such provisions shall be binding upon each subcontractor or vendor.
- P. The individual signing certifies that to the best of the Subcontractor's knowledge and belief, in compliance with 31 USC 1352, that:
- a) No federal funds have been or shall be paid, by or on behalf of the Subcontractor, to any person for influencing or attempting to influence an officer, employee, or any other person of influence (such as a Member of Congress) within or without the Agency in connection with the awarding of this contract or agreement.
 - b) If such funds have been paid or will be paid as outlined in subsection (5.a) the Subcontractor shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
 - c) That the Subcontractor shall require the language of this section (5.) be included in the award documents for all sub-awards at all tiers, and that all sub-recipients shall certify and disclose accordingly.
 - d) This section is a material representation of fact upon which reliance was placed when this transaction was made or entered into and submission is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code (Byrd Anti-Lobbying Amendment).
- Q. The individual signing certifies that the Subcontractor understands that where applicable, all contracts awarded by recipients in excess of \$2000 for construction contracts and in excess of \$2500 for other contracts that involve the employment of mechanics or laborers shall include a provision for compliance with Sections 102 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), as supplemented by Department of Labor regulations (29 CFR part 5). Under Section 102 of the Act, each Subcontractor shall be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than 1 ½ times the basic rate of pay for all hours worked in excess of 40 hours in the work week. Section 107 of the Act is applicable to construction work and provides that no laborer or mechanic shall be required to work in surroundings or under working conditions, which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
- R. The individual signing certifies that the Subcontractor agrees to retain all books, records and other documents relative to this contract for three (3) years after final payment. The Institution, its authorized agents, and/or State/Federal representatives shall have full access to and the right to examine any of said materials during said period.

- S. The individual signing certifies that he/she has read and understands all of the information and requirements of these certifications.

In the event of the Subcontractor's noncompliance with the above terms, conditions, and certifications or with any state or federal rules, regulations, or orders, this contract may be canceled, terminated, or suspended, in whole or in part, and the Subcontractor may be declared ineligible for further Government contracts. No other terms and conditions may take precedence without the written permission of the Agency.

IN WITNESS WHEREOF, the aforementioned parties have executed this Contract on the dates indicated below:

Susan Dempsleton
Authorized Signature of Contractor

Executive Director
Title

08-06-2018
Date

Chie, E. Boebelman
Authorized Signature of Subcontractor

CTC
Title

8/6/18
Date

Northwest Arkansas Head Start Human Services, Inc.
Vendor Code of Conduct

A. Prohibition Against Acceptance of Gifts or Gratuities:

Any Vendor of this program is prohibited from accepting gifts of money, goods, services, or gratuities which are of any significant material value, from any person who received benefits or services from the organization, who may be doing direct contracting with any of the activities or functions of the organization, or who is otherwise in a position to benefit directly or indirectly, from any action or decision by a Vendor of this program.

B. Prohibition Against Partisan Political Activity and Civil Disturbances

1. A vendor in this program may not be offered as consideration or regard for the support or defeat of any political party, contending faction or group, or candidate for public office.
2. Vendors are subject to the provisions of Section 12 of the Hatch Act, which prohibits active participation in partisan political management or campaigns. In cases of alleged violation of the provisions, the program shall not initiate action, but shall utilize the normal channels for complaints, i.e., the procedures established and administered by the U.S. Civil Service Commission, and shall act only upon the recommendation of that Commission.
3. Any Vendor with a question pertaining to partisan political activity should contact the Program Design Specialist-Human Resources.
4. No Vendor of this program, in the performance of his/her duties, may plan, initiate, participate in, or in any way aid or assist in the conduct of any unlawful demonstration, riot, or civil disturbance.

C. Prohibition Against Engaging in Harassment

Vendors are subject to the Agency's Harassment Policy, which prohibits harassment based on race, religion, color, national origin, age, sexual orientation or sex.

D. Prohibition Against Disclosure of Internal Business Affairs

Vendors are not to discuss information designated as confidential (Confidentiality Procedures) with anyone outside the organization and discussed within the organization on a "need to know" basis.

E. Prohibition Against Physical Threats

Any Vendor of this organization is prohibited from threatening or intimidating management, supervisors or fellow workers.

Mark Guidances
Printed Name of Vendor

Christie Beckelma
Vendor Signature

8/8/18
Date

Cassie Cendro
~~Local Program Director~~ Special Services Coordinator

8/8/18
Date

Northwest Arkansas Head Start Human Services, Inc.
Standards of Conduct for Vendors
Performance Standard 1304.52(h)(1)

Objective: Guide Vendors in potentially controversial or ambiguous situation and help protect Vendors against allegations of misconduct.

Vendors will:

1. Respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;
2. Follow program confidentiality policies concerning information about children, families, and other staff members;
3. Not leave a child alone or unsupervised while under their care.
4. Use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation.
5. Not employ methods of discipline that involve isolation, the use of food as punishment or reward, the denial of basic needs or physical restraint.
6. Not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors of potential contractors.

Consequences of breaching agency standards of conduct:

Vendor- Conference and possible termination of Vendor responsibilities.

I have read and agree to abide by the agency standards of conduct.

Orzark Guidance
Printed Name of Vendor

Christine Beckelmann
Vendor Signature

8/8/18
Date

Cassie Cenobio
~~Local Program Director~~ Special Services Coordinator

8/8/18
Date



1643 E. Huntsville Road
 Fayetteville, AR 72701
 (479) 521-5571
 www.eoawc.org

**Mental Health Services Agreement between Ozark Guidance
 and Economic Opportunity Agency of Washington County, Inc.**

This Agreement for Mental Health Services is entered into by and between Ozark Guidance (OG) and Economic Opportunity Agency of Washington County, Inc. (EOA) and is referred to henceforth as "the Agreement".

The following terms and conditions of the agreement are agreed to by the above referenced parties:

1. **TERM.** The Term of this agreement shall be August 8, 2018 through July 31, 2021.
2. **RENEWAL.** The agreement is subject to renewal and/or re-negotiation sixty (60) days prior to the end of the agreement period based upon written approval of both parties.
3. **TERMINATION.** The agreement may be terminated at any time upon sixty (60) days written notice by either party.
4. **SCOPE OF SERVICES.** The following service provisions shall pertain:
 - A. The contractor, Ozark Guidance Center, shall deliver services as outlined in the Ozark Guidance Center Mental Health Services Proposal dated July 27, 2018 to any and all persons designated by the agency in compliance with the Civil Rights Act of 1964 and Privacy Act of 1974. Therapeutic services shall be delivered by licensed or certified Mental Health Professionals and Qualified Behavioral Health Providers with background and experience in working with children and families.
 - B. Ozark Guidance shall provide monthly reports to EOA that include the number of children receiving therapy and total number of treatment hours.
 - C. Ozark Guidance and EOA shall maintain open communication with one another, as HIPPA and Client Confidentiality agreements allow, in order to coordinate appropriate services for each child and family attending EOA Children's Services. This may include regular staff meetings, written and oral reports for Juvenile Court and DCFs, and informal conversations.



"Empowering children and families to learn, connect, and succeed"

EOA is a community partner of the



Mental Health Services Agreement between Ozark Guidance and Economic Opportunity Agency of Washington County, Inc. – Page 2

5. **ADVISORY COMMITTEE.** The Mental Health Professional or an Ozark Guidance Representative is encouraged to voluntarily serve on the EOA Health Services Advisory Committee, which meets annually and include parents, staff, and local health providers. This advisory group ensures program services support each child’s growth and school readiness.
6. **STANDARDS OF CONDUCT.** Ozark Guidance will ensure all consultants working in an EOA facility abide by the program’s standards of conduct, background check process, and confidentiality policies.
7. **LIMITATIONS.** Ozark Guidance, as a contracted service provider, will be responsible for its own employee salaries and fringe (i.e., social security payments, workmen’s compensation, professional liability, and unemployment compensation). Ozark Guidance also shall defend, at its own expense, and indemnify and hold EOA, its officers and employees harmless from and against any and all claims, losses, expenses, (including reasonable attorney fees), demands, or judgments which result from or arise out of acts, errors, omissions or negligence in Ozark Guidance’s performance of services under this Agreement.
8. **FEES.** Ozark Guidance agrees to pay EOA for utilization of facilities and resources, on a quarterly basis and within 45 days of receipt of invoice, as outlined in the Ozark Guidance Center Mental Health Services Proposal dated July 27, 2018.
9. **CONTINGENCIES.** Both EOA and Ozark Guidance agree to negotiate in good faith any unforeseen contingencies not addressed in the agreement.

In witness whereof, authorized representatives have executed this Agreement which begins August 8, 2018.

<i>Chris E Bockelman</i>	<i>CFO</i>	<i>8-6-18</i>
Chris E. Bockelman	Title	Date

<i>Delia Anderson Farmer Executive Director</i>	<i>8-6-18</i>
Delia Anderson Farmer	Date

Memorandum of Understanding

Memorandum of Understanding

Between

Ozark Guidance Center, Inc.

and

Arkansas Community Corrections

This Memorandum of Understanding (MOU) sets for the terms and understanding between the Ozark Guidance Center, Inc.(OGC) and the Arkansas Community Corrections (ACC) for the purpose of referrals.

Purpose

This MOU is completed to better serve the ACC and serve individuals who are on probation or parole in need of behavioral health services. This MOU will allow the OGC, Inc. to support the ACC and the ACC Medication Assisted Treatment program allowing their clients to continue treatment in an outpatient setting post release.

Referral

OGC will develop a transition plan collaboratively with the ACC when referrals are made. OGC will provide the necessary screening, evaluation, and recommendations. All treatment goals and objectives will be determined by the individual client needs and based on medical necessity criteria for appropriate services when screening and assessing for potential OGC services.

Services are determined by the provider's expertise/knowledge and may include mental health and substance abuse evaluations, individual therapy, group therapy, family therapy, psychoeducation, crisis psychotherapy, and other services provided by mental health professionals, substance abuse counselors in training, qualified behavioral health providers and medication assisted treatment provided by licensed medical providers.

General Provisions

- A. This MOU does not grant exclusivity to either Party, nor does it restrict OGC or ACC from participating in similar initiatives with other public or private agencies, organizations or individuals.
- B. Both parties will abide by the privacy provisions of HIPAA and 42 CFR Part 2 and the other provisions of any applicable laws. OGC and ACC will identify primary contact person(s) with whom all communication between OGC and ACC will occur and with whom OGC and ACC shall attempt to resolve any disputes or issues.
- C. Medicaid, private insurance, and direct pay will be billed by OGC consistently with third party payer, regulatory and OGC fee agreement and payment policies.
- D. OGC and ACC agree they will not use the logo of the other party without the expressed written consent from the party.

Duration

This MOU is at-will between both parties. This MOU shall become effective upon signature by the authorized officials from the ACC and will remain in effect until modified or terminated by any one of the partners by mutual consent. Any modifications to this MOU will be mutually agreed upon and shall be made in writing. Any waiver of any provisions to this agreement must be in writing and signed by the party giving waiver. This MOU may be renewed for successive two (2) year terms (each, a Renewal Term) by mutual written agreement of the parties hereto, executed not less than sixty (60) days prior to the expiration of the Initial Term or any Renewal Term, as applicable. In the absence of mutual agreement by the authorized officials from ACC this MOU shall end on June 31, 2020.

Termination

This MOU may be terminated by either party for any reason upon the provision of thirty (30) days written notice, sent via mail to the following addresses:

Contact Information

To Arkansas Community Corrections:

Kevin Murphy, Director

105 West Capitol Avenue, 3rd Floor

Little Rock, Arkansas 72201

501-682-9510

Kevin.Murphy@arkansas.gov

To Ozark Guidance:

Laura H. Tyler, Chief Executive Officer

PO Box 6430

Springdale, Arkansas 72766

Signatures

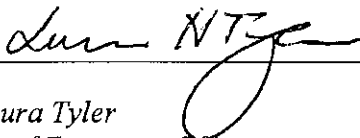
Arkansas Community Corrections



ACC Authorized Signature

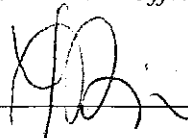
9-18-18
Date

Ozark Guidance Center, Inc.



*Laura Tyler
Chief Executive Officer*

9/12/2018
Date



*Libby Bier
Director of Substance Abuse and Recovery Services*

9/12/2018
Date

SERVICE CONTRACT**(This is the service contract template used with all three area hospitals)**

This contractual agreement is made and entered into this _____ day of _____, 2018 by and between Ozark Guidance Center, Inc. located at 2400 S. 48th Street, Springdale, AR 72762 (hereinafter referred to as "Ozark"), and _____ (hereinafter referred to as "Hospital").

WHEREAS, Ozark is a non-profit community mental health center with a catchment area of 4 counties including Benton, Carroll, Madison, Washington, Boone, Baxter, Marion & Newton, and is desirous of contracting with the Hospital to provide acute care psychiatric inpatient services to adult residents of its catchment area who are in need of acute care treatment for mental illness, and

WHEREAS, the Hospital has inpatient facilities and staff which can provide acute psychiatric services to referred patients in a safe, locked, setting and has agreed to accept appropriate referrals for inpatient care,

NOW, THEREFORE, it is hereby mutually agreed by and between the parties of this Service Contract as follows:

1. **Term:** The initial term of this Service Contract shall be for the period of _____, 2018 through _____, 20__ and may be automatically renewed each year unless indicated otherwise in writing at any time by either party, with a 30-day notice.
2. **Services:** The Hospital agrees to provide all inclusive services, including inpatient, psychiatry, laboratory, pharmacy and transportation, to mutually agreed patients, that are initially referred by Ozark, in a manner that is consistent with the community's prevailing psychiatric practice, as space is available on a first come, first served basis. This service agreement includes patients who are voluntary and involuntary. For involuntary patients, the Hospital agrees to participate with the appropriate court system to satisfy Arkansas Acts 861, 10 and 911.
3. **Medically Stable:** All patients referred by Ozark shall be medically stable before they are accepted for treatment by the Hospital. While all patients routinely receive a physical and psychiatric evaluation upon admission to the Hospital, it is understood that this Service Contract pertains to the provision of mental health services only, and that the Hospital will accept only patients with no acute major medical problems for treatment under this Service Contract.

Continuity of Services: The Hospital and Ozark agree to expend all necessary efforts to promote continuity of services. Ozark will have a designated staff person who will have regular telephonic contact and/or meetings with designated Hospital staff in order to evaluate the status of referred patients and to facilitate discharge planning. The Hospital agrees to initiate all discharge planning activities for Ozark referred patients with Ozark personnel. Within 48 hours of discharge, the following documents will be provided to Ozark: History and Physical (H&P), psychiatric consult, labs, discharge instructions including discharge diagnosis(es) and a clear list of medications prescribed upon discharge, as well as, a discharge summary. These documents will be directed to hospital.discharges@ozarkguidance.org Prescriptions for 30 days of discharge medication will be routinely provided unless there is a safety related counterindication.

4. **Medical Records:** In accordance with applicable state and federal laws and regulations, including the Privacy Regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA Regulations"), appropriate patient records will be readily transferable between parties at no charge when a patient is referred and admitted to the other party. The referring party previously responsible for the care of the patient will also be readily

available to provide consultation and other assistance to the staff of the receiving party, and ²⁰⁴vice versa.

5. **Licensing:** The Hospital's program and services shall be licensed by the Arkansas Department of Health, which shall meet the regulations for program structure and facility design, and undergo Medicare Certification Surveys by the Arkansas Department of Health and the Centers for Medicare and Medicaid Services.
6. **Indigent Contract Services:** The Hospital Agrees to provide inpatient psychiatric treatment for indigent patients referred by Ozark at an all-inclusive rate of \$_____ per day. Ozark Agrees to pay this per diem rate of \$_____ per day for three (3) days or longer if such treatment is pre-approved and clinically necessary as determined by an Ozark designee through a routine Utilization Review process.

Payment will be contingent on completion of the attached form titled "**Ozark Guidance Inpatient Services Agreement for Indigent Care Coverage**". This form must be provided to Ozark prior to payment. It may be revised by Ozark from time to time to meet state of Arkansas requirements. Revised forms will be promptly provided in electronic form to Hospital for immediate implementation upon receipt from Ozark.

Under no circumstances shall Ozark be responsible to pay Hospital the per diem rate for more than fifteen (15) days. Fifteen (15) days per admission shall be the maximum allowed for any patient under this Agreement.

Further, the funding for these services is through a contract with the State of Arkansas Department of Human Services' Division of Aging and Adult Behavioral Health Services. Payment under this agreement shall be contingent upon receipt of said funding by Ozark. Ozark shall have no obligation to Hospital for Services under this Agreement if said funds are expended for a given period, and Ozark shall not give Hospital any further authorization to continue or initiate services once said funds are expended.

Northwest agrees to accept payment from Ozark as payment in full. Northwest will credit the individual patient's account and will not bill the patient for days paid by Ozark.

Patients with third-party eligibility such as Medicaid, Medicare, CHAMPVA, TRICARE, Blue Cross Blue Shield or other private insurance coverage or persons with a primary diagnosis of alcohol abuse, drug abuse or intellectual and developmental disability are not eligible for reimbursement by Ozark.

7. **Utilization Review:** The Hospital shall cooperate with Ozark in management of its inpatient days. The Hospital agrees to complete the attached form, **Ozark Guidance Inpatient Services Agreement for Indigent Care Coverage**, and subsequent revisions by Ozark as are necessary from time to time to satisfy requirements associated with the state funding entity. The Hospital and Ozark agree that admissions from Ozark will be pre-approved and generally be approved for a maximum of three (3) days at which time the Ozark designee will be contacted again to provide further authorizations. Authorization for further days beyond the initial three (3) days shall be emailed by the **Ozark Coordinator for Crisis and Forensic Services**. If indigent patient days are incurred beyond authorized days without further authorization, Ozark shall not be obligated to continue to pay the per diem rate. The mutual objective will be for the minimum necessary length of stay.

- 8. **Payment for Services:** Ozark agrees to remit payment for each authorized indigent patient stay within thirty (30) days following receipt of an invoice from the Hospital pursuant to paragraph seven (7) of this Agreement.
- 9. **Relationship of Parties:** The relationship of the Hospital to Ozark shall be that of an independent contractor.
- 10. **Other Regulations:** Ozark and Hospital agree to abide by all relevant and applicable state and federal laws and regulations regarding treatment and communication of mutual patients.
- 11. **Nondiscrimination:** The parties hereto will not discriminate, on the grounds of race, color, religion, gender, sexual orientation, national origin, age, disability or veteran status. Additionally, Hospital agrees to offer patients who are considered indigent, the same level and quality of care as all patients and to ensure appropriate licensure and certifications of their behavioral health unit and service providers.
- 12. **Liability Insurance:** Hospital agrees it will maintain in effect a policy of professional liability insurance in the amount of \$1 million per occurrence and \$3 million aggregate.
- 13. **Indemnification:** Each party indemnifies and holds each other harmless from and against any and all liability, loss, damage, claim of cause of action, and expenses, connected therewith (including reasonable attorney's fees) caused or asserted to have been caused, directly or indirectly, by the negligent or willful acts of omissions of the indemnifying party in the performance of this Agreement.
- 14. **Program Rules:** Ozark staff agrees to abide by the Hospital policies and procedures regarding treatment at the Hospital.
- 15. **Modifications:** Any modification or changes to this Agreement must be made in writing and approved by both parties. Notwithstanding, Ozark may change the indigent contract per diem rate in paragraph seven (7) with thirty (30) days written notice to the Hospital.
- 16. **Termination:** Either party may terminate this Agreement with thirty (30) days written notice to the other party with or without cause.

IN WITNESS WHEREOF, the Service Contract has been executed as of the date and year first written above.

OZARK GUIDANCE CENTER, INC.

HOSPITAL NAME:

By: _____

By: _____

Printed Name: Laura H. Tyler, PhD, LPC

Printed Name: _____

Title: Chief Executive Officer

Title: _____

Date: _____

Date: _____

**Memorandum of Agreement Between
Mid South Health Systems, Inc. and
Ozark Guidance, Inc.**

WHEREAS, Mid-South Health Systems, Inc.(MSHS) is a non-profit community mental health center serving persons with mental illness in Northeast Arkansas within a 20 county catchment area; and

WHEREAS, Ozark Guidance, Inc. (Provider) is also a non-profit community mental health center serving persons with mental illness in Northern Central Arkansas within an 8 county catchment area; and

WHEREAS, both entities have similar interests in meeting the needs of Arkansas' citizens and wish to be able to utilize resources of each other;

NOW THEREFORE, both MSHS and Provider agree to the following:

1. Each party is familiar with the services offered by the other party and shall exchange specific contact information in order for each party to make referrals to the other party.
2. Provider shall, where appropriate, refer individuals to MSHS as needed for the service of Therapeutic Communities, Level 1 and Level 2.
3. This agreement does not create any on-going obligation, financial or otherwise, to the other party but merely creates a relationship for purposes of referrals.

AGREED, this the 28th day of February, 2019.

RADover
Ruth Allison Dover
Mid South Health Systems

2/28/19
Date

Laura H. Tyler
Laura H. Tyler
Ozark Guidance, Inc.

2/28/2019
Date

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE



January, 1998

IMPORTANT INFORMATION

TIN: 710416869

171309B
OZARK GUIDANCE CENTER INC
PO BOX 6430
SPRINGDALE AR 72766

**YOU SHOULD BEGIN MAKING YOUR FEDERAL TAX DEPOSITS
ELECTRONICALLY AS SOON AS POSSIBLE**

Dear Taxpayer:

We are pleased that you have enrolled in the Electronic Federal Tax Payment System (EFTPS); however, our records indicate that you have not yet made an electronic payment. Join the more than 1.7 million taxpayers who have found the system to be convenient and easy to use. To get acquainted with accessing EFTPS and discover just how easy it is to use, you can practice using the Voice Response Test System or Tutorial, if you are enrolled to make your payments through ACH debit. Help is available if you have any questions along the way. Customer Service Representatives are ready to help you Monday through Friday, 8:30 a.m. to 8:00 p.m., EST.

Why not start using EFTPS now and become comfortable with the payment methods and options you have selected? This will ensure that your business meets its requirement to make Federal tax payments electronically beginning July 1, 1998.

Start Right...Start Now!

If you have any questions, please call EFTPS Customer Service at 1-800-555-4477. Assistance in Spanish is available at 1-800-244-4829 and TDD assistance is available at 1-800-733-4829.

Sincerely,

A handwritten signature in cursive script that reads "John M. Dalrymple".

John M. Dalrymple
Acting Chief, Taxpayer Service

Enclosure
Start Right

Department of the Treasury ²⁰⁸

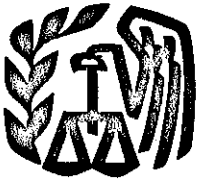
OZARK GUIDANCE CENTER, INC.
712 MAPLE AVENUE
P.O. BOX 515 751-7052
SPRINGDALE, ARKANSAS 72764

AUG 20 1974

District Director
Internal Revenue Service

Date: AUG 23 1974 In reply refer to: ASP:306

Terry Eaton 749-2978



Ozark Guidance Center, Inc.
712 Maple Avenue
Springdale, Arkansas 72764

Form Number: 990
Periods Ended: 1972

We are pleased to tell you that as a result of our examination for the above periods we will continue to recognize your organization as tax-exempt.

We have indicated below whether there is a change in your liability for the unrelated business income tax as provided by sections 511 through 515 of the Internal Revenue Code.

- There is no change.
- You will receive an examination report explaining the proposed adjustments.

Thank you for your cooperation.

Sincerely yours,

A. W. McCanless
District Director

dd



District Director
Internal Revenue Service

Date:

MAR 26 1971

In reply refer to:

A:EO:MB:157

DAL(LR)EO-71-34

▷
Ozark Guidance Center, Inc.
208 1/2 E. Emma Avenue
Springdale, Arkansas 72764

MAR 29 1971

Form 990 Required: Yes No

Accounting Period: December 31

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your exemption application, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Pending issuance of regulations under section 509 of the Code, we are unable to make a determination as to whether you are a private foundation as defined in that section. Upon issuance of the regulations we will evaluate your application, make a determination as to your status under section 509 of the Code, and notify you of our decision.

If upon issuance of the regulations we determine that you are a private foundation, you will be required to comply with the provisions of section 508(e), which specifies that a private foundation is not exempt unless its governing instrument includes certain provisions set forth in that section and the regulations thereunder. Failure to comply with the requirements of section 508(e) will result in retroactive revocation of this determination.

If filing is required, you must file an annual information return, Form 990, by the fifteenth day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities is unrelated trade or business as defined in section 513 of the Code.

(Over)

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of sections 2055, 2106 and 2522 of the Code.

You are not liable for Federal Unemployment Taxes. You are liable for social security taxes only if you have filed waiver of exemption certificates as provided in the Federal Insurance Contributions Act.

Sincerely yours,

Ellis Campbell, Jr.

Ellis Campbell, Jr.
District Director

Addendum:

Since your operations have been limited, this determination is based upon the understanding that your continuing operations will conform to those proposed and evidenced to date.

Department of the Treasury

District Director
Internal Revenue Service

Date: DEC 9 1971

In reply refer to:
A:EO:MB:309
DAL(LR)EO-71-131
MODIFICATION



Ozark Guidance Center, Inc. DEC 13 1971
208 1/2 East Emma Avenue
Springdale, Arkansas 72764

Gentlemen:

In our original determination letter we ruled that you were exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, but we did not rule on your foundation status.

Based on the information supplied, we have determined that you are not a private foundation because your organization is described in section 170(b)(1)(A)(vi) of the Code.

This determination is made assuming your operations will be as stated in the information supplied. You must notify us of any changes in your sources of support or methods of operation.

This letter modifies our original determination letter.

This is a determination letter.

Sincerely yours,

Ellis Campbell Jr.
Ellis Campbell, Jr. JFE
District Director