

A. Response Signature Page

SIGNATURE PAGE

Type or Print the following information.

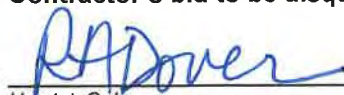
PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Northeast Arkansas Community Mental Health Center d/b/a Mid-South Health Systems, Inc.				
Address:	2707 Browns Lane				
City:	Jonesboro	State:	AR	Zip Code:	72401
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Heather Parsons	Title:	Clinical Services Director
Phone:	870-972-4015	Alternate Phone:	870-972-4000
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with 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: Chief Executive Officer
Use Ink Only.


Printed/Typed Name: Ruth Allison Dover Date: 3/12/2019

B. Agreement and Compliance Pages

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:	Northeast Arkansas Community Mental Health Center d/b/a Mid-South Health Systems, Inc.	Date:	03/12/2019
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Ruth Allison Dover		

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:	Northeast Arkansas Community Mental Health Center d/b/a Mid-South Health Systems, Inc.	Date:	03/12/2019
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Ruth Allison Dover		

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:	Northeast Arkansas Community Mental Health Center d/b/a Mid-South Health Systems, Inc.	Date:	03/12/2019
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Ruth Allison Dover		

C. Proposed Subcontractor Form

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

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:	Northeast Arkansas Community Mental Health Center d/b/a Mid-South Health Systems, Inc.	Date:	03/12/2019
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Ruth Allison Dover		

D. Signed Addenda to this RFQ

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

03/12/19

Date

Northeast Arkansas Community Mental Health Center d/b/a Mid-South Health Systems, Inc.
Company

E. EO 98-04 Disclosure Form

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

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

SUBCONTRACTOR: YES NO **SUBCONTRACTOR NAME:** Northeast Arkansas Community Mental Health Centre

Contractor for which this is a subcontractor:

Estimated dollar amount of subcontract:

TAXPAYER ID NAME: 71-0774925

IS THIS FOR:

Goods? Services Both?

YOUR LAST NAME:

FIRST NAME:

MI:

ADDRESS: 2707 Browns Lane

CITY: Jonesboro

STATE: AR

ZIP CODE: 72401

COUNTRY: UNITED STATES OF AMERICA

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

FOR INDIVIDUALS*

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

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	Person's name(s)	Relation
	Current	Former		From MM/YY	To MM/YY			
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> None of the above applies								

FOR A VENDOR (BUSINESS)*

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

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Representative			Marvin Steele	0	Board President
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	State University Employee			Henry Torres, Paul Rhodes	0	Board Member
<input type="checkbox"/> None of the above applies								

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

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 Executive Director

Date 3/12/2019

Vendor Contact Person Heather Parsons

Title Clinical Services Director

Phone No. 870-972-4015

AGENCY USE ONLY

Agency Number 0710 Department of Human Services

Agency Contact Person

Contact Phone No.

Contract or Grant No.

F. Copy of Vendor's Equal Opportunity
Policy

Mid-South Health Systems, Inc.
PERSONNEL POLICIES AND PROCEDURES

SUBJECT Equal Employment Opportunity	POLICY NUMBER 1.10
EFFECTIVE DATE: July 1, 1999	PAGE NO. 1 OF 1 FILE UNDER SECTION: Employment Practices
REVISION DATE: November 12, 2008; August 1, 2013	APPROVED BY: Bonnie White, Chief Executive Officer

POLICY:

It is the official policy of this organization that no one will be denied service or be subjected to any form of discrimination on the basis of race, color, national origin, age, gender, sexual orientation, veteran's status, disability, ancestry or religion. The organization will not discriminate against individuals in the admission or access to, or treatment, or employment in, its programs and activities. This policy is adopted pursuant to Section 601, Title VI and Title VII of the Civil Rights Act of 1964, Public Law 88-352, section 504 of the Rehabilitation Act of 1973 and Title VI and XVI of the Public Health Service Act and Americans with Disabilities Act of 1992.

We will endeavor to ensure that qualified applicants are employed, and that employees are treated equally during employment without regard to their race, color, religion, gender, sexual orientation, national origin, disability, veteran's status, ancestry, age or other legally protected status. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, transfer recruitment or recruitment advertising, lay-off or termination, rates of pay, other forms of compensation and selection of training. We will post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

The Human Resources Department will promote principles of equity in its efforts to staff available positions. The department will monitor labor market information and maintain contact with staffing sources to further these principles.

We will comply with all provisions of applicable laws prohibiting discrimination.

Any employee may request a reasonable accommodation under the Americans with Disabilities Act of 1992. Such requests should be made to the Human Resources Director. The HR Director shall review the request and respond in writing to the employee within a reasonable amount of time. The written response shall be retained in the employee's personnel file.

G. Response to Information for Evaluation
of Response Packet

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 #: 7
Second (2nd) Choice	Region #:
Third (3rd) Choice	Region #:
Fourth (4th) Choice	Region #:
Fifth (5th) Choice	Region #:
Sixth (6th) Choice	Region #:
Seventh (7th) Choice	Region #:
Eighth (8th) Choice	Region #:
Ninth (9th) Choice	Region #:
Tenth (10th) Choice	Region #:
Eleventh (11th) Choice	Region #:
Twelfth (12th) Choice	Region #:

INFORMATION FOR EVALUATION

E. 1 VENDOR QUALIFICATIONS

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

Northeast Arkansas Community Mental Health Center, Inc. d/b/a Mid-South Health Systems, Inc. (MSHS) proposes to provide Crisis and Forensic Mental Health Service, in Region 7, for Division of Aging, Adult and Behavioral Health Services (DAABHS). The primary goal of these services is to reduce incidents of adults, children and youth who frequent emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers, and to ensure access to quality mental health services in every county in Region 7. The Crisis and Forensic Mental Health Services MSHS proposes to provide include crisis screenings for adults, youth and children, Arkansas State Hospital (ASH) Single Point of Entry screenings, support for referred Clients discharged from ASH, support for Clients without insurance, community-based support for children and families, and other special services. As the Community Mental Health Center serving Northeast Arkansas for more than 50 years, MSHS has a long history of successfully contracting with DAABHS to provide a well-coordinated array of community based programmatic and treatment services that enable individuals with serious mental health illnesses and emotional disturbances to remain in and become active participants within the community.

E.1.B Provide a narrative regarding the background of your company.

MSHS is a comprehensive 501(c)(3) private non-profit community mental health center located in the Mississippi Delta Region of Eastern Arkansas. Since its inception, over fifty years ago, the agency's mission "to ensure the availability of comprehensive, affordable, and quality-driven community-based mental health services that are accessible to the public and promote recovery, integrity and ethical standards for all involved" has not changed. In 1997 MSHS (formerly the George W. Jackson Community Mental Health Center) reorganized to become a private 501(c)(3) non-profit organization. In October 1998, MSHS entered into a management contract to provide Administrative oversight and management services to Counseling Services of Eastern Arkansas. The relationship that developed as a result of this contract, was so beneficial that July 1, 2010 the two agencies merged. This merger not only strengthened the organization but allowed for the provision of comprehensive mental health services to residents in a 13 county catchment area. In September 2018, MSHS was honored with the opportunity to contract with the State of Arkansas to add 7 additional counties to the agency's catchment area. As a result, MSHS currently provides services to residents in a total of 20 counties, making it the largest Community Mental Health Center in the state. (An organizational chart is attached)

As a non-profit organization, MSHS is governed by a Board of Directors who volunteer their time to represent MSHS. Each of the 20 counties in Region 7 is represented by a seat on the Board of Directors. The Board is made up of a diverse group of community citizens including sheriffs, county judges, educators, bankers, a lawyer, a foster parent, a mayor, and a business owner. The current Board President has served on the Board for over 12 years and has served as President for over 8 years. A list of the current Board of Directors is attached.

MSHS has been licensed as an Outpatient Behavioral Health Agency since July 1, 2018. MSHS has also been enrolled as a behavioral health service provider in the Arkansas Medicaid Program since its inception (OBH License and Medicaid Provider Numbers for each clinic are attached). As such, MSHS is licensed by the Division of Aging, Adult and Behavioral Health Services of the Arkansas Department of Human Services to provide Mental Health and Substance Abuse Treatment Services. (Agency licenses, credentials and documentation of qualifications are attached.) MSHS is also accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for the following programs: Integrated AOD/MH Case Management for Adults, Children and Adolescents; Integrated AOD/MH Crisis Intervention for Adults, Children and Adolescents; Integrated AOD/MH Outpatient Treatment for Adults, Children and Adolescents; Adult Residential Treatment for Alcohol and Other Drugs/Addictions; and Integrated AOD/MH Residential Treatment for Adults. MSHS' services are consistently awarded exceptional ratings. During a recent CARF review, the accreditation team stated, "Services are provided by a cadre of caring, competent and committed staff members who take obvious pride in their work and the many accomplishments of the persons served. The enthusiasm and skills of the staff members contribute much to the development and provision of high-quality programming for which the persons served are truly appreciative." The team further noted, "MSHS is well respected in the communities in which it provides services. Collaboration, respect, and professionalism is how the organization is described by other groups it links with to provide outstanding mental health services as part of a holistic focus on the needs of the persons served."

MSHS is an experienced provider of Crisis and Forensic Mental Health Services. Being the Community Mental Health Center Serving Northeast Arkansas, MSHS has over 50 years of experience providing mental health services and over 20 years of experience providing substance abuse treatment services to individuals and families who have economic and functional challenges. MSHS is certified by the National Health Service Corp based on its ability to provide services to all in need. MSHS reduces barriers for individuals of all socioeconomic status by providing affordable services based on a sliding fee scale when no third party payor exists. MSHS also provides services free of charge to individuals while assisting them in obtaining a third party payor. MSHS reports to the State each month the number of services provided at no cost. MSHS currently operates twenty clinics and provides a full range of psychiatric and educational services to the residents of Clay, Craighead, Crittenden, Cross, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Lee, Mississippi, Monroe, Phillips, Poinsett, Randolph, Sharp, St. Francis, White, and Woodruff Counties.

MSHS presently employs approximately 530 individuals and serves more than 17,000 individuals annually. MSHS' staff is more than qualified and has demonstrated experience providing Crisis, Forensic Mental Health and other Therapeutic Counseling and Community Based Services. Services are provided by 116 Mental Health Professionals such as LCSWs, LMSWs, LPCs, LACs, LMFTs, LAMFTs, LPEs, Ph.Ds and Psy.Ds, 180 QBHPs and a number of other staff such as Peer Support Specialists, Family Support Partners and Substance Abuse Counselors. Our staff range in experience from two to thirty-five years. MSHS invests strategically in the training and development of its professional staff by providing opportunity for up to three days of continuing education through the Annual Mental Health Institute, Basic and Advanced Trauma Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, First Episode Psychosis, Motivational Interviewing, and Living in Balance. Each of

MSSH's clinics are staffed by seasoned mental health professionals who have diverse experience and expertise in providing services to a variety of client populations to include children, youth, adults and individuals who are aged, the LGBTQ community, individuals with Serious Emotional Disturbances, Chronic Mental Illnesses, Substance Use Disorders, Personality Disorders, Developmental and/or Intellectual Disabilities and individuals with Co-Occurring Disorders. Additionally, MSSH's staff have experience providing services to individuals and families being serviced by the Division of Children and Family Services and the Division of Youth Services. MSSH strategically assesses individual's functionality by use of the Daily Living Activities scale-20 (DLA-20). The DLA-20 is an evidence based outcome assessment endorsed by the National Council for Behavioral Health. The results of the DLA-20 are utilized by clinicians to regularly monitor for outcomes and improvement in functionality for all individuals who are Seriously Mentally Ill or Seriously Emotionally Disturbed.

MSSH provides Treatment Services utilizing an array of evidence-based and promising practices. As such, MSSH employs a number of Mental Health Professionals who have been trained and/or certified to provide Specialty Services such as Trauma Informed Care, Substance Use Disorders, Motivational Interviewing, Acceptance and Commitment Therapy, LGBTQ, Infant Mental Health, Eye Movement Desensitization Reprocessing, Dialectical Behavior Therapy, Play Therapy, Sexual Rehab Therapy, Moral Reconciliation Therapy, Cognitive Behavioral Therapy, Emotionally Focused Therapy, Gambling Addiction, Sand Therapy, Psychological Testing, Marriage and Family Therapy, Child Problematic Sexual Behaviors, Crisis Management, Telehealth, Suicide Prevention Therapy, Cognitive Behavior Therapy for Psychosis, and Hypnotherapy. Moreover, a number of our staff is dually licensed and/or licensed mental health professionals with substance abuse certification. MSSH has an extensive telehealth network across its 20 counties making specialty services readily available throughout the catchment area.

The Treatment Services offered by MSSH are provided in the home, community, natural and office environment. The services provided by MSSH include adult and child/adolescent outpatient mental health and substance abuse treatment services including assessment and case management, individual/group/family counseling, medication evaluation and management, school based services, wrap around and supportive family services, therapeutic foster care, psychiatric rehabilitation day treatment, substance abuse partial day, residential substance abuse treatment, medication assisted treatment, supportive and transitional housing, Assertive Community Treatment, therapeutic communities, peer support, supervised employment, psychological testing, forensic psychological evaluation and restoration, and assistance with accessing benefits and entitlements. Clinic hours are generally 8:00 a.m. to 5:00 p.m., Monday – Friday; although many clinics offer extended hours to better serve the clientele. With the volume of over 100 Mental Health Professionals, MSSH is positioned to provide flexible schedules offering appointments far beyond normal business hours including evenings and weekends. Additionally, MSSH offers 24-hour mobile crisis intervention and conducted more 5,700 crisis screenings in 2018. Moreover, for the purposes of better serving individuals in the Region who are in need of lower threshold interventions, MSSH offers a 24-hour warm line and is developing a plan to augment its Rehab Day Programs, in high volume counties, with peer led Outpatient Drop-In Center hours.

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

For more than 50 years, MSHS has been a contractor with the State of Arkansas as a Community Mental Health Center. Over the years, the State has entrusted MSHS to increase its catchment area so that MSHS has grown from seven (7) counties to thirteen (13) counties to currently twenty (20) counties. MSHS has a long history of successfully contracting with various state and local agencies and organizations to provide Mental Health, Substance Abuse, Educational and other services (Letters of Recommendation are attached). MSHS is the contracted provider in 8 School Districts with two of those contracts being in place for 15 years or longer. MSHS has been the contracted provider of mental health and substance abuse services to adolescents in the Colt and Harrisburg Juvenile Treatment Centers, as part of a contract with Division of Youth Services. Additionally, MSHS currently provides Mental Health and Substance Abuse Services for the Arkansas Department of Human Services (DHS), Arkansas Department of Children and Family Services (DCFS), the Craighead County Juvenile Drug Court, the Craighead County Sobriety Court, the Craighead, Crittenden and Mississippi County Mental Health Court Programs, the Craighead County Adult Treatment Court Collaborative and the Second Judicial District Veterans Court. MSHS is also an active vendor with the Arkansas Department of Community Correction to provide Substance Abuse Treatment Services for Drug Court and Probation and Parole Clients, the U.S. Probation and Pretrial Services Office to provide Substance Abuse Treatment Services, and the Arkansas Department of Children and Family Services (DCFS) to provide Substance Abuse Treatment Services and Psychological Evaluations to DCFS Families. Moreover, MSHS offers a number of other special programs to include Drug and Alcohol Safety Education (DASEP), Court Appointed Special Advocate (CASA), Child Advocacy Center (CAC), and Victims of Crime Act (VOCA) (See Table 1).

MSHS has maintained a contract with the United States Probation and Pretrial Services Office (USPPSO) since October 2013. Under this contract, MSHS has provided both mental health and substance abuse services including the following: Assessment, Psychiatric Evaluations, Medication Monitoring, Individual Therapy, Group Therapy, Urinalysis. MSHS currently manages 58 USPPSO cases across five counties and has recently been awarded a new contract for its seven newest counties to begin providing both mental health and substance abuse services to USPPSO clients beginning February 1, 2019.

MSHS is recently contracted with Arkansas Community Corrections (ACC) to provide treatment to individuals being released from incarceration who have a history of Opioid Use Disorder. Individuals are released from incarceration on a Vivitrol injection. MSHS works closely with ACC staff to ensure prompt entry into community based treatment including a combination of the following services: Assessment, Psychiatric Evaluations, Medication Monitoring, Individual Therapy, Group Therapy, Partial Day Treatment, and Vivitrol Injections. MSHS began receiving referrals in October 2019 and is receiving ACC referrals in all 20 counties of the MSHS region.

Additionally, MSHS has a lengthy history of contracting with the Arkansas Department of Human Services and the Division of Aging, Adult and Behavioral Health Services for a number of services to include Psychological Evaluations and Outpatient Forensic Restoration. Moreover, MSHS has provided the following services, to the satisfaction of DHS, through contract:

Therapeutic Foster Care – Therapeutic foster care services are provided in family homes for children who have emotional and/or behavioral problems that cannot be remedied in their own homes, in a routine foster home situation, or in a residential treatment program. MSHS works with the Division of Children and Family Services to identify children/adolescents who may benefit from this level of care. These children are placed in homes in which the families are recruited, trained and employed by MSHS. Once placed in a TFC home, the child receives a mental health assessment to determine the services needed to help the child succeed in the home, school and community. This program complies with the “Minimum Licensing Standards for Child Welfare Agencies”, as well as Medicaid regulations and our CARF accreditation. Our homes receive monthly education and monitoring to ensure compliance with all regulatory agencies.

MSHS has contracted to provided TFC services in the following amount totals since FY 14-15:

FY14-15 1,744,212.80

FY 15-16 2,312,937

FY 16-17 2,186,183.50

FY 17-18 2,166,822.51

FY 18-19 2,121,820.01

Division of Youth Services Outpatient Services – Outpatient therapy/Mental Health Professional services are provided to youth in the custody of the Division of Youth Services and residing in a DYS residential facility- specifically at Harrisburg and Colt. These services include mental health assessment, individual and family therapy, group therapy, and collaboration/care coordination with DYS personnel to address ongoing care and aftercare needs. Other services include education provided to staff on appropriate behavior management principles and positive behavioral approaches. Over the past 2 months, the Colt facility was closed and merged with Harrisburg. Mental Health Staff were combined there and continue to address youth/staff needs. This contract amount totals \$240,240 annually, and has been in place through the Community Mental Health Contract for 2 years.

DCFS Counseling Contract – Outpatient mental health counseling services are provided to individuals identified and referred by county DCFS employees. Counseling Services are based on a family-centered approach and are intended to strengthen family functioning and are intended for families whose children are at risk of an out-of-home placement or have experienced an out-of-home placement and reunification is planned. Counseling is for the purpose of improving the client’s ability to function effectively within the family. Counseling Services are designed to be a brief intervention model that encourages families to build upon their existing strengths, to develop capacities to meet their needs, and to acquire new skills. Services may include, but are not limited to: problem identification and resolution; identification of feasible goals; emotional support and guidance; provision of basic skills for functioning in the community; exploration of possible alternative behavior patterns; and developing and strengthening the capacity for personal and social functioning improve parenting skills, anger management, conflict resolution, generational issues, domestic violence, substance abuse, and other issues.

Counseling is provided up to 1 hour once or twice a week depending on the needs of the client for a period of up to no more than 3 months. Extensions are requested as needed. Counseling

services are provided in-home, office based, or natural environment. Scheduling of appointments is flexible so not interfere with client's daily work/ school schedule. Counseling services will include individual, family and group therapy. Services provided are strengths-focused and utilize a trauma-informed approach.

Since FY 2017 MSHS received \$45, 000 annually for this contract. With the expansion of the counties that our organization serves in FY 2018-2019 an additional \$45,000 was granted to our company totaling \$90, 000 for FY 2018-2019 covering 20 counties.

Project LAUNCH – Partnership with the state of Arkansas focused on Mississippi County, with the purpose of making improvements to the early childhood system and improving access to and availability of evidence based prevention and wellness practices. Additionally, the partnership worked towards infrastructure development and service delivery at the state level, promoting wellness of young children and their families. Establishing local and state councils to guide planning and provide oversight, conducting environmental scans to identify existing resources and needs within the community, development of strategic plans at the state and local levels, and utilizing the local plan and implementation to inform the State in building the needed infrastructure to ensure that children are provided what they need to succeed in life. Efforts to increase child/family access to high quality prevention and wellness programs include use of a validated screening instrument to better identify developmental (social and emotional) concerns, integration of behavioral health into primary care settings, provision of mental health consultation in early childcare/education settings, expansion of current home visiting programs to include focus on promoting healthy social/emotional development and behavioral health among children, provision of family strengthening and parenting skills training, and to conduct trainings in specific mental health related practices. Additionally, there is ongoing work to monitor community wide shifts in culture, systems and persons. LAUNCH is a 5 year grant with the State of Arkansas being the recipient. MSHS is contracted to implement the grant locally. It is a 5 year contract, totaling \$800,000 per year. LAUNCH is in its 5th year.

Table 1: Contracted Services

Grant/Contract Name	Description	Term of the Current Contract	Project Amount
Therapeutic Foster Care	DHS – DCFS Provide therapeutic foster care services in family homes for children who have emotional, behavioral or physical problems which cannot be remedied in their own home, in a routine foster parenting situation, or in a residential treatment program for clients or youth statewide in the custody of	7/1/15- Present	\$9,232,789.50 (Cumulative Total)

	DHS, DCFS.		
Respite Care	DHS – DCFS Provide respite care services for client families in order to prevent disruptions in a foster family, an adoptive family or a biological family while maintaining the child's placement by providing time-limited and temporary relief from the ongoing responsibility of daily care for those in DCFS Service Areas 8, 9, and 10.	7/1/15- 8/30/16	\$185,000
Psychological Evaluations DCFS	DHS - DCFS Provide Psychological Evaluations for Division of Children and Family Service Clients in Areas 8, 9, and 10.	7/1/15- Present	\$325,000
Outpatient Forensic Restoration	DHS-DBHS Provide outpatient restoration services, upon referral from ASH, for individuals who have been deemed unfit to proceed with the criminal justice or legal process.	7/1/12- Present	Fee for service
Forensic Contract	DHS-DBHS Provide Forensic Evaluation for individuals for court ordered assessments to the DHS for ACT 327, ACT 328, and ACT 310 according to AR Code Annotated 5-2-327, 5-2-328, and 5-2-310.	2012- Present	\$50,000 per year by PO only
Juvenile Drug	DHS-DBHS	7/1/2016 - Present	Included with

Court	Provide Substance Abuse Treatment Services for Juvenile Drug Court Clients in St. Francis and Cross County		Comprehensive Substance Abuse Contract
Craighead County Juvenile Drug Court	Craighead County MSHS provides Substance Abuse Treatment Services for Juvenile Drug Court Clients in the 2nd Judicial District (Craighead County)	8/1/13 -07/31/17	\$958,426
Craighead County Adult Treatment Court Collaborative	Craighead County MSHS provides Mental Health and Substance Abuse Treatment Services to participants of the Craighead County Mental Health Diversion Program, Arkansas 2nd Judicial District Veteran's Diversion Program and Craighead County DWI Court. Services are also extended to the Craighead County Adult Drug Court.	9/30/14 - 9/29/18	\$1,392,552
Residential Substance Abuse Treatment (RSAT)	Crittenden County Provide jail based substance abuse treatment and education and community based aftercare	7/1/14-12/31/17	\$132,850.08
DASEP (Drug and Alcohol Safety Education Program) Northern	DHS-DBHS/DAABH Responsible for screening, referring and providing drug and alcohol safety education classes for those convicted for DWI and DUI in Clay,	7/1/12- Present	\$3,759,007

	Craighead, Crittenden, Cross, Greene, Lawrence, Lee, Mississippi, Monroe, Phillips, Poinsett, Randolph and St. Francis Counties.		
DASEP (Drug and Alcohol Safety Education Program) Western	DHS-DBHS/DAABH Responsible for screening, referring and providing drug and alcohol safety education classes for those convicted for DWI and DUI in Fulton, Independence, Izard, Jackson, Sharp, White and Woodruff Counties	9/1/18- Present	\$111,860
DCFS Counseling Contract 18-1000R	DHS-DCFS Provide counseling services for DCFS clients to prevent out of home placement of children and promote reunification of families.	7/1/17-Present	\$630,000
Project LAUNCH	State of Arkansas	10/1/14- Present	\$4,065,440.70
Outpatient Substance Abuse and Mental Health Treatment Services 0860-17-400C	US Probation and Pretrial Services	9/1/16- Present	Not to Exceed \$27,500 per year
Outpatient Substance Abuse and Mental Health Treatment Services 0860-19-600C	US Probation and Pretrial Services	/--/18- Present	Not to Exceed \$27,500 per year
CASA	Arkansas CASA State Appropriation Provide abused, neglected and dependent children a voice in the court process and advocate for their best	7/1/2018-6/30/2019	\$68,400.00

	interests through the use of trained volunteers. Provide or refer for therapeutic service as needed.		
VOCA	Office of Intergovernmental Services	10/1/18-9/30/19	\$20,073.40
Comprehensive Substance Abuse Services DBHS-CSAS-2016-1	DHS-DBHS/DAABH Provide Comprehensive Substance abuse treatment services to Region 3	7/1/16 - Present	\$1,498,989.31
DCFS Substance Abuse Service	DHS-DCFS Provides substance abuse treatment services for clients/parents	7/1/15- Present 10/1/18-6/18/19 (Western)	\$1,078,000 \$86,058
Title XX		--	Approximately \$147,000 per year
Community Development Block Grant	City of Jonesboro Department of Grants & Community Development Rehabilitate transitional group homes designed for individuals diagnosed with severe mental illness	7/1/2018- 6/30/19	\$25,209
Mental Health School Based Services	Public School Districts (Jonesboro, Westside, Wynne, Brinkley, Marion, Greene CO Tech, Blytheville) Provide school based services to students in the specified districts to include individual therapy, group counseling, family sessions	GR CO Tech 2004- Present Jonesboro 2004- Present Westside 2007- Present Wynne 2011- Present Marion 2013- Present Blytheville 2015- Present Brinkley 2018-	N/A

	and paraprofessional interventions.	Present	
Phillips County Community College Group Contract	Phillips County Community College MSHS will facilitate the provision of group counseling to individuals enrolled in the Transitional Training Opportunity Program and individual counseling as needed.	9/27/18-6/30/19	\$42,580
CACFP Child and Adult Care Food Program	Department of Human Services Provides meals and snack to adult clients that receive services in Rehab Day Clinic sites	10/1/18 - 09/30/19	Approximately \$300,000
1st Choice	Provide mental health services for patient from 1st Choice Medical in Lawrence, Sharp, Clay, Green, Randolph, and Fulton Counties	11/7/18- Present	--
NEA Baptist Screening Contract	NEA Baptist Memorial Hospital Provide Crisis Screening and Assessments of persons who have insurance; provide these services within 45 minutes of request.	5/27/14- Present	\$100 per on call week \$200 per individual assessment
CAC/Child Advocacy Center Contract	ACCRDV Arkansas Commission on Child Abuse, Rape and Domestic Violence Contract Provide Victim Advocacy, Forensic Interview, Trauma Focused Therapy, Court	7/1/2018 - 6/30/2019	\$75,000

	Prep and Accompaniment to Crittenden County		
CAC/CACEA Satellite Contract	Arkansas Commission on Child Abuse, Rape and Domestic Violence Provide Victim Advocacy, Forensic Interview, Trauma Focused Therapy, Court Prep and Accompaniment to Cross, Lee, Phillips and St. Francis Counties	7/1/18-6/30/19	\$45,000
ARBest/TFCBT-Mental Health Appropriation – CAC	UAMS Provide Trauma Focused Cognitive Behavioral Therapy.	7/1/18-6/30/19	\$17,500
CASSP Child and Adolescent Service System Program Contract		--	\$243,156 per year
PATH Project for Assistance in Transition from Homelessness	DHS-DBHS/DAABH Provide services that include street outreach, case management, community mental health services and services that are not supported by mainstream mental health programs for those that are homeless or at imminent danger of being homeless.	9/1/18- Present	\$138,937
Targeted Support for Community Reintegration		11/1/16- 6/30/18	\$241,076
Section 5310 Enhanced	Arkansas Department of Transportation	3/16/18-Present	\$62,000

Mobility of Seniors and Individuals with Disabilities	Provide transportation services to NEACMC clients with disabilities		(base cost of 2 ADA approved vans)
Youth MOVE Arkansas	DHS – DCFS Peer to Peer support, Youth empowerment , youth engagement and technical assistance for State of Arkansas	7/1/15 - 6/30/18	\$135,500
Head Start Contract	Mississippi County Early Childhood Education Department Provide consultation for Head Start Staff, provide services for Headstart students and parents	3/31/15 - 3/31/16	\$109.20 per hour
Project NEST	UAMS Provide training for therapist to use PCIT with children (18 mos. – 5 yrs) who have behavior problems from trauma.	7/1/13- 11/30/16	\$28,396.92 per year
Project Play (North and South)	UAMS Provide consultation services for early childcare programs in area.	6/30/15- Present	\$178,255 per year
Project Reach	UAMS Provide coaching & training on REACH Curr. in Northeast Arkansas	7/1/13 -6/30/16	\$49,174 per year
Project Fresh Start	Mississippi County	10/1/17-9/30/19	\$300,000

MS Mental Health Court	MSHS provides Mental Health and Substance Abuse Treatment Services to participants of the Mississippi County Mental Health Diversion Program		
Mental Health Awareness Training	SAMSHA Substance Abuse and Mental Health Services Administration Provide Mental Health First Aid training to school personnel, emergency first responders, law enforcement, veterans, armed service members and their families and others in the community.	9/30/18 - 09/29/21	\$375,000
Mental Health Court Enhancement	Craighead County Provide services to offenders who have mental health illness, including those with co occurring mental health and substance abuse disorder issues in the Craighead and Crittenden County Mental Health Courts.	1/1/19 -12/31/2022	\$500,000
Children Youth Services Contract	Provide Mental Health Psychiatric services to children/youth at CYS	6/30/18-7/1/19	Approximately \$6,038 per year
Safe Care	Arkansas Children's Hospital SafeCare AR is a home visiting program for families of children birth to age 5 that helps parents create a	9/1/2018- Present	\$342, 000

	secure home environment, structure, and routines for their young children.		
Shelter Plus Care Greene County	Paragould Housing Authority Providing supportive services for SPC Clients	4/1/12-3/31/17	\$174,240
Shelter Plus Care Crittenden County	City of West Memphis, AR Providing supportive services for SPC Clients	1/1/2017 - Present 10/1/2014 - Present	SPC-I \$35,376 SPC-II \$21,685
Craighead County Accountability Court Funding Mental Health Court	Craighead County Assistance for participant Specialty Court Program for Emergency Financial Assistance and Transportation assistance	2/15/16- 6/30/18	2\$3,725
Crittenden County Accountability Court Funding Mental Health Court	Craighead County Assistance for participant Specialty Court Program for Emergency Financial Assistance and Transportation assistance	2/15/16- 6/30/18	\$23,725
Arkansas 2nd Judicial District Veterans Accountability Court Funding Mental Health Court	Craighead County Assistance for participant Specialty Court Program for Emergency Financial Assistance and Transportation assistance	2/15/16- 6/30/18	\$12,000
Psychologicals for DCC	Department of Community Corrections Provide Psychological		\$30,000

	evaluations		
Therapeutic Counseling Contract	DHS-DAABHS To provide Therapeutic Counseling Services through DAABHS for indigent individuals.	01/01/19 - 06/30/19	\$126,051.93

MSHS has consistently performed according to the performance indicators of the contracts and is not currently under any corrective action plan.

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.

MSHS' Senior Leadership includes the Chief Executive Officer, Chief Operating Officer, Medical Director and Director of Clinical Services. MSHS' Senior Leadership is tenured and skilled in all aspects of leading a strong not-for-profit. With more than 109 years combined experience, MSHS' Senior Leadership is dedicated to ensuring quality program operations through the provision of strong focused leadership and management skills. MSHS' Senior Leadership demonstrates a priority of enhancing services accessibility, in Northeast Arkansas, to adults, youths, and families with mental health and substance use disorders. This is especially true of those individuals who are most severely affected by their illness such as those diagnosed with a Serious and Persistent Mental Illnesses or Serious Emotional Disturbances, those in need of Crisis Services and individuals who have become involved in the Criminal Justice System. The Senior Leadership and Staff of MSHS are committed to offering a full array of psychiatric and educational services that improve the lives of all of those we have the privilege to serve.

Information on MSHS' Senior Leadership, including their direct relevant functional experience over the last five years, is detailed below. (Resumes and Evidence of qualifications and credentials are attached)

MSHS' Chief Executive Officer, Ruth Allison Dover, is a graduate of the University of Mississippi where she received her Bachelor in Administration in 1993 and her Juris Doctor in 1996. She is a member of the Bar in both Arkansas and Mississippi. She has been practicing law for 22 years. She started her career in Mississippi working with the Mississippi Band of Choctaw Indians where she served as the Tribe's Deputy Attorney General and also General Counsel to their Business Enterprise Division. She began working in the field of Mental Health with MSHS in 2006 as In-House Legal Counsel. After gaining many years of experience she was promoted to Chief Operating Officer of MSHS. In October of 2016, when MSHS' Executive Director retired, she was the Board of Directors choice to lead the company. Ms. Dover's unique skill set of being a lawyer with mental health experience has served to make MSHS a leader in the State in programs that intersect both fields. MSHS currently partners with the 2nd Judicial District to operate Mental Health Courts in Craighead, Crittenden and Mississippi

counties as well as a Veterans Court that serves the entire judicial district. MSHS is also Craighead County's partner in establishing an Acute Crisis Unit for Northeast Arkansas.

She was elected in 2017 to serve as the Chairman of the Board of Arkansas Provider Coalition which entered into a joint venture with Anthem to create the PASSE, Summit Community Care. She serves on the Board of Directors of the Mental Health Council of Arkansas. She has served on numerous state wide committees involving the implementation of Act 423 (Criminal Justice Efficiency and Safety Act of 2017) for the State of Arkansas.

MSHS' Chief Operating Officer, Roland Irwin, has a strong background in mental health education and experience. He obtained a Master of Science in psychology in 1984, and in 1992 he obtained a doctorate in clinical psychology from the University of Mississippi. He is licensed as a psychologist in Arkansas.

Dr. Irwin brings a wealth of experience to the operations of MSHS. In his role as C.O.O. he draws upon his 34 years of experience working in community mental health. He has served in many different capacities at mental health centers in Mississippi and Arkansas, including work in outpatient clinic, residential, crisis, and school based settings. He has worked with all populations of clients and the full range of diagnoses and problems.

Dr. Irwin has 27 years of experience managing mental health programs. He served as Clinical Director at MSHS from 2008 – 2016. He served in the same capacity at Counseling Services of Eastern Arkansas, a six-county community mental health center, from 1997 – 2008. Prior to that he served as manager of an outpatient clinic, and as director of outpatient services, both for Counseling Services of Eastern Arkansas.

Dr. Annette Slater, Medical Director of MSHS, is a board-certified general psychiatrist. She obtained her Medical Degree in 1977 from the University of Arkansas for Medical Sciences. After a one-year internship at the Brooke Army Medical Center in Fort Sam Houston, Texas, she returned to UAMS for a residency in psychiatry. She obtained her Board Certification in psychiatry in 1985. In 1994 she qualified as an addictions specialist.

Dr. Slater has a wealth of experience in the direct provision of psychiatric services and in leadership roles in the Veterans Administration System and the North Texas Health Care System. Her leadership and supervision of large psychiatric programs gives her ample experience to oversee psychiatric services in a community mental health center. Dr. Slater also has experience working in community mental health. She worked for four years as a staff psychiatrist at two community mental health centers in the Little Rock area before joining MSHS as Medical Director.

MSHS' Clinical Director, Heather Parsons, is a Licensed Clinical Social Worker. She is a graduate of Ouachita Baptist University and the University of Tennessee. She has practiced primarily in the field of Community Mental Health in both Arkansas and Tennessee over the course of the last 22 years. Heather's years of service at MSHS specifically total just over 10 years.

Heather has served in a variety of roles throughout her career as an outpatient therapist, mobile crisis worker, case management program director, quality assurance director, clinic coordinator, children's services director, and clinical director. In Tennessee, Heather led a community mental health center as a clinical director managing all clinical services of seriously mentally ill adults and seriously emotionally disturbed children in a six county region in western Tennessee. In 2015, Heather returned to Arkansas and continued her career at MSHS.

E.1.E Letters of Recommendation

Letter of recommendation from at least 3 different sources are attached. These include letters from the following:

- City of Jonesboro
- Delta Arts
- Marion School District
- City of West Memphis
- Second Judicial District Circuit Judge, Cindy Thyer
- University Of Arkansas for Medical Sciences
- Office of Behavioral Research and Evaluation
- 1st Choice Healthcare
- Craighead County Judge, Marvin Day
- Crowley's Ridge Development Council, Inc.
- Poinsett County Sheriff, Kevin Molder
- Jonesboro Public Schools
- 1st Judicial District Prosecuting Attorney
- Mississippi County Sheriff's Department
- First Judicial District Circuit Judge, Christopher W. Morledge
- IZARD County Judge, Eric Smith
- Omega Care, Inc.
- Forrest City Medical Center

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.

For over 50 years MSHS has provided community support programs that offer community-based alternatives to individuals with serious mental illnesses. MSHS programming allows individuals with serious mental illnesses to reintegrate from the Arkansas State Hospital back into their community settings. Some of the client outreach services offered by MSHS to assist in meeting clients' basic needs and entitlements include SSI/SSDI Outreach Access and Recovery (SOAR), and community intervention specialists who work and assist clients in supportive housing, supportive work and supportive behavioral health care needs. MSHS provides acute psychiatric hospitalization for clients regardless of ability to pay. MSHS has contracts with hospitals throughout the state and in surrounding states to meet the needs of indigent clients requiring such services.

MSHS has outpatient clinics in each of its 20 counties. These offices provide both counseling

and CSP services that are accessible to citizens throughout the region including the most rural areas. The outpatient clinics house mental health professionals and qualified behavioral health providers who provide outreach and home/community services for those who may have problems with service accessibility, including persons in jails. MSHS places priority on ensuring timely services for persons being discharged from hospitals, and persons who are or have been experiencing crisis. In partnership with Craighead County, we are in the process of opening a crisis stabilization unit in Jonesboro that will serve all 20 counties as requested by the local law enforcement jurisdictions.

MSHS provides peer support services by certified specialists, and has housing options in the form of group homes, apartments, and residential care facilities for SMI adults.

MSHS has rehabilitative day treatment programs that are utilized by persons in 13 counties, and is currently in the planning process of opening rehabilitative day treatment in the remaining seven counties.

MSHS takes great responsibility in maintaining awareness of changes that are impactful to clients' behavioral health care needs. MSHS is enrolled as a provider in all state PASSE's and thus can provide services to all Medicaid beneficiaries. As such, MSHS proactively works to integrate physical health services, behavioral health services and specialized home and community based services. To ensure that contracted funds are utilized as a last resort, MSHS assesses clients' needs at the initiation of contact and provides the direction and assistance needed in order for the client to enroll in eligible healthcare coverage programs.

MSHS serves as the Single Point of Entry (SPOE) to the state hospital for adults in our region. As the SPOE contact, when clients present in crisis, MSHS provides mobile crisis screenings, crisis intervention services, and crisis stabilization services. Crisis follow-up services are offered to further assess client needs and link to services. Services are ordered based on each client's individual needs.

MSHS provides forensic evaluations by qualified psychologists. MSHS actively participates in the process of assisting individuals who are mentally ill and jailed in being restored to competency through our Forensics Outpatient Restoration Program.

MSHS continuously educates the public about behavioral health care services available through our agency and through agency connections. MSHS has a fully operational public relations department to keep the public informed. Agency events and behavioral health care information for all twenty counties are communicated through a variety of avenues including, but not limited to the following: an agency operated Facebook page, an agency newsletter, billboards, personal care physician visits, brochures and workshops (many at no charge to the community), health fairs, and school events. Staff participate in community events to keep the community informed about mental health services and changes in behavioral healthcare needs. Regional directors as well as clinic coordinators and housing directors provide outreach to jails, homeless shelters, various civic groups, schools, colleges and interested community groups. The marketing department keeps a current directory of behavioral health and community resources that is used to inform clients of available services and supports that exist outside of MSHS' services.

MSHS understands that there are many pathways to recovery. Our recovery oriented treatment and support services includes access to evidence-based practices such as Illness Management Recovery, FEP (First Episode Psychosis) working with clients on Supported Employment and supported Housing. MSHS utilizes ACT (Assertive Community Treatment) for those individuals who have experienced and demonstrated the need for Intensive community based services. MSHS aspires to treat the Whole person, working with clients at their level of need and focusing on functional skill building needs. Utilization of the DLA-20 assists with identifying areas of need for those clients in need of services beyond the outpatient treatment capacity, for example, community intervention by qualified behavioral health provider, and Rehab Day services. MSHS encourages and promotes the faith based needs of clients residing in our Therapeutic Community programs. Pastors for various church denominations routinely visit our Therapeutic Communities clients who wish to have pastoral services. Peer support providers with lived experience lead group activities, which serves to encourage participation in recovery efforts. Additionally, the MSHS Consumer Advisory Council meets monthly. This is a Peer lead group of consumers from each County, Consumers are encouraged to speak on behalf of the specific MSHS program they are part of, sharing experiences, promoting the positives from their programs and working with others to solve issues that may present from their programs. Peers often reach out to others via cards, phone calls etc. should a client stop services or for whatever reason not show up on a scheduled day. Through this peer lead activity, clients are better served by the peer to peer service.

Persons in need of ASH admission are often placed on a waiting list prior to admission due to lack of bed space at ASH. MSHS utilizes our Transitional Units when possible for stabilization until a bed opens at ASH. MSHS has contracts with local psychiatric hospitals for persons who have no insurance and have limited financial options. Thus, clients who are awaiting ASH admission can receive inpatient services at no personal charge; the cost is covered by the Local Acute Care contract. Occasionally a client may be held in a county jail awaiting ASH placement. MSHS makes every attempt to admit the client to a local acute care hospital. If no beds are available, or if no hospital will accept the client who is incarcerated, MSHS will provide medically necessary services including medication management while the person is incarcerated.

MSHS works directly with the ASH Social Work team to arrange services for persons being discharged from ASH. These planned discharges facilitate a seamless plan of treatment continuity regardless of the client's ability to pay for services.

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.

MSHS has been providing telemedicine psychiatry services for more than ten (10) years. The use of telemedicine has improved our ability to ensure reliable psychiatric coverage for clients who live in the most rural areas of our region. More recently we have begun using telemedicine to provide other forms of treatment including individual therapy and diagnostic assessments, particularly during periods of staff shortage in the most rural clinics. This has enabled services to continue without interruption until an on-site therapist can be hired. Using telemedicine for diagnostic assessments (intakes) has, in

some cases, helped achieve our goal of rapid access to services upon request.

All twenty of MSHS' outpatient clinics, and three therapeutic community programs, are equipped with Medicaid-compliant and HIPAA-compliant telemedicine equipment. Telemedicine providers who provide services from locations other than MSHS facilities do so via Medicaid-compliant and HIPAA-compliant equipment. Video screens for both client viewing and provider viewing are a minimum of 21 inches diagonally. High definition cameras and audio equipment are used. MSHS facilities have internet capacity of a minimum ten megabyte upload and download speed. Offsite locations must maintain a minimum of five megabyte upload and download speed. MSHS uses Life Size, a HIPAA compliant software program for video and audio transmission that ensures data security.

MSHS utilizes our on-line Relias Training to assist Mental Health Professionals in gaining competency in delivery of telehealth services. Mental Health Professionals complete five (5) specific training modules prior to delivery of services by telehealth. These are: Best Practices for Delivering Telehealth, Clinical Assessment via Telehealth Applications, Ethical and Legal Guidelines for Telehealth, Implementation Guidelines for Telehealth Practitioners and Telehealth in Clinical Practice. They also receive on-the-job training and assistance from their direct supervisor.

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 Crisis and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services.

As the Community Mental Health Center serving Region 7, MSHS has a long history of providing crisis services for adults, youth and children experiencing Psychiatric and/or Behavioral Crisis. MSHS currently has a clinic located in each county in Region 7. MSHS has a depth of experience operating mobile crisis teams and providing medically necessary mobile crisis assessment and stabilization to individuals regardless of their ability to pay. MSHS' mobile crisis team is staffed by behavioral health professionals who have been trained in Psychiatric and Behavioral Crisis. The crisis team has direct access to a physician or APRN, as needed. The team participates in annual crisis training and development. MSHS currently has processes in place to improve techniques and to address problems as well as successes. Crisis services are provided in locations deemed to be safe for both the individual, community and the crisis team. These locations include jails, emergency departments and the Community Mental Health Center. Additionally, crisis services are provided at homes, foster homes, DCFS offices and schools for the DCFS population. MSHS currently has crisis policies, protocols, and procedures in place to aid in the management of behavioral health crisis for children, youth and adults. Moreover, MSHS coordinates with local law enforcement agencies, judges, jails, hospitals, and acute care units to develop and further enhance crisis responses in each facility. The details of the Crisis Services offered by MSHS are below.

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.

MSHS has a specific Emergency Services program which provides a comprehensive mobile crisis response system to provide assessment and intervention in emergency behavioral health crises of area residents in both clinical and community settings. The Emergency Services program currently provides 24-hour emergency/crisis intervention for all Region 7 residents as needed, regardless of payor source. In 2018, MSHS provided 5700 crisis intervention services in the 20 county Region. Of these individuals served, 1530 were active clients with MSHS and 4170 were not. These services were provided at various locations including MSHS clinics, law enforcement facilities, hospitals, DCFS offices, schools, medical offices, and client homes. 140 of these interventions were provided in connection to involuntary commitment court procedures. The clients served were of all ages and multiple payor sources including those with no payor source.

MSHS has internally divided its twenty (20) county region into three (3) sections for its Emergency Services response. Each section has an Emergency Services Coordinator who is responsible for supervising a mobile crisis team and adherence to the program deliverables in the community mental health center contract including strict compliance with required response times in each county.

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.

The Emergency Services program provides 24-hour crisis intervention services for all Region 7 residents as needed, including all persons in the custody of DCFS. Crisis services are provided to existing clients as well as other residents. In 2018, MSHS provided 802 crisis intervention services in the 20 county Region for clients under age 18, and 254 were recommended for inpatient acute treatment. Of those services, 64 were for children in DCFS custody. These services were provided at various locations, including MSHS clinics, law enforcement facilities, hospitals, DCFS offices, schools, medical offices, and client homes. The clients served were of all ages and multiple payor sources including those with no payor source. The focus for persons in DCFS custody is to stabilize clients in community-based settings whenever possible, including the home or foster home. MSHS has guidelines in place to provide face-to-face crisis services in the least restrictive setting necessary based on safety needs and provides face-to-face follow up with clients within 24-48 hours of the crisis intervention to ensure stabilization.

b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.

MSHS has current policies and guidelines for Emergency Services and a Mobile Crisis Team. These policies are maintained and updated regularly by administrative staff and

Emergency Services Coordinators. Documentation is reviewed through a peer review process and by Emergency Services Coordinators. These coordinators provide orientation and ongoing training with all Mental Health Professionals in order to maintain compliance with current procedures. Training in emergency skills and procedures is provided to Mobile Crisis Team screeners on an ongoing basis. Training includes practical procedures for on-call work, assessment of crisis situations, procedures for voluntary and involuntary hospitalization, treatment alternatives, and legal/ethical issues. Interview skills, differential diagnosis, and intervention/stabilization strategies are taught. There are periodic updating regarding community resources during the course of training sessions, including emergency food, clothing and shelter options as well as other community supports. In addition, for Mental Health Professionals who provide crisis interventions, the Emergency Services Coordinator may provide emergency services specific training at the request of the Clinic Coordinator. Emergency Services Coordinators are available for consultation or assistance 24 hours per day.

c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.

Each clinic has Mental Health Professionals available during business hours to conduct crisis interventions. Services are provided to support recovery and stabilization. These services seek to assist clients in remaining in the least restrictive environment, and include: assessment, intervention, hospitalization placements, outpatient treatment referrals, and follow-up after hospitalization/referral. The Emergency Services Coordinators, or other Mental Health Professionals, are also available to conduct crisis interventions off-site in secure locations including jails and emergency departments. MSHS provided 2284 crisis interventions in a jail setting and 1447 crisis interventions in a hospital emergency department setting in 2018.

In addition, a Mobile Crisis Team of Mental Health Professionals provide crisis interventions from 5:00 p.m. to 8:00 a.m. each weekday and 24 hours a day on weekends and holidays, in each of the 20 counties served by MSHS. A crisis intervention consists of face-to-face crisis assessment and intervention in order to: determine if the individual meets the criteria for voluntary or involuntary inpatient psychiatric admission; determine if appropriate alternatives to hospitalization are available; refer to appropriate inpatient or outpatient treatment program when indicated.

By utilizing Mobile Crisis Team services to provide interventions at community agencies at all times of day, MSHS is able to meet clients in their environment and assist them to respond to psychiatric and/or behavioral crises quickly and using a solution-focused approach. By responding in this manner, decreases in functioning are more quickly managed and clients are able to return to a higher level more rapidly, in turn preventing continued deterioration of functioning.

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.

MSHS has developed comprehensive policies and procedures for crisis management for children, youth, and adults both in the outpatient clinic and in the community. These include guidelines to address criteria for medical necessity of services, services provided along with required documentation, training provided to Mental Health Professionals, involuntary commitment procedures, and provision to special populations including children and youth, clients in law enforcement agencies, substance use issues, and clients who reside in other catchment areas. These policies are reviewed and updated by Emergency Services Coordinators and are reviewed with Mental Health Professionals as needed.

Emergency Services Coordinators work closely with law enforcement agencies, jails, and hospitals to develop procedures for treatment of crisis/emergency situations and to coordinate provision of services by MSHS staff. These individuals provide staff trainings as well as continuous education about mental illness and the specific needs of a person in a psychiatric or behavioral crisis. They coordinate follow up with clinics when a client is in jail in order to ensure that client is able to receive mental health treatment during incarceration. They train with CIT (Crisis Intervention Team) police officers locally and offer consultation when requested. They also work closely with the court system in the catchment area by filing required mental health commitment petitions, participating in civil commitment proceedings, and working directly with the appropriate Prosecuting Attorney's offices to obtain court orders for involuntary commitments. Two of the Emergency Services Coordinators employed by MSHS are Mental Health First Aid instructors and provide MHFA to area agencies as needed.

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.

The crisis assessment tool currently used includes evidence-based tools including a mental status summary, documentation of current risk for harm to self and others, and a strengths/needs/abilities/preferences assessment. This tool includes assessment of current mental health, physical health, mental health treatment history, legal history, substance use/abuse and treatment, strengths/supports, diagnosis, and recommendations/disposition. The crisis assessment will also include utilization of the Columbia-Suicide Severity Rating Scale as an evidence-based risk assessment tool. All Mental Health Professionals are provided training on the use of this tool by Emergency Services Coordinators prior to use of the tool.

Annual training in crisis assessment and intervention is provided to all Mental Health Professionals as well as specific identified training needs by Clinic Coordinators. Documentation is done collaboratively at the time of the service, but required to be completed within 24 hours. Required fields on the screening must be completed by the Mental Health Professional before the electronic medical record system will allow the note to be completed electronically, thereby ensuring that all fields on the forms are completed before submission to the record. Continued competency for the use of this screening tool is measured utilizing a quarterly peer review process as well as review of

all after-hours interventions by the Emergency Services Coordinators. Mental Health Professionals have access to utilize the on-call physician at any time to provide consultation and assist with decision-making when needed.

MSHS has dedicated crisis hotline numbers that are staffed 24 hours a day to receive crisis assessment requests. MSHS records all assessment requests coming into MSHS Crisis Lines or MSHS Clinics by logging the time of the call in the electronic medical record for the respective client on a Crisis Call Sheet. Mental Health Professionals are then dispatched by the appropriate clinic staff or crisis line staff and are required to make phone contact with the requesting agency within 15 minutes of the request. That contact time is documented and logged on the actual assessment form by the Mental Health Professional. The responding Mental Health Professional is also required to document off-site arrival time on the assessment form in the electronic medical record. The crisis assessment is provided within 2 hours of the initial request unless another time is agreed upon by both parties and is clearly documented in the assessment form along with the reason for the change. If the client in crisis is known to receive services from another behavioral healthcare provider, the Mental Health Professional contacts the current provider to inform them of the need for an assessment. MSHS will provide appropriate crisis services to the client if services from their current provider are not available.

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.

MSHS currently utilizes a Warm Line for clients in need of low-threshold mental health care before they reach a point of crisis. This telephone line is (833) 236-2131 and is staffed twenty-four (24) hours a day by a QBHP located at our Searcy clinic who will assist the client to identify community resources and provide connection to mental health services for non-emergent needs. These QBHP staff are trained in Mental Health First Aid USA, an evidence-based crisis training, in order to provide assistance for immediate needs and to be able to assess when it is necessary to connect clients to the crisis hotline and a Licensed Mental Health Professional for assessment. MSHS currently has five (5) staff trained as Mental Health First Aid Instructors who provide initial training as well as annual and ongoing training and consultation as needed. The Warm Line staff will have access to a community resource list for each of the counties in the catchment area.

MSHS is currently developing a plan to augment its Rehab Day Programs, in high volume counties, with peer led Outpatient Drop-In Center hours.

g. Utilize mobile crisis teams to triage individuals into the least restrictive services.

Referral of clients to the least restrictive services is always the goal of crisis intervention services. Mobile Crisis Team members are provided resources and training to assist in the management of current crises and keeping the client in community-based settings as much as possible. Client support systems are utilized as well as consultation with current treatment team members when appropriate. Clients who are at immediate risk for harm to self or others are referred to hospitalization and MSHS provides follow-up care when

appropriate. Of the 5700 crisis interventions provided in 2018, 1729 clients were referred for hospitalization. The remaining 3971 were referred to community settings including outpatient mental health services, drug and alcohol services, PCP referrals, support groups, community housing, and transportation services as needed. The intervention form contains documentation of services recommended as well as specific times and places of these services. Client understanding and response to these recommendations is also documented. Individuals and their families are provided resources for other services in the community as well when a need is determined.

h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.

In the process of providing crisis intervention, Mental Health Professionals assist client in making a plan for safety and relapse prevention prior to the completion of the intervention. This includes follow-up with MSHS outpatient clinics or other appropriate referrals. The intervention is completed when a client has reached a level of stability to return to their current residence in the community or has been referred for hospitalization services. MSHS staff will then document all follow-up with client after the crisis including attempts to engage client in services, follow-up with social supports, and communications with other agencies client may be involved with as needed. This is done in a specific crisis follow-up note and all appropriate staff are trained in its completion. In 2018, 7187 notes documented a total of 859 staff hours spent on follow-up post crisis intervention.

i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.

Individuals, who present an immediate danger to self or others, due to mental disorder, are referred for inpatient treatment. When an assessment indicates that acute inpatient psychiatric admission is needed, the Mental Health Professional will make a referral to an appropriate hospital for admission. Mental Health Professionals must take into consideration payor source, available funds, preferences, transportation, and any other relevant factors when making a referral to inpatient hospitalization. If the individual is recommended for acute placement, the Mental Health Professional provides immediate and continuous attempts to locate placement. All steps taken and contacts made are documented in a crisis follow-up form in the medical record. This includes timelines, agencies and persons contacted, and the outcomes of these contacts. When a bed is located, the screener provides the receiving facility with assessment documentation for any inpatient admission. In the event that placement cannot be located within 24 hours of an assessment, the client is re-assessed for current needs and risk in order to provide appropriate recommendations and referrals.

j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.

MSHS staff complete crisis follow-up forms as needed which include coordination

with other community agencies to provide aftercare for clients leaving an acute setting. This may include working with primary care physicians to obtain necessary referrals for mental health services, coordinating with detention centers to ensure clients have needed medication prescriptions, and working with DHS/DCFS to coordinate care for individuals in their custody. MSHS also provides outpatient services to individuals in residential care facilities and communicates with those facilities to schedule necessary follow-up appointments. While clients are in an acute setting, MSHS staff contacts discharge planning staff at the hospital and schedules needed outpatient appointments as well as providing any information needed by the hospital to facilitate discharge planning.

k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis.

MSHS receives funds through a contract with the Division of Behavioral Health, for use in paying for inpatient psychiatric care of adults age 18 years and older, who are indigent. MSHS has Local Acute Care Funds contracts with The Bridgeway, UNITY/Compass, Levi Hospital, Resolutions, Rivendell, St. Bernard's Behavioral Health, St Vincent's and Stepping Stones, as well as working relationships with psychiatric facilities that accept Medicaid, Medicare, private insurance and are located in the state, as well as Mississippi, Missouri and Tennessee. In 2018 LAC funds were used for hospitalization of 251 individuals. All indigent referrals must be staffed with Clinic Coordinator and approved by the Emergency Services Coordinator or Clinical Director according to the Local Acute Care Funds guidelines. The Emergency Services Coordinators are responsible for the management of these funds and coordinating their use with inpatient facilities.

Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility.

Since 2001, MSHS has been one of the two providers in the State that offered the highest level of care called Transitional Units for 911 clients. With the introduction of OBH's Therapeutic Communities, MSHS began implementation of Therapeutic Communities in conjunction with these units. MSHS currently offers Therapeutic Community at Level 1 and Level 2 services for Tier 3 clients in both Jonesboro and Corning. The Therapeutic Communities are staffed by Mental Health Professionals, Qualified Behavioral Health Providers and Nurses. Additionally, Psychiatric Services are provided to those who participate in this service by one of MSHS' Psychiatrists or APNs.

MSHS has been working with Craighead County for several years to develop an Acute Crisis Unit (ACU) for the region. Both parties were thrilled when the State chose to implement a pilot program to fund four ACUs in the State, and Craighead County was chosen as one of the sites. Although the intention to open an ACU in Craighead County has never changed, there was difficulty in finding a site that was suitable to the community which caused delay in the process.

However, the Quorum Court found a solution in utilizing land owned by the county adjacent to the county jail. The Quorum Court voted to proceed with the project at that site and appropriated \$700,000 into an account for that purpose. An architect has developed a floor plan and contractors are currently bidding to build the project. The ACU is anticipated to be open in the fall of 2019. Through a Memorandum of Understanding with the county, MSHS will provide the much needed services for the regional ACU. DAABHS has approved the Craighead County plan in response to the Scope of Work which provides for the appropriate staffing and delivery of services by MSHS.

The State is funding these pilot program ACUs in order to divert persons in need of mental health treatment from jails without being charged with a crime. This will be the final needed piece of the puzzle to complement the existing framework in Craighead county which includes collaborative agreements between MSHS and the county and its judicial system to provide a Mental Health Court, Veterans court, Sobriety Court, and Assertive Community Treatment team.

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.

MSHS serves all adults, youth, and children, residing in our 20 county Region, who are experiencing serious psychiatric emergencies and needing admission to ASH. MSHS also serves those that are already on the ASH waiting list and waiting for admission, adults, youth and children discharged from ASH, and those who were residing in the region prior to admission to ASH but who are now preparing for discharge. Additionally, MSHS serves the needs of community-based 911 status clients.

MSHS provides screening/SPOE for clients that are an involuntary admission as appropriate. MSHS screeners complete and at times file required petitions, participate in civil commitment proceedings, and work directly with the appropriate Prosecuting Attorney's offices to obtain court orders for involuntary commitments. Emergency Services Coordinators and other coordinators within MSHS facilitate and maintain working relationship with each Prosecuting Attorney in the region as well as Deputy Prosecuting Attorneys, court personnel and/or clerks, judges, public defenders, private attorneys, and others in the legal community as appropriate related to Emergency Services.

If a MSHS screener determines that the individual screened is in need of inpatient care or ASH admission, every opportunity to allow for voluntary admission must be followed. If the screened individual refuses voluntary admission but meets the legal criteria for

commitment, MSHS screeners encourage family members or others having direct knowledge of the commitment criteria to file a petition for commitment. The Emergency Services Coordinator, MSHS screener, or professional staff from another admitting facility will file the petition personally, if no one else is willing or able.

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 completed and accurately.

MSHS responds to all requests for SPOE in community settings (jail, police station, hospitals, nursing homes, acute care hospitals, client homes, etc.) within 2 hours by dispatching a licensed Mental Health Professional that has had specific and direct training for Emergency Services. If necessary due to unusual circumstances and the requesting agency is agreeable to a different time frame that meets the clinical needs of the client, MSHS would respond after the 2 hours allotted. In instances wherein that occurs and is agreed upon beforehand, the reason for that and the person at the agency with whom the agreement was made are all documented on the screening/SPOE form. MSHS screeners also document the agreed upon time of arrival for the screening. These times are available for electronic review to ensure accuracy.

MSHS also provides licensed Mental Health Professionals on-site to provide any needed Emergency Services/Screenings/SPOE for any walk-in client or clients in need at any MSIIS site in all counties within the Region. MSHS records/tracks all screening and SPOE requests in the electronic medical record for the respective client on a Crisis Call Sheet. MSHS screeners are then dispatched by the appropriate clinic staff or crisis line staff, and the Mental Health Professional is required to contact the requesting agency within 15 minutes of the request for screening. That contact time is documented and logged on the actual screening/SPOE form by the screener. The responding screener is also required to document off-site arrival time on the screening/SPOE form in the electronic medical record. The times documented on the screening/SPOE forms along with the times documented on the Crisis Call Sheet in the electronic medical record are available for review, comparison, and analysis to ensure timely responses to screening/SPOE requests. MSHS completes weekly and biweekly reports indicating any discrepancies in times so these can be investigated as needed and corrected when appropriate by the Emergency Services Coordinators. The Emergency Services Coordinators along with the Clinic Coordinators ensure screenings/SPOE requests take place within the 2 hour allotted time frame. MSHS also completes a yearly evaluation for all of the Emergency Services (screenings/SPOE) provided to ensure appropriate response times are occurring within the allotted 2 hour period as a yearly measure.

All Mental Health Professionals employed by MSHS are licensed behavioral health professionals and trained specifically in Emergency Services in addition to other job duties. Emergency Services training comes directly from the Emergency Services Coordinators after initial employee orientation and is documented in the employee record. Additional training needs are identified during the initial training with the Emergency Services Coordinator and also by direct clinical supervisors scheduled re-training is

available as needed with the Emergency Services Coordinator on an ongoing basis for all MSHS professional staff. All Emergency Services Coordinators maintain regular contact with other clinical supervisors to update changes and/or enhancements to Emergency Services and those changes are also communicated to other screeners across the agency.

MSHS Emergency Services Coordinators provide direct training to all Mental Health Professionals for completing screening/SPOE forms correctly and accurately. In 2018, MSHS arranged admission for 23 clients into ASH. MSHS utilizes DHS certified forms SPOE forms. These forms are built into the electronic medical records system and are therefore universal across the agency. MSHS also utilizes an electronic medical record program with required fields embedded in the screening/SPOE forms to ensure documentation is completed accurately and completely by the screener. These required fields must be completed by the screener before the electronic medical record will allow the note to be completed electronically, thereby ensuring that all fields on the forms are completed before a ASH/SPOE can be made.

MSHS Emergency Services Coordinators review all after-hours screening/SPOE forms within 24 hours for clinical appropriateness and to ensure accuracy and electronically sign those screening/SPOE forms. Identified needs for training, follow-up concerns, and other appropriate clinical follow-up needs are determined by this process and the Emergency Services Coordinator provides necessary follow-up or coordinates training as needed based on the review of these screenings/SPOE forms. MSHS Clinic Coordinators are also emailed daily to alert them of after-hours off-site screenings that occurred in their area, prompting them to review the screening at the clinic level. MSHS screening/SPOE's that occur during daytime hours are reviewed at weekly staff meetings by each clinic to check for accuracy, clinical appropriateness, and to determine any follow-up needs. MSHS also utilizes a peer review to ensure proper and accurate completion of forms. MSHS performs a quarterly peer review to ensure screening/SPOE forms are reviewed and graded by the Emergency Services Coordinator. This peer review is utilized to review a sampling of screening/SPOE forms to review for proficiency, ensure timely response, check for accuracy, ensure proper follow up, and identify any areas of deficit. The peer review is scored on a 100% scale, providing essentially a grading system which identifies specific training needs. Those scores are provided to the screeners for review as well as other supervisors to ensure training needs are provided.

MSHS houses three Mental Health Professionals to serve as Emergency Services Coordinators who work exclusively with the emergency needs of adults, youth, and children across the agency. The Emergency Services Coordinators provide off-site screenings during normal working hours and are available to consult regarding Emergency Services day or night. The Emergency Services Coordinators are also responsible for professional follow-up of after-hours screenings when necessary. The Emergency Services Coordinators along with the Clinic Coordinators are both responsible for maintaining a positive working relationship with hospitals, law enforcement departments, jails, Prosecuting Attorney offices, and other agencies/facilities which are associated with off-site screening/SPOE services. These relationships are fostered regularly by the Emergency Services Coordinators to ensure services provided off-site are satisfactory, timely, and professional in nature. S/he coordinates all internal services related to Emergency Services, and maintains a working knowledge of all internal

services. Other duties include oversight of LAC Funds, policy development and maintenance, peer review, participation in civil commitments and all court liaison work related, scheduling after-hours Mobile Crisis Team coverage, Emergency Services payroll, and annual satisfaction surveys among other duties. Emergency Services Coordinators also travel and attend staff meetings in all clinics/programs at various sites across the MSHS catchment area regularly to relay Emergency Services information, provide training as needed and to supervise Emergency Services to ensure competency across programs.

MSHS provides three separate Mobile Crisis Teams after-hours, 24 hours per day to respond to any agency request for a screening/SPOE in our region. These teams are made up of licensed Mental Health Professionals from various departments within the agency. The Mobile Crisis Teams serve the communities under the direction of the respective Emergency Services Coordinator whom is available on a 24 hour basis for consultation and/or assistance. During daytime hours, MSHS ensures Mobile Crisis Team coverage utilizing the Emergency Services Coordinators, Clinic Coordinators, as well as other Mental Health Professionals across the agency that can respond to any screening/SPOE request.

All Mental Health Professionals are provided a copy of the Emergency Services guidelines for their training and there are specific guidelines within that document for completing SPOE screenings. Those guidelines are also available electronically via our electronic records sharing program to ensure easy access across the agency and off-site. Emergency Services training is extensive in nature, ongoing, and specific to emergency/crisis assessment including but certainly not limited to: determination of needs, suicide and homicide risks, necessary forms to utilize for documentation, assessment for least restrictive treatment setting, single point of entry into ASH, referral to other psychiatric hospital settings, on-site and off-site Emergency Services procedures, crisis stabilization services including de-escalation, and voluntary versus involuntary admission procedures including petition filing and court testimony. All Emergency Services provided by MSHS are supervised by designated coordinators across all programs as well as the Emergency Services Coordinators and the Clinical Director.

Depending on the client needs, there are times when the most seasoned Mental Health Professional from a particular program on-site will be made available to provide and coordinate the screening/SPOE process. The Emergency Services Coordinators would be the first available off-site and may designate other MSHS senior Mental Health Professional's as needed depending on clinical needs or for more severe/serious clinical cases, for example. In addition, after-hour MSHS Mobile Crisis Team screeners are available for input and participation in staffing and treatment planning throughout the organization, as requested, and in relation to screening/SPOE. Within the Transitional Unit or other Rehabilitative Day Program or housing programs that serves the Status 911 clients, the senior most Mental Health Professional will be made available to complete screening/SPOE documentation, gather necessary information and required documentation for the SPOE, coordinate with the 911 monitors, and work directly with ASH admissions as needed. The senior most Mental Health Professionals aforementioned also involves other Mental Health Professionals as appropriate in the process to ensure appropriate cross-training.

Individuals who present an immediate danger to self or others, due to mental disorder, are referred for inpatient treatment and/or consideration for ASH/SPOE as appropriate. When a screening indicates that acute inpatient psychiatric admission is medically necessary, the screener or designated support staff of the Crisis Call Center will make a referral to an appropriate hospital for admission. Screeners or Emergency Services Coordinators will complete a SPOE when appropriate. In the event that a bed is not available, the screening form is considered valid for 24 hours. After 24 hours, a new screening form must be completed. Continuous efforts must be made and documented in the electronic medical record to ensure inpatient psychiatric admissions occur once recommended. At times, this will require screeners to work with multiple hospitals to facilitate placement and may require work into after-hours or over multiple days to ensure ASH placement or consideration when appropriate.

MSSH screeners gather and provide all support documentation required by ASH admissions regarding each SPOE which may include the following when a person is screened in an inpatient or medical facility such as an emergency room or intensive care unit: face sheet from the hospital where the client is screened with demographic and financial information; all nurse and physician progress notes; all physician orders; the health and physical (H&P); the medication administration records (MAR); ER admission information when available; a signed statement from the treating/attending physician stating that the client is "medically cleared/stable for discharge" and not just transfer from the inpatient medical facility (ER/ICU); all necessary lab reports potentially including but not limited to pregnancy test, EKG if appropriate, CBC, CMP, UA, UDS, T4, TSH, CK and specifically if a client is taking Clozaril/Clozapine, a CBC record of WBC count with Differential dated and obtained within 7 days of admission; any medical and psychiatric consultations made; Psychiatric Evaluation if appropriate; vital signs and height/weight records; any guardianship paperwork or power of attorney paperwork; any court orders or jail holds or jail transport orders when appropriate and if applicable and a CMHC letter of authorization.

Screenings/SPOE's that occur in the clinic also include necessary paperwork needed for the SPOE process and required by ASH admissions up to and including the following: statement to include the client's physical location for discharge after stabilization at ASH; demographic and financial information; emergency contact information for the client; where in our catchment area the client will be placed when stabilized at ASH and ready for discharge; appropriate court orders, jail holds, or jail transport orders; updated progress notes, physician orders, MAR and functional status reports when needed for reconsiderations; and a CMHC letter of authorization.

In the event that a MSSH client is in need of a SPOE that MSSH cannot directly provide due to the client being outside the Region, MSSH only authorizes another CMHC to provide the SPOE and that designated screener will have been trained in completing ASH SPOE assessments. For example, a client residing in MSSH catchment area is hospitalized in a facility located across the state and is determined by the treatment team to be in need of a SPOE for ASH consideration. MSSH contacts the CMHC in that area of the state and will authorize another CMHC screener to complete the ASH SPOE and work with them to provide necessary paperwork. However, MSSH only authorizes another CMHC screener that is trained in SPOE procedures to complete the process, requests that the

screening/SPOE be sent directly to MSHS Emergency Services Coordinators for review, and the Emergency Services Coordinator will provide the CMHC letter of authorization directly to ASH.

The SPOE Screening form that MSHS utilizes has been certified by DHS and will include an evidenced-based screening tool, the Columbia-Suicide Severity Rating Scale. All Mental Health Professionals are provided training on the use of this tool by Emergency Services Coordinators prior to use of the tool. The screening/SPOE form includes assessment of the following 7 areas:

1. Presenting Problem – includes names/relationships of all persons providing pertinent information for the screening, individual/agency that requested screening, location of the screening, etiology, severity and onset (acute vs. chronic) of presenting problem, description of each of the following: mood, affect, behavior, hallucinations, delusions and impairments in other thought content, assessment for risk of harm to self, including history, suicidal ideation, intent, plans, means, and self-mutilation; assessment for risk of harm to others including history, homicidal ideation, intent, plans, means; and brief mental status including appearance/orientation impairment/intelligence estimate. This section will also include the Columbia-Suicide Severity Rating Scale.
2. Psychiatric History - current or past psychiatric diagnosis, inpatient versus outpatient care, dates/times and reasons for treatment; Medical History – current medications and compliance, allergies, and medical concerns/issues.
3. Legal History - current or past legal charges including description and DCFS involvement.
4. Substance/Alcohol History - substance/alcohol abuse within in the past 12 months including specific usage patterns (age of first use, date of last use, frequency of use, and method of use), drug test results if available and reason as to why results are not available, assessment as to whether client presents with detox symptoms at time of screening, treatment history for substance/alcohol abuse both inpatient or outpatient and specific names/locations of treatment facilities and dates and programs completed.
5. Family History and Supports – current living situation and family/natural supports appropriate for age; screener completes meaningful recovery-focused conversation emphasizing hope, client strengths, and the right to exercise choice in all aspects of life, including treatment and clients view of environmental supports needed, client’s identified strengths, client’s identified abilities or interests and client preferences.
6. Diagnosis via DSM 5, problems identified, crisis goals, includes prognosis and likelihood of meeting goals
7. Recommendation – includes rationale for diversion if client made suicidal/homicidal statements, others interviewed for collateral data, consultation with other supervisors or colleagues, jail holds, and also includes justification for medically necessary inpatient care recommendations when applicable, recommendations for referrals for outpatient or others are included and commitment to treatment obtained from client.

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.

MSSH rarely refers clients to ASH who are not in the 911 program. Because of lack of bed availability, ASH is not a reliable resource for inpatient treatment of non-911 clients who are in need of that level of care. Thus, MSSH utilizes its state funding for local acute care to arrange admission to private psychiatric hospitals, in lieu of referral to ASH. Additionally, we will soon have an Acute Crisis Unit that will be used for those in need of brief residential psychiatric treatment. Based on our previous experience, we expect to be able to meet uninsured persons' needs for inpatient psychiatric treatment through the use of acute care funding and the acute crisis unit. However, we occasionally have a client who cannot be admitted to a private hospital. This can occur if the client has a history of significant violence and thus no private hospital is willing to agree to admission. In cases such as these, we do refer to ASH and the client is placed on the waiting list. We provide all necessary treatment in an effort to stabilize the client, while awaiting ASH admission. If the client is currently living in the community, we provide case management, QBHP services in the home, therapy as indicated, and medication services. We also encourage the client to attend the local Rehab Day program. If the client is being held in jail because of current charges, we provide necessary mental health services both at the clinic and in the jail setting, as appropriate. Medication management services are generally provided in the clinic upon transport by jail staff; other services such as screenings and diagnostic assessments are provided in the jail.

Alternatively, we occasionally have a client whom we have referred to a private hospital, but is not demonstrating treatment progress and will need long term inpatient treatment in order to regain functioning capacity suitable to discharge to outpatient care. In this case, we maintain contact with the treating hospital, and place the client on the ASH waiting list. The client remains in the private hospital until transfer to ASH. Hospital care is covered by local acute care funds.

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.

MSSH actively participates in the coordination of services for clients in ASH. MSSH visits ASH four (4) times per month to meet with physicians, therapists and social workers to determine client readiness to transition to a lower level of services. Both Act 911 and 180 day commitment clients are transitioned from ASH into MSSH services. Both clients who are uninsured and clients who are under insured are served by MSSH. MSSH has a total of 64 Level I Therapeutic Community beds. Therapeutic communities provide rehabilitative services to clients who require a high level of supervision to transition in the least restrictive and most natural community environment setting possible. Additionally, MSSH has a total of 47 beds for Level 2 Therapeutic Communities available. The greater majority of individuals in the Level 2 Therapeutic Community setting are individuals who transition from the higher, Level 1 Therapeutic

Community setting. MSHS networks with mental health centers throughout the state to assist clients, when appropriate, back into their own home communities. Clients who are homeless have the opportunity to enter into permanent housing through Shelter Plus Care programming. This program is open to clients with and clients without an income. A total of 13 housing slots are available through this program.

MSHS accepts referrals from ASH to our outpatient clinics as well. We provide our full range of mental health and substance abuse services to these clients who are uninsured or underinsured, and we do so without cost to the client. Clients who have had illness serious enough to warrant ASH admission are generally eligible for some form of health insurance, and often can get qualified for SSI or SSD. MSHS has staff trained and dedicated to assist these clients in obtaining appropriate resources such as these.

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

It is the policy of MSHS to provide essential mental health services regardless of the client's ability to pay. As such, MSHS is a certified National Health Service Corps provider with a shared mission to provide access to services regardless of ability to pay. With the implementation of the new Therapeutic Counseling contract from DAABHS, MSHS is currently able to serve all clients without a payor source for individual counseling, group counseling; marital/family counseling, multi-family counseling, interpretation of diagnosis, mental health diagnosis, and psychoeducation. There are other contracts that have been awarded to MSHS to cover clients who don't have the ability to pay as well, such as Title XX. Crisis Intervention services will always be provided to any client, regardless of payor source, who is experiencing an acute mental health crisis. Specifically, 911 clients are never denied services based on lack of a payor source. When a client is discharged from ASH and enrolled in any MSHS service program, we immediately begin working on getting their benefits reinstated. When a client doesn't already have disability benefits, we use the SOAR program (SSI/SSDI Outreach, Access, and Recovery) to try to get them approved for disability so they can apply for Medicaid. Clients are also given information to help them apply for private insurance when appropriate. Some clients have Medicare but do not have insurance coverage or ability to pay for CSP or other specialized services such as Therapeutic Communities or Rehab Day. For these persons we employ a full time benefit specialist dedicated to pursuing qualification for Medicaid Spend-down.

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.

MSHS utilizes five (5) certified forensic psychologists. Together they have over 70 years experience in conducting forensic examinations. MSHS currently conducts Act 327, Act 328, and Act 310 evaluations for circuit courts in all twenty (20) counties in the Region. MSHS accomplishes this through a combination of employed and contracted licensed psychologists, all of whom have been trained by Arkansas State Hospital. Below is a

brief summary of the process MSHS will be using to ensure compliance with DAABHS time requirements for these evaluations.

b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.

All referrals from ASH will be received via email by the MSHS Administrative Secretary, who will then forward to the appropriate psychologist based on county. The Administrative Secretary will keep a file containing the date the order was received, the assigned psychologist and date assigned, the date of appointment made for the evaluation, and the date the evaluation is completed. The evaluation appointment will be scheduled within two days of receipt of the court order and prosecutor file. The defense attorney, prosecuting attorney, court and the Forensic Services Program Director will be informed of the appointment date as soon as the appointment is scheduled. Appointments will be scheduled well in advance of the report's due date indicated in the ASH cover letter, to ensure completion of the report in a timely manner.

MSHS will keep the DAABHS Forensic Services Program Director apprised of significant events that may present a barrier to timely completion of the evaluation. For example, if a defendant does not keep a schedule appointment, or if a bonded defendant cannot be located, MSHS will notify the Director immediately.

Upon completion of the evaluation and within the required timeline, MSHS will email the report to the Forensic Services Program Director, and provide the report to the court, the defense attorney, and the prosecuting attorney.

c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.

MSHS performs ACT 327, ACT 328, and ACT 310 court-ordered Forensic Evaluations, upon referral from ASH, when there are concerns regarding the competency, responsibility, and/or capacity of an individual to proceed with the criminal justice system. Initial Forensic Evaluations are provided by Qualified Psychologists. Additionally, MSHS certified forensic psychologists perform subsequent Act 310 evaluations on individuals who have successfully completed outpatient restoration and have been court ordered to undergo a 310 re-evaluation. MSHS psychologists attend the annual forensic certification training at ASH. MSHS psychologists testify in court regarding their report and findings, when subpoenaed.

d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program

Upon completion of the Forensic Evaluation, individuals who are found not fit to proceed with the criminal justice/legal process are referred to the Forensic Outpatient Restoration Program. MSHS provides forensic outpatient restoration services for defendants who are found not fit to proceed and are court ordered to undergo restoration treatment. MSHS utilizes licensed MHP's, psychiatrist or APRN, and staff certified in restoration by ASH

in the provision of these services. Restoration services occur in the detention center for incarcerated persons and in the outpatient clinic for those who are on bond. MSHS participates in monthly calls with ASH to review progress of restoration defendants. MSHS restoration staff monitors defendant progress and request ASH admission for those who decompensate or demonstrate inability to benefit from outpatient restoration efforts.

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.

Since 2012, MSHS has contracted with DAABHS to provide Forensic Outpatient Restoration Services to the residents of Northeast Arkansas. Forensic Outpatient Restoration Services are provided, upon referral from ASH/DAABHS, to individuals who have been deemed unfit to proceed with the criminal justice or legal process according to Arkansas Code Annotated (ACA) §§ 5-2- 327 and Arkansas Code Annotated (ACA) §§ 5-2-328. Typically these individuals are detained. However, there are occasions when the individual has been released on bond and is out in the community or housed at a residential facility. MSHS makes efforts to work with detention centers, residential facilities and/or the individual and their families to coordinate the receipt of Forensic Outpatient Restoration related treatment and services.

b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.

Individuals who have been referred for Forensic Outpatient Restoration with MSHS have access to a wide array of educational, clinical and medically necessary behavioral health services. These include Individual Outpatient Restoration, Care Coordination, Drug Screens, Marital/Family Behavioral Health Counseling, Group Behavioral Health Counseling, Pharmacological Management, Mental Health Diagnosis, Psychiatric Assessment, Psychological Evaluation and Treatment Planning. Additionally, Psychotropic Medications, prescribed by a physician, that are not included in the detention center's formulary, are provided by MSHS' Pharmacy. Services are provided by qualified certified staff.

c. Have qualified staff in place to provide didactic competency services.

MSHS utilizes licensed MHP's, Psychiatrists or APRNs, and QBHP staff, certified in restoration by ASH, in the provision of Restoration and related medically necessary services. MSHS currently has thirteen (13) Staff who are trained to provide Forensic Outpatient Restoration Services. MSHS Restoration Staff attend annual FORP Training provided by ASH/DAABHS.

d. Document progress notes or reports, with the DAABHS specified criteria, and send to

designated DHS staff within DAABHS required timelines.

Documentation of the services provided is maintained in the individual's electronic medical record. Weekly reports are shared with ASH regarding the services each individual received, compliance with medication and other treatment services, compliance with and progress or lack thereof with the Restoration Process, the individual's response to services, plans and recommendations, if any. Moreover, MSHS participates in monthly calls with ASH to review progress of restoration defendants.

e. Provide Individual Outpatient Restoration according to the RFQ requirements.

Upon receipt of referral from ASH/DAABHS, the individual is assigned to Certified Qualified Staff. MSHS' Director of Court Assisted Treatment Services maintains a Master List of all Forensic Outpatient Restoration Referrals and the Staff to whom they have been assigned. The Staff to whom these individuals have been assigned are responsible for the coordination of treatment services, facilitation of the FORP Educational Process and monitoring and reporting progress. Those individuals who are referred for Restoration are seen within seven (7) days. Restoration services occur in the detention center for incarcerated persons and in the outpatient clinic for those who are on bond. Reports of each individual's progress or lack thereof are made to ASH weekly. MSHS restoration staff request ASH admission for those who decompensate or demonstrate inability to benefit from Outpatient Restoration efforts. Individuals who exhibit an inability to benefit from Outpatient Restoration are referred back to ASH, as early as possible. Staff is responsible to make sure that all active Restoration cases are seen weekly and those who have completed their re-evaluation are seen at least monthly until their hearing.

f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.

MSHS Restoration Staff monitor the progress of each Restoration Client. Once an individual has been deemed restored to competency, a request is submitted to the DAABHS Forensic Services Program Director for a ACT 310 Forensic Re-Evaluation. Staff continues to see the client at least once per month until the client is either admitted to ASH or goes to trial. During this time, all medically necessary services in which the client may be engaged are continued.

g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.

Any individual who has not been restored within six (6) months of the original court order file date is referred back to ASH. In these instances, a request is submitted to the DAABHS Forensic Services Program Director for discretionary consideration of inpatient admission at ASH. While the individual awaits admission to ASH, MSHS continues to provide Care Coordination and other medically necessary services, in order to assist and support with stabilization. Additionally, community based individuals have the

convenience of accessing a Drop-In Center, if applicable, and/or a Warm-Line. For those individuals who have been determined to be restored to competency, Staff contact the DAABHS Forensic Services Program Director and request an ACT 310 forensic re-evaluation. Staff continues to make face-to-face contact with these individuals, no less than monthly until the ACT 310 forensic re-evaluation is completed and the individual returns to court.

h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.

Each client is assigned a Restoration Staff Member who is responsible for care coordination and ensuring the receipt of medically necessary services. As such, Restoration Staff ensure that any individuals who have not had a Psychiatric Evaluation within the past six (6) months are scheduled for a Psychiatric Assessment, as appropriate and subsequent medically necessary behavioral health services. Staff monitors progress and compliance with services and make regular reports to ASH/DAABHS.

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.

MSSH provides Coordination of Care services to individuals with Serious Mental Illness. Care Coordination Services are delivered by MSSH Support and Qualified Behavioral Health Provider (QBHP) staff. Support staff assists any client, regardless of payor source, with pursuing available insurance options when needed. They provide technical support via the use of MSSH computers and assistance in completing online applications for the Health Insurance Marketplace. They educate clients in regard to the outcome of their Marketplace application and link clients to more intensive Care Coordination Services via the MSSH Community Support Program. When a third party payor is not available, MSSH support staff also assist clients in accessing available grant and contract funds to reduce barriers to receiving mental health and/or substance abuse services.

The MSSH Community Support Program is staffed by QBHP's skilled at teaching Life Skills to individuals with Serious Mental Illness. QBHP's provide Care Coordination in the following functional areas as a client has need: Health Practices, Housing Stability, Maintenance, Communication, Safety, Managing Time, Managing Money, Nutrition, Problem Solving, Family Relationships, Alcohol/Drug Use, Leisure, Community Resources, Social Network, Sexuality, Productivity, Coping Skills, Behavior Norms, Personal Hygiene, Grooming, and Dress. Seriously Mentally Ill individuals in need of such Care Coordination are funded through Medicaid, SSBG, and CMHC Contract funds. MSSH currently serves 781 clients through this Adult Community Support Program.

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.

MSHS provides medically necessary services to individuals with Serious Mental Illness regardless of third party payor availability. The MSHS Business Office and Customer Support Staff are fully trained and capable of determining insurance coverage and requesting extensions of benefits. When such coverage or extension is not available, documentation of such is scanned into the client's record. MSHS provides medically necessary services regardless of the client's ability to pay according to medical necessity. Such services include: Mental Health Assessment, Individual, Family, or Group therapy, Psychoeducation, Psychiatric Evaluation, Medication Management, Crisis Screening and Stabilization, Life Skills Development, Rehab Day, and/or Peer Support. The complexity of the treatment regimen is determined by the nature of the mental illness and the person's functional impairment/risk. All requests to initiate services are documented in the person's electronic medical record in the client's profile page and in a non-billable note – including the date that the client requested the assessment, the date of the first appointment offered, and the date of the appointment accepted. Services provided are documented chronologically in the person's record in a timely manner.

MSHS is fully proficient at service delivery for the full array of the OBHS Services. To demonstrate the capacity of MSHS, the numbers below show the MSHS OBHS Service Volume from 1/1/18 – 12/31/18:

Mental Health Assessment (Adult): 4,839 sessions (5511 hours)

Individual/Family/Group: 55,505 individual and family sessions (45,206 hours) & 7,068 Therapy Groups

Psychoeducation*: 155 Sessions (122 hours)

Psychiatric Evaluation/Medication Management: 22,395 sessions (8,655 hours)

Crisis Screening/Stabilization: 3,488 sessions (3356 hours)

Life Skills Development (and other Adult QBHP individual services): 26,047 sessions (18,960 hours)

Rehab Day: 252 days of service in 12 distinct programs

Peer Support*: 35 sessions since November (19.46 hours)

*Newly developed OBHS Service as of July 1, 2018

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

In its high volume counties, MSHS is developing a model to augment its Rehab Day Programs with peer led Drop-In Center hours. Typically, MSHS Rehab Day Programs run from 7:30 a.m. – 3:30 p.m. Drop-In Center hours begin at the end of the Rehab Day Program day and are open into the evening. Weekend hours are available when member interest and participation is high. Peer led Drop-In Centers offer any member an opportunity for friendship, employment, housing, education, and access to behavioral health services by providing a caring and safe environment to gain access to these resources. Membership in the Drop-In Center is open to anyone with a serious mental illness, is voluntary, and never expires. Drop-in Center activities are determined by member consensus and focus on members' strengths and abilities, not their mental illness.

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.

MSHS clinicians identify individuals encountering their First Episode of Psychosis (FEP) via crisis services rendered or via the intake process. For the purpose of MSHS programming, an individual who is between the ages of 15-34 years old and has been diagnosed with Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder, or Other Specified/Unspecified Schizophrenia Spectrum and Psychotic Disorder is considered to be experiencing a First Episode of Psychosis when they are in their first treatment regimen for the psychosis. A new FEP client should have been diagnosed with one of the diagnoses above within the previous 12 months and be receiving MSHS Outpatient or Community Support Programming Services. In 2018, MSHS served, on average, 37 FEP clients per month in its original thirteen counties with an average age of 22 years old. MSHS is in the process of outreach and engagement of FEP clients in its seven new counties.

Clinical Supervisors (Coordinators and Lead Therapists) are responsible for identifying new FEP clients during the weekly clinical staffing review of intakes and crisis screenings. When a new FEP client is identified, the client is assigned to the designated FEP therapist and Community Intervention Specialist (CIS) for recommended services including medication management, individual and family therapy, psychoeducation, adult life skills development, group therapy, and/or rehab day services. FEP clients who are 15-18 years of age and still in school, may alternatively be recommended for Behavioral Assistance and Child and Youth Support Services with the CIS. The FEP therapist and CIS strongly encourage family and significant other involvement in treatment.

MSHS always attempts to utilize an appropriate third party payor source for services provided. In 2018, all MSHS FEP clients had a viable payor source for services. However, if the client doesn't have a payor source, MSHS utilizes contract funding such as Therapeutic Counseling, Title XX or the Community Mental Health contract, to render the needed services. MSHS also has benefits specialists to take steps necessary to assist clients to secure any available payor source in funding medically necessary services.

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

MSHS provides FEP education or awareness events at least twice monthly. All FEP Outreach, Education, and Awareness is documented on a Community Involvement Form or in the Marketing & Education Department monthly log. Such efforts include both written literature, social media campaigns, and speaking events. Such outreach is, at a minimum, targeted at the following groups every 6 months: High school teachers/counselors, college counseling centers, primary care physician offices, law enforcement, juvenile court and probation officers, homeless shelters, jails, and emergency departments.

c. Implement FEP services using an evidence-based model that includes elements

described in RFQ Section 2.3.2.F.4.

The core components of FEP recommended services include the following:

Care Coordination: MSHS ensures all FEP clients receive Care Coordination either through the PASSE or through MSHS directly. Tier 2/3 Medicaid FEP clients receive Care Coordination via the assigned PASSE. All other FEP clients receive Care Coordination via MSHS Community Intervention Specialists (CIS). The CIS utilizes the Daily Living Skills – 20 (DLA-20) to determine the client’s functional deficits. Such deficits are the foundation for Life Skills Development work with the client – addressing such issues as Health Practices, Housing stability, Communication, Safety, Managing Time, Managing Money, Nutrition, Problem Solving, Family Relationships, Alcohol/Drug Use, Leisure, Community Resources (including transportation), Social Network, Sexuality, Productivity, Coping Skills, Behavior Norms (including legal proceedings), Personal Hygiene, Grooming, and/or Dress. Such Care Coordination activities occur in the clinic, community and home settings as the person’s need dictates. MSHS recommends CIS Life Skills Development with all FEP clients whose DLA-20 indicates a need – regardless of the payor source. Additionally, those who do not have a PASSE Care Coordinator, receive Care Coordination through the MSHS CIS.

Evidence-based Therapy Services: MSHS ensures all FEP clients have a trained FEP therapist to direct care and provide necessary counseling. A new MSHS FEP therapist receives training on CBT-Psychosis, the NAVIGATE model, Individual Resiliency Training, and Family Education for FEP. These training resources are always available to assigned staff on the MSHS Shared Google drive. The therapist implements care according to the treatment plan utilizing strategies from these treatment models noted above.

Family Education and Support: MSHS therapists make every effort to engage family and significant others in treatment of the individual experiencing First Episode Psychosis. Therapists utilize Family Education for FEP in their psychoeducation sessions to guide interventions with the natural support system. Efforts are focused on teaching problem-solving, communication, and coping skills to support recovery.

Evidence Based Pharmacotherapy: MSHS prescribers tailor interventions based on the NAVIGATE Psychopharmacological Treatment Manual which supports low-dosing of one antipsychotic medication while monitoring for psychopathology, side effects, and attitudes toward medication.

Supported Employment and Education: MSHS Community Intervention Specialists (CIS) are equipped to help the person experiencing FEP return to work or school. CIS work collaboratively with educational/vocational services with which the person is connected. MSHS utilizes SAMHSA Supported Employment and Supported Education Toolkits to guide frontline staff interventions for individuals.

Clinical Supervisors (Coordinators and Lead Therapists) conduct a FEP staffing once each week as a part of their weekly clinical staffing. In this staffing, the program’s current FEP clients’ care is reviewed to ensure that treatment is following best practices, to ensure that the CIS is providing appropriate education and support, and that efforts are being made to involve the family. Cases are reviewed at least once per month. Clinical Supervisors ensure that ongoing

assessment of suicidality for FEP persons occurs at each visit and risk factors are discussed regularly.

FEP Client Outcomes are monitored monthly including: Suicidality, Acute Hospitalization, Substance Use, Prescription Adherence, Side effects of psychotropic medication, and the person's level of functioning in education, employment, and social connectivity. FEP data is submitted for review in a timely manner to DHS every month via the MSHS Southern Administrative Assistant. MSHS has submitted such data to DHS since October 2015. MSHS is particularly pleased with its very low rate of hospitalization for FEP clients – on average, 95% of FEP clients remain in the community each month.

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.

MSHS maintains a service directory of all its services, locations and contact information. This includes emergency numbers for each area we serve. Each year MSHS evaluates its directory making needed changes and additions. Most recently we did a mid-year update, so that the information on the seven new counties added in September was included. The Directory is a major marketing tool. It is distributed yearly by personal contact to all our collaborators and partners in each of our counties. This is accomplished both by onsite contact and distributions at community events we attend or educational events we sponsor or attend. Along with the service directories we have a MSHS brochure with locations and contact information also. We also use this in all our marketing and is available in our clinics and for our collaborators and community partners to share with their patrons and clients.

MSHS has done extensive work in Mississippi county to develop a community resource directory that is inclusive of all available resources in the community across a full continuum of care including primary care and social services. This work was done through the Project Launch grant in that county. MSHS will use this community resource directory as a template to develop such a directory for the other nineteen (19) counties in the Region. This will be done through our Marketing and Education Department.

We are also in frequent and ongoing communication with our partners and collaborators as well as others in the community who we support such as Chambers of Commerce or Community Task Forces. You will see this in the last section of this document. Phone calls, emails, texts, meetings, and marketing contacts are documented as we participate in hundreds each week. Clear and frequent communication is essential to maintain the partnerships and collaborations listed below. The marketing department, supervisors, clinic coordinators, professional staff and support staff all play important roles in this communication process.

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.

MSHS's education and marketing department, clinic coordinators, and professional staff maintain a vigorous outreach to our communities. On a regular basis they share information about MSHS and their resources as well as offering mental health education. At least yearly, our Directory of Services is updated as are brochures on a variety of mental health topics and distributed to our partners and collaborators. They include MSHS locations, contact information including crisis contacts, and services we provide.

Primary Care Physicians, Hospitals/ Interns

Twice per year each PCP and hospital across our 20 counties receive visits from our staff with the latest MSHS information and updates. In these visits we ask for feedback about our services. When something needs adjustment, it can be quickly addressed. Our clinics work with the PCP's to make sure referrals for our clients are up to date and handled in a way that best meet the clients' and doctors' needs.

In hospitals, we provide crisis screenings, mental health education for hospital personnel, and support the community health and career fairs they host. The fairs provide a great opportunity to interact with the public about our services.

Our marketing director serves on the nursing board at Black River Technical College. We provide internship experience and supervision for master's level social work and psychology students from four universities. We provide mental health rotation for nursing students in both the RN and BSN programs for 5 schools. In addition, our psychiatrists generously lend their time to APRN students during clinical rotations as well as assisting with their Collaborative Agreements once hired. This is a wonderful opportunity for students to learn the work we do in community mental health and substance abuse as well as allowing the company to target and recruit talent. This experience equips them to be advocates for community mental health as they assume positions post-graduation.

Detention Centers, Jails, Police Departments

MSHS maintains a close relationship with law enforcement in each of our counties and provides updated information about our services. We provide crisis screening for detention centers and jails in our catchment areas with direct contact or telehealth. We provide CIT training for law enforcement as well as Mental Health First Aid training. Court directed assessments/evaluations are available for inmates from detention centers and jails. We market police and state police facilities once yearly with updates to services.

Chambers of Commerce

MSHS is a member of the Chambers of Commerce in most of our counties. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center. Our professional staff provides training each year for several of the

chambers- Young Professionals conferences, Leadership classes, lunch and learns, yearly banquets. Several of the Chambers host business expos. These gatherings attract as many as 300 area businesses sharing their goods and services and are open to the public. This offers a great marketing opportunity for us.

Community Education, Conferences

MSHS provides programs for Chambers of Commerce, civic clubs, public schools, hospitals and college classes, over 80 in the last year. Our staff has presented programs for the United Way, CASA, CASSP, DHS, and DCFS both on the local and state level. Our staff are routinely requested to be speakers for large mental health and substance abuse conferences in and out of the state; for example, ArMHCA, Mental Health Institute, State Social Work Conference, State Substance Abuse Conference. We have two staff members who have become certified ALICE trainers (Alert, Lockdown, Inform, Counter, Evacuate) and have provided active shooter response training for several community groups. In addition, our professional staff will offer onsite training to local professionals and providers for continuing education units (CEU's) several times per year.

Media/ Social Media

MSHS maintains a website, www.mshs.org. It contains a plethora of information about our facilities, services, employment opportunities, accessibility, emergency contacts, training opportunities, careers, etc. MSHS also maintains a Facebook Page with regular postings about our involvement in community events, staff honors, volunteerism and upcoming educational opportunities. In the last year we have participated in a dozen radio or television programs, discussing mental health or substance abuse issues or educational opportunities we sponsor. We have incorporated newspapers and local magazines to advertise our services and announce the openings of our seven new clinics this fall. We have used billboards in several of our counties to promote our work.

Community Events, Health Fairs, Expos and Fairs

There is no better place to interact with the public than a fair or expo. Thousands of people attend these events across our 20 counties. Over two dozen health fairs sponsored by towns, hospitals, industry, schools, colleges, etc. are staffed by MSHS employees, offering printed information, marketing items and most importantly, an opportunity for person to person interaction. At health fairs sponsored by non-profits we have attendees sign a tablecloth and give a contribution based on the number of signatures. Four of these fairs draw over a 1000 people. In the last year we had booths in 5 county fairs. These are large well attended events, once again giving us a platform for informational and personal interaction with the community. We participated in four business expos in the last year. As cited above these gatherings run as high as 300 area businesses sharing their goods and services and are well attended by the public as well. This offers a great marketing opportunity for our services.

Mayors/ County Judges/ Courts

MSHS maintains good relationships with mayors and county judges in our counties. Their offices are visited yearly with our latest resources. MSHS offers services to persons referred from specialty courts such as mental health and drug courts, in some of our

counties.

Miscellaneous

Boards: Many MSHS employees serve on state and local boards. For example, United Way, CASA, CAC, Mental Health Council of Arkansas, Board of Examiners in Counseling, State Social Work Board.

Mid-South Health Systems Charity Golf Tournament: In its 12th year, the tournament raises money for stop gap housing and health care needs of our seriously mentally ill clients. The people that play in our tournament are given MSHS directories and a short presentation about our centers. They are, for the most part, leaders in their communities.

HUB (Helping the Underserved Belong): a homeless resource center in Craighead County helping clients find services offered throughout the city. Our Director of Housing is on their board.

Nursing Homes/ Area Agency on Aging: Nursing homes in our counties as well as the AAA are contacted yearly with information updates. In some of our locations we provide education for their staff.

Mental Health First Aid: Several of the MSHS staff are trained as MHFA instructors for adults and youth. This is a nationally accredited training for lay responders to those in a mental health crisis. They present in our counties and across the state. This is also a great educational marketing and information tool for MSHS.

CASSP: MSHS supports CASSP(Child/Adolescent Service System Program) in our counties. It is a great source of mental health and substance abuse resources for youth with mental illness and their families. The area CASSP director is part of our staff. And a great cross section of the community is part of the CASSP organization- people from mental health, substance abuse, schools, etc.

Out of the Dark: MSHS has a supportive relationship with this student led organization addressing substance use in our schools in Northeast Arkansas. We offer education and meeting room when needed.

Awareness Walk: Each Spring Rehab Day Programs in our Northern counties gather for a special day in Pocahontas to address the stigma of mental health. The event includes food, activities, poster and poetry contests, and a walk raising awareness for mental health and is covered by the press. In our southern counties, there is a similar day of our rehab day programs.

c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.

Once each month MSHS hosts a Consumer Advisory Council. Clients across each of the counties served by MSHS meet with the adult services directors to discuss services, problems

and successes. Clients have the opportunity to suggest changes and obtain feedback on any problems or issues detected. Clients are provided information that is passed down from a local, state and agency level that is impactful towards mental health treatment, services and their overall wellbeing. Feedback is obtained from council members regarding resources needed in the community and MSHS work with clients to resolve, when possible, the identified barriers.

Parent training is provided through our Therapeutic Foster Care Programs. Parents participate in monthly meetings where trainings on various topics are presented. In addition, community support staff offer opportunities for parents to learn multiple parenting skills during home visits. School based therapists and community support staff work with students in the school system to model behaviors that staff and parents develop collaboratively. School based therapists provide parent training for parents of children who receive services through MSHS, and for parents of the general public. They provide these trainings as part of our school contracts.

MSHS works closely with each community we serve to actively respond to community tragedies and crisis events. As the community mental health center for more than 50 years, MSHS has routinely provided mental health support in response to death of students in the school systems, loss of or injury to police officers within our communities, natural disasters, tragedies in the workplace, and school shootings and school violence.

MSHS is the Parent Agency of two (2) Community Resource Centers -- Court Appointed Special Advocates (CASA) of the Arkansas Delta and the Child Advocacy Center (CAC). CASA provides abused, neglected and dependent children a voice in the court process and advocate for their best interests through the use of trained volunteers. Provide or refer for therapeutic service as needed. And CAC provides Victim Advocacy, Forensic Interview, Trauma Focused Therapy, Court Prep and Accompaniment to victims of abuse. Each of these programs have proven to be an invaluable resource in the Region.

The addition of the Northeast Arkansas Regional Crisis Unit, which is being constructed, will serve as a key component in assisting individuals with mental illnesses who become involved in the Criminal Justice System. MSHS has partnered with various agencies and organizations throughout the region to address issues regarding the criminalization of individuals who have behavioral health issues. MSHS has taken the lead in pursuing funding, securing technical assistance opportunities, such as Sequential Intercept Mapping, and promoting the adoption of policies, procedures, resolutions and community-wide efforts that effect systemic change, in the handling of Justice Involved Individuals, with Behavioral Health Issues such as the Stepping-Up Initiative. Moreover, MSHS has acted as the lead organization for various State and Local Workgroups dedicated to the promotion of jail diversion efforts and the reduction of the number of people with mental illnesses in jails. MSHS currently serves as the primary treatment provider for three Mental Health Courts, a Juvenile Drug Court, Sobriety Court and Veterans Treatment Court. Individuals participating in these Treatment Courts are afforded the opportunity to receive intensive services that promote community reintegrate and allow them the opportunity to have their charge(s) expunged. Furthermore, MSHS provides Mental Health First Aid Training to Criminal Justice Personnel and is an active partner with National Alliance on Mental Illness (NAMI) Arkansas and the Criminal Justice Institute (CJI) to provide Crisis Intervention Team (CIT) Training to Law Enforcement in the region.

d. Provide Community-Based Services and Support that are culturally competent, strength-based, and collaborative with community partners.

In each of our three regions, we have coordinated councils through CASSP (Child and Adolescent Service System Program) to be collaborative in our approach to serving children/youth with serious mental illness in their homes, schools and communities. The mission of our CASSP Regional Teams is to “Identify and develop a cooperative, collaborative, internal and external network of resources and people who care about empowering and encouraging children and families to reach their fullest potential by keeping their family together and intact.” Through bringing child-serving agencies together, sharing resources and information, and coordinating child/youth specific care with those partners, we are able to provide a true “team-based” approach. Not only do we coordinate child-serving agencies to review and address priority needs for each region we serve, we develop strategic plans to address gaps in care that negatively impact the children/youth we serve. With a focus on being culturally competent and strengths based, we work together to bridge those gaps to meet the unique needs of the communities we serve. For children/youth with multi-agency involvement that require more support than the system serving them provides, we also offer an individualized multi-agency team processes (MAPs) or a wraparound approach to promote collaboration to best meet the needs of that child/youth.

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.

For more than 10 years, MSHS has successfully partnered with local governmental and community agencies in efforts to address the needs of criminal justice involved individuals with behavioral health issues. These efforts include Emergency Services, Mental Health Court, Juvenile Drug Court, Veterans Treatment Court, and Sobriety Court. Services provided through these partnerships extend to individuals at risk of arrest, those eligible for court diversion, and those completing their sentences in jail. These partnerships have allowed us to provide alternatives to incarceration and successfully divert numerous individuals who would otherwise continue to cycle through the Criminal Justice System. It has also resulted in a reduced number of re-arrests and greater treatment engagement among those who successfully complete our programs. Additionally, we have been able to provide Crisis Screenings and other treatment services to those who are currently detained.

MSHS has been a strong partner in the implementation of Mental Health Courts in Northeast Arkansas. In early 2006, MSHS partnered with DBHS, Craighead County, the Craighead County Sheriff’s Department, Arkansas Second Judicial Circuit, Arkansas Community Correction, NAMI and several other collaborative partners to begin discussions around implement the State’s first Mental Health Courts, in Northeast Arkansas. The purpose of these Courts would be to improve services to offenders who have a mental illness, including those offenders with co-occurring substance abuse disorders, by assuring a continuum of care and easy

access to mental health services. These Courts would work to increase cooperation between the mental health treatment system and the criminal justice system in an effort to facilitate faster case processing time and improved access to public mental health treatment services. Additionally, the larger objectives of the initiative were reducing the criminalization of persons with mental illness, reducing recidivism, improving public safety, and improving the level of functioning of program participants in society. These efforts resulted in the awarding of a Justice and Mental Health Collaboration Program Planning Grant, through the Bureau of Justice Assistance (BJA).

In 2010, the State's first Mental Health Courts were implemented in Craighead and Crittenden County, through similar funding. Subsequently, in 2017, Mississippi County was also awarded this funding, allowing for the development of a third Mental Health Court in Northeast Arkansas. These Courts are driven by a recognition that the criminal justice system often fails to address the needs of mentally ill offenders resulting in mentally ill offenders who continue to cycle through the system, often spending unnecessary time in jail and lacking access to appropriate mental health treatment and community support services. Consequently, the Mental Health Courts strive to increase public safety and decrease recidivism rates of the mentally ill. The goals of the Program are: (1) to maintain and enhance a collaborative plan to initiate systemic change for the identification and treatment of offenders with mental illness; (2) to intercept participants and provide access to an enhanced system of mental health and community support services; and (3) to improve stability and community connections for mental health court graduates.

Following the ending of funding through the Bureau of Justice Assistance, MSHS continued its partnership with the Judicial District and Craighead County to sustain the program by providing Coordinators for the two original courts and the continued provision of treatment services for court participants. Since that time, MSHS has worked not only with Craighead, Crittenden and Mississippi County but with the Administrative Office of Courts and other Counties throughout the State replicate this initiative. The Mental Health Courts in Northeast Arkansas currently serve as a Model for the State. MSHS's Director of Court Assisted Treatment Services provides information and technical assistance to other communities throughout the State who have expressed an interest in implementing similar initiatives. Moreover, MSHS has taken a leading role in pursuing funding to ensure the sustainability of the Courts and accompanying treatment services in addition to serving as the lead agency for the Local Criminal Justice Coordinating Committee.

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 J).***
- 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 J.

Any client, who is uninsured or underinsured (children, youth and adults), in all 20 MSHS counties, may obtain Title XX funding for services by completing a new application (DHS 0100) each fiscal year, beginning July 1. MSHS requires, at a minimum, a new application each year by any client benefiting from Title XX funds, and can require a new application to be filled out at any time. In FY2018, MSHS provided Title XX services as follows:

Children 0-18 = \$11,002.50
Adults 18 & Over = \$ 162,063.52

Customer Support Staff at the front desk of each clinic will provide information about Title XX to any self-pay client to let them know they may qualify for Title XX funding. Each client is qualified based on verifiable income, family size, marital status, and lack of other entitlements. The client is required to fill out a new application DHS 0100 each time their situation changes, such as, marital status change, change of job, or change of household income, address change, change of the number of people living in the household, or increase in number of hours worked or overtime, to determine if they are still qualified to receive the funds. Once approved, the client is eligible for funding as of the signature date.

Title XX funds are utilized to provide the following services: Adult Life Skills, Individual Life Skills 16-20, Group Life Skills, Behavioral Assistance, Supportive Services, Peer Support, Family Support, Rehab Day Services, Crisis Stabilization MHP and QBHP, as well as traditional outpatient services when other payors are not available. All such services fall within Service Code 29 - Mental Health Services, Service code 38 - Supportive services for Children and Families, and Service code 43 - Mental Health Services, additional units, as found in the SSBG Program Manual. In FY2018, MSHS provided the following services funded by SSBG:

Section 29 Services: \$142,142.04
Section 38 Services:\$892.03
Section 43 Services: \$30,031.95

Services funded by Title XX are entered into the Credible EMR system in accordance with Title XX compliance guidelines. Each of these services is entered with a payor source of Title XX to ensure appropriate billing. Each month, a Title XX services report is generated. The services on that report are billed to the state on the DHS 0145 form Provider Payment Request Form provided by DAABHS, along with the Cumulative Services per Service Code Report and the services by client report. MSHS does not have any purchases with Title XX for actual cost billing. When using Title XX funds, all of the Title XX funds we receive are used for allowable treatment services as listed in the SSBG program manual. Title XX funds are used only for clients who are uninsured or underinsured, making Title XX the payor of last resort.

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 2.3.2.1 including but not limited to:

a. Ensuring the following services are available directly or through a sub-contractor:

i. Partial Hospitalization.

MSHS has signed agreements with two entities to provide Partial Hospitalization for the clients in Region 7 until such time as MSHS develops its own Partial Hospitalization program. MSHS will be using The Bridgeway as a Partial Hospitalization subcontractor in the event that an uninsured or underinsured individual must have Partial Hospitalization as a medically necessary intervention. MSHS has entered into a Memorandum of Understanding with The Bridgeway to ensure such services are available no later than July 1, 2019. This MOU specifically provides for the client to be able to utilize housing through the Bridgeway in the event that the client is from a part of the Region where driving to the program daily would be a challenge. MSHS also has signed an Agreement with Ouachita Health and Wellness for Partial Hospitalization services. Additionally, MSHS has named a Community Support Program Development Coordinator who has responsibility for the Partial Hospitalization program development in the future – particularly in its counties with the highest volume of crisis and hospitalization.

ii. Peer Support.

MSHS employs Substance Abuse Peer Support staff in Craighead and Greene Counties and is developing part-time peer support positions in each of its Rehab Day programs. From November 1, 2018 until December 31, 2018, MSHS delivered 35 sessions of Peer Support (19.46 hours). MSHS Peer Support services are currently under development for expansion. MSHS intends to hire part time positions for individuals in recovery to provide Peer Support Services in conjunction with the local Rehab Day program.

iii. Family Support Partner.

MSHS employs one Family Support Partner for Lee and Monroe Counties. MSHS Family Support Partner services are currently being developed as creating caseloads of clients who desire the service has been a challenge for our current Family Support Partner. MSHS is currently identifying individuals who would meet the criteria to serve as a FSP in other areas of the Region and will support those individuals in obtaining the certification.

iv. Supported Employment.

MSHS currently employs 180 QBHPs throughout the twenty (20) county Region who can render the service of Supported Employment. As part of its recovery efforts, MSHS will assist clients acquire and keep meaningful jobs through the Supported Employment service. MSHS Community Intervention Specialists will utilize the SAMHSA Supported Employment Toolkit strategies with their clients.

v. Supported Housing.

MSHS currently employs 180 QBHPs throughout the twenty (20) county Region who can render the service of Supported Housing. Supported Housing helps clients acquire and keep permanent, safe, and affordable housing. MSHS Community Intervention Specialists will utilize the SAMHSA Supported Housing Toolkit with their clients.

Clients who are homeless have the opportunity to enter into permanent housing through Shelter Plus Care programming. This program is open to clients with and clients without an income. A

total of 13 housing slots are available through this program. MSHS is also a current recipient of PATH Funds. These funds are used to support individuals who are either homeless or in imminent danger of being homeless with obtaining and maintaining suitable housing.

vi. Therapeutic Communities.

MSHS directly provides highly structured residential therapeutic community environments in two locations within the Region. The Therapeutic Communities are staffed by Mental Health Professionals, Qualified Behavioral Health Providers and Nurses. Additionally, Psychiatric Services are provided by one of MSHS' Psychiatrists or APNs. The Therapeutic Community has a continuum of care in which the primary goals of treatment of behavioral health needs and the fostering of personal growth leading to personal accountability.

MSHS maintains both Level 1 and Level 2 Therapeutic Community programs as follows:

Level 1 at Corning, AR = 48 beds

Level 1 at Jonesboro, AR = 22 beds

Level 2 at Jonesboro, AR = 18 beds

Level 2 at Helena, AR = 23 beds

vii. Acute Crisis Units.

MSHS will provide the services for the Craighead County Crisis Unit through a Memorandum Understanding with the county. This Crisis Unit will serve the counties within Region 7. The Craighead County Crisis Unit is projected to open in the fall of 2019. DAABHS has approved the Craighead county plan to fulfill the ACU Scope of Work.

viii. Aftercare Recovery Support.

MSHS currently employs 180 QBHPs throughout the twenty (20) county Region who can render Aftercare Recovery Support. MSHS provides Outpatient Aftercare Recovery Support to individuals released from a higher level of care via Community Intervention Specialists (CIS). CIS are able to provide such care coordination and case management services as medically necessary to ensure stabilization of symptoms and functioning.

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.

MSHS has a full time pharmacy that serves MSHS clients. MSHS pharmacists often fill prescriptions for clients who are unable to pay co-pays or deductibles. In many cases MSHS writes off these charges due to clients' inability to pay. MSHS hosts a charity golf tournament in Jonesboro every year in order to raise money to help meet various needs of seriously ill, indigent clients. Psychotropic medications are purchased from this fund for clients who have no payor source or who have not yet qualified for insurance.

MSHS provides non-prescription medication for clients served in Therapeutic Communities programs. These medications are purchased by MSHS at no charge to clients.

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

MSHS provides access to Medication Assisted Treatment to residents in all twenty (20) counties within the Region. Individuals who are assessed to have a moderate-severe opioid use disorder are referred to see the MATS waived prescriber at the prescriber's location of service. MSHS has funds available through the State Targeted Response Grant to assist those who are uninsured or underinsured. If travel assistance is needed, the person is provided with a gas card. In the newest seven counties added to the Region, the prescriber is available by telehealth; so, no travel outside of the home county is required. Supportive psychosocial services, such as counseling and peer support, which augment the prescriber's intervention and are required, are available at each of the MSHS clinic locations for ease of access.

E.4 COMMUNITY COLLABORATIONS

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.

For many years, MSHS has successfully collaborated with diverse stakeholders such as emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and other agencies to address the needs of those for whom we provide services. Collaboration occurs through meetings hosted by MSHS to bring in various community members, through letters provided to referrals and other stakeholders related to client care, and through staff members actively participating with community agencies. Some of those collaborations are described below. See Section E.10.A for detailed description of collaborative efforts by county.

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.

The Emergency Services Coordinators collaborate with community based agencies and provide professional follow-up when appropriate. The Emergency Services Coordinators along with the Clinic Coordinators are all responsible for maintaining a positive working relationship with hospitals, law enforcement departments, jails, Prosecuting Attorney offices, and other agencies/facilities which are associated with emergency needs. These relationships are fostered regularly by the Emergency Services Coordinators to ensure services provided off-site are satisfactory, timely, professional in nature and geared toward early identification of crisis needs and early intervention. They coordinate follow up with clinics when a client is in jail in order to ensure that client is able to receive mental health treatment during incarceration.

The Emergency Services Coordinators are Mental Health First Aid trainers and provide community based training throughout the region to assist with improved mental health literacy and to assist with early identification/intervention for clients in need. The Emergency Services Coordinators have been trained in Crisis Intervention Teams and train alongside CIT officers and

offer consultation when requested. They also work closely with the court system in the catchment area by filing required mental health commitment petitions, participating in civil commitment proceedings, and working directly with the appropriate Prosecuting Attorney's offices to obtain court orders for involuntary commitments.

c. Assist in developing short and long-term solutions to help individuals connect with community supports.

MSHS assists clients in connecting with community supports in a variety of ways. We have a toll free warm line for use by the general public that is available 24 hours a day, seven days a week. Those who call this line will speak with a Qualified Behavioral Health Provider (QBHP) who will provide support, inform them of community supports available in their area, and provide guidance on how to access needed behavioral health, physical health, educational, vocational, recreational, and social services.

MSHS has clinics in all 20 counties of Region 7. Clients and persons who may be seeking services can obtain information regarding community supports from the many staff who work in these clinics. Therapists, customer support staff, Community Intervention QBHPs, and Rehab Day QBHPs all assist clients in accessing community supports. Mental health professionals provide mobile crisis intervention services in jails, police stations, DYS offices, DHS offices and schools. While conducting the evaluation and helping to resolve the crisis, the mental health professional informs the client of resources that may be an aide to crisis resolution.

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.

MSHS has a long history of collaborating with various State and Local Agencies to prevent the deterioration of Client's functioning and providing community members with a full array of medically necessary behavioral health care services. MSHS has worked closely with Community Health Facilities such as FirstCare to provide a Mental Health Professional to perform Brief Screenings and referrals for Mental Health and Substance Abuse Treatment Services. Through previous funding from the Department of Finance and Administration, MSHS was able to provide Residential Substance Abuse Treatment Services for inmates at the Crittenden County Detention Center. Through Partnership with Craighead County, MSHS was able to lead collaborative efforts among the Treatment Courts in Craighead County to better serve criminal justice involved individuals with behavioral health issues. The collaborative effort in Craighead County resulted in the development and implementation of the Arkansas Second Judicial District Veterans Treatment Court. The only Veterans' Court in the State that accepts and provide treatment for Veterans whose primary and/or only diagnosed is a mental illness. This effort also resulted in the formulation of a Collaborative Workgroup consisting of mental health and substance abuse treatment providers, Courts, Court Personnel, County Government, Law Enforcement, Veterans Serving Organizations, Hospital/Emergency Department Staff, Housing and other agencies committed to the reduction of individuals with behavioral health issues who become involved in the criminal justice system. Through partnership with the State, MSHS has been able to secure funding for and implement a pilot for Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) in Mississippi

County. Project LAUNCH bring together child-serving organizations to develop policies, financial mechanisms, and other reforms to improve the integration and efficiency of the child-serving system. The primary purpose of this initiative has been to promote the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Project LAUNCH seeks to improve coordination across child-serving systems, build infrastructure, and increase access to high-quality prevention and wellness promotion services for children and their families.

e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.

MSHS has worked to create strong partnerships with other child-serving agencies across all of our counties/communities. In each of our three regions, we have CASSP regional teams that work together to promote strong collaboration and sharing of information/resources across these partnerships. We have worked to engage education, juvenile justice, disability services, Department of Children and Family Services, faith based organizations, and other community resources. In 2005, MSHS was awarded a Systems of Care (SOC) grant, which facilitated our development of a “wraparound” approach to serving children and families. As we built these partnerships with other agencies who served the same children/youth we served, we saw the positive impact of true collaboration. While we are no longer operating under the SOC grant, we continue the philosophy in our service provision today. We strive to provide a high level of services to prevent removal of children/youth from their homes and families, and to enable them to remain in school and be successful.

Family organizations have been a part of our collaborative efforts since 2005, as well. On our CASSP regional councils, we have Family and Youth committees who continue to meet and work in their respective regions, while the funding to support those organizations has ended. We support their work through our CASSP funding, and encourage families of the children/youth we serve to get involved. Their voices are powerful and meaningful!

E.5 STAFFING REQUIREMENTS

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:

This region is centrally located enabling us to pull talent from local communities as well as Jonesboro, Arkansas and Memphis, Tennessee. Arkansas State University and the University of Memphis have both supplied us with a number of highly qualified professional staff and we continue to work with both schools to recruit qualified staff. We currently are fully staffed with 12 Psychiatrists, 7 Psychologists, 37 Licensed Clinical Social Workers, 43 Licensed Professional Counselors, 32 Licensed Master Social Workers, 17 Licensed Associate Counselors, 32 Licensed Practical Nurses, 5 Psych Advanced Practice Registered Nurses, 1 Licensed Psychological Examiner, 1 full time Pharmacist with an onsite pharmacy and 4 contracted pharmacists and 3 Registered Nurses. These are in addition to a full time Quality Assurance department and credentialed professionals on the Administrative Leadership team.

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

All new hires are subject to new hire orientation which will last anywhere from 2 - 5 days, depending on position. In addition, all staff are assigned online courses through Relias Learning specific to their position and field. All courses are monitored and supervisors receive alerts when the courses are not completed. Many of these courses are the means by which a large portion of our staff receives their CEU's. During orientation employees are trained and certified in CPR, TACT, CPI (where applicable) and hourly employees will earn their Qualified Behavioral Healthcare Provider certification following the completion of the 40 hour orientation training. Our Therapeutic Communities staff will additionally undergo Advanced TACT training before render services with the clients. Training requirements are tracked by direct supervisors who receive automated alerts from Relias Learning, and HR also tracks and monitors training compliance. Annual training requirements are also regularly addressed in each employee's performance evaluation.

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

Professional staff are offered several opportunities for free CEU certified training at various locations throughout the Region. In addition, many courses have been approved for CEU's for each discipline in the online Relias Learning System. This allows professionals the opportunity to earn CEU's at their own pace as their schedules allow. Each year professionals may submit a request to attend the Annual Behavioral Health Institute presented by the Mental Health Council of Arkansas to obtain CEU's at no cost to the employee. MSHS regularly offers training to staff on the evidence-based practices used with specific populations such as Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, Motivational Interviewing, Individual Resilience Training, Moral Reconciliation Therapy, etc.

Recruitment efforts include online methods such as Indeed.com, NASW.com, our company website, www.mshs.org/careers, LinkedIn.com, the Arkansas Department of Workforce Services job posting, Glassdoor.com, jonesborojobs.com and digital ads, called native ads, using cookies to redirect individuals searching jobs to our company website. In addition we will run print ads in all local newspapers, college job boards in Arkansas, Tennessee, Missouri and Mississippi, job fairs, use of interns through local colleges and universities, networking events in the communities we represent and our Facebook page. We also utilize direct mail campaigns to target specific disciplines. Our employees remain our best means of recruitment! Many of our new hires are referrals from current employees.

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

The Organization will conduct scheduled and unscheduled audits of services, functions, systems and documentation to confirm compliance and detect possible areas of non-compliance. All covered persons are expected to fully cooperate with compliance monitoring; failure to do so may subject an individual to disciplinary action, up to and including termination. If the covered person is a contractor, failure to fully cooperate with any compliance monitoring, may result in a breach of contract, and entitle MSHS to exercise all contractual rights and remedies related to the breach.

All new staff, no matter the position, receive training on corporate compliance including information on Medicaid/Medicare fraud, waste and abuse. Staff is then required to complete annual online training on these topics.

MSSH's corporate compliance officer conducts quarterly analysis of all violations of the corporate compliance policy in order to identify programs, clinics, or specific staff who needs additional compliance training. This analysis is reported to the Quality Assurance Committee quarterly for review and oversight.

E.6 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.

MSSH has a variety of policies to ensure that records are secure, retained according to standard guidelines, released appropriately, and destroyed responsibly according to state/federal requirements. MSSH utilizes an electronic medical record called Credible Behavioral Health. Credible has attained the 2014 Edition Complete Ambulatory EHR Certification from the ICSA Labs ONC Health. And, Credible has been certified by an ONC-ACB by the Office of the National Coordinator for Health Information Technology in accordance with the application certification criteria adopted by the Secretary of Health and Human Services. MSSH has a Designated Record Set policy that outlines what is maintained in the record. Credible allows us to document all billable and non-billable services for clients. In addition, outside information received from collaborating providers is scanned and uploaded into the chart.

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.

MSSH will utilize the current procedures for reporting data to DAABHS. These procedures include submission of data through the DAABHS secured Share Point site. Monthly data is provided through an encrypted upload. DAABHS provides us a structured format to use when submitting data. We are capable of structuring the data in any format requested. MSSH has designed an automated report within the Credible Electronic Medical Record which can be generated at any time to capture the DAABHS data for any timeframe requested by DAABHS.

E.7 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.

MSSH has a corporate compliance policy and a corporate compliance officer to insure adherence with said policy. All policies, practices and procedures of MSSH contemplate full compliance with all laws, as well as compliance with professional ethical requirements and internal standards of conduct. We have a proven history and reputation of compliance and intend to maintain credibility with clients, other health care professionals, accreditation groups and public

regulators. MSHS has a patient advocacy policy and two (2) Patient Advocates to ensure our consumers have a reliable method of addressing any concerns within our system of care. MSHS has a fundamental responsibility to protect and promote the rights of clients by assuring the client is aware of their rights, and to assist them when there is a question these rights have been violated. Clients will be assured that there will be no retaliation or denial of services for filing a grievance or complaint. The Patient Advocates and/or their designees will investigate all complaints made by clients promptly, in person, or by telephone and follow through to resolution. Patient Advocates document all complaints thoroughly to the point of resolution. All complaints handled by the Patient Advocate are reviewed quarterly as a part of the Quality Improvement committee. We will ensure staff are trained regarding rights of persons served. Staff will advocate on behalf of those who are unable to register a complaint because of their mental condition. Staff will assure the client the right to be included on all decisions concerning restriction and/or loss of privileges that could affect treatment planning.

E.8 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.

MSHS has a Quality Improvement Plan that is reviewed at least annually and updated as needed. This plan outlines how various business and clinical functions are addressed and reported on quarterly. Part of the QI Plan includes clinical outcomes that are developed annually. Outcome measures are established yearly and reviewed quarterly with objective measures to assess the quality, accessibility and efficiency of services provided. These are developed by the QI committee and include measures of effectiveness, efficiency, satisfaction and accessibility for each program that is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities), including Emergency Services. Each quarter, reports are generated, data is analyzed, and results are reported. Some areas addressed through this process include the following: review to ensure that client rights are communicated, utilization of evidence based practices, and review of results of quality record reviews. In addition, plans for needed follow-up, training, etc. are developed and implemented.

Outcomes are reviewed in administrative and staff meetings throughout the agency. Each location in every county has a regular weekly clinical staffing. MSHS has a detailed policy for clinical staffing requiring review of newly assigned diagnoses, every diagnostic assessment done on a new client, all referrals to community support programs, all crisis intervention screenings, all referrals to the staff psychiatrist, treatment plans, etc.

E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

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:

MSHS is awarded many grants and contracts annually. As a community mental health center, MSHS has many years of experience billing and receiving reimbursement for the various grants and contracts obtained from DHS, DAABHS & DCFS. In FY 2018 alone, MSHS received

payments totaling \$10,669,947.61 in state and federal funds. There are strict billing instructions and deadlines for billing individual grants and contracts. All new contracts or grants are reviewed to ensure adherence to the billing and deadline requirements. MSHS has site visits from the state, auditing of billing, as well as auditing of the sites where the services take place. The Chief Financial Officer prepares a budget each year for the company as a whole, which is based on prior experience, historical revenues and expenses, as well as including any projected new revenue and expenses. The budget includes all state and federal contracts and grants obtained throughout the year. The budget is reviewed with the CEO and COO, and is then presented to the Board of Directors for annual approval in the June board meeting. Biennial budgets are sent to the DAABHS and the Arkansas Legislative Council. There are also budgets created for each grant individually, including the revenue and expenses of that grant, which are submitted to be included in each grant's contract. MSHS also prepares and submits the annual report which includes the total budget of the company, to show the financial viability of the company.

a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.

MSHS shall use DAABHS funds only for the populations expressly provided in its contract as stated in the RFQ. Funds shall be utilized for crisis services, including mobile crisis and assessment and stabilization, to adults, youth and children without a payor source who are experiencing Psychiatric or Behavioral Crises in Region 7. MSHS will serve all persons in the custody of DCFS who are not a member of the PASSE. These services will include face-to-face crisis intervention in the community setting, which consists of the home, foster home, school, or DCFS office. MSHS administers acute care funds for psychiatric hospitalization for adult clients, aged 18 or older, experiencing a psychiatric or Behavioral Crisis, if the client is not a member of a PASSE and has no other payor that will cover hospitalization. As an alternative diversion, MSHS may use the DHS certified Crisis Unit that is being built in Craighead county to serve appropriate clients diverted from jail. The Client's income is verified at the time of screening to ensure that funds are utilized appropriately. MSHS will use the funds for serving adults, youth and children residing in the Region who are uninsured or underinsured and are in need of admission to ASH, clients who are awaiting an ASH bed, and clients who are preparing for discharge, or have been discharged, and referred by ASH. MSHS will provide Forensic services to clients within the Region who are referred for a court-ordered assessment. Restoration forensics services are provided to clients who have been deemed unfit to proceed with the criminal justice or legal process, and are uninsured or underinsured. MSHS will provide all medically necessary behavioral health services to clients that are uninsured or underinsured to cover needed services. MSHS will make every effort to get an extension of benefits when needed to cover the medically necessary services for those clients who do have insurance, and will only use DAABHS funds when those extensions of benefits are exhausted or for non-covered services when a client has insurance. MSHS will also treat clients between the ages of fifteen and thirty-four who are experiencing first episode psychosis who are uninsured or underinsured for those services. DAABHS funds will always be the payor of last resort unless specifically stated otherwise in the contract. The MMIS system is utilized to determine whether or not a client has insurance and this is documented in their chart in the EMR system.

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 J).

MSHS does not use Title XX funds for actual cost billing. All Title XX funds are used exclusively for allowable services for the clients. Since no actual purchases are made with XX funds, receipts are not required to be maintained. These services are billed monthly with strict adherence to the SSBG manual.

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.

MSHS is able to electronically bill Arkansas Works, Medicaid, Medicare, and private insurance, as well as the specific insurance policies that cover veterans. MSHS is in network with 152 private insurance companies and has procedures in place to get in network with other carriers on a case by case basis, or to get a single case agreement for that client with that carrier. Checks are performed on the MMIS system to determine whether or not a client has insurance and this is documented in the client's chart. If a client does have insurance, that payor is entered into the client's chart in the EMR system and their insurance eligibility is verified with that insurance company to determine deductibles, co-pays and covered services. DAABHS funds will only be used for uninsured or underinsured clients unless otherwise specified in the contract.

d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.

The organization hires BKD CPAs & Advisors annually to audit the financial statements of MSHS to express an opinion on the financial statements in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. These audits are used to gain reasonable assurance about whether the financial statements are free from material misstatement, whether due to fraud or error. The audit also includes evaluating the appropriateness of accounting policies used, the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. The auditors issue their report based on their consideration of their tests of MSHS's compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. For the last 10 years, MSHS has received an Unmodified Opinion with no material weaknesses and no matters reportable. MSHS continues to be a low-risk auditee. MSHS will continue to undergo an annual audit conducted by a certified public accounting firm.

e. Describe how your agency will utilize funds toward the development of infrastructure.

In order to provide access to quality care in all twenty (20) counties in Region 7, MSHS operates twenty-five (25) sites across the Region. MSHS owns many of its facilities within the Region but currently rents thirteen (13) sites. Therefore, MSHS would look to utilize infrastructure funds for the sites that are rented as well as cover utilities at these locations. Also, because Region 7 covers a large geographic area of Northeast Arkansas, telemedicine is essential to delivering care to rural areas. Infrastructure funds would be utilized to keep telemedicine

equipment up to date with state of the art technology and HIPAA compliance. Again because of the rural nature of many of the counties included in the Region, it is difficult to recruit and retain Mental Health Professionals in those rural areas. MSHS currently has a practice of offering location premiums to staff in hard to recruit areas. Infrastructure dollars would be utilized to assist in retention of these quality service providers. MSHS would additionally consider use of the infrastructure funds to cover practice transformation costs related to development of services required by this RFQ such as the warm line and development of walk in clinics and partial hospitalization. These expenditures will be reported monthly as required by DHS.

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.

MSHS is uniquely qualified to perform the RFQ required functions as we currently have certified OBH locations in all twenty (20) counties within Region 7 and have acquired all the needed infrastructure. All locations are currently fully operational and are providing a full array of Outpatient Behavioral Health services in each community. MSHS has a track record of satisfactorily performing the contract deliverables as a community mental health center for the past 50 years. We are fully staffed to render all required services with 12 Psychiatrists, 7 Psychologists, 37 Licensed Clinical Social Workers, 43 Licensed Professional Counselors, 32 Licensed Master Social Workers, 17 Licensed Associate Counselors, 32 Licensed Practical Nurses, 5 Psych Advanced Practice Registered Nurses, 1 Licensed Psychological Examiner, 3 Registered Nurses, 1 full time Pharmacist with an onsite pharmacy and 4 contracted pharmacists and 3 Registered Nurses. These are in addition to a full time Quality Assurance department and credentialed professionals on the Administrative Leadership team. We employ a team of IT professionals, HR professionals, a Safety/Risk Management department, a Facilities department, a team to develop programs to expand services through grants, Finance and billing department, corporate compliance, marketing and education department, and many other positions to support direct services providers in rendering services. We are the only community mental health center currently directly providing all three (3) Tiers of service in OBH.

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.

MSHS maintains both formal and informal collaborations with agencies in each of our 20 counties. Following is a by-county listing of most of those collaborations, a brief description and the type of collaboration it is, and the services involved. We will indicate whether we have a formal relationship or informal agreement with collaborators. There are also collaborators with whom we have no formal written agreement.

Craighead County:

Craighead County Jails- Formal Agreement with DAABHS

We provide diagnostic assessment, crisis screenings, psychiatric evaluations, medication management, and referral for admission to acute psychiatric hospitals or crisis units. This is provided under our community mental health center contract and pursuant to our written protocol for Mental Health Emergency Screening.

Prosecutors, Public Defenders, Private Attorneys- Formal Agreement with DAABHS

We provide court-ordered forensic evaluations on defendants in jail and on bond to give the court opinions about Fitness to Proceed and Criminal Responsibility.

NEA Baptist Hospital Emergency Room and ICU- Formal agreement

We provide consults and crisis screenings in the Emergency Department and on the ICU, at the hospital's request. We assess for need for psychiatric hospitalization, help clients resolve crises, and assist them with accessing community supports. This contract requires that we arrive at the hospital within 45 minutes of request, and applies to the insured population.

St. Bernard's Medical Center Emergency Room- Formal Agreement with DAABHS

We provide crisis screenings at the hospital at the hospital staff's request to assess for psychiatric hospitalization or other referral needs typically when the client is indigent. This is provided under our community mental health center contract.

Jonesboro Police Department, Craighead Detention Center- Formal Agreement with DAABHS

We provide crisis screenings at all city police departments in Craighead County at their request to assess the need for hospitalization, help stabilize crises, and other referral needs. This is provided under our community mental health center contract. We also provide Mental Health First Aid Training and assist in the provision of CIT Training for Law Enforcement.

DCFS- Formal Agreement

We provide psychological evaluations, substance abuse assessments, substance abuse treatment (outpatient, partial day, residential, specialized women's services). We provide mental health assessment and counseling.

PCP Offices- No formal Agreements

We act as a referral source to provide crisis screenings, mental health evaluations, mental health counseling, substance abuse assessments, substance abuse treatment and referral. We provide psychiatric evaluations, psychiatric treatment, psychological evaluations including those required for bariatric surgery and other surgical or medical procedures.

Child Advocacy Center- Formal agreement

We provide interventions for children who have been sexually abused and their families. We attend multidisciplinary monthly meetings.

Juvenile Drug Court- Formal Agreement

We attend court, staff ongoing cases with parole officers and judges, and provide substance abuse intervention.

Consolidated Youth Services (DYS) - Formal Agreement

We provide consultation and therapy for youth who are placed at CYC by the courts.

Jonesboro Public Schools (Pre-Ks, Kindergarten and Elementary) - Formal Agreement

We provide therapy services and crisis screenings, consultations, emergency services and mental health education. We offer staff training and support other school activities and projects. We provide community outreach via hosting a yearly football tailgate. We also assist in the provision of Mental Health First Aid Training for Staff.

Westside Consolidated School District- Formal Agreement

We provide therapy services, crisis screenings, consultations, emergency services and mental health education. We offer staff training and support other school activities and projects.. We also assist in the provision of Mental Health First Aid Training for Staff.

Arkansas State University- Formal Agreement

MSHS provides practicum sites for nursing, psychology, and social work students. We offer education, participate in both health and career fairs and support a variety of school projects. We do community outreach by hosting a football tailgate at a college football game each year. We have mental health professionals who teach as adjunct faculty. Henry Torres, Chief Information Officer for Arkansas State University, is on MSHS's Board of Directors.

ASU Office of Behavioral Research and Evaluation- Formal Agreement

MSHS collaborates with Arkansas State University's Office of Behavioral Research and Evaluation for data collection and evaluation of various Grant Projects.

Chamber of Commerce- No Formal Agreement

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center.

Mental Health Court- Formal Agreement

MSHS is the primary mental health and substance abuse treatment provider for the Court. MSHS also provides the Mental Health Court Coordinator, Court Collaboration Specialist, Therapist, Peer Support Specialist and Director of Court Assisted Treatment Services that provides oversight to the Staff and Program.

Sobriety Court- Formal Agreement through SAMHSA Grant

MSHS is the primary substance abuse treatment provider for the Court.

Veterans Treatment Court- Formal Agreement through SAMHSA Grant

MSHS is the primary mental health and substance abuse treatment provider for the Court. MSHS also provides the Veterans Court Coordinator, Court Collaboration Specialist, Therapist, and Director of Court Assisted Treatment Services that provides oversight to the Staff and Program.

Craighead County District Court- Formal Agreement through SAMHSA Grant

MSHS provides a Court Based Therapist who is readily available during court proceedings to accept referrals and conduct treatment court and other screenings as needed.

Crittenden County:

West Memphis School District- No Formal Agreement

Our mental health professionals provide monthly lunch and learn training for school counselors. We provide the full range of mental health services to students and faculty upon request.

Marion School District- Formal Agreement

We provide two QBHPs and a therapist in the school's ALE (Alternative Learning Environment).

Sheriff's Department- Formal Agreement with DAABHS

Provide crisis screenings in the jail. Provide diagnostic assessments, psychiatric evaluation and medication management for jailed person. We provide Mental Health First Aid and CIT (Crisis Intervention Training) for officers and staff.

West Memphis Police Department- Formal Agreement with DAABHS

We provide crisis screenings, assessment, and acute placement. We provide Mental Health First Aid and CIT (Crisis Intervention Training) for officers and staff.

PCP Offices- No formal agreement

We act as a referral source to provide crisis screenings, mental health evaluations, mental health counseling, substance abuse assessments, substance abuse treatment and referral. We provide psychiatric evaluations, psychiatric treatment, psychological evaluations including those required for bariatric surgery and other surgical or medical procedures.

DCFS- Formal agreement

Provide mental health and substance abuse assessments, treatment for children and youth.

East Arkansas Youth Shelter- Formal Agreement

We provide mental health services and crisis screenings for youth placed in the shelter through a Memorandum of Understanding.

8th St. Mission- Formal Agreement with DAABHS

We provide crisis screenings upon request.

Health Department- Formal Agreement

We participate in monthly community health meetings through a Memorandum of Understanding.

Child Advocacy Center of Eastern Arkansas- Formal Agreement

We participate in monthly multidisciplinary meetings. We provide in-services to the local schools on child abuse prevention. We provide counseling services to child abuse victims and families. The CAC is housed in MSHS's West Memphis Clinic.

Court Appointed Special Advocate (CASA) of the Delta- Formal Agreement

MSHS secures grant funding for and fully administers this program which is housed in the Crittenden, St Francis, and Cross County offices.

Juvenile Court- No formal agreement

We provide crisis screenings, mental health and substance abuse services for referred youth.

Mental Health Court- Formal Agreement

MSHS is the primary mental health and substance abuse treatment provider for the Court. MSHS also provides the Mental Health Court Coordinator and Director of Court Assisted Treatment Services that provides oversight to the Staff and Program.

Medical Mile Meeting- No Formal Agreement

We attend a monthly community meeting with other area mental health and medical providers designed to identify areas of need in the community that we can address.

Arkansas Community Corrections (ACC) Women's Correctional Facility- No Formal Agreement

We provide monthly in-service trainings. We give follow up care for inmates soon to be released.

ACC Probation and Parole- No Formal Agreement

We offer information about MSHS services at the yearly re-entry fair on mental health and substance abuse services.

Legal Aid of Arkansas- No Formal Agreement

We provide office space monthly for attorneys to see clients in the MSHS West Memphis outpatient clinic.

ASU Mid-South at West Memphis- Formal Agreement

MSHS provides practicum sites for nursing students. We offer mental health education for students and staff. We participate in both health and career fairs and support a variety of school projects.

Chamber of Commerce- No Formal Agreement

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center.

Delta Arts Council- No Formal Agreement

Each year MSHS and the Delta Arts Council in cooperation with ASU West Memphis hosts an art show called Art and Soul. The show features the art of our seriously mentally ill clients and is held in the atrium of the ASU admin building. Council members, our staff, the public and our clients attend. Much of their art is purchased during the event.

Cross County

Cross County Schools- Formal Agreement

We provide school based services - individual and group therapy, QBHP (Qualified Behavioral Health Paraprofessional) services.

Wynne Schools-Formal Agreement for ALE classrooms only

We provide school based services. We provide a mental health program in the primary and

intermediate ALE classroom. We provide staff training on mental health issues and presentations to students on mental health topics.

Wynne Police Department- Formal Agreement with DAABHS

We provide mental health screenings and services for those in custody. This includes emergency screenings; finding placement at acute care hospitals when needed.

Cross Ridge Emergency Room- Formal Agreement with DAABHS

We provide mental health screenings and placement for clients needing acute mental health services.

Cross County Jail- Formal Agreement with DAABHS

We provide crisis and mental health services, including screenings and placement for those needing acute care. We also provide Mental Health First Aid Training for Jail Staff.

DCFS- Formal Agreement

We offer crisis screenings, mental health, substance abuse services for referred clients. We also do testing and assessments. Some specific services offered by contract.

PCP Offices- No Formal Agreement

We act as a referral source to provide crisis screenings, mental health evaluations, mental health counseling, substance abuse assessments, substance abuse treatment and referral. We provide psychiatric evaluations, psychiatric treatment, psychological evaluations including those required for bariatric surgery and other surgical or medical procedures.

AR Care- No Formal Agreement

We provide assessments, mental health services, substance abuse services for their referred patients.

Chamber of Commerce- No Formal Agreement

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center.

Fulton County:

PCP Offices- No Formal Agreement

We act as a referral source to provide crisis screenings, mental health evaluations, mental health counseling, substance abuse assessments, substance abuse treatment and referral. We provide psychiatric evaluations, psychiatric treatment, psychological evaluations including those required for bariatric surgery and other surgical or medical procedures.

Services for PCP Referrals for Mental Health and Substance Abuse- No Formal Agreement

These services are used by nine physicians/ARPN's and two ArCare Clinics. They include assessments, mental health and substance abuse interventions for referred clients. We also keep the PCP referrals current for our clients.

Fulton County Hospital- No Formal Agreement

MSHS provides crisis screenings and receives referrals for OP services. MSHS sends clients to the hospital to obtain medical clearance before acute mental health or substance abuse detox hospitalization.

Fulton County DHS- Formal Agreements

MSHS is a referral source for DHS for persons needing mental health and substance abuse services; MSHS also refers clients to DHS services for community support resources including food stamps, insurance and Medicaid.

Fulton County Jail/Sheriff Department/Courts- Formal Agreement with DAABHS

MSHS provides crisis screenings, referrals for acute hospitalization, collaboration for emergency involuntary petitions.

Schools- Formal Agreement for Salem

MSHS is a mental health referral source for Salem, Mammoth Springs, and Viola Schools. We provide school based counseling for the Salem schools. Formal agreements are in place for Salem only.

Baxter Regional Medical Center in Mountain Home- Formal Agreement with DAABHS

MSHS is a mental health referral source for clients coming from acute care.

Stepping Stones- No Formal Agreement

MSHS is a mental health referral source for substance abuse clients post discharge. In turn they are a referral source for acute hospitalization for MSHS.

White River Medical Center in Cherokee Village- Formal Agreement with DAABHS

MSHS provides crisis screenings. MSHS provides mental health and substance abuse services for referrals from the hospital. MSHS also refers clients to White River to secure medical clearance before acute mental health or substance abuse hospitalizations.

County Churches- No Formal Agreements

MSHS helps clients who need food, utilities, rent, and clothing through referrals to 4 area churches.

Women's Shelter- No Formal Agreement

We provide mental health services for victims of domestic abuse.

Greene County:

DHS- Formal Agreement

We provide services for their referrals for mental health and substance abuse interventions. We also provide counseling for foster care children.

County Juvenile Office- Formal Agreement

We provide mental health services and court ordered services and FINS.

Probation and Parole- Formal Agreement

We provide assessments upon request as well as referrals for substance abuse and mental health services.

Detention Center and Sheriff's Office- Formal Agreement with DAABHS

We provide crisis screenings, referrals to acute care, help with involuntary commitments. We also provide psychological evaluations for officers.

Paragould Police Department- Formal Agreement with DAABHS

We provide crisis screenings, referrals to acute care, help with involuntary commitments. We also provide psychological evaluations for officers.

Paragould CIT Officers- Formal Agreement with DAABHS

We provide CIT training. We provide crisis screenings, help with commitments for acute care.

District Court- Formal Agreement with DAABHS

We assist with involuntary commitments and provide judge ordered crisis screenings.

Greene County Tech Schools- Formal Agreement

We provide school based mental health services for students by providing a therapist and QBHP in the school. We do crisis screenings. We offer EAP services for staff. We participate in school activities and projects as requested.

Anchor Industries- Formal Agreement

We provide EAP services for Anchor employees.

Child Advocacy Center- Formal Agreement

We attend monthly community multidisciplinary meeting. We offer mental health treatment for children who have been sexually abused.

House of Virtue- Formal Agreement

We provide services for their referrals for substance abuse and mental health.

Northeast Arkansas Regional Recovery Center- Formal Agreement

MSHS refers to this inpatient substance abuse treatment center. We also offer follow-up counseling post treatment.

Arkansas Methodist Medical Center- Formal Agreement with DAABHS

We provide crisis screening as well as staff and patient education, We also participate in both the AMMC men and women's health fairs held annually.

Greene County Physicians- No Formal Agreement

MSHS is a referral source for assessments as well as mental health and substance services for over 20 physicians in the Greene County area. MSHS also manages PCP referrals for their clients.

Mission Outreach- No Formal Agreement

This is a homeless shelter for families and individuals. Although MSHS is not the primary resource for mental health at the mission, we do provide services when the level of need is more

intense than the current providers' resources. MSHS provides outreach to the local shelter and collaborate through the Statewide Continuum of Care. Mission Outreach Provides essential housing to SMI individuals seeking temporary housing. MSHS assists with Outpatient, CIS and Rehab Day services.

Chamber of Commerce- No Formal Agreement

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center. we provide training for Leadership Class as well as the Young Professionals organization. We attend their annual community business expo.

Lee County:

Pafford Ambulance- No Formal Agreement

They provide crisis transport for our clients. No agreement.

Marianna Police Department/Lee County Police Department- Formal Agreement with DAABHS

We provide crisis screenings- assessment with possible referrals to acute care.

DHS/DCFS- Formal Agreement

We provide mental health and substance abuse services for referred clients. We also provide assessments and counseling.

Lee County Cooperative Clinic- No Formal Agreement

MSHS provides services for mental health and substance abuse interventions to persons referred by this medical clinic. We participate in and offer education for their workshops. We participate in their community events.

Delta Pantry- No Formal Agreement

We notify our clients of distribution dates and location of commodities offered by the pantry.

Mid-Delta Transportation- No Formal Agreement

They provide transportation for our Medicare and Medicaid clients.

Whitten Elementary School/Lee Senior High School- No Formal Agreement

We provide crisis intervention and therapy sessions on site.

STRIVE (Alternative School)- No Formal Agreement

We provide crisis intervention and therapy sessions on site.

Mississippi County:

Blytheville Public Schools- Formal Agreement

We provide in-school therapy services.

Gosnell Public Schools- No Formal Agreement

We provide in-school therapy services.

Manila Public Schools- No Formal Agreement

We provide in-school therapy services.

Department of Corrections- Detention Center- No Formal Agreement

We provide crisis screenings and consultations.

Jails- Formal Agreement with DAABHS

We provide crisis screenings and consultations. We also provide Mental Health First Aid Training to Jail Staff.

Mississippi County Child Advocacy Center- No Formal Agreement

We attend staffing and provide services for identified victims of abuse and neglect.

Great Rivers Medical Center- No Formal Agreement

We provide crisis screenings and consultations.

South Mississippi County Regional Medical Center- No Formal Agreement

We provide crisis screenings and consultations.

DHS- Formal Agreement

We provide services to identified foster care and therapeutic foster care children. We provide counseling to referred DHS clients who have an encumbrance.

Mental Health Court- Formal Agreement through SAMHSA grant

MSHS is the primary mental health and substance abuse treatment provider for the Court. MSHS also provides the Mental Health Court Coordinator, Court Collaboration Specialist and Director of Court Assisted Treatment Services that provides oversight to the Staff and Program.

Federal Probation- Formal Agreement

We administer urine drug screens and provide mental health therapy services to clients on federal probation.

Arkansas Northeastern College- Formal Agreement

MSHS provides practicum sites for nursing students. We offer education for students and staff and participate in both health and career fairs.

Project Launch- Formal Agreement with DAABHS through Grant

LAUNCH addresses the physical, psychological, and developmental needs of children ages 0-8 and their families. The end goal is that parent and child can thrive in a safe supportive environment and enter school ready to learn and succeed. Launch is directed and manned by MSHS employees.

Chamber of Commerce- No Formal Agreement

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center. We participate in their

business exposition, showcasing businesses, industry, education, health care form across the county, etc.

Phillips County:

PCC/UA (Phillips Community College- University of Arkansas)- Formal Agreement
MSHS provides a weekly social and self-help skills group for students in their Transitional Training Opportunities Program. We also host practicum for students in the nursing program.

Marvel-Elaine School District- No Formal Agreement
We provide some limited school-linked services.

Prosecuting Attorney's Office- Formal Agreement with DAABHS
MSHS provides screenings and assistance for members of the community wishing to file a petition for mental health commitment. (This office prefers not to file a petition if MSHS has not first screened the subject of the petition.)

UAMS- No Formal Agreement
We attend Opioid Task-Force meetings and participate in planning and implementation of Task-Force events in the community. We offer services for substance abuse.

Phillips County Cooperative Extension Service- No Formal Agreement
They provide nutrition information during weekly groups at Delta Recovery Center.

Beautiful Zion Church- No Formal Agreement
Associate pastor provides an informal, faith-based talk on a bi-weekly basis at the DRC MSHS' residential substance abuse treatment program. DRC clients who wish to attend church on Sunday Morning attend the church's morning worship service.

Helena Regional Medical Center Alcoholics Anonymous- No Formal Agreement
Our DRC clients attend AA meeting at this location weekly

Helena Regional Medical Center- Formal Agreement with DAABHS
MSHS provides crisis screenings, referrals to acute care.

Faith Outreach Church- No Formal Agreement
DRC clients attend Celebrate Recovery at this church weekly.

Anchor Mission- No Formal Agreement
MSHS refers individuals to this homeless shelter when appropriate.

Helena Police Department- Formal Agreement with DAABHS
We screen individuals at the department who are experiencing a mental health crisis and make referral to acute care facilities when appropriate.

Sheriff's Department- Formal Agreement with DAABHS
We screen individuals at the department who are experiencing a mental health crisis and make referral to acute care facilities when appropriate.

Phillips County MDT (Multi-Disciplinary Team) Meeting- Formal Agreement

MSHS is the host site for monthly MDT meetings. A MSHS employee is the MDT coordinator for this county.

DCFS- Formal Agreement

We provide services for clients presenting with Encumbrances from DCFS.

Juvenile Court and Probation Office- No Formal Agreement

MSHS provides communication, letters, and court reports for clients who are involved in the juvenile justice system. We communicate with probation officers as appropriate.

Chamber of Commerce- No Formal Agreement

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center.

Clay County:

Clay County Jail- Formal Agreement with DAABHS

MSHS provides crisis and mental health services to inmates.

Corning, Rector, Piggott Police Departments- Formal Agreement with DAABHS

MSHS provides crisis and mental health services to detainees.

DCFS- Formal Agreement

MSHS provide crisis services to children and families. We offer substance abuse treatment to adults involved with DCFS. We provide individual therapy to adults and children.

Piggott Hospital Emergency Department- Formal Agreement with DAABHS

We provide crisis services to patients including assessments and placements.

Piggott Medical Center- Formal Agreement with DAABHS

MSHS provides crisis services to patients and accepts hospital referrals for mental health and substance abuse services.

First Choice Health Care in Corning- No Formal Agreement

MSHS provides crisis services to their patients and accepts referrals for mental health and substance abuse services.

Corning, Rector School Districts- No Formal Agreement

MSHS provides in school services - individual therapy, crisis services.

MDT (Multi-Disciplinary Team)- No Formal Agreement

We attend monthly meetings which include CACD, DCFS, mental health providers, attorneys and law enforcement to discuss open or pending cases.

Clay County Juvenile Court- No Formal Agreement

MSHS coordinates with juvenile office as needed. We support our clients with various mental health services.

Corning Health Fair, Business Expo- No Formal Agreement

Sponsor and man a booth to promote mental health awareness and available services from MSHS.

Chamber of Commerce- No Formal Agreement

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center.

Randolph County:

Randolph County Jail- Formal Agreement with DAABHS

We provide crisis and mental health services to inmates including assessment, possible inpatient placement.

Pocahontas Police Department- Formal Agreement with DAABHS

We provide crisis and mental health services to detainees- assessment, possible inpatient placement. Participate in Shop with a Cop program focusing on building community relations with officers.

Randolph County DCFS- Formal Agreement

MSHS provides crisis services to children and families. We offer substance abuse treatment to adults involved with DCFS. We provide individual therapy to referred adults and children.

Pocahontas Medical Clinic- No Formal Agreement

MSHS provides crisis services. We take their referrals for counseling.

First Choice Health Care- No Formal Agreement

We provide crisis services to patients and accept referrals for mental health and substance abuse services.

Pocahontas School District- No Formal Agreement

MSHS provides in-school services - individual therapy and crisis intervention. We participate in career day activities.

Sloan Hendrix School District, Imboden Charter School, Maynard School District- No Formal Agreement

MSHS provides in-school services - individual therapy and crisis services when requested.

Westridge Church of Christ- No Formal Agreement

We participate in the backpack program, promoting mental health awareness and MSHS services.

MDT (Multi-Disciplinary Team)- No Formal Agreement

We attend monthly meetings with CACD, DCFS, mental health providers, attorneys and law enforcement to discuss open or pending cases.

Randolph County Juvenile Court- No Formal Agreement

We communicate with juvenile office as needed. We support for our clients with various mental health needs.

Randolph County Fair, Health Fair- No Formal Agreement

MSHS sponsors and mans a booth to promote mental health awareness and available services from MSHS

Chamber of Commerce- No Formal Agreement

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center.

Black River Technical College- Formal Agreement

MSHS provides practicum sites for nursing students. We offer education for students and staff and participate in both health and career fairs. We are part of the community advisory board for the school.

Woodruff County:

(We have just recently opened our clinic in Woodruff County)

AR Care (primary care)- No Formal Agreement

We provide mental health and substance abuse services upon referral.

District Court- No Formal Agreement

A MSHS representative attends court to respond to mental health and substance abuse cases.

DHS/DCFS- Formal Agreement

They make referrals to MSHS for substance abuse and mental health services. We offer crisis interventions when requested as well as testing.

Woodruff Detention Center- Formal Agreement with DAABHS

MSHS provides crisis services and mental health treatment, and placement for acute care.

Quapaw- Formal Agreement

MSHS refers to them for clients needing residential substance abuse treatment. They refer to us for follow up substance abuse services.

Federal Probation- Formal Agreement

MSHS provides evaluations as well as mental health and substance abuse services for referrals.

Compass, Unity Health- Formal Agreement with DAABHS

They are an crisis referrals source for individuals covered by the community mental health center contract for MSHS.

Augusta and McCrory Schools- No Formal Agreement

Mental health services provided in the schools as requested.

Poinsett County:

(We have just recently opened our clinic in Poinsett County)

Sheriff's Department- Formal Agreement with DAABHS

The Poinsett County Sheriff serves on the MSHS Board of Directors. We are partnering with his department to address the serious opioid crisis in Poinsett County. We provide mental health services and screenings in the Poinsett County jail.

Crowley's Ridge Educational Service Cooperative- No Formal Agreement

MSHS partners with the Crowley's Ridge Educational Cooperative to provide Mental Health First Aid Training.

DYS Juvenile Detention Facility in Harrisburg- Formal Agreement with DAABHS

MSHS provides mental health services in the facility with a MSHS therapist.

St. Francis County:

St. Francis County Detention Center- Formal Agreement with DAABHS

MSHS provides mental health and crisis services in the jail.

Forrest City Police Department- Formal Agreement with DAABHS

MSHS provides mental health and crisis services in the jail.

Forrest City Medical Center- Formal Agreement with DAABHS

MSHS provides mental health and crisis services in the hospital.

County Physicians- No Formal Agreement

We collaborate with county wide PCP's for referrals for mental health and substance abuse problems. We provide client medication care until the client is stable, then return them their PCP's care. We keep Medicaid and Medicare referral paperwork updated.

Juvenile Court System- No Agreement

MSHS provides ordered services for clients referred through the courts.

District Court- No Formal Agreement

MSHS provides ordered services for clients referred through the courts.

Forrest City School District- No Formal Agreement

MSHS provides services for student clients, on and off campus. We provide educational presentations for staff and students.

East Arkansas Community College- Formal Agreement

MSHS provides practicum sites for nursing students. We offer mental health education and information for students and faculty. We participate in EACC school events.

Chamber of Commerce- No Formal Agreement

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders

and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center. No formal agreement.

Monroe County:

Wade Knox MDT- No Formal Agreement

MSHS attends monthly county Multi-Disciplinary Team meetings. We receive referrals for TF-CBT intervention.

Monroe County Juvenile Courts- No Formal Agreement

We attend monthly court and receive referrals for FINS, court ordered mental health and substance abuse services.

Clarendon and Brinkley Schools- Informal agreement.

We do daily staffings. We provide mental health services for students both on and off campus.

Mid Delta Health Systems- Informal agreement.

MSHS receives referrals from this primary care provider. We provide the full range of services for referrals.

Izard County:

ARCARE- Informal agreement

MSHS takes PCP referrals for mental health and substance abuse services; We help our clients keep required referral paperwork for Medicaid and Medicare services current.

Grasse Memorial Medical Clinic-Informal agreement.

MSHS takes PCP referrals for mental health and substance abuse services. We help our clients keep required referral paperwork for Medicaid and Medicare services current.

Home Town Clinic of Melbourne-Informal agreement.

MSHS takes PCP referrals for mental health and substance abuse services. We help our clients keep required referral paperwork for Medicaid and Medicare services current.

Kidsperation-Informal agreement.

We provide behavioral health observations, individual and family services.

Melbourne Medical Clinic-Informal agreement.

MSHS takes PCP referrals for mental health and substance abuse services. We help our clients keep required referral paperwork for Medicaid and Medicare services current.

Grays Family Medical Clinic-Informal agreement.

MSHS takes PCP referrals for mental health and substance abuse services; We help our clients keep required referral paperwork for Medicaid and Medicare services current.

1st Choice Healthcare-Informal agreement.

MSHS takes PCP referrals for mental health and substance abuse services. We help our clients keep required referral paperwork for Medicaid and Medicare services current.

North Arkansas Development Council- Informal agreement.
MSHS refers clients for utility, medication and financial assistance.

Community Adult Education- Informal agreement.

MSHS makes referrals for GED class.

Izard County DHS- Formal agreement.

We provide services to identified foster care and therapeutic foster care children. We provide counseling to identified DHS clients who have an encumbrance.

Izard County Jail/ Sheriff Department/ Courts- Formal agreement with DAABHS.

MSHS provides crisis and mental health services including screenings and placement.

Melbourne Schools- Informal agreement.

MSHS provides mental health services on and off campus.

Izard County Consolidated School District- Informal agreement.

MSHS provides counseling in the school as requested. We receive referrals for mental health services.

Pregnancy Center- Informal agreement.

They are a referral source for MSHS clients. They offer free ultrasounds, pregnancy tests, parenting classes.

Arkansas Community Corrections/ Melbourne Probation Office- Informal agreement.

They are a referral source for substance abuse, mental health services.

Izard county Family Court- Informal agreement.

We attend court receive referrals for individual and family services- mental health, behavioral health and substance abuse.

Area Agency on Aging- Informal agreement.

They are a referral source for MSHS clients. They provide in-home health care, transportation, medical needs. We offer mental health and substance abuse treatment for their clients.

Pioneer Nursing Home- Informal agreement.

MSHS offers mental health and substance abuse treatment for their clients.

Lawrence County:

Lawrence County Detention Center- Formal Agreement with DAABHS.

MSHS provides crisis services to inmates- assessments, acute placements.

DCFS- Formal Agreement

Provide crisis services to children and families. We offer substance abuse treatment to adults involved with DCFS. We provide individual therapy to adults and children.

1st Choice Healthcare- No Formal Agreement.

We provide crisis services to their patients and accept referrals for mental health services. We assist our clients keeping their Medicaid and Medicare paperwork up to date.

Lawrence Memorial Hospital-Formal agreement with DAABHS.

MSHS provides crisis services to patients, placement for acute care.

Family Medical Center- No Formal agreement.

Provide crisis services to patients when requested and accept referrals for mental health and substance abuse services. We assist our clients keeping their Medicaid and Medicare paperwork up to date.

Walnut Ridge, Hoxie, Hillcrest School Districts; Imboden Charter School- No Formal agreement

We provide in-school services - individual therapy and crisis services. We participate in various school activities.

Brad Headstart- No Formal agreement.

We provide in school services - individual therapy and crisis services when requested.

Lawrence County MDT (Multi-Disciplinary Team)- No Formal agreement.

We attend monthly meetings - CACD, DCFS, mental health providers, attorneys and law enforcement to discuss open or pending cases.

Lawrence County Juvenile Court- No Formal agreement.

We attend court monthly. We support our clients with needed services.

Beatles Fest- No Formal Agreement.

MSHS provides community outreach at this community-wide festival. We promote mental health awareness and services provided by MSHS.

Lawrence County Family Clinic, Strawberry Medical Clinic, Access Medical Clinic- No Formal Agreement.

We provide crisis services to their patients and accept referrals for mental health services. We assist our clients keeping their Medicaid paperwork up to date.

Lawrence County Cooperative School/Haynes House- No Formal agreement.

We provide crisis services and accept referrals for mental health services.

Williams Baptist University- No Formal agreement.

MSHS provides education for students and faculty. We participate in various school events. We provide mental health and substance abuse counseling for referred students. Dr. Paul Rhodes, Chairman of the Department of Psychology, serves as one of our board members.

Children's Shelter-No Formal agreement.

We provide crisis services to clients and accept referrals.

Lawrence Hall Nursing Center- No Formal agreement.

We provide crisis services to patients and accept referrals for mental health services.

Chamber of Commerce- No Formal agreement.

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center.

Independence County:

County Jail-Formal agreement with DAABHS.

MSHS provides mental health and crisis intervention- assessment, placement for acute care.

White River Medical Center-Formal Agreement with DAABHS.

MSHS provides crisis intervention- assessment, placement for acute care.

Stepping Stones- No Formal agreement.

They are a hospital referral source to MSHS for substance abuse clients post discharge. Referral source for MSHS for clients requiring acute hospitalization.

DCFS- Formal Agreement

MSHS provides services to referred DHS/DCFS clients and families. We offer assessments, mental health and substance abuse counseling.

Physicians/ AR Care- No Formal agreement.

MSHS works with 18 physicians in Independence County including AR Care. We provide mental health and substance services for referrals as well as managing Medicare and Medicaid PCP referrals for our clients.

Chamber of Commerce- No Formal agreement.

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center.

Jackson County:

Jackson County Detention-Formal agreement with DAABHS.

MSHS provides crisis services to inmates- assessments, acute placements.

Unity Hospital-Formal agreement with DAABHS.

We provide crisis assessment and acute placements.

Compass- Formal Agreement.

MSHS makes referrals for inpatient services and offers mental health service after discharge.

Swifton and Tuckerman Schools- No Formal agreement.

We provide mental health services for students upon referral.

DHS/DCFS- Formal Agreement

They refer clients for substance abuse and mental health services- adults, children, families. We offer crisis interventions and testing.

Women's Shelter- No Formal agreement.

We provide mental health services upon request.

Physicians, AR Care, Newark Medical Center- No Formal agreement.

MSHS works with 14 physicians in Independence County including AR Care providing mental health and substance services for referrals as well as managing Medicare and Medicaid PCP referrals for our clients.

Chamber of Commerce- No Formal agreement.

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center.

White County:

DHS/DCFS-Contract.

They refer clients for substance abuse and mental health services- adults, children, families. We offer crisis interventions and testing.

White County Detention-Formal agreement with DAABHS.

MSHS provides crisis services to inmates- assessments, acute placements.

Unity Health (Hospital)-Formal agreement with DAABHS.

We provide crisis screenings-assessment and acute placement.

Juvenile Court- Formal Agreement

We provide court directed services for mental health and substance abuse.

Federal Probation-Formal Agreement

We provide services for mental health and substance abuse.

Compass-Formal Agreement.

We make referrals to them for in-patient mental health services.

Beebe and Riverview Schools- No Formal agreement.

We provide mental health services for students upon referral. We also provide Mental Health First Aid Training to Staff.

Mission Machine- No Formal agreement.

This is a resource for our clients who need shelter, food etc.

Chamber of Commerce- No Formal agreement.

MSHS is a member of the Chamber of Commerce. This gives us access to community leaders

and community events. The chamber is a great place to offer information about mental health issues and MSHS's resources as a community mental health center.

Sharp County:

Dr. Rebecca Phillips- Informal agreement.

Doctor makes PCP makes referrals for mental health and substance abuse services.

1st Choice Healthcare- Informal agreement.

PCP referrals for mental health and substance abuse services. We manage Medicare and Medicaid PCP referrals for our clients.

Access Medical, Ash Flat and Hardy- Informal agreement.

PCP referrals for mental health and substance abuse services. We manage Medicare and Medicaid PCP referrals for our clients.

Hardy Medical- Informal agreement.

PCP referrals for mental health and substance abuse services. We manage Medicare and Medicaid PCP referrals for our clients.

St. Bernards Highland- Informal agreement.

Medical clinic- makes referrals for mental health and substance abuse services.

DHS/DCFS- Formal Agreement

We provide substance abuse and mental health services- adults, children, families. We offer crisis interventions and evaluations.

Sharp County Jail/ Sheriff Department/Courts- Formal agreement with DAABHS.

We provide crisis services to inmates- assessments, acute placements. Provide court directed mental health and substance abuse services, evaluations.

Highland Schools- Informal agreement.

MSHS provides school based mental health services.

White River Medical Center- Cherokee Village- Formal Agreement with DAABHS.

This is a rural Critical Access Hospital. MSHS provides screenings and mental health services at the hospital. They make referrals for mental health and substance abuse services. MSHS sends clients to secure medical clearance before acute mental health or substance abuse hospitalization.

Mission of Hope, Hardy- Informal agreement.

This is a men's shelter and food pantry available to MSHS clients in need.

Pregnancy Center- Informal agreement.

The center offers free ultrasounds, pregnancy tests, parenting classes, available to MSHS clients in need of these services.

Arkansas Community Corrections Probation Office, Hardy- Informal agreement.

Provide services for mental health and substance abuse referrals. Contract.

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.

Region 7 encompasses a large geographic area of 20 counties, most of which are rural and consist of small communities that provide limited resources in terms of health care and social services. The population to be served in these rural counties is widely dispersed and for the most part not in close proximity to health care and social services centers. Some of the counties in Region 7 are among the most impoverished counties in America. A disproportionate number of the regions' citizens have personal income well below the federal poverty level. By some estimates Phillips County ranks fourth in a list of the nation's most poverty-stricken counties. One out of every three citizens in Phillips County lives below the federal poverty level.

These geographic and economic factors, combined with a lack of public transportation for the uninsured, present citizens of Region 7 a significant barrier to accessing health care.

Additional barriers to successfully serving this region include the lack of a sufficient number of primary care physicians who are in reasonable proximity to the most rurally placed citizens, and the inherent difficulty in recruiting and retaining qualified mental health professionals and psychiatrists to work in the rural areas.

Adequately serving the uninsured population in Region 7 will be a challenging task for any company. However, for a number of reasons MSHS is relatively well-positioned to meet this challenge. First and foremost, MSHS is well-established in all the counties of Region 7. We have been providing most of the services outlined in this RFQ for many years. This experience has allowed us to establish an impressive facility and staff infrastructure, as well as the community partnerships necessary to adequately fulfill this contract.

We have 25 service locations across the region, including one fully staffed clinic in each of the 20 counties. These widely dispersed service locations help to mitigate the transportation barrier experienced by those who live in the most remote areas. Additionally, over our many years of operation we have built a fleet of 37 vans that we use to transport clients to MSHS locations for treatment. Our policy has been to provide transportation for uninsured persons who have serious mental illness or serious emotional disturbance. We intend to continue providing this valuable benefit to or uninsured clients who are in greatest need of services.

MSHS has staff in each of these 20 clinics who provide services in the community, including services in the clients' homes. These home-based services are particularly helpful to those who lack the financial means to secure consistent transportation.

MSHS is fully staffed with mental health professionals and psychiatrists to serve the uninsured population. We have nine psychiatrists, one pediatrician, two general practitioners, and five psychiatric APRNs who provide evaluation and management of our clients' pharmacotherapy needs. We have worked diligently to provide competitive salaries and benefit packages that will enable us to maintain our professional workforce. For example, therapists who choose to work in our most remote locations receive a higher salary than those who work in the clinics located nearer to larger population centers.

MSHS has excellent relationships with area universities. Our clinics serve as internship sites for social work and counseling graduate students. We provide supervision and clinical experience for these interns in hopes of being able to hire them upon graduation. This has helped sustain our therapist workforce.

MSHS is an approved National Health Service Corps organization. This enables us to hire therapists who are in need of NHSC loan repayment assistance.

We have an impressive capacity for telehealth services. All of our 20 clinics are equipped with high-speed fiber optic internet cable and HIPAA compliant telehealth equipment. Our telehealth capacity has enabled us to provide consistent psychiatry services in rural locations that were previously underserved. We also use telehealth to ensure consistent mental health professional services in the most remote locations. We strive to have on-site, in person therapists in all locations during all office hours. However, during occasional staff shortages, we have been able to use telehealth to continue services until we can place a therapist on site.

In summary, our many years of experience as a community mental health center, and our considerable infrastructure of facilities, vehicles and staff already in place across Region 7, will allow MSHS to effectively meet the requirements in the contract.

E.1.B.b Board of Directors

NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC
dba MID-SOUTH HEALTH SYSTEMS, INC.
BOARD OF DIRECTORS 2018-2019

Robbie Young (Greene Co.) - Secretary
P. O. Box 123
Paragould, AR 72451
870-236-7673 (W); 870-236-0650 (Cell)
Attorney (Rhine, Rhine & Young)
E-Mail: RobYoung@RVLawfirm.com

Henry Torres (Craighead)
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870-926-4682(Cell)
Chief Information Officer – ASU
E-Mail: htorres@astate.edu

Dr. Paul Rhoads (Lawrence Co.) – V. Pres
P. O. Box 3674
Walnut Ridge, AR 72476
501-940-7561 (Cell)
Chair, Dept. of Psychology – Williams Baptist
E-Mail: Prhoads@williamsbu.edu

Bev Ducker (Craighead Co.) Treasurer
6228 Alan Drive
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870-926-9125 (Cell)
Retired
E-Mail: bev.ducker@yahoo.com

Cedric Williams (St. Francis Co.)
1906 Glengerry Drive
Forrest City, AR 72335
(C) 501-944-2217 (W) 870-633-3969
State Farm Agent
E-Mail: cedric.williams.T5TM@statefarm.com

Letroy Gathen (Mississippi Co.)
103 Gayle Road
Blytheville, AR 72315
870-776-1467 (H); (870) 740-5147 (C)
Retired
E-Mail: letgathen@gmail.com

Leigh Ann Wright (Greene Co.)
2905 Pruetts Chapel Rd.
Paragould, AR 72450
870-239-8521 (W); 870-240-6198 (Cell)
Sr. V.P-1st National Bank
E-Mail: lwright@fnbank.net

Ken Henry (Monroe Co.)
P. O. Box 371
Clarendon, AR 72029
870-747-3319 (W); 870-747-3664 (H); 501-813-2951 ©
President, Merchants & Planters Bank
E-Mail: khenry@md-bank.com

Marvin Steele, Sr. (Crittenden Co.) - President
912 W. Barton
West Memphis, AR 72301
870-636-0161 (Cell)
Retired
E-Mail: marvinsteele@msn.com

Bev Ducker (Randolph Co.)
6228 Alan Drive
Jonesboro, AR 72404
870-926-9125 (Cell)
Retired
E-Mail: bev.ducker@yahoo.com

Dewayne Phelan (Clay Co.)
205 Kipper Lane
Corning, AR 72422
870-323-2240 (Cell)
Retired
E-Mail: dewayne.p@centurytel.net

Clyde E. Noel (Lee Co.)
P. O. Box 145
Marianna, AR 72360
870-295-0938 (Cell); 870-295-6963 (H)
Retired Teacher/Coach
E-Mail: clyde.noel@icloud.com

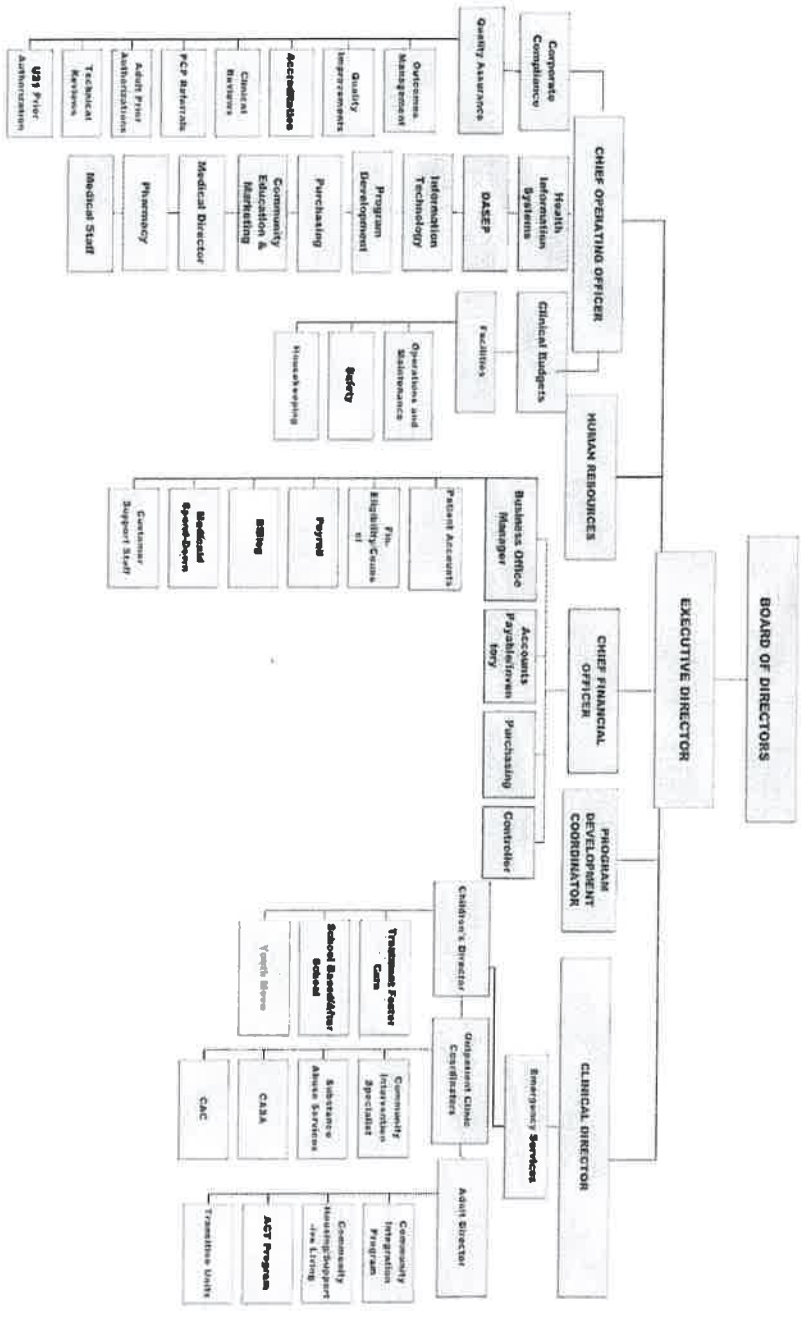
Kevin Molder (Poinsett Co.)
P. O. Box 108
Harrisburg, AR 72432
870-919-3620 (Cell); 870-578-5411(W)
Sheriff of Poinsett County
E-Mail: kevin.molder@poinsettcounty.us

Clark Hall (Phillips Co.)
620 Cherry Street
Suite 208
Helena, AR 72342
870-338-5500
County Judge
E-Mail: philcoljudge@suddenlinkmail.com

David West (Cross Co.)
704 Canal Street
Wynne, AR 72396
870-238-5700
Sheriff of Cross County
E-Mail: sheriffdwest@crosscountysheriff.org

E.1.B.d Organizational Chart

MID-SOUTH HEALTH SYSTEMS, INC.
 ORGANIZATIONAL CHART
 December, 2016



E.1.D.a Evidence of Qualifications and Credentials

UNIVERSITY OF MISSISSIPPI



On the Friends of learning everywhere, (Greeting:

Be it known that

Ruth Allison Simon

having completed the required course of study, is this day, by action of the Faculty and of the Board of Trustees, declared a

Juris Doctor

of the University of Mississippi and is admitted to all the rights and privileges belonging to this degree.

Testimony whereof is awarded this diploma duly certified by the signatures of proper officers, and the seal of the University, affixed this the thirtieth day of May, in the year of our Lord 1936 and in the 148th year of the University.

FOR THE FACULTY

FOR THE BOARD

Ruth C. Knight

CHANCELLOR

John W. Alderson

SEAL



University of Arkansas for Medical Sciences

Be it known that

Aynette Sims Slater, M.D.

is certified by The University Hospital and The College of Medicine
as having satisfactorily completed postdoctoral education as

Resident in Psychiatry

July 1, 1980 ~ June 30, 1983

The witness whereof, we have herewith affixed our names and
attached the official seal of this Institution.

Date June 30, 1983

Little Rock, Arkansas

Henry J. Simmons
MEDICAL DEPARTMENT
Dean of the College
Thomas Allen Fox
DEAN OF THE COLLEGE

Carl F. ...
EXECUTIVE DIRECTOR OF CLINICAL PROGRAMS
...
CHAIRMAN FOR MEDICAL SCIENCES



ARKANSAS STATE MEDICAL BOARD

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

www.armedicalboard.org

*Checked
Verified 9-6-18
HAB*

Annette Sims Slater, M.D.
1100 N University Drive
Suite 200
Little Rock, AR, USA 72207

Registration Year: 2018 Active/Unlimited


No.: C-5305 Issued: 8/8/1977 Expires: 9/30/2019

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-5305	Issued: 8/8/1977	Expires: 9/30/2019
Annette Sims Slater, M.D. 1100 N University Drive Suite 200 Little Rock, AR, USA 72207		

University of Mississippi



To the Friends of Learning everywhere, Greetings
Be it known that

Alton Roland Irwin, Jr.
having completed the required course of study, in this day, by action of the

Faculty and of the Board of Trustees, declared a
Doctor of Philosophy
of the University of Mississippi and is admitted

to all rights and privileges belonging to this degree.
In testimony whereof is awarded this diploma duly certified by the signature

of the proper officers, and the seal of the University, affixed this the
eighth day of August in the year of our Lord 1992 and in the 144th
year of the University.

FOR THE TRUSTEES

FOR THE FACULTY

Earl M. Swartz
President

R. David Swann
Chancellor



Will D.

Checked 115
HAD
checked 8/21/18
verified 8/21/18

ARKANSAS PSYCHOLOGY BOARD
101 E. Capitol Ave., Ste. 415
Little Rock, AR 72201-3824
(501) 682-6167

Ψ

THIS CERTIFICATE THAT
IS DULY LICENSED TO THE BOARD OF ARKANSAS AS A PSYCHOLOGIST
Psychologist License No. 93-03P
Expires: 6/30/2019 Issue Date: 1/15/1993

Signature: *Alan Island - Spawm, Ph.D.*

The Graduate
of

The University of Tennessee

on the recommendation of the Faculty have conferred on

Heather S. Parsons

the degree of

Master of Science in Social Work

with all the Rights, Privileges, and Honors thereto appertaining
In witness whereof this diploma is granted and the Seal of the
University and the signatures of the President of the University and the
Secretary of the Board of Trustees are hereunto affixed.

Given at Knoxville in the State of Tennessee this tenth day of May
in the year of our Lord nineteen hundred and ninety six
and of the Nineteenth the two hundred and second.

Samuel E. Snodgrass
Secretary of the Board of Trustees

Joseph Johnson
President of the University of Tennessee



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

Handled
1. filed
Credited
Emailed to JMG
9-19-17



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

September 11, 2017

Heather Sarah Parsons, LCSW
1320 East Cherokee
Wynne, AR 72396

Heather Sarah Parsons, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **October 1, 2017 through September 30, 2019**. 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, (**September 30, 2019**) you must obtain 48 hours of social work continuing education between the dates of **October 1, 2017 through September 30, 2019**. 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).

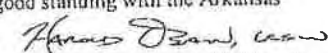
Please keep this letter for your records. You may wish to make a copy before you remove the card.



**Arkansas
Social Work License Card**

License No.	Expiration Date:
2167-C	9/30/2019
Heather Sarah Parsons, LCSW	
1320 East Cherokee	
Wynne AR 72396	

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



Chairman

**E.1.D.b Resume of MSHS' CEO, Medical
Director, Clinical Director and COO**

RUTH ALLISON DOVER

**2502 Rosewood Circle
Jonesboro, AR 72401
870-919-2995**

Licensed to practice law in Mississippi since 1996 and in Arkansas since 1999

JURIS DOCTOR
University of Mississippi

1993-1996
Oxford, Mississippi

BACHELOR OF BUSINESS ADMINISTRATION, MAGNA CUM LAUDE
University of Mississippi

1989-1993
Oxford, Mississippi

EXPERIENCE

EXECUTIVE DIRECTOR/CHIEF EXECUTIVE OFFICER

OCTOBER 2016 - PRESENT

Mid-South Health Systems, Inc.

- Overall responsibility for the management of the Company, as stated in the By-Laws.
- Plans, directs or coordinates operational activities at the highest level of management, supervising all the Company's officers.
- Responsible for the provision of delivery of mental health services of company and fulfilling the Company's mission.
- Responsible for the Company's compliance with all applicable state and federal laws and regulations, as well as CARF accreditation standards.
- Provides leadership and mentoring to officers and executive staff.
- Routinely advises Company management on all legal issues, and reviews all contracts to be executed by the Company.

CHIEF OPERATING OFFICER/LEGAL COUNSEL

AUGUST 2015 – OCTOBER 2016

Mid-South Health Systems Inc.

- Assisted with the planning, directing and coordination of operations activities of the organization.
- Supervised HIM, IT, Operations, and Marketing Departments in the Company, and regularly audited and evaluated those functions.
- Responsible for monitoring and approving purchasing for the Company.
- Developed short and long range goals and objectives for all departments supervised and assisted the CEO in planning for the organization.

LEGAL COUNSEL

August 2006 – August 2015

Mid-South Health Systems, Inc.

Jonesboro, Arkansas

- Served as the Company's Chief Legal Officer and was responsible for the overall direction of the Human Resources function for the Company, including policy development, adherence to applicable laws and regulations and other employment related issues
- Maintained routine, scheduled contact with all clinics to provide on-site HR and legal support, as needed.
- Reviewed all contracts to be executed by the Company.
- Routinely advised Company management on all legal issues.
- Audited and evaluated H.R. and Safety functions and prepared periodic reports for CEO.

GENERAL COUNSEL

MAY 2002 –AUGUST, 2006

Choctaw Resort Development Enterprise

Philadelphia, Mississippi

- Sole employment attorney for all employment matters for the Mississippi Band of Choctaw Indians, Mississippi's 3rd largest employer with over 8,000 employees.
- Lead counsel to the Enterprise which operates Pearl River Resort comprising of the Silver Star Hotel & Casino, Golden Moon Hotel & Casino, Dancing Rabbit Golf Club, Choctaw Hospitality Institute, and Geysers Falls Water Theme Park with Clearwater Key with annual net revenues in excess of \$250 million.
- Report to Board of Directors and President for all legal matters of the enterprise including employment, contracts, intellectual property, and litigation.
- Solely responsible for all legal department employees and budget of \$900,000.00.

DEPUTY ATTORNEY GENERAL

SEPTEMBER 1998 - APRIL 2002

Mississippi Band of Choctaw Indians

Philadelphia, Mississippi

- Representation of the Tribe's nine business enterprises and two joint ventures located throughout five states in the U.S. and in Mexico in the manufacturing, residential care facility, printing and direct mail, digital mapping, retail sales, and hospitality industries which have combined annual revenues of over \$430 million.
- Report directly to Attorney General or Tribal Chief.
- Supervision of three lawyers and a lay advocate employed by the Tribe and selection and oversight of assignments to outside counsel.
- Sole lawyer assigned to Tribe's employment matters for both government agencies and business enterprises.

STAFF ATTORNEY, OFFICE OF THE ATTORNEY GENERAL

JUNE 1996 -AUGUST 1998

Mississippi Band of Choctaw Indians

Philadelphia, Mississippi

- Representation of Tribe's governmental agencies including its hospitals, school system, police and fire departments, social services, and public works department.
- Prosecution for the Tribe in all Youth Court proceedings.
- Drafting of motions and briefs, Attorney General opinions and Tribal Council legislation such as ordinances, resolutions, and statutes for the Tribal Code.
- Review of all governmental and business enterprise contracts to be executed by Tribe.

PROFESSIONAL AFFILIATIONS

- Admitted to the Mississippi Bar in September 1996
- Admitted to practice law in Arkansas in September 1999
- Founding member of the Choctaw Bar Association
- Member of the East Mississippi Women Lawyers Association
- Member of the American Bar Association
- Member of the American Corporate Counsel Association
- Member of the International Association of Gaming Attorneys

PUBLICATIONS AND OTHER WORKS

- Authored and presented *Understanding the Tribal Innkeeper Code* at the Choctaw Tribal Court 2nd Annual Judicial Symposium (July 29-29, 1004).
- Co-authored *Tribal and Federal Indian Law in Mississippi*, in 8 Encyclopedia of Mississippi Law (West Group 2002).
- Authored and presented *Structuring Tribal Employment Relationships* to Legal Issues in Tribal Employment Conference sponsored by United South and Eastern Tribes, Inc. (September 17, 1999).
- Moot Court Bench Memo published in Mississippi Review of First Impressions (Univ. of Miss. 1996).

CURRICULUM VITAE
Annette (Sims) Slater, M.D.

NAME: Annette (Sims) Slater, MD
21 Talais Drive
Little Rock, Arkansas 72223

WORK ADDRESS: Little Rock Community Mental Health Center
1100 North University, Suite 200
Little Rock, Arkansas 72207

BIRTH DATE: September 30, 1951

CITIZENSHIP: UNITED STATES

MARITAL STATUS: Married - James Slater
1 Child

EDUCATION:

Premedical: Arkansas State University
Jonesboro, Arkansas 76467
1969 - 1973
Degree - B.S. Zoology

Medical: University of Arkansas for Medical Sciences
4301 West Markham Street
Little Rock, AR 72205
1973-1977
Degree - MD

Internship: Brooke Army Medical Center
Fort Sam Houston, Texas
Type - Flexible
1977 - 1978

Residency: University of Arkansas for Medical Sciences
Psychiatry 1980-1983

Board Certification: Board Certificate in Psychiatry - 1985
Added Qualification In Addictions Psychiatry
October, 1994, Recertified April, 2004

Other: Examiner: American Board of Psychiatry and Neurology

Current Employment: Little Rock Community Mental Health Center
Staff Psychiatrist August 2014- Present

Most Recent Past Employment: Professional Counseling Associates
Staff Psychiatrist January 2014-June 2014

CURRICULUM VITAE
Annette (Sims) Slater, MD
Continued

Central Arkansas Veterans Healthcare System
Staff Psychiatrist: September 2002 – present
Chief, Ambulatory Mental Health 2007 – 2013

North Texas VA Medical Center July 1998-Sept. 2002
Medical Team Leader, General Adult Psychiatry team 2001-
September 2002.
Medical Team leader, Psychosis Team June 1999-2001
Staff psychiatrist 1998-1999

North Little Rock Veterans Administration
Acting Chief Psychiatry 1998

Chief, Acute Inpatient Psychiatry 1995-1997

Addiction Psychiatrist 1992-1995
Rehabilitation Section
Special Treatment Section

Employment in the Veterans Administration System gave me the opportunity to expand my clinical, teaching and administrative skills. I was course developer and lead teacher for the medical student and resident rotations and Chief of the MHC. I also developed and coordinated the Addiction Psychiatry Fellowship.

Committee Experience:

College of Medicine Admission Committee UAMS 2006 - present
Deans Appeal Board Committee, UAMS 2007-2011
VISN 16 Mental Health System Redesign Collaborative 2008-Present
Central Arkansas Veterans Healthcare System Mental Health System Redesign
VISN 17 patient Services Committee, member 1999 to 2002
North Texas VA Health Patient care committee, Member 1999-2001
Mental health template development committee 1999
Mental Health Operations council, member 1999-2002
Physicians Assistant Standards Board, member 2000-2002
Clozaril Treatment Team, North Texas VA Health Care Center, Chair 1999-2002
Mental Health Medical Director of Education 1998 to 2002
Assistant Director VA National Clozaril Registry 1999-2002

Lecturer in UAMS college of Psychiatry

Prior work experience:

Medical team leader in the North Texas Health Care System: 1999-2002
Supervised the provision of the complete continuum of care to 3000 veterans and the nineteen-member multidisciplinary staff that provided that care. This staff included psychiatrists, psychologists, social workers, addiction therapists, nurses, and physician's assistants.

Acting chief of psychiatry, Central Arkansas Veterans Healthcare System: 1998
Coordinated 5 major psychiatric programs and the personnel involved. I was able to work with the members of the mental health product line from around the VISN looking at resource allocations

CURRICULUM VITAE
Annette (Sims) Slater, MD
Continued

and utilization along with program development. Within mental health itself I had the opportunity to be a major part of gathering data that supported the VISN policy to enforce algorithms that would help contain the cost of atypical antipsychotics while keeping them available to this population of veterans that so desperately needed them.

Chief Acute Inpatient Psychiatry: 1995-1998

Supervised the daily operation of a 26-bed unit that included a 4-bed psychiatric intensive care unit and 2 seclusion rooms. The unit generally ran at 80% occupancy and experienced over 400% turnover monthly. This unit employed twenty-nine nursing personnel, two social workers, a psychologist, a pharmacist, two nurse practitioners and two full time physicians. While on this unit I helped to develop the clinical pathways that allowed implementation of the national guidelines for depression and bipolar disorder.

The unit provided educational activity for medical students, nursing students, social work and psychology interns, pharmacy residents and psychiatry residents. We provided half of the 10 months of inpatient psychiatry experience received by our psychiatry residents. I had the opportunity to supervise two medical students and one to two psychiatry residents per rotations.

Administratively, I had the opportunity to serve on the several hospital wide committees including the Quality Leadership Team, Medical Executive Committee, and the Behavior Emergency Committee (BEC). As chairman of the BEC, I was a part of identifying potentially dangerous patients and developing procedures for reducing staff and patient exposure to these potential dangerous situations.

Academic Appointments:

Associate Professor of Psychiatry
University of Arkansas for Medical Science
2002 – 2013

Assistant Professor of Psychiatry
University of Texas Southwestern Medical School
1998-2002

Assistant Professor of Psychiatry
University of Arkansas for Medical Sciences 1992-1998

Awards:

Robert F. Shannon Education Award, 2011

Nominated: outstanding teacher for PGY 3 psychiatry resident class 2002

Federal Woman of the Year in medical scientific/ supervisory category. 1996

Red Sash Award 1998: An award given by graduating seniors to faculty members they perceive has having the greatest positive influence during their medical school education.

Performance Awards for development of the major depression pathway and for leadership rendered while serving as chairman of the hospital wide discharge planning committee. The discharge planning committee implemented processes that markedly reduced discharge paperwork. It also implemented systematic prompts that ensured

CURRICULUM VITAE
Annette (Sims) Slater, MD
Continued

greater frequency of arranging follow-up appointments and obtaining follow-up labs and x-rays.

1. U.S. Army - 1977-1980

General medical officer - Fort Hood, Texas: I was responsible for training physician's assistants and outpatient specialists. Outpatient specialists are enlisted men and women trained to care for minor illness, i.e., upper respiratory infections, urinary tract infections, etc.

Also supervised the clinic where these specialists were employed and along with three other doctors, provided physician coverage for the emergency room.

2. Spectrum Emergency Care - 1980-1982

Emergency room moonlighting 1-2 times per month for two years

3. North Central Arkansas Human Services - 1981-1982

Psychiatric consultation: Performing medication management, initial evaluations and supportive psychotherapy.

Reason for leaving: facility hired full-time psychiatrist.

4. VA Medical Center - 1983-1985

As staff psychiatrist on the acute care unit, I coordinated treatment with an average census of 20 patients at a time. The position included some supervision of medical students and residents, psychiatric consultation to the medical units and psychiatric evaluations for disability purposes. This was a full-time position, which also involved the supervision of non-MD professionals such as nurses, psychologists, and social workers.

5. West Central Arkansas Human Services Center 1982-1986

As a psychiatric consultant working eight hours per week, I performed medication management, initial evaluations, and supportive psychotherapy. Occasional inservices were provided to clinical staff. Medication management was done on site at the chronic mental ill day treatment program.

6. Arkansas State Hospital - 1985-1988

Full-time position as staff psychiatrist and section leader: Job involves attending and training of residents and medical students, administrative duties to coordinate daily running of unit, and a personal case census averaging 10 patients a day.

7. Counseling clinic, Inc. 1986-1991

As the medical consultant for a residential care unit, I provided medication management for an average of 45-50 patients. The job included inservices for staff, evaluations and treatment of these patients when they required hospitalization, assistance in program development, and quality assurance reviews. This position required 12 hours per week.

8. Private practice - 1988-1992 - General Psychiatry.

Hospital privileges were maintained at:

St. Vincent Infirmary
#2 St. Vincent Circle
Little Rock, AR 72205

CPC Pinnacle Pointe

CURRICULUM VITAE
Annette (Sims) Slater, MD
Continued

11501 Financial Center Parkway
Little Rock, AR 72211

Doctors Hospital
6101 West Capitol
Little Rock, AR 72205

Bridgeway
#21 Bridgeway Road
North Little Rock, AR 72118

Baptist Medical Systems
9601 I-630, Exit 7
Little Rock, AR 72205

Seminars Coordinated:

UAMS Department of Psychiatry 2002-2009. Organized daily 6-week medical student lecture series during junior medical student clerkship rotation. Delivered weekly lectures on the topics of substance abuse and anxiety disorders.

Director Medical Education at North Texas VA health Care System: 1999-2002. Scheduled topics, obtained speakers and procured funding for a bimonthly grand round for the Mental Health department.

Medical Licensure:

Arkansas, August 1977-C5305
Texas, 1999-L0605, inactive

Medical Societies:

American Psychiatry Association
Arkansas Medical Dental Association

Volunteer Activities:

Links Inc: 2001-present
A social service organization focusing on work readiness by providing exposure to none traditional careers options to elementary School girls

Delta Sigma Theta Sorority: 1991-present
A social service organization with multiple activities: Coordinated The Depression Screening Day and implement the Organizations Depression initiative within the Dallas region

Mount Pleasant Missionary Baptist Church: 1985-1998, 2002-present

Sunday School Teacher 1986-1997, 2002-present
Director of Family Life Department

Heather S. Parsons, LCSW

Home

1320 East Cherokee
Wynne, AR 72396
(870) 362-0553 cell

hparsons@mshs.org

Work

2707 Browns Land
Jonesboro, AR 72401
(870)972-4015

Education:

University of Tennessee
Master of Science in Social Work
August 1994 – May 1996

114 Henson Hall
Knoxville, TN 37996
1(865)974-1000

Ouachita Baptist University
Bachelor of Arts
Major – Sociology
Minor – Christian Counseling
August 1990 – May 1994
Magna Cum Laude

410 Ouachita St.
Arkadelphia, AR 71998-0001
1(800)342-5628

Credentials:

LCSW (AR 2167-C) 10/1/07 – 9-30-19

LCSW (TN LSW0000004131) 3/1/01 - 2/29/08, 2/28/2014 - 2/29/16
(license retired in 2008 and reinstated 2013)

LCSW (AR 1575 - C) 8/24/00 – 8/31/02
(license retired due to practice in Tennessee 1999-2007)

Experience:

April 20, 2015 - current
Mid-South Health Systems
2707 Browns Lane
Jonesboro, AR 72335
1(870)972-4000

- Director of Clinical Services – November 2016 – Current
- Children's Services Director – South – April 2015 – November 2016

November 18, 2013 – April 15, 2015
Professional Care Services of West Tennessee
1997 Hwy 51 South
Covington, TN 38019
1(901)476-8967

- Clinical Director

August 24, 2009 – November 12, 2013
Mid-South Health Systems, Inc (Formerly, Counseling Services of Eastern Arkansas)
2707 Browns Lane
Jonesboro, AR 72401
1(870) 972-4000

- Clinic Coordinator Forrest City & Brinkley

October 15, 2007 – August 21, 2009
Counseling Consultants, Inc.
2860 I-55 Service Rd., Suite A
Marion, AR 72364
1(870)739-5852

- Clinical Director
- On Site Clinical and Administrative Coordinator, Forrest City Office

November 16, 1999 – October 5, 2007
Professional Care Services, Inc.
1997 Hwy 51 South
Covington, Tennessee 38019
1(901)476-8967

- Positions held are as follows (beginning with most current):
- Clinical Director
- On Site Clinical Millington Site Director
- Quality Assurance Director
- Case Management Program Director
- Clinical supervisor / CTT Leader
- Clinical Therapist / Mobile Crisis

August 1995 – October 1998
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, Arkansas 72401
1(870)972-4000

- TODAY Therapeutic Fostercare Therapist
- NEATWORKS Therapist

**Justification
For Lapse in
Employment:**

October 1998 – November 16, 1999 – moved to Tennessee with my husband's job and stayed home after the birth of my first child

VITA

PERSONAL DATA

Name and mailing address

Alton Roland Irwin, Jr. Ph.D.
202 Kerry Dr.
Wynne, Arkansas 72396

Telephone

870-680-3296

PROFESSIONAL LICENSE

Licensed as a psychologist in Arkansas since September of 1992. License number 93-3P

EDUCATION

1992: Ph.D., Clinical Psychology

University of Mississippi
University, Mississippi

1991-1992: Pre-doctoral Residency

Biloxi VA Medical Center
Biloxi, Mississippi

1984: M.S., Experimental Psychology

Northeast Louisiana Univ.
Monroe, Louisiana

1982: B.A., Psychology

Northeast Louisiana Univ.
Monroe, Louisiana

PROFESSIONAL EXPERIENCE

CLINICAL

09/1992 – present.

Mid-South Health Systems
2707 Brown's Lane
Jonesboro, Arkansas
Current Supervisor: Ruth Allison Dover
870-972-4000

Served in various capacities in this organization:

Chief Operating Officer: 07/2016 – present.
Clinical Director: 12/1997 – 7/2016
Director of Outpatient Services: 06/1995 -06/1996

Staff Psychologist: 01/1994 – 06/1995
Clinic Coordinator: 09/1992 – 12/1993

06/1994 – 05/1996

Senior Care Geriatric Psychiatric Hospital
Forrest City, Arkansas

Consulting Psychologist: conducted psychological evaluations of patients upon admission to unit.

09/1991 – 09/1992

Biloxi VA Medical Center
Biloxi, Mississippi

Clinical Psychology Resident. Completed the following rotations: Inpatient Psychiatry, Inpatient Substance Abuse, Behavioral Medicine, Emergency Room Triage, Neuropsychological Evaluation, Outpatient Clinic.

09/1985 – 05/1988

Head Start Centers of Northeast Mississippi

Mental Health Consultant: Assessment, diagnosis and treatment recommendations for preschool children.

09/1988 – 05/1991

Region VI Mental Health Center
Greenwood, Mississippi

Clinical Therapist: Assessment, diagnosis, psychological evaluation and treatment of outpatient adults and children.

04/1989 – 08/1989

North Mississippi Retardation Center
Oxford, Mississippi

Psychologist 1: Designed and implemented behavior modification programs to improve adjustment and learning in residents. Trained staff in implementation of behavior modification programs.

ACADEMIC

09/1986 – 05/1990

Department of Psychology
University of Mississippi

Assistant Instructor: Taught undergraduate general and abnormal psychology.

09/1982 – 09/1984

Department of Psychology

Northeast Louisiana University

Assistant Instructor: Taught undergraduate general psychology and graduate inferential statistics.

RESEARCH

09/1984 – 05/1990

Department of Psychology

University of Mississippi

Graduate Research Assistant: Conducted grant-funded experiments exploring conditioned learning paradigms relating to use of narcotics. Served as small animal surgeon (external jugular catheterizations, oral and intraperitoneal cannula implants.) Conducted grant-funded investigation of smoking cessation procedures.

Dissertation Research: Experimental investigation of the effects of high-aggression-content video games on child behavior.

PUBLICATIONS

Irwin, A. R. & Gross, A. (1996). The effects of aggressive and non-aggressive video games on aggressive behavior in boys. Journal of Family Violence.

Irwin, A.R. & Gross, A. (1990). Mental Retardation in Childhood. In M. Hersen & C. Last (Eds.), Handbook of Child and Adult Psychopathology: A Developmental Perspective. (pp. 325-327). New York: Pergamon.

Klitzke, M., Irwin, A. R., Lombardo, T., Christoff, K. (1990). Self-monitored smoking motives. Journal of Substance Abuse. 2. 121-127.

Irwin, A. R. & Gross, A. M. (1987). A review of W. Rasbury, J. Johnson, & L. Seigal Approaches to Child Treatment. New York: Pergamon. In Child and Family Behavior Therapy. 9. 87-89.

E.1.E

Minimum of 3 Letter of Recommendation from
3 Different Sources



CITY OF JONESBORO

February 25, 2019

Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I fully support Mid-South Health Systems, Inc. intent to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/ or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is a necessity to enable person with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers.

The City of Jonesboro has worked/partnered with Mid-South Health Systems on projects in the past three years and has found your services to be exemplary. Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide the services for Region 7 to include Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White Counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Service for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 870-932-1052 or hperrin@jonesboro.org.

Sincerely,

Harold Perrin
Mayor



Glenn P. Schoettle
Arts Education Center

EXECUTIVE DIRECTOR
Amelia Barton

BOARD OF DIRECTORS
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Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

February 4, 2019

Dear Mrs. Dover:

DeltaARTS has partnered with Mid-South Health Systems on the Art & Soul exhibition for the past six and strongly believe in the good work you do in Eastern Arkansas. As part of this exhibition we hear from the artists themselves, clients of Mid-South Health Systems, about the difference that is made in their lives through the efforts of their therapists. The dedicated staff is committed to helping improve the lives of their clients.

I fully support Mid-South Health Systems, Inc. intent to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. I know individuals with mental disorders in our community will be served with dignity and respect by this agency, and we look forward to partnering with you for years to come.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 870-732-6260 or at abarton@deltaarts.org.

Sincerely,

A handwritten signature in blue ink that reads "Amelia Barton". The signature is fluid and cursive, with a long, sweeping underline.

Amelia Barton
Executive Director

Imaginative Arts Education for the Delta

Recipient of the 2015 and 2002 Governor's Arts Award for Arts in Education

301 South Rhodes, West Memphis, AR 72301 | P. O. Box 1434, West Memphis, AR 72303 | 870.732.6260 | 870.735.6262 fax | www.deltaarts.org



200 Manor Street | Marion, AR 72364-1936
Telephone: 870.739.5100 | Fax: 870.739.5156 | msd3.org

Dr. Glen Fenter, Superintendent

February 21, 2019

Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I fully support Mid-South Health Systems, Inc. intent to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/ or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is a necessity to enable person with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers.

Marion School District has worked/partnered with Mid-South Health Systems on projects in the past year and has found your services to be exemplary. Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide the services for Region 7 to include Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White Counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Service for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 870-739-5100 or gfenter@msd3.org.

Sincerely,

Dr. Glen Fenter
Superintendent

Board of Directors

A. Jan Thomas, Jr., President | Steve A. Sutton, Vice President | Rev. Jeffrey Richardson, Secretary | Daryel Jackson | Gary Wehrum | Rob Rash | Eddie Minton



CITY OF WEST MEMPHIS

PLANNING AND DEVELOPMENT

205 South Redding – P.O. Box 1728 – West Memphis, Arkansas 72303 – (870)732-7520 – Fax (870)732-7650

March 6, 2019

Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I fully support Mid-South Health Systems, Inc. intent to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/ or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is a necessity to enable person with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers.

The City of West Memphis has worked/partnered with Mid-South Health Systems on projects for the past decade and has found your services to be exemplary. I believe Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide the services for Region 7 which includes Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White Counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Service for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me at my office at 870-732-7520 or by email at pluker@citywm.com if you have any questions or if I can be of further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Paul Luker".

Paul Luker, AICP
The City of West Memphis Director of Planning and Development



Counties
Clay
Craighead
Crittenden
Greene
Mississippi
Poinsett

Cindy Thyer
Circuit Judge, Division 4
Second Judicial District
P.O. Box 1334
Jonesboro, AR 72403
(870) 933-4590
FAX (870) 933-4591
March 5, 2019

Jannie L. Condley, CCR
Court Reporter
(479) 747-9919
jannic@condleycourtreporting.com

Belinda G. Penn, CCM
Trial Court Administrator
(870) 933-4590
bpenn@2ndjudicial.org

Mrs. Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I am in support of Mid-South Health Systems, Inc.'s intent to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. I recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/or serious emotional disturbance in our community. A well-coordinated array of treatment services is a necessity to enable those with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers.

Mid-South Health Systems has been a regular treatment provider to adults and juveniles in our court system. I have appreciated that any time if there was a question or area of concern that Mid-South was responsive and eager to discuss and implement improvements to existing practices. I believe Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide the services for Region 7 which includes Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton, and White Counties. I consider Mid-South Health Systems to be a qualified applicant to provide Crisis and Forensic Mental Health Services for the Division of Aging, Adult and Behavioral Health Services.

Mrs. Ruth Allison Dover
March 5, 2019
Page 2

Please feel free to contact me if you have any questions or if I can be of further assistance.

Very truly yours,


Cindy Thyer
Circuit Judge, Division 4

CT:bgp

UAMS



COLLEGE OF MEDICINE
DEPARTMENT OF
FAMILY AND PREVENTIVE MEDICINE

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

4301 W. Markham St., #530
Little Rock, AR 72205 – 7199

501-686-6560
501-686-8421 (fax)

www.uams.edu/com

Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I am pleased to support the intent of Mid-South Health Systems, Inc. to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/ or serious emotional disturbance in Arkansas. We understand that a well-coordinated array of treatment services is essential to enable individuals with serious mental illnesses to remain in our community and be thriving members. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers.

UAMS has worked/partnered with Mid-South Health Systems on multiple projects in the past 12 years. Mid-South Health Systems is an essential partners in Project PLAY, our state's mental health consultation program to child care, providing leadership and front-line staff in two catchment areas. Mid-South Health Systems was an excellent past partner in a recent grant-funded program called AR Network for Early Stress and Trauma (AR NEST). The commitment of the agency to evidence-based mental health care for children and families of all ages, including our young children, was a key ingredient to the success of that project. Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide the services for Region 7 to include Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White Counties. It is our pleasure to recognize your expertise and efforts on behalf of your community and to highlight your qualifications as an applicant to provide Crisis and Forensic Mental Health Service for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 501-8373220 or naedge@uams.edu.

Sincerely,

 3/8/19

Nicola Edge, PhD

Professor

Department of Family and Preventive Medicine

University of Arkansas for Medical Sciences



OFFICE OF BEHAVIORAL RESEARCH & EVALUATION
P.O. Box 639, State University, AR 72467 | o: 870-972-2287 | f: 870-972-3071

Ruth Allison Dover, Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I fully support Mid-South Health Systems, Inc.'s intent to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Services for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is a necessity to enable persons with serious mental illnesses to remain, and become active participants, in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers.

The Office of Behavioral Research & Evaluation has worked with Mid-South Health Systems on many projects across the past fifteen years and has seen your impact in the community. Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide services for Region 7 to include Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, IZard, Jackson, Fulton and White Counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Service for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 870-219-3013 or cbrinkley@astate.edu.

Sincerely,

 3-8-19

Christy Brinkley, Ed. S.
Director of the Office of Behavioral Research & Evaluation





Corporate Office:
1001 N Missouri Ave.
PO Box 83
Corning, AR 72422

Telephone: 870.857.3334
Fax: 870.857.9934
Billing: 870.857.3329

Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I fully support Mid-South Health Systems, Inc. intent to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/ or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is a necessity to enable person with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers.

1st Choice Healthcare has worked/partnered with Mid-South Health Systems on projects for over the past 20 years and has found your services to be exemplary. Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide the services for Region 7 to include Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White Counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Service for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 870.857.3334 or bmcdonald@1stchoice-ar.org.

Sincerely,

Brigitte McDonald
Chief Executive Officer

Clinic Locations

1300 Creason Road – Corning, AR 72422 Ph. 870.857.3399
141 Betty Drive – Pochontas, AR 72455 Ph. 870.892.9949
201 Colonial Drive – Walnut Ridge, AR 72476 Ph. 870.886.5507
308 Hwy 62W – Ash Flat, AR 72513 Ph. 870.994.2202
#1 Medical Drive – Paragould, AR 72450 Ph. 870.236.2000
172 Hwy 62 West – Salem, AR 72576 Ph. 870.895.2735





Matt Knight <mknight@mshs.org>

Support letter

2 messages

Matt Knight <mknight@mshs.org>

Mon, Feb 18, 2019 at 9:56 AM

To: bmcdonald@1stchoice-ar.org

Good to talk with you. Much appreciated help.

**Sample LOR for Crisis and Forensic MHS.docx**

15K

Brigitte McDonald <bmcdonald@1stchoice-ar.org>

Mon, Feb 18, 2019 at 12:55 PM

To: Matt Knight <mknight@mshs.org>

Here is a copy of the letter you requested. Sending original in mail.

Thanks again for all you do.

[Quoted text hidden]

**CONFIDENTIALITY NOTICE:**

The information contained herein is intended for the addressed recipient(s) only. In addition, the information contained in this transmission may be privileged, confidential and protected from disclosure under Federal Confidentiality Laws (42 CFR Part 2 and 45 CFR Parts 160-164). If you are not the intended recipient, please be advised that any disclosure, copying, distribution or use of the contents of this transmission is prohibited without the consent of the author. If you have received this e-mail in error, please notify the sender immediately by replying to the e-mail address contained herein or by deleting this email.

<http://www.mshs.org>

From the Office of

Marvin Day

Craighead County Judge

CRAIGHEAD COUNTY
ESTABLISHED 1850
ARKANSAS

Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

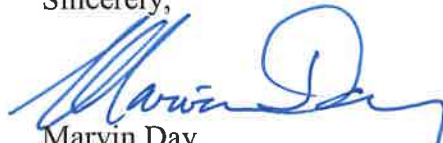
Dear Mrs. Dover:

I fully support Mid-South Health Systems, Inc. intent to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/ or serious emotional disturbances in our community. We understand that a well-coordinated array of treatment services is a necessity to enable persons with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers.

Craighead County has partnered with Mid-South Health Systems, Inc. on projects over the past ten years and we have found your services to be exemplary. Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide the services for Region 7 to include Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White Counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Service for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 870-933-4500 or mday@craigheadcounty.org.

Sincerely,



Marvin Day
Craighead County Judge

3/13/19



Crowley's Ridge Development Council, Inc.

A Community Action Partnership Serving Northeast Arkansas Since 1969

P.O. Box 16720 2401 Fox Meadow Lane Jonesboro, AR 72403
870.802.7100 870.935.0291 (Fax) www.crdcnea.org

February 23, 2018

Ruth Allison Dover, Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I fully support Mid-South Health Systems, Inc. intent to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. It is a normal occurrence for staff at Crowley's Ridge Development Council, Inc. (CRDC) to see first-hand the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/ or serious emotional disturbance in the eight counties we currently provide services. We understand that a well-coordinated array of treatment services is a necessity to enable persons with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers.

CRDC continues to partner with Mid-South Health Systems on projects and has found you to be good community partner. Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide the services for Region 7 to include Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White Counties. On behalf of CRDC, we gladly endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Service for the Division of Aging, Adult and Behavioral Health Services.

Do not hesitate to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 870-333-5114 or tethomas@crdcnea.com.

Sincerely,

Tony E. Thomas
Executive Director

Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I fully support Mid-South Health Systems, Inc. intent to apply to the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/ or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is a necessity to enable a person with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers.

The Poinsett County Sheriff's Office has worked/partnered with Mid-South Health Systems on projects in the past 3 years and has found your services to be exemplary. Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide the services for Region 7 to include Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Icard, Jackson, Fulton and White Counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Service for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at (870) 578-5411 or kevin.molder@poinsettcounty.us.

Sincerely,



Kevin Molder
Sheriff



Jonesboro Public Schools
2506 Southwest Square
Jonesboro, AR 72401

Office of the Superintendent
kim.wilbanks@jonesboroschools.net

870-933-5800
Fax: 870-933-5838

Ruth A. Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

This letter comes to you as a strong recommendation for Mid-South Health Systems, Inc. to be considered for the Request for Qualifications to provide Crisis and Forensic Mental Health Service for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting our students with mental disorders, particularly individuals with serious mental illnesses and/or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is a necessity to enable person with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails and psychiatric residential treatments centers.

We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses and/ or serious emotional disturbance in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms for acute care, psychiatric hospitals, jails, and psychiatric residential treatment centers. Jonesboro School District works/partners with Mid-South Health Systems and has found the services to be exemplary. Mid-South Health Systems, Inc. has the capacity and expertise to effectively provide the services for our students/families. It is our pleasure to endorse these efforts and recommend as a qualified applicant to provide Crisis and Forensic Mental Health Service for Jonesboro Public Schools.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 870-933-5801 or kim.wilbanks@jonesboroschools.net.

Sincerely,

Dr. Kim Wilbanks
Superintendent

PROSECUTING ATTORNEY
STATE OF ARKANSAS | 1ST JUDICIAL DISTRICT
————— **TODD H. MURRAY** —————

Serving Cross, Lee, Monroe, Phillips, St. Francis and Woodruff Counties.

PHILLIPS COUNTY COURTHOUSE
620 CHERRY ST., SUITE 206
HELENA, AR 72342
(870) 338-5584 | 1stJDPA@GMAIL.COM

ST. FRANCIS COUNTY COURTHOUSE
313 S. IZARD, P.O. BOX 365
FORREST CITY, AR 72336
(870) 261-1747 | F: (870) 261-1742

February 8, 2019

Mrs. Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

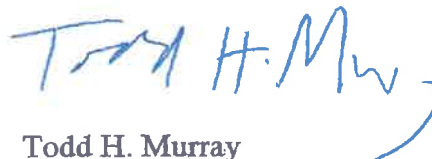
Dear Mrs. Dover:

I fully support Mid-South Health Systems' application for the contract to provide Crisis and Forensic Mental Health Services for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illness or emotional disturbance. A well-coordinated array of treatment services is absolutely essential in our community. Crisis, forensic mental health, and other special services are needed in our area to assist in keeping adults and children within the community and out of emergency rooms, psychiatric hospitals, jails, and psychiatric residential treatment centers.

I have worked with Mid-South Health Systems for many years, and everyone in my office has found your services to be exemplary. Mid-South Health Systems has the capacity and expertise to effectively provide the services for Region 7, which includes all of the counties that I also serve. It is my pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Services for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. The best number to reach me is (870) 338-5584.

Yours very truly,


Todd H. Murray



County of Mississippi
State of Arkansas



SHERIFF'S DEPARTMENT

685 North CR 599 Luxora, Arkansas 72358 870-762-2243 FAX 870-658-2510

"Mission #1 is to Protect and Serve"

AUBRY D. COOK
SHERIFF

February 22, 2019

Ms. Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR. 72401

Dear Ms. Dover

Mid-South Health Systems and its Crisis Screeners have provided outstanding services to the Mississippi County Detention Center. These services include suicide prevention, counseling and Court Ordered Forensic Evaluations. Mid-South Health System is a vital partner and team member in mental health network in Mississippi County, Arkansas. The Screeners who visit our center are very professional and highly resourceful with the detainees in our center.

It is my hope that we can continue to utilize Mid-South Health Systems for Crisis and Forensic Services at the Mississippi County Detention Center.

Please feel free to contact me if you have any questions or if I can be of further assistance. I can be reached at (870)658-2242 X2224 or email dale.cook@mcagov.com.

Sincerely

A handwritten signature in blue ink that reads "Aubry D. Cook".

Aubry D. Cook, Sheriff
Mississippi County Sheriff Department



CHRISTOPHER W. MORLEDGE

CIRCUIT JUDGE, DIVISION 3
FIRST JUDICIAL DISTRICT OF ARKANSAS
POST OFFICE BOX 1225
FORREST CITY, ARKANSAS 72336-1225

Cross • Lee • Monroe • Phillips • St. Francis • Woodruff

February 22, 2019

(870) 261-1740
Fax (870) 261-1733
cwmorledge@sbcglobal.net
Donna Looney, Case Coordinator
Carla Astin, Certified Court Reporter

Chambers
St. Francis County Courthouse
313 South Izard Street
Forrest City, Arkansas 72335

Mrs. Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

Re: Letter of Recommendation.

Dear Mrs. Dover:

I fully support Mid-south Health Systems for the contract to provide Crisis and Forensic Mental Health Services for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illness or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is necessary to enable persons with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms, psychiatric hospitals, jails, and psychiatric residential treatment centers.

Both as Prosecutor and Judge, I have worked with Mid-South Health Systems for many years and have found your services to be exemplary. Mid-south Health Systems has the capacity and expertise to effectively provide the services for Region 7, including Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Services for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at (870) 267-1740 or cwmorledge@sbcglobal.net.

Sincerely,

A handwritten signature in blue ink that reads "Christopher W. Morledge".

Christopher W. Morledge
Circuit Judge, Division Three

CWM/dl

Eric Smith

Izard County Judge

Phone: 870-368-4328 · Fax: 870-368-4118

P.O. Box 327 Melbourne, AR 72556

countyjudge@izardcountyar.org

Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I fully support Mid-South Health Systems' application for the contract to provide Crisis and Forensic Mental Health Services for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illness or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is necessary to enable persons with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms, psychiatric hospitals, jails, and psychiatric residential treatment centers. Izard County has worked with Mid-South Health Systems since September of 2017 and has found your services to be exemplary. Mid-South Health Systems has the capacity and expertise to effectively provide the services for Region 7, including Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White Counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Services for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 870-368-4328 or 870-291-4005 or you can email me at countyjudge@izardcountyar.org.

Sincerely,



Eric Smith
Izard County Judge
PO Box 327
Melbourne, AR 72556

OMEGA CARE, INC
P.O.BOX 394
Helena, AR 72342
Phone (870)338-3289
Fax (870)338-6388

February 12, 2019

*Ruth Allison Dover Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401*

RE: Letter of Recommendation Dear Mrs. Dover:

I fully support Mid-South Health Systems' application for the contract to provide Crisis and Forensic Mental Health Systems for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illnesses or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is necessary to enable persons with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health and other special services are needed in our area to assist in keeping adults, children and youth within the community and out of emergency rooms, psychiatric hospitals, jails and psychiatric residential treatment centers.

Omega Care has worked with Mid-South Health Systems for close to twenty years and has found your services to be exemplary. Mid-South Health Systems has the capacity and expertise to effectively provide the services for Region 7, including Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White Counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Services for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at (870.338.3289) or omegacare7094@att.net.

Sincerely,



*Kathy Gray
Administrator
P.O. Box 394
Helena, AR 72342-0394*

FORREST CITY MEDICAL CENTER

1601 Newcastle Rd.
Forrest City, AR 72335

Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Letter of Recommendation

Dear Mrs. Dover:

I fully support Mid-South Health Systems' application for the contract to provide Crisis and Forensic Mental Health Services for the Department of Human Services, Division of Aging, Adult and Behavioral Health Services. We recognize the problems impacting individuals with mental disorders, particularly individuals with serious mental illness or serious emotional disturbance in our community. We understand that a well-coordinated array of treatment services is necessary to enable persons with serious mental illnesses to remain in and become active participants in our community. Crisis, Forensic Mental Health, and other special services are needed in our area to assist in keeping adults, children, and youth within the community and out of emergency rooms, psychiatric hospitals, jails, and psychiatric residential treatment centers.

Forrest City Medical Center has worked with Mid-South Health Systems many years and has found your services to be exemplary. Mid-South Health Systems has the capacity and expertise to effectively provide the services for Region 7, including Craighead, Greene, Clay, Lawrence, Mississippi, Poinsett, Randolph, Monroe, St. Francis, Phillips, Lee, Crittenden, Cross, Woodruff, Independence, Sharp, Izard, Jackson, Fulton and White Counties. It is our pleasure to endorse your efforts and recommend your agency as a qualified applicant to provide Crisis and Forensic Mental Health Services for the Division of Aging, Adult and Behavioral Health Services.

Please feel free to contact me if you have any questions or if I can be of further assistance. For your convenience, I can be reached at 870-261-0400 or kevin_decker@quorumhealth.com.

Sincerely,



Kevin Decker
CEO

E.10.A Section a
Memorandum of Understandings/Memorandum
of Agreements



March 1, 2018

By signing below, I confirm that I have reviewed the clinical affiliation agreement with the Allied Health programs at Black River Technical College and **MidSouth Systems** and no changes are required at this time.

Ramonda Housh

Ramonda Housh, MNSc, APRN

Dean of Nursing & Allied Health

Black River Technical College

3/2/18

Date

RA Dove

Administrator

MidSouth Health Systems

5/2/18

Date

Accredited by The Higher Learning Commission

Post Office Box 468
Post Office Box 1565

1410 Highway 304 East
#1 Black River Drive

Pocahontas, Arkansas 72455
Paragould, Arkansas 72450

(870) 248-4000 Fax (870) 248-4100
(870) 239-0969 Fax (870) 239-2050

1

Clinical Practicum/Internship Affiliate Agreement
Arkansas State University Department of Psychology and Counseling
and
Mid-South Health Systems

This agreement is between the Arkansas State University Department of Psychology and Counseling, hereinafter called the Department, and Mid-South Health Systems, hereinafter referred to as the Affiliate.

- 1. Purpose and goals** – The purpose of this Agreement is to provide clinical experience to students enrolled in the A-State Ed.S. Clinical Mental Health Counseling program. The goal is for the Affiliate and Department to work cooperatively to ensure the most appropriate learning experience for students. Ultimately, the goal is to provide training to equip students to become competent counseling professionals. Consideration of this Agreement consist of mutual commitments as follows:
 - a. Monetary compensation shall neither be expected nor received by either the Department or the Affiliate.
 - b. The clinical experience may be provided at any of the following Affiliate's locations:
(Destiny House) 444 Atkins • Marianna, AR
(Friendship Club) 490 Broadmoor • Brinkley, AR
(Harmony House) 2707 Browns Lane • Jonesboro AR
(Helping Hands) 1011 Morgan Street • Paragould, AR
(Opportunity House) 3700 Access Road • Jonesboro, AR
(Our Place) 2009 S. Lockard • Blytheville, AR
(Power House) 4451 North Washington • Forrest City, AR
(Pyramid House) 1201 South Falls • Wynne, AR
(Round Club House) 905 North 7th Street • West Memphis, AR
(Serenity House) 2560 Old Country Road • Pocahontas, AR
(Sunshine Club) 1 Newman Drive • Helena, AR
 - c. Students shall be treated as trainees who have no expectation of receiving compensation or future employment from the Affiliate.
 - d. The specific experiences to be provided to students will include opportunities to (check all that apply):
 - Video record weekly counseling sessions (requirement) or live supervision by faculty
 - Conduct individual counseling sessions
 - Conduct group counseling sessions
 - Conduct intakes/assessments – NOTE: As possible per MSHS sites
 - Consult with clients/clients' guardians
 - Other (specify): _____
- 2. Term** - The term of this agreement shall be for the period beginning on 7-19-17 and ending 7-18-22 (for a period of one to five years). Either party may terminate this Agreement upon giving 30 days written notice to the other party. Such termination shall have no effect on students receiving clinical experience during the current academic term. Students shall be dismissed from participation in the Department's program only after the appropriate disciplinary or academic policies and procedures of A-State and the

AGREEMENT BETWEEN
MIDSOUTH HEALTH SYSTEMS
AND
EAST ARKANSAS YOUTH SERVICES, INC.
FOR MENTAL HEALTH SERVICES

This agreement is between East Arkansas Youth Services, Inc. (EAYS) and Mid-South Health Systems (MSHS), a certified Arkansas Community Mental Health Center. The purpose of this agreement is to update the current document and formalized arrangement/practices in place between the two agencies to provide timely mental health services to children/youth that are in the MSHH catchment area and also clients of East Arkansas Youth Services, Inc.

Basic Services provided by MSHH

Assessment/Evaluation – Upon referral from EAYS, MSHS will provide assessment or evaluation of the youth. In psychiatric crisis/emergency situations, the assessment or evaluation will be made available immediately through MSHH's emergency services, as are provided throughout the catchment area. (Historically, if after hours and client is a resident at the EAYS residential site in Marion, MSHH evaluators come to the site.)

EAYS and MSHS agree to work together to share information in order to coordinate the best possible treatment and services.

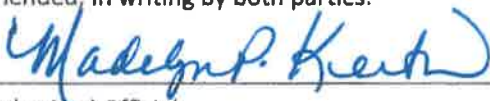
Youth who require continued intensive mental health services and Interagency involvement on service plans shall be referred to then Care Coordinating Council, (CCC), formerly known as CASSP Service Team, who will (if appropriate according to CCC guidelines) develop and oversee the individual service plan. (A representative of EAYS serves on the regional CCC.)

EAYS clients may also access other mental health services for children/youth provided by MSHS in the catchment area, for example: Therapy and Medication Maintenance.

MSHS accepts and agrees to bill Medicaid, insurance or other private pay options for the above non-emergency services to EAYS clients unless other arrangements are made.

Clients of EAYS that are in DCFS custody are provided services that are also covered under separate agreement with the state agency of DCFS.

This Agreement shall be effective on the date of signature of both parties and shall remain in effect unless amended, in writing by both parties.

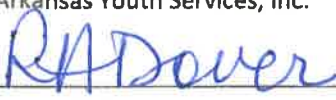


Authorized Official

East Arkansas Youth Services, Inc.

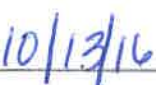


Date



Authorized Official

Mid-South Health Systems, Inc.



Date

SERVICE AGREEMENT

This is to verify that Consolidated Youth Services (CYS) and Mid South Health Systems have agreed to the following service agreement.

Mid South Health Systems, Inc. agrees to:


- Provide medication management/treatment for adolescent residents of the Consolidated Youth Services Sexual Rehabilitation Group Home in Jonesboro. Services are provided by one or more of the licensed psychiatrists employed by Mid South Health Systems.
- Provide medication assessment/management services by a licensed psychiatrist at the CYS site at 4220 Stadium Blvd, Jonesboro one time per month and be available for consultation at other times by phone or at the Mid South Health clinic.
- Bill CYS for the services provided at the end of each month at the current Medicaid rate.
- Comply with HIPAA regulations regarding the exchange of information through a Business Associate Agreement or other required Consent forms.
- To safeguard a resident's right to confidentiality while providing mental health services.

Consolidated Youth Services agrees to:

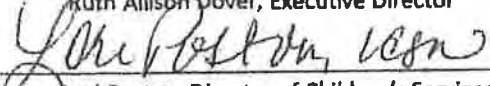
- Provide client medical services history and other needed information to the Mid South psychiatrist in compliance with HIPAA regulations regarding the exchange of information through a Business Associate Agreement or other required Consent forms.
- Provide for a private office for the use of the psychiatrist at 4220 Stadium Blvd, Jonesboro, AR.
- Pay the Medicaid rate for services provided within 2 weeks of receipt of the billing statement.

Any additional modifications to this contract must be mutually agreed upon and will be made in writing. Both Consolidated Youth Services and Mid South Health Systems, Inc. may terminate this agreement with a 90-day written notice.

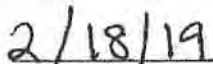
For: Mid South Health Systems, Inc.



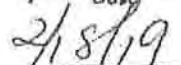
Ruth Allison Dover, Executive Director



Lori Poston, Director of Children's Services



Date

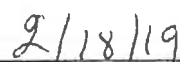


Date

For: Consolidated Youth Services



Bonnie Boon, Executive Director



Date

Memorandum of Agreement Between Counseling Services of Eastern Arkansas and CASA of Crittenden County

The intent of this memo of agreement is to specify the relationship between Counseling Services of Eastern Arkansas (CSEA) and CASA of Crittenden County in order to provide high quality services to the children and youth of Crittenden County.

Both Counseling Services of Eastern Arkansas and CASA of Crittenden County agree to the following:

1. For the first two years, beginning on January 1, 2007, Counseling Services of Eastern Arkansas will be the administrative agent for CASA of Crittenden County. This will include:
 - a) Counseling Services of Eastern Arkansas certifies it has, and will maintain, its status as a 501(c)3 entity while acting as the administrative agent for CASA of Crittenden County.
 - b) Coverage as part of the Counseling Services of Eastern Arkansas liability insurance.
 - c) The staff to be hired will be employees under the personnel policies of Counseling Services of Eastern Arkansas with all rights and benefits. There will be a consultative process in all hiring for CASA staff with the CSEA Executive Director having final approval.
 - d) The CASA of Crittenden County Program Director will be supervised on a day-to-day basis by the management structure of Counseling Services of Eastern Arkansas
 - e) Counseling Services of Eastern Arkansas will establish a separate fund within the Counseling Services of Eastern Arkansas' Accounting System to receive and distribute resources of CASA of Crittenden County and will manage CASA finances.
 - f) Counseling Services of Eastern Arkansas will assist CASA of Crittenden County with grant writing to the extent possible and as designated by the Executive Director.
 - g) Provide for the support and expertise to help shape and implement the CASA Program within Crittenden County.
2. There is an agreement that in all public relations material the name of Counseling Services of Eastern Arkansas is used. Written material to include the statement: "CASA of Crittenden County is administered in Crittenden County by Counseling Services of Eastern Arkansas"
3. If a conflict arises as to applying for grants or funding activities, the Executive Director of Counseling Services of Eastern Arkansas will make a final determination.
4. CASA of Crittenden County's Steering Committee will provide appropriate individuals for the establishment of a separate CASA of Crittenden County Advisory Board. These individuals will:
 - a) Nominate one individual to sit on the Board of Directors of Counseling Services of Eastern Arkansas in order to provide the support and connection with the Governing Board. This individual must also be elected by the CSEA, Inc. Board of Directors according to CSEA's by-laws.

CHILDREN'S ADVOCACY CENTER OF EASTERN ARKANSAS MEMORANDUM OF UNDERSTANDING

Purpose

Children's Advocacy Centers/Child Safety Centers have been created to provide a neutral, community oriented, child-focused, child-friendly setting that is both physically and psychologically safe for interviewing and examining children who have been reported to the Arkansas Child Abuse Hotline to be possible victims or witnesses of sexual abuse and/or serious physical abuse. The goal of the Children's Advocacy Center of Eastern Arkansas (CACEA) is to prevent trauma to the child by multiple, duplicative interviews or contacts with investigating agencies who have a responsibility to protect children or prosecute offenders.

Parties

The Children's Advocacy Center of Eastern Arkansas shall have a memorandum of understanding regarding the agreement of the levels of participation by the Division of Children & Family Services of the Department of Human Services, the Crimes Against Children Division of the Arkansas State Police, representatives of county and municipal law enforcement agencies that investigate child abuse in the areas to be served by the CACEA, the Prosecuting Attorney, the Rape Crisis Center for medical exams and Mid-South Health Systems for trauma-focused counseling.

The Division of Children & Family Services is responsible for the protection of maltreated children and children under the same caregiver who may also be in danger of maltreatment.

The Crimes Against Children Division of the Arkansas State Police and the Division of Children & Family Services employees conduct civil investigations pursuant to the Arkansas Child Maltreatment Act, Ark. Code Ann. §12-18-101 through 12-18-1108.

This agreement was signed by the following:

Lori Wilson DeShazo
Children's Advocacy Center Director

5/30/17
Date

Joan Ann Penman - Stidham
Crimes Against Children Division Supervisor

5/31/17
Date

Candi Rawlett
Children & Family Services Area Manager

6/8/17
Date

Prosecuting Attorney

Date

[Signature]
Law Enforcement – West Memphis Police Dept.

6/9/17.
Date

S. Amy K. Edgley
Law Enforcement – Marion Police Dept.

6/8/17
Date

Michael W. Allen - Sheriff
Law Enforcement – Sheriff's Dept.

Date

Law Enforcement – State Police

Date

Debbie Holmes
Multi-Disciplinary Team Coordinator

6-8-17
Date

Cristine Elbert FNP, SANE-A
Medical

6/8/17
Date

RADover
Mental Health

6/14/17
Date

FIRST AMENDMENT TO SERVICES AGREEMENT

Come now the parties, Baptist Memorial Hospital - Jonesboro, Inc., formerly known as Northeast Arkansas Baptist Memorial Health Care, LLC ("Baptist") and Northeast Arkansas Community Mental Health Center ("Vendor"), who have earlier executed an agreement entitled "Services Agreement" (hereinafter referred to as "Agreement" or "the Agreement") and enter into this First Amendment to Services Agreement which shall be effective as of the date of later signing hereof.

Whereas the parties mutually agree to amend certain portions of the Agreement, the following modifications and/or additions are intended to amend and/or alter the Agreement existing between the parties as described below. No provision contained in the Agreement is modified, altered, amended, changed, deleted, or added unless specifically enumerated within this Amendment. Should any term, condition, modification, addition, deletion, alteration or other language contained herein conflict with any term or condition contained in the Agreement, then the language contained in this Amendment shall control.

Section 1.3 of the Agreement is hereby deleted in its entirety and replaced with the following language:


1.3. Vendor shall provide said mental health screening and consultation coverage twenty-four (24) hours per day, seven (7) days per week without regard to any holidays formally or informally recognized by either Baptist or Vendor.

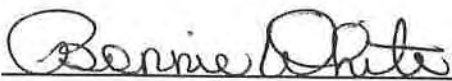
The parties hereby declare that the signatories identified below are authorized to act in behalf of the respective parties hereof in entering into this Amendment, that this Amendment is supported by sufficient consideration, the receipt and sufficiency of which are acknowledged, and that they are of legal age.

In WITNESS WHEREOF, the parties have executed this Amendment through their duly authorized representatives as of the dates recorded below.

Baptist

Vendor





5/22/14

5/27/14

Date

Date

RAD



Clay ■ Craighead ■ Crittenden ■ Cross ■ Greene ■ Lawrence ■ Lee ■ Mississippi ■ Monroe ■ Phillips ■ Poinsett ■ Randolph ■ St. Francis

March 14, 2018

Crittenden County Health Department
901 North 7th Street
West Memphis, AR 72301

RE: Crittenden County Mental Health Services

This memo is to confirm that in the event of Point of Dispensing (POD) activations in Crittenden County, Arkansas, Mid-South Health Systems, Inc. agrees to provide mental health services, if deemed necessary.

Sincerely,

Ruth Allison Dover
CEO



STATE OF ARKANSAS
AMENDMENT TO PROFESSIONAL CONSULTANT SERVICES CONTRACT

DCFS
Sub A b

CONTRACT #: 4600033596

AMENDMENT #: 7

1. CONTRACTING PARTIES:

AGENCY NUMBER & NAME	0710-DHS Division of Children and Family Services	<input type="checkbox"/> Service Bureau
VENDOR NAME	Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.	
TRACKING # 1	TRACKING # 2	

2. NEW CONTRACT EXPIRATION DATE: June 30, 2019
mm/dd/yyyy (If not extending contract to new date, please leave blank)

3. PURPOSE OF AMENDMENT:

Amend to extend, add funding, revise the budget and funding availability for Substance Abuse services.

4. AMENDED DOLLAR AMOUNT:

For each amendment involving a change in the contract dollar amount, enter the previous contract amounts. Enter this amendment's amounts, showing (+) for increase and (-) for decrease, in compensation and/or reimbursable expenses. Enter the new total compensation and/or reimbursable expenses for this contract. **Note:** Any increase in the rate of compensation must be accompanied by a copy of the original contract language authorizing such increase.

	PREVIOUS	THIS AMENDMENT	NEW TOTAL
COMPENSATION	\$ 652,000.00	\$ 213,000.00	\$ 865,000.00
EXPENSE	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL	\$ 652,000.00	\$ 213,000.00	\$ 865,000.00

Total dollar amount paid on contract as of this date: \$ 437,683.70 as of April 18, 2018
mm/dd/yyyy

UPDATED TOTAL PROJECTED COST \$ 1,078,000.00

5. NEW AND/OR REVISED ATTACHMENTS: 3e - FY19 Budget/Payment Schedule, 7 - Disclosure Form, 8 - Employee List, 9 - Funding Availability, 10 - Illegal Immigrant Disclosure Certification

EXCEPT AS SPECIFICALLY AMENDED HEREIN (OR AS ATTACHED) ALL OTHER TERMS AND CONDITIONS OF THE ABOVE REFERENCED CONTRACT REMAIN UNCHANGED.

6. SIGNATURES:

RADover 5/1/18
 VENDOR DATE

CEO

TITLE
 Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

2707 Browns Lane
 Jonesboro, AR 72401

ADDRESS

Cindy Gillespie 5/1/18
 AGENCY DIRECTOR DATE

Digitally signed by Cindy Gillespie
 Date: 2018.04.26 11:39:10 -05'00'

TITLE
 Arkansas Department of Human Services
 Office of Director
 PO Box 1437 Slot S200
 Little Rock, AR 72203-1437

ADDRESS

APPROVED: _____ DEPARTMENT OF FINANCE AND ADMINISTRATION _____ DATE



STATE OF ARKANSAS

AMENDMENT TO PROFESSIONAL CONSULTANT SERVICES CONTRACT

CONTRACT #: 4600034191

AMENDMENT #: 4

1. CONTRACTING PARTIES:

AGENCY NUMBER & NAME	0710-DHS Division of Children and Family Services	<input type="checkbox"/> Service Bureau
VENDOR NAME	Northeast Arkansas Community Mental Health Center Inc dba Mid-South Health Systems Inc	
TRACKING # 1	TRACKING # 2	

2. NEW CONTRACT EXPIRATION DATE: June 30, 2019
mm/dd/yyyy (If not extending contract to new date, please leave blank)

3. PURPOSE OF AMENDMENT:
 Amend to extend, add funding and revise the budget for Psychological Evaluations.

4. AMENDED DOLLAR AMOUNT:
 For each amendment involving a change in the contract dollar amount, enter the previous contract amounts. Enter this amendment's amounts, showing (+) for increase and (-) for decrease, in compensation and/or reimbursable expenses. Enter the new total compensation and/or reimbursable expenses for this contract. **Note:** Any increase in the rate of compensation must be accompanied by a copy of the original contract language authorizing such increase.

	PREVIOUS	THIS AMENDMENT	NEW TOTAL
COMPENSATION	\$ 157,000.00	\$ 47,000.00	\$ 204,000.00
EXPENSE	\$ 0.00		\$ 0.00
TOTAL	\$ 157,000.00	\$ 47,000.00	\$ 204,000.00

Total dollar amount paid on contract as of this date: \$ 112,800.00 as of March 19, 2018
mm/dd/yyyy

UPDATED TOTAL PROJECTED COST \$ 325,000.00

5. NEW AND/OR REVISED ATTACHMENTS:
 Attachment 3, Addendum C - Budget / Payment Schedule
 Attachment 7 - Disclosure
 Attachment 9 - Illegal Immigrant Certification
 Attachment 12 - Funding Availability

EXCEPT AS SPECIFICALLY AMENDED HEREIN (OR AS ATTACHED) ALL OTHER TERMS AND CONDITIONS OF THE ABOVE REFERENCED CONTRACT REMAIN UNCHANGED.

6. SIGNATURES:

RADover 3/29/18
 VENDOR DATE

Mischa Martin Digitally signed by Mischa Martin
Date: 2018.03.22 09:11:04 -05'00'
 AGENCY DIRECTOR DATE

CEO
 TITLE
 Northeast Arkansas Community Mental Health Center Inc dba Mid-South Health Systems Inc

TITLE
 Arkansas Department of Human Services
 Division of Children and Family Services
 PO Box 1437 Slot S 560
 Little Rock, AR 72203-1437

2707 Browns Lane
 Jonesboro, AR 72401
 ADDRESS

ADDRESS

APPROVED: _____
 DEPARTMENT OF FINANCE AND ADMINISTRATION DATE



STATE OF ARKANSAS

AMENDMENT TO PROFESSIONAL CONSULTANT SERVICES CONTRACT

CONTRACT #: 4600040570 _____

AMENDMENT #: 2 _____

1. CONTRACTING PARTIES:

AGENCY NUMBER & NAME	0710-DHS Division of Children and Family Services	<input type="checkbox"/> Service Bureau
VENDOR NAME	Northeast AR Community Mental Health Center Inc dba Mid-South Health Systems Inc	
TRACKING # 1		TRACKING # 2

2. NEW CONTRACT EXPIRATION DATE: June 30, 2019
mm/dd/yyyy (If not extending contract to new date, please leave blank)

3. PURPOSE OF AMENDMENT:

Amend to extend, add funding and revise the budget for counseling services.

4. AMENDED DOLLAR AMOUNT:

For each amendment involving a change in the contract dollar amount, enter the previous contract amounts. Enter this amendment's amounts, showing (+) for increase and (-) for decrease, in compensation and/or reimbursable expenses. Enter the new total compensation and/or reimbursable expenses for this contract. Note: Any increase in the rate of compensation must be accompanied by a copy of the original contract language authorizing such increase.

	PREVIOUS	THIS AMENDMENT	NEW TOTAL
COMPENSATION	\$ 85,000.00	\$ 85,000.00	\$ 170,000.00
EXPENSE	\$ 5,000.00	\$ 5,000.00	\$ 10,000.00
TOTAL	\$ 90,000.00	\$ 90,000.00	\$ 180,000.00

Total dollar amount paid on contract as of this date: \$ 32,679.37 as of March 19, 2018
mm/dd/yyyy

UPDATED TOTAL PROJECTED COST	\$ 630,000.00
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5. NEW AND/OR REVISED ATTACHMENTS: Attachment 3 - Budget / Payment Schedule Attachment 8 - Disclosure
Attachment 7 - Illegal Immigrant Cert. Attachment 9 - Funding Availability

EXCEPT AS SPECIFICALLY AMENDED HEREIN (OR AS ATTACHED) ALL OTHER TERMS AND CONDITIONS OF THE ABOVE REFERENCED CONTRACT REMAIN UNCHANGED.

6. SIGNATURES:

RA Dover 3-29-18
VENDOR DATE

Mischa Martin Digitally signed by Mischa Martin
Date: 2018.03.22 09:09:31 -05'00'
AGENCY DIRECTOR DATE

CEO
TITLE
Northeast AR Community Mental Health Center Inc dba Mid-South Health Systems Inc
2707 Browns Lane
Jonesboro, AR 72401
ADDRESS

TITLE
Arkansas Department of Human Services
Division of Children and Family Services
PO Box 1437 Slot S 560
Little Rock, AR 72203-1437
ADDRESS

APPROVED: _____ DEPARTMENT OF FINANCE AND ADMINISTRATION _____ DATE



MEMORANDUM

OCT 15 2018

United States Probation
and Pretrial Services Office
Eastern District of Arkansas

To: All Treatment Vendors

From: Taylor Sevier
Drug & Alcohol Treatment Specialist/Contracting Officer

Sara Carruth
Mental Health Treatment Specialist/Contracting Officer

Re: Treatment Services Contracts for FY2019
Notice of FY19 Funds Availability

Date: October 11, 2018

Enclosed is a copy of the OF-347 award document for treatment services beginning October 1, 2018, not-to-exceed September 30, 2019.

Per Clause 7-115, Availability of Funds, this serves as the Contracting Officer's written notice of funds availability for the OF-347 order(s) your company recently received on a "subject to availability of funds" basis. This notice confirms that funds are legally available for these services and authorizes your company to provide services to offenders/defendants in accordance with the Probation 45 forms your company receives through the Continuing Resolution period ending December 7, 2018. You will then receive either (1) updated OF-347 form(s) identifying a Not-To-Exceed (NTE) amount of funds, which represents the funds obligated for the order or (2) SF-30 modification(s) identifying a Not-To-Exceed (NTE) amount of funds, which represents the funds obligated for the order.

The NTE amount will be modified as needed, subject to the USPO's/USPTSO's need for services and availability of funds, and modifications to adjust the NTE amount will be provided to the vendor during the fiscal year.

We do not foresee any budgetary issues for fiscal year 2019; however, we will keep you up to date on any changes. If you have any questions with regards to the contract, please contact Taylor Sevier (501) 604-5267, Sara Carruth (501) 604-5282, or Hallie Yates at (501) 604-5251.

Thank you.

**Memorandum of Agreement Between
Mid South Health Systems, Inc. and
The Bridgeway**

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, The Bridgeway (Provider) is a provider of inpatient and residential treatment serving Arkansas; 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. MSHS shall partner with Provider who will provide partial hospitalization services for clients within its catchment area being served under MSHS's community mental health center contract. Provider and MSHS are working together to arrange for appropriate housing for the length of time needed for the client to receive the partial hospitalization services.
3. MSHS and Provider shall agree to a rate for both partial hospitalization services and the housing component so that those services may begin prior to July 1, 2019. This agreement does not create any other on-going obligation, financial or otherwise, to the other party but merely creates a relationship for purposes of referrals.

AGREED, this the 6th day of March, 2019.



Ruth Allison Dover
Mid South Health Systems

5/6/19
Date



Signer
The Bridgeway

3/5/19
Date

Bruce Trimble, MA, APR
Director of Business Development
The Bridgeway Hospital
21 BridgeWay Road
North Little Rock, AR 72110

**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

**Memorandum of Agreement Between
Mid South Health Systems, Inc. and
Counseling Associates, 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, Counseling Associates, Inc. (Provider) is also a non-profit community mental health center serving persons with mental illness in Northern Central Arkansas within a 10 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 22nd day of February, 2019.

Ruth Allison Dover
Ruth Allison Dover
Mid South Health Systems

2/22/19
Date

Brian W. Davis
Brian Davis
Counseling Associates, Inc.

2/22/19
Date

**Memorandum of Agreement Between
Mid South Health Systems, Inc. and
Ouachita Behavioral Health and Wellness**

WHEREAS, Mid-South Health Systems, Inc.(MSHS) is a non-profit community mental health center serving persons with mental illness in Northeast Arkansas; and

WHEREAS, Ouachita Behavioral Health and Wellness (Provider) is also a non-profit community mental health center serving persons with mental illness in Central Arkansas; 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. MSHS shall, where appropriate, refer individuals to Provider as needed for the service of Partial Hospitalization.
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 26th day of February, 2019.

RADover
Ruth Allison Dover
Mid South Health Systems

2/28/19
Date

Rob Gershon, P.S.
Rob Gershon
Ouachita Behavioral Health and Wellness

2/26/19
Date

**CRAIGHEAD & CRITTENDEN COUNTY
ADULT MENTAL HEALTH COURT
MEMORANDUM OF UNDERSTANDING**

WHEREAS, the Second Judicial Circuit of Arkansas has established a Mental Health Court in Craighead and Crittenden County, Arkansas to identify, develop, and implement alternatives to incarceration for defendants with mental disorders. Defendants who are assigned to the Mental Health Court are referred to herein as Participants; and

WHEREAS, the Mental Health Court concentrates not only on the offense, but attempts to ascertain and address the root causes of the participant's behavior through linkage to an intensive supervision and treatment program; and

WHEREAS, the goal of the Mental Health Court is to reinforce the value of and adherence to treatment, using a range of sanctions and incentives tailored toward each defendant's needs, abilities, progress and level of risk to self or others in order to achieve twin goals of public safety and treatment compliance; and

WHEREAS, the success of the court depends on the effective participation of many entities including, but not limited to, Craighead County, Arkansas Second Judicial Circuit, the Mental Health Court Judge, the Second Judicial District Prosecutor's Office, Prosecutor(s), the Craighead and Crittenden County Public Defender's Offices, Public Defender(s), Arkansas Community Correction Probation and Parole Office, Probation Officer, and the Substance Abuse and Mental Health Treatment Provider/Community Mental Health Center, Mid-South Health Systems; and

WHEREAS, the intervention is immediate and the adjudication process is comparatively non-adversarial in nature and, to the extent possible, the players shed the traditional roles, move beyond the legal formalism of the traditional court and look for the best legal result, working to link participants to treatment, housing and other support systems and monitor the participants for adherence to treatment conditions over a period of time; and

WHEREAS, all members of the Mental Health Court Team share responsibility for a participant's success or failure.

In an effort to support a comprehensive program of services to meet the needs of Participants, the Team Members agree as follows:

1. **Craighead County.** Craighead County will serve as the applicant and fiscal agent and provide general administrative oversight. Craighead County will sub-contract with the Treatment Provider (Mid-South Health Systems) to provide the Mental Health Court Coordinator.
2. **Mental Health Court Judge.** The Mental Health Court will preside over the judicial proceedings of the Mental Health Court, and chair staffing meetings, and will function as the team leader for the Mental Health Court. The judge will become familiar with options

available for treatment of Mental Health Court participants, and will choose approaches for each defendant, as may appear appropriate based on the circumstances of each case.

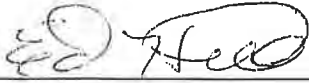
3. **Mental Health Court Coordinator.** The Mental Health Court Coordinator will assist in the preparation and management of Mental Health Court Dockets; assist in the preparation and administering of the budget of the Mental Health Court; assist in identifying, applying for and administering available grant funding; prepare periodic reports and statistical data; attend and participate in staffing meetings; and solicit community support through education and linkages in an effort to enhance services available to participants. The Mental Health Court Coordinator is the initial point of contact for defendants. The Mental Health Court Coordinator gathers information about mental health diagnosis, treatment compliance, family interaction, and chemical dependency issues. The Mental Health Court Coordinator works with treatment providers to obtain timely assistance for defendants and to assist defendants with other needs which may impact their progress.
4. **Prosecuting Attorney.** The prosecuting attorney will review defendants' cases to identify those who should be referred to the Mental Health Court. The prosecuting attorney will review potential participants for eligibility, and will refer appropriate cases to the Mental Health Court. The prosecuting attorney will attend staffing meetings, and will participate in efforts to identify and implement alternatives to incarceration for Participants. The Prosecuting Attorney will work with the Mental Health Court team to identify and implement appropriate treatment options for defendants in lieu of conviction and incarceration.
5. **Public Defender.** Attorneys from the Public Defender's Office who are assigned to the Mental Health Court will actively advocate for appropriate alternatives to incarceration for Participants, will attend and participate in staffing meetings, and will assist the Mental Health Court in identifying and implementing alternatives to incarceration for Participants. The Participant's attorney shall ensure that the defendant understands the nature of his legal rights, the requirements that come with participation in the Mental Health Court, and the possible consequences of failure to comply with the court's order. The Participant's attorney will weigh the long-term benefit to the Participant of compliance with Mental Health Court treatment requirements against the short-term benefit to the Participant of avoiding restrictions.
6. **Treatment Provider.** The treatment provider will provide staffing for providing treatment assistance to Participants, and to participate in weekly staffing meetings. The treatment provider will provide mental health and substance abuse treatment in addition to screening and assessments on each Participant. Treatment and services will be provided using evidence-based practices. The treatment provider will also provide drug testing services, as ordered by the court or required by court-ordered/approved treatment

programs. The treatment provider will make recommendations as to appropriate treatment programs for individual Participants. The treatment provider will work actively with the Mental Health Court to identify and implement alternatives to incarceration for Participants, and will work actively to identify and access funding sources for treatment services to Participants.

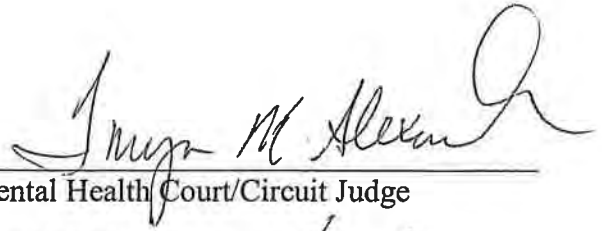
7. **Probation and Parole Officer.** The Probation officer will monitor the activities of Participants to ensure compliance with court-ordered conditions of participation, report to the Mental Health Court on the progress of Participants, refer Participants to appropriate agencies for services, and assist the Mental Health Court in identifying and implementing alternatives to incarceration for Participants. Probation and parole officers will attend court sessions in order to monitor the requirements and progress of Participants. At the first court hearing, the probation and parole officer will meet the Participant and set the Participant's first appointment time. The probation officer will be responsible for regular office visits, home visits and drug testing of Mental Health Court Participants in order to ensure compliance with the directives of the Court.

8. **All Team Members.** All Team Members will:
 - a. Actively work with other Team Members to identify and refer potential Program Participants at the earliest intercept point possible.
 - b. Actively work with other Team Members to identify and implement alternatives to incarceration for Participants.
 - c. Share information with other Team Members as may be necessary or appropriate to best serve the interests of the Mental Health Court Participants.
 - d. Protect the confidentiality of personal information on Participants, to the extent allowed or required by law.
 - e. Assist in developing community linkages to enhance the effectiveness of the Mental Health court program.
 - f. Assist in identifying and accessing funding sources for services to Participants.
 - g. Assist in educating the public and other professionals on the work of the Mental Health Court and the needs of its Participants.
 - h. Work to ensure the timely and efficient delivery of assistance and services to Mental Health Court Participants.
 - i. Assist in the data collection and evaluation process.

AGREED AND COMMITTED UPON:



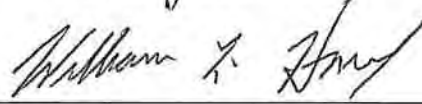
Craighead County/County Judge



Mental Health Court/Circuit Judge



Second Judicial District Prosecuting Attorney



Craighead County Public Defender



Crittenden County Public Defender



Probation and Parole



Treatment Provider/Mid-South Health Sys.



Craighead Mental Health Court Coordinator



Crittenden Mental Health Court Coordinator

This is for the Methadone

Northeast Arkansas Treatment Services, LLC

Director Benny Leija, CADC

Address: 912 Osler Ste. B

Jonesboro, AR 72401

Telephone: 870.336.0549

Fax: 870.336.0563

This is for the Suboxone

Wellness Associates

Sheila Hellman, D.O., M.Ed.

260 Southwest Drive

Jonesboro, AR 72401

Mailing address: P.O. Box 915

Jonesboro, AR 72403

Telephone 870.930.9355

Fax 870.268.6859

This is for Vivitrol (Naltrexone)

Jonesboro Clinic

Dr. Daniel Bennett M.D.

1811 Executive Square

Jonesboro, AR 72401

Telephone 870.932.6883

Fax 870.972.0719

**Memorandum of Agreement Between
Mid-South Health Systems, Inc. and
Wellness Associates**

WHEREAS, Mid-South Health Systems, Inc. (MSHS) is a non-profit community mental health center serving persons with mental illness within a 13 catchment area, and

WHEREAS, Wellness Associates (Provider) is an Arkansas corporation whose mission is to serve those with addictions through medication assisted treatment, and

WHEREAS, both entities have similar interests in meeting the needs of Arkansas' citizens and wish to collaborate on those issues;

NOW THEREFORE, both MSHS and Provider agree to the following:

1. Each party shall become familiar with the services offered by the other party.
2. MSHS shall, where appropriate, refer individuals to Provider as needed for medication assisted treatment of opiate addiction.
3. Provider shall, where appropriate, refer individuals to MSHS for the treatment of mental illness, residential and outpatient substance abuse services, and partial day substance abuse services as needed.
4. 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 16th day of February, 2017

Ruth Allison Dover
Ruth Allison Dover
Mid-South Health Systems

2/16/17
Date

Sheila Hellman
Sheila Hellman
Wellness Associates

2/16/17
Date

**Memorandum of Agreement Between
Mid-South Health Systems, Inc. and
Northeast Arkansas Treatment Services, LLC**

WHEREAS, Mid-South Health Systems, Inc. (MSHS) is a non-profit community mental health center serving persons with mental illness within a 13 catchment area, and

WHEREAS, Northeast Arkansas Treatment Services, LLC (Provider) is an Arkansas corporation whose mission is to serve those with addictions through medication assisted treatment, and

WHEREAS, both entities have similar interests in meeting the needs of Arkansas' citizens and wish to collaborate on those issues;

NOW THEREFORE, both MSHS and Provider agree to the following:

1. Each party shall become familiar with the services offered by the other party.
2. MSHS shall, where appropriate, refer individuals to Provider as needed for medication assisted treatment of opiate addiction.
3. Provider shall, where appropriate, refer individuals to MSHS for the treatment of mental illness, residential and outpatient substance abuse services, and partial day substance abuse services as needed.
4. 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 16 day of February, 2017

RADover
Ruth Allison Dover
Mid-South Health Systems

Date 2/16/17

B Leija ADC
Benny Leija, ADC
Northeast Arkansas Treatment Services, LLC

Date 2/16/17

**Memorandum of Agreement Between
Mid-South Health Systems, Inc. and
Jonesboro Clinic**

WHEREAS, Mid-South Health Systems, Inc. (MSHS) is a non-profit community mental health center serving persons with mental illness within a 13 catchment area, and

WHEREAS, Jonesboro Clinic (Provider) is an Arkansas corporation whose mission is to serve those with addictions through medication assisted treatment, and

WHEREAS, both entities have similar interests in meeting the needs of Arkansas' citizens and wish to collaborate on those issues;

NOW THEREFORE, both MSHS and Provider agree to the following:

1. Each party shall become familiar with the services offered by the other party.
2. MSHS shall, where appropriate, refer individuals to Provider as needed for medication assisted treatment of opiate addiction.
3. Provider shall, where appropriate, refer individuals to MSHS for the treatment of mental illness, residential and outpatient substance abuse services, and partial day substance abuse services as needed.
4. 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 21st day of February, 2017

RADover
Ruth Allison Dover
Mid-South Health Systems

2/16/17
Date

Daniel Bennett
Dr. Daniel Bennett
Jonesboro Clinic

02/21/2017
Date

Services Agreement

This Memorandum of Agreement ("Agreement") is made this 1st day of November, 2018, by and between **MID-SOUTH HEALTH SYSTEMS, INC.**, an Arkansas not-for-profit corporation and community mental health center ("MSHS"), and **First Choice Healthcare, Inc.** ("1st Choice"), in consideration of the mutual promises made herein as follows:

Article I Term of Agreement

This Agreement will become effective on November 1, 2018 and will continue in effect until the services have been performed in full, or either party fails to fulfill its obligations hereunder.

Article II MSHS Responsibilities

- 2.1 The parties agree that MSHS shall provide mental health professionals who are employees of MSHS to perform mental health services to clients of First Choice Healthcare, Inc..
- 2.2 All services shall be performed by licensed mental health professionals. MSHS shall bill third party payors for mental health services where possible.
- 2.3 It shall be the goal of MSHS to seamlessly integrate the primary care and mental health services for the benefit of the clients served by both parties.
- 2.4 MSHS shall make the mental health records of clients served by both parties available to First Choice Healthcare, Inc. treating physician and/or nursing staff where needed and in full compliance with HIPAA.
- 2.5 MSHS shall perform these services upon request and in a timely manner when the client is able to communicate effectively.
- 2.6 MSHS will determine the method, details and means of performing the above-described services in accordance with generally accepted program guidelines and/or evidence based practices where indicated.
- 2.7 MSHS will abide by all ADA regulations.
- 2.8 MSHS shall comply in all respects with the requirements of HIPAA/HITECH governing electronic transmission of individually identifiable patient information.

- 2.9 MSHS shall at its own expense maintain a policy of insurance covering professional acts and omissions with a licensed insurance carrier and policy shall be maintained during the term of this agreement.
- 2.10 MSHS shall be eligible to participate in federal health care programs, including the Medicaid and Medicare Programs.

Article III
First Choice Healthcare, Inc. Responsibilities

- 3.1 First Choice Healthcare, Inc. shall provide office space within its facility for the mental health professional employed by MSHS.
- 3.2 It shall be the goals of First Choice Healthcare, Inc. to seamlessly integrate the primary care and mental health services for the benefit of the clients served by both parties.
- 3.3 First Choice Healthcare, Inc. shall provide support staff for clerical functions such as scheduling appointments for the MSHS employee.
- 3.4 First Choice Healthcare, Inc. will abide by all ADA regulations.
- 3.5 First Choice Healthcare, Inc. shall comply in all respects with the requirements of HIPAA/HITECH governing electronic transmission of individually identifiable patient information.

Article IV
Termination of Agreement

- 4.1 This Agreement may be terminated by either party for any reason upon the provision of thirty (30) days written notice, sent via first-class mail, postage prepaid, to the following addresses:

To MSHS:
Ruth Allison Dover
Executive Director
Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

To First Choice Healthcare, Inc.:

First Choice Healthcare, Inc.
ATTN: Brigitte McDonald
Chief Executive Officer
P.O. Box 83
Corning, AR 72422

- 4.2 Either party may terminate this agreement for breach or convenience upon written notice to the other party as stated in Section 4.1. In such event, termination shall not relieve either party of obligations arising out of this agreement in connection with the work performed prior to termination.

**Article V
Indemnity**

- 5.1 To the fullest extent allowed by law, First Choice Healthcare, Inc. shall indemnify and hold harmless MSHS, its affiliated and associated agencies and enterprises, and their agents, officers, directors, and employees for any liability, loss, cost, claims, expenses, including attorneys' fees, arising from the performance of this agreement by MSHS.
- 5.2 Likewise, to the fullest extent allowed by law, MSHS shall indemnify and hold harmless First Choice Healthcare, Inc., its affiliated and associated agencies and enterprises, and their agents, officers, directors, and employees for any liability, loss, cost, claims, expenses, including attorneys' fees, arising from the performance of this agreement by First Choice Healthcare, Inc.

**Article VI.
Conflicts of Interest**

- 6.1 First Choice Healthcare, Inc. hereby warrants that there is no conflict of interest between the First Choice Healthcare, Inc.'s other contracts, if any, and the activities to be performed hereunder. First Choice Healthcare, Inc. shall advise MSHS if a conflict of interest arises in the future.
- 6.2 First Choice Healthcare, Inc. hereby represents and warrants that it will not solicit employees of MSHS nor will it hire employees of MSHS.

**Article VII.
Confidential Matters**

- 7.1 First Choice Healthcare, Inc. recognizes that during the course of contract performance it may acquire knowledge or confidential business information or

trade secrets of MSHS. First Choice Healthcare, Inc. agrees to keep all such confidential information in a secure place and further agrees not to publish, communicate, divulge, use, or disclose, directly or indirectly, for its own benefit or for the benefit of another, either during or after contract performance, any such confidential business information or trade secrets of MSHS. This obligation of confidence shall not apply with respect to information that (1) is available to First Choice Healthcare, Inc. from third parties on an unrestricted basis, or (2) is disclosed by MSHS to others on an unrestricted basis. First Choice Healthcare, Inc. is not prohibited from disclosing information where the disclosure is required by law, regulation or judicial or regulatory order.

**Article VIII.
Independent Contractor Status**

- 8.1 MSHS shall not be liable to the First Choice Healthcare, Inc. for any expenses paid or incurred by First Choice Healthcare, Inc. in performing this agreement unless otherwise agreed to in writing.
- 8.2 First Choice Healthcare, Inc. and MSHS agree that MSHS shall be an independent contractor of First Choice Healthcare, Inc. and (1) neither party shall be construed to be an employee of the other party, and (2) neither party shall act as agent of the other party, and (3) neither First Choice Healthcare, Inc. or MSHS is authorized to enter into contracts or agreements on behalf of the other or to otherwise create obligations of the other to third parties.

**Article IX.
General Provisions**

- 9.1 This Agreement may not be assigned by either party without the expressed written consent of the other party.
- 9.2 This Agreement contains all of the covenants and agreements between the parties with respect to the rendering of the services herein. Each Party acknowledges that no representations, inducements, promises or agreements, oral or otherwise, have been made by either party which are not embodied herein. Any modifications to this Agreement must be in writing and must be signed by both parties.
- 9.3 If any part of this Agreement is deemed by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall remain in effect and in full force without being impaired in any way. This Agreement and any related documents shall be construed according to the laws of the State of Arkansas.

9.4 Both First Choice Healthcare, Inc. and MSHS shall comply with all applicable laws, ordinances and regulations of the state and federal and local government as applicable.

In Witness Whereof, the parties hereto have caused this Agreement to be executed as of the date first above written.

Mid-South Health Systems, Inc.

By: RA Dover
Executive Director

Date: 11/7/18

First Choice Healthcare, Inc.

By: Bridgette McDonald
Chief Executive Officer

Date: 11-7-18



Corporate Office:
1001 N Missouri Ave.
PO Box 83
Corning, AR 72422

Telephone: 870.857.3334
Fax: 870.857.9934
Billing: 870.857.3329

**Referral Agreement/Contract
Between
1st Choice Healthcare, Inc. (Community Health Center, CHC)
And
Mid-South Health Systems, Inc. (Service Provider, SP)**

The undersigned acknowledges that a referral system has been established between 1st Choice Healthcare, Inc. (CHC) and Mid-South Health Systems, Inc. (SP).

Referrals to SP by CHC will be for the purpose of providing mental health services/substance abuse services for patients of CHC in the six counties in the CHC service area, Clay, Randolph, Lawrence, Greene, Sharp, and Fulton counties. Under this agreement, SP's agrees to provide services without regard to ability to pay and agrees to provide CHC self-pay patients with a discount for services rendered based on SP's sliding fee discount schedule.

SP's agrees to provide the following services:

OUTPATIENT SERVICES

- Individual therapy/counseling for both adults and children
- Group therapy for men, women, youth and families
- Psychological testing and evaluation
- Medication evaluation and maintenance

COMMUNITY SUPPORT SERVICES FOR CHRONIC PATIENTS

- Day treatment programs
- Case management
- Medication management

LONG-TERM CARE EVALUATIONS

- Assessment and evaluation for long-term care at inpatient facilities

SUBSTANCE ABUSE COUNSELING/THERAPY

- Assessment
- Individual therapy for dual diagnosis
- Group therapy for dual diagnosis

EMERGENCY SERVICES

Crisis intervention will be available 24 hours a day, 7 days a week. This service will be available for those in acute emotional stress outside normal working hours.

Clinic Locations

1300 Creason Road -- Corning, AR 72422 Ph. 870.857.3399
141 Betty Drive -- Pocahontas, AR 72455 Ph. 870.892.9949
201 Colonial Drive -- Walnut Ridge, AR 72476 Ph. 870.886.5507
308 Hwy 62W -- Ash Flat, AR 72513 Ph. 870.994.2202
#1 Medical Drive -- Paragould, AR 72450 Ph. 870.236.2000
172 Hwy 62/412 East -- Salem, AR 72576 Ph. 870.895.2735

Equal Opportunity Employer



1ST CHOICE HEALTHCARE

Revolving around you

Corporate Office:
1001 N Missouri Ave.
PO Box 83
Corning, AR 72422

Telephone: 870.857.3334
Fax: 870.857.9934
Billing: 870.857.3329

SP agrees to respond to referrals as quickly as possible, provide CHC patients with appropriate mental health care, and provide CHC with a service completion summary which includes a description of any follow-up care that the CHC should address for each referral.

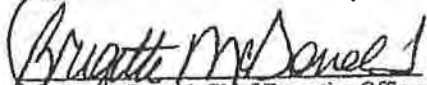
This referral arrangement shall be effective as of the signature date and will remain in effect until terminated by either party. Either referring agency may terminate this agreement upon thirty (30) days written notice to the other. Upon expiration of the thirty (30) days, this agreement shall cease. Additionally, either party may terminate this Referral Agreement effective upon provision of written notice in the event that the other party is excluded from participation in any federal or state health care program.

It is the expectation that if either referring agency's services or admission criteria undergoes any significant changes, this agreement will be renegotiated.

CONFIDENTIALITY OF INFORMATION:

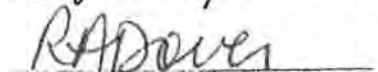
All material, information and/or knowledge received or gained through the participation in the referral agreement by CHC and SP will be kept confidential. Such data will be disseminated only in accordance with CHC's and SP's institutional policies and comply with current HIPPA regulations regarding protected health information.

If the terms set forth herein are acceptable to you, please sign, date and return a signed and dated copy.


Brigitte McDonald, Chief Executive Officer

1st Choice Healthcare, Inc.

11-6-18
Date


Ruth Allison Dover, Executive Director

Mid-South Health Systems, Inc.

11/7/18
Date

Clinic Locations

1300 Creason Road - Corning, AR 72422 Ph. 870.857.3399
141 Betty Drive - Pocahontas, AR 72455 Ph. 870.892.9949
201 Colonial Drive - Walnut Ridge, AR 72476 Ph. 870.886.5507
308 Hwy 62W - Ash Flat, AR 72513 Ph. 870.994.2202
#1 Medical Drive - Paragould, AR 72450 Ph. 870.236.2000
172 Hwy 62/412 East - Salem, AR 72576 Ph. 870.895.2735

Equal Opportunity Employer



BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement"), is entered into this 19 day of Nov. 2018, by and between **Mid-South Health Systems, Inc.** (the "Covered Entity") and **Arkansas Community Corrections** (the "Business Associate"), (each a "Party" and collectively the "Parties") and is made a part of that certain service agreement or service agreements ("Service Agreement") between the Covered Entity and Business Associate pursuant to which Business Associate provides a service or services to Covered Entity that involves the use and/or disclosure of Covered Entity's Protected Health Information ("PHI").

NOW, THEREFORE, for good and valuable consideration, the sufficiency of which we hereby acknowledge, the Parties agree as follows:

I. DEFINITIONS:

- A. Terms used but not otherwise defined in the Agreement shall have the same meaning as the meaning ascribed to those terms in the Health Information Portability and Accountability Act of 1996, as codified at 42 U.S.C. §1320d ("HIPAA"), the Health Information Technology Act of 2009, as codified at 42 U.S.C.A. prec. §17901 ("HITECH Act"), and any current and future regulations promulgated under HIPAA or the HITECH Act (HIPAA, HITECH Act and any current and future regulations promulgated under either are referred to as the "Regulations").
- B. *Protected Health Information or PHI.* "Protected Health Information" or "PHI" shall have the same meaning as the term "Protected Health Information" in 45 CFR 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity, including, but not limited to electronic PHI.

II. OBLIGATIONS OF BUSINESS ASSOCIATE

In order that Covered Entity and Business Associate may achieve and maintain compliance with the requirements of HIPAA, Business Associate agrees;

- A. To only use and disclose PHI as permitted by this Agreement or as Required by Law. Business Associate may (1) use and disclose PHI to perform its obligations as set forth in the Service Agreement; (2) use PHI for the proper management and administration of Business Associate or to carry out its legal responsibilities; (3) disclose PHI for the proper management and administration of Business Associate or to carry out its legal responsibilities, if such disclosure is required by law or if Business Associate obtains reasonable assurances from the recipient that the recipient will keep the PHI confidential, use or further disclose the PHI only as required by law or for the purpose for which it was disclosed to the recipient, and notify Business Associate of any instances of which it is aware in which the confidentiality of the PHI has been breached; (4) use PHI to provide data aggregation services relating to the health care operations of Covered Entity; (5) use or disclose PHI to report violations of the law to law enforcement; and (6) use PHI to create de-identified information consistent with the standards set forth at 45 CFR §164.514. Business Associate will not sell PHI or use or disclose PHI for purposes of marketing, as defined and proscribed in the Regulations.

- B. To limit its uses and disclosures of, and requests for, PHI (a) when practical, to the information making up a Limited Data Set; and (b) in all other cases subject to the requirements of 45 CFR 164.502(b), to the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request;
- C. To use appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of the PHI in compliance with the Regulations.
- D. To require all of its subcontractors and agents that receive, use or have access to PHI to agree, in writing, to adhere to the same restrictions and conditions on the use or disclosure of PHI that apply to the Business Associate pursuant to this Agreement;
- E. Upon reasonable notice and prior written request, to make available during normal business hours at Business Associate's offices all records, books, agreements, internal practices, policies and procedures relating to the use or disclosure of PHI to the Secretary, in a time and manner designated by the Secretary, for purposes of determining the Covered Entity's compliance with the Regulations, subject to attorney-client and other applicable legal privileges;
- F. To provide documentation regarding any disclosures by Business Associate that would have to be included in an accounting of disclosures to an Individual under 45 CFR 164.528 (including without limitation a disclosure permitted under 45 CFR 164.512) and the HITECH Act, within a reasonable amount of time of receipt of a request from Covered Entity;
- G. If, and to the extent that Business Associate possesses an applicable Designated Record Set, within a reasonable amount of time of receipt of a request from the Covered Entity for the amendment of an individual's PHI contained in the Designated Record Set, Business Associate shall provide such information to the Covered Entity for amendment and shall also incorporate any such amendments in the PHI maintained by Business Associate as required by 45 CFR 154.526.
- H. Subject to Section III.C.2 of this Agreement, return to the Covered Entity or destroy, within thirty (30) days of the termination of this Agreement, any and all PHI in its possession and retain no copies (which for purposes of this Agreement shall include without limitation destroying all backup tapes and permanently deleting all electronic PHI).
- I. To mitigate, to the extent practicable, any harmful effects from any use or disclosure of PHI by Business Associate not permitted by this Agreement.
- J. Business Associate agrees to notify the designated Privacy Official of the Covered Entity of any use or disclosure of PHI by Business Associate not permitted by this Agreement, any Security Incident involving electronic PHI, and any Breach of Unsecured Protected Health Information **within three (3) business days** of discovery.
- K. Business Associate shall not contact any individuals suspected to be effected by the breach without prior written approval of Covered Entity.

- L. Business Associate shall provide the following information to Covered Entity **within five (5) business days** of discovery of a breach except when despite all reasonable efforts by Business Associate to obtain the information required, circumstances beyond the control of the Business Associate necessitate additional time. Under such circumstances, Business Associate shall provide to Covered Entity the following information as soon as possible and without unreasonable delay, but in no event later than **fifteen (15) calendar days** from the date of discovery of a breach:
1. The date of the breach;
 2. The date of the discovery of the breach;
 3. A brief description of what happened that resulted in the breach;
 4. A description of the types of unsecured PHI that were involved in the breach;
 5. Identification of each individual whose unsecured PHI has been, or is reasonably believed to have been accessed, acquired, or disclosed.
 6. Any steps the individual should take to protect against further breaches;
 7. A brief description of what Business Associate is doing to investigate the Breach, to mitigate harm to individuals, and to protect against further breaches;
 8. The name and contact information for a primary point of contact for the Business Associate regarding the incident.
- M. Covered Entity will be responsible to provide notification to individuals whose unsecured PHI has been disclosed, as well as the Secretary and the media, as required by Sec. 13402 of the HITECH Act, 42 U.S.C.A. §17932.
- N. If a Law Enforcement Official (as that term is defined in 45 C.F.R. §164.103) states that any notification required under 45 C.F.R. §§164.404 to 164.410 would impede a criminal investigation or cause damage to national security, such notification, notice, or posting shall be delayed in the same manner as provided under Sec. 164.528(a)(2) of 45 C.F.R., in the case of a disclosure covered under this section.
- O. Business Associate agrees to pay actual costs for notification and of any associated mitigation incurred by Covered Entity, such as credit monitoring, if Covered Entity determines that the breach is significant enough to warrant such measures.
- P. Business Associate agrees to establish procedures to investigate the breach, mitigate losses, and protect against any future breaches, and to provide a description of these procedures and the specific findings of the investigation to Covered Entity in the time and manner reasonably requested by Covered Entity.
- Q. The parties agree that this section satisfies any notices necessary by Business Associate to Covered Entity of the ongoing existence and occurrence of attempted but Unsuccessful Security Incidents (as defined below) for which no additional notice to Covered Entity shall be required. For purposes of this Agreement, "Unsuccessful Security Incidents" include activity such as pings and other broadcast attacks on Business Associate's firewall, port scans, unsuccessful log-on attempts, denials of services and any combination of the above, so long as no such incident results in unauthorized access, use or disclosure of electronic PHI.

- R. Business Associate shall indemnify and hold Covered Entity, its directors, officers, employees, agents, and subcontracts ("Indemnified Party") harmless from and against any and all actual losses, liabilities, fines, penalties, costs and expenses (including reasonable attorneys' fees) arising out of or related to a breach of this Amendment that is directly attributable to Business Associate. The obligation to indemnify any Indemnified Party shall survive the expiration or termination of this Amendment for any reason.
- S. Business Associate shall be responsible for the full cost of all civil and criminal penalties assessed upon Business Associate or upon Covered Entity as a result of the failure of Business Associate, its officers, directors, employees, or agents to comply with this Amendment or any requirement imposed upon Business Associate through HIPAA, HITECH, or ARRA, as amended from time to time, and including any regulations to those laws, as amended from time to time. This obligation shall survive the expirations or terminations of this Amendment for any reason.

III. TERM AND TERMINATION

- A. Term. This Agreement shall become effective on the date of execution of a Service Agreement, and shall terminate upon the termination or expiration of all Services Agreement(s). Notwithstanding the foregoing, obligations imposed on either party pursuant to the HITECH Act must be complied with only when the particular provisions referenced become effective or compliance becomes required, whichever is later.
- B. Termination for Cause. Either Party may immediately terminate this Agreement and the Service Agreement(s) if such Party makes the determination that the other Party has breached a material term of this Agreement. Alternatively, the terminating Party may choose to provide the other Party with thirty (30) days written notice of the existence of an alleged material breach and an opportunity to cure the breach. If termination is not feasible, the terminating Party shall report the breach to the Secretary.
- C. Effect of Termination.
1. Upon termination or expiration of this Agreement, Business Associate agrees to return to Covered Entity or destroy all PHI in the possession of Business Associate and/or in the possession of any subcontractor or agent of Business Associate and to retain no copies of the PHI.
 2. In the event that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity a written statement that it is infeasible to return or destroy the PHI and describe the conditions that make return or destruction of the PHI infeasible. Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains the PHI.

IV. MISCELLANEOUS

- A. Amendments. This Agreement may not be modified, nor shall any provision hereof be waived or amended, except in a writing duly signed by authorized representatives of the

Parties. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary to achieve and maintain compliance with the requirements of the Regulations.

B. Regulatory References. Any reference herein to a federal regulatory section within the Code of Federal Regulations shall be a reference to such section as it may be subsequently updated, amended or modified.

C. Interpretation. Any ambiguity in this Agreement shall be resolved to permit covered entities to comply with HIPAA.

D. Notices. Any notices hereunder shall be in writing and addressed as follows:

- If to the Business Associate, send notice(s) to:

- If to Covered Entity, send notice(s) to:

Mid-South Health Systems, Inc.
Health Information Department
2707 Browns Lane
Jonesboro, AR 72401
Attention: Anntricia Scrivner, Privacy Officer

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be executed by its duly authorized representative.

For Business Associate:

By: Debbie Baker
Title: County Extension Agent
Date: 11-19-2018

For Covered Entity:

(Mid-South Health Systems, Inc.)

By: RA Dover
Title: Chief Executive Officer
Date: _____

Agreement Between
Brinkley Public School District
and
Mid-South Health Systems, Inc.
November 1, 2018 through May 30, 2019

This agreement between Brinkley Public School District (BPS) and Mid-South Health Systems, Inc. (MSHS) is for the purpose of providing School-Based Mental Health (SBHM) services to students referred for such services.

Terms of Agreement

Brinkley Public School District will:

1. Appoint a SBMH Program Coordinator (ADE 3.01.2). Duties include but are not limited to the following: serve as the contact person between BPS and MSHS, monitor the referral process/start of service, and receive information regarding any changes in services for students referred (i.e. discharges, recommendations for other services/placement, non-compliance, etc.), collect data needed to complete reports. The Program Coordinator will collaborate with MSHS staff to promote SBMH services and resolve issues of conflict
2. Provide an area for the provision of mental health services. Every consideration will be given to the need for privacy and confidentiality.
3. Collaborate with MSHS to insure the continuity of care for students through regularly scheduled monthly meetings. This treatment team will be comprised of the MSHS therapist(s) assigned to BPS schools, SBMH Program Coordinator, and other MSHS or BPS staff designated by either party to attend (i.e. School Counselors, additional MSHS staff, building administrators, etc.).
4. Inform Parents/Guardians that MSHS is the district's full-time mental health provider, with staff on site 3-5 days per week, based on caseloads and identified need.
5. Will comply with HIPAA and FERPA regulations regarding the exchange of information through required Consent forms.
6. Will participate in a selection process to determine additional mental health professionals who will be identified as BPS school-based mental health providers.
7. Will establish and communicate the protocols to be followed in the provision of school-based counseling services on BPS campus.

Mid-South Health Systems, Inc. will:

1. Adhere to ALL district policies, procedures, and the protocol outlined by BPS in the provision of school-based mental health services.
2. Work cooperatively with the SBMH Program Coordinator in regards to the responsibilities assigned to her.
3. Assign school-based counseling referrals only to the therapists identified as BPS School-based counselors. Exceptions may be made for a student in need of more specialized services. MSHS will notify the SBMH Program Coordinator regarding such exceptions. The designated School-based counselors will have access to the offices on campus provided for the provision of mental health services. Additionally, school personnel will be notified if a child who previously received services is being considered for discharge.
4. Provide equitable SBMH services to any student in need regardless of Medicaid or third party eligibility.
5. Provide 24-hour crisis services for students as needed. The therapist assessing the 'student in crisis' will provide appropriate stabilization interventions, assist in acquiring more intensive care

if appropriate, and communicate other recommended services (i.e. outpatient counseling, etc.) by completing the form utilized by BPS staff regarding requests for assessments.

6. Comply with HIPAA and FERPA regulations regarding the exchange of information through required Consent forms.
7. Safeguard a student's right to confidentiality while providing school-based mental services.
8. Provide adequate staffing to each building in the BPS district. Initially, one therapist will be assigned to cover the district. Additional needs will be assessed and addressed as they arise.
9. Provide services in a timely manner. If it is not possible to complete an Intake Assessment within 30 days from receipt of a referral, MSHS will contact the SBMH Program Coordinator. This will provide an opportunity for both parties to evaluate the barriers and work together to identify possible solutions.
10. Provide training and Professional Development when it is requested, and is a topic appropriate to Mental Health.

Any additional modifications to this contract must be mutually agreed upon and will be made in writing. Both Brinkley Public School District and Mid-South Health Systems, Inc. may terminate this agreement with a 90-day written notice.

SIGNATURES

For: Mid-South Health Systems, Inc.

RADover
Ruth Allison Dover, Executive Director

11/7/18
Date

Lori Poston
Lori Poston, Director of Children's Services

11/7/18
Date

For: Brinkley Public School District

Brinkley School District
Brenda Poole, Superintendent

10/31/18
Date

_____, SBMH Coordinator

Date

Agreement Between
Blytheville Public School District
and
Mid South Health Systems, Inc.
June 1, 2017 through May 30, 2018

This agreement between Blytheville Public School District (BPS) and Mid South Health Systems, Inc. (MSHS) is for the purpose of providing School-Based Mental Health (SBMH) services to students referred for such services.

Terms of Agreement

Blytheville Public School District will:

1. Appoint a SBMH Program Coordinator (ADE 3.01.2). Jean Cole will serve as the SBMH Program Coordinator. Her duties include but are not limited to the following: serve as the contact person between BPS and the providing Agency, monitor the referral process/start of service, and receive information regarding any changes in services for students referred (i.e. discharges, recommendations for other services/placement, non-compliance, etc.), collect data needed to complete reports. The Program Coordinator will collaborate with MSHS staff to promote SBMH services and resolve issues of conflict
2. Provide an area for the provision of mental health services. Every consideration will be given to the need for privacy and confidentiality.
3. Collaborate with MSHS to insure the continuity of care for students through regularly scheduled monthly meetings. This treatment team will be comprised of the MSHS Blytheville Clinic Coordinator, MSHS therapists/case managers assigned to BPS, BPS SBMH Program Coordinator. This team may invite other staff members (i.e. School Counselors, Administrators, WRAP providers, etc.) as appropriate.
4. Inform parents that three providers work in the district. Parents/Guardians will be told that MSHS is the district's full-time mental health provider, with staff on site 5 days per week.
5. Will comply with HIPAA and FERPA regulations regarding the exchange of information through a Business Associate Agreement or other required Consent forms.
6. Will participate in a selection process to determine specific mental health professionals who will be identified as BPS school-based mental health providers.
7. Will establish and communicate the protocols to be followed in the provision of school-based counseling services on BPS campus.

Mid South Health Systems, Inc. will:

1. Adhere to ALL district policies, procedures, and the protocol outlined by BPS in the provision of school-based mental health services.
2. Work cooperatively with the SBMH Program Coordinator in regards to the responsibilities assigned to her.
3. Assign school-based counseling referrals only to the therapists identified as BPS School-based counselors. Exceptions may be made for a student in need of more specialized services. MSHS will notify the SBMH Program Coordinator regarding such exceptions. The designated School-based counselors will have access to the offices on campus provided for the provision of mental

health services. Additionally, school personnel will be notified if a child who previously received services is being considered for discharge.


4. Provide equitable SBMH services to any student in need regardless of Medicaid or third party eligibility . . . "always at no cost to students and their families".
5. Provide 24-hour crisis services for students as needed. The therapist assessing the 'student in crisis' will provide appropriate stabilization interventions, assist in acquiring more intensive care if appropriate, and communicate other recommended services (i.e. outpatient counseling, etc.) by completing the form utilized by BPS staff regarding requests for assessments.
6. Comply with HIPAA and FERPA regulations regarding the exchange of information through a Business Associate Agreement or other required Consent forms.
7. Safeguard a student's right to confidentiality while providing school-based mental services.
8. Provide adequate staffing to each building in the BPS district. MSHS will work toward providing a therapist and CIS in each building. Additional needs will be assessed and addressed as they arise.
9. Provide services in a timely manner. If it is not possible to complete an Intake Assessment within 30 days from receipt of a referral, MSHS will contact the SBMH Program Coordinator. This will provide an opportunity for both parties to evaluate the barriers and work together to identify possible solutions.
10. Provide training and Professional Development when it is request, and is a topic appropriate to Mental Health.

Any additional modifications to this contract must be mutually agreed upon and will be made in writing.

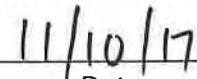
Both Blytheville Public School District and Mid South Health Systems, Inc., may terminate this agreement with a 90-day written notice.

SIGNATURES


For: Mid South Health Systems, Inc.



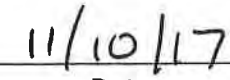
Ruth Allison Dover, Executive Director



Date

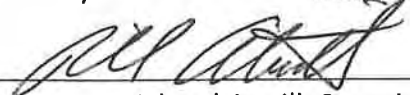


Lori Poston, Director of Children's Services



Date

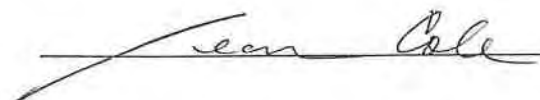
For: Blytheville Public School District




Richard Atwill, Superintendent



Date



Jean Cole, SBMH Coordinator



Date

Mid-South Health Systems
Proposal for Mental Health Assessment, Treatment and Referral
In the Greene County Tech School District
For 2016-2019 School Years

Purpose

The purpose of this proposal is to form a cooperative agreement between Mid-South Health Systems (MSHS) and the Greene County Tech (OCT) School District. The intent of the cooperative effort is to provide quality and consistent mental health services on-site to any student on the Greene County Tech campus regardless of payer source.

These school-based mental health services are intended to improve the daily functioning in a school setting for students who suffer from a mental and/or emotional health problem under the diagnostic criteria of the DSM-N. It also includes a team approach with daily consultation with teachers and other school staff. Services are delivered in a private space provided by the school district during non-core curriculum classes, ideally. The benefits of school-based services are three-fold: (1) children are seen in the actual context of the behavior problem, (2) opportunities for collaboration and consultation with school officials is much more available when services are delivered at the school, and (3) transportation and time-off from work for families is far less of a barrier when children are seen at the school.

Referral Procedures

MSHS is very familiar with the current screening and referral process at OCT. We fully understand and will adhere to the referral process set up by OCT. Additionally, we believe a good working relationship between the outpatient clinic and the OCT school system is vital to ensuring that students are able to receive the full range of available services through MSHS. In order to ensure effective communication between MSHS' outpatient clinic and the GCT school system, the outpatient Clinic Coordinator and School-Based Coordinator will oversee and directly supervise MSHS staff who work in the GCT school system.

Provision of Services

MSHS will conduct mental health services in accordance with a written treatment plan following CARF accreditation and Medicaid regulations by state licensed mental health professionals. Once a referral is obtained from the school, our mental health professional would provide a timely Diagnostic Assessment (DA) that is thorough and of high quality. Our philosophy is that the family is an equal partner in developing a thorough assessment and an assessment will not take place without the written consent of a parent or legal guardian. We utilize a variety of nationally recognized assessment tools including: The Vanderbilt Scales, Conners 3, and the Child Behavior Check List (CBCL). These instruments are used to help our therapists determine the most accurate diagnosis, which we believe is the critical first step in providing good treatment. After the DA, a mental health treatment plan is developed with the youth and family that establishes the goal(s) and objectives for treatment. Therapeutic services may include individual, group, and/or family therapy. Other services provided by a mental health

professional could include consultation with teachers and other building level staff who are not only a part of the student's academic success but help influence the child's social and emotional well-being. Furthermore, our therapists can offer parent education and parent training around their child's oppositional behavior as well as other disruptive behaviors. Within MSHS we have several therapists trained and certified in several evidenced-based areas of practice.

Children will also be referred to our board certified child psychiatrist, whose office is in our Paragould Outpatient Clinic. All children who have Medicaid, ArKids A or ArKids B are automatically referred to our child psychiatrist because of regulatory standards established by Medicaid. Other children can be referred as well if there is a request for a psychiatric evaluation from either the school or the parent. In that event, we may bill the family's private insurance (if available). If the family does not have insurance MSHS will agree to provide the psychiatric evaluation under the service agreement of this proposal, but any subsequent follow-up visits with our doctor for medication management will be the responsibility of the family as MSHS offers programs to assist with payment/fees. A copy of our agency's sliding fee scale can be provided to you upon request.

In the event that the student/child has severe functional deficits due to a mental and/or emotional health problem, are multi-agency involved, and/or are at risk for out of home placement, we will offer Community Intervention Services (CIS) in the form of wraparound. Our CIS staffs are trained in wraparound and are responsible for organizing the wraparound team meetings. Our CIS help the youth and family navigate through their involvement in multiple systems by helping them to identify potential team members outside the traditional child and family serving agencies, such as extended family support, recreational support, faith-based support, and other non-traditional services that are unique to the family, their culture and strengths. However, traditional team members are necessary and help create the cross-agency plan (wraparound plan) that links the youth's educational, juvenile justice, mental health and/or other plans together.

For children whose treatment is a part of Special Education and is required by an Individualized Education Plan (IEP), staffing of the child's impairment and treatment plan will be formally accomplished via an IEP conference with school officials and the child's family member(s). MSHS staff will be available upon request to help with this process or provide any pertinent information.

Evidenced Based Practices Offered

The therapists who will be on the campus of GCT will have obtained or will receive the training to be certified in the following evidenced based practice (EBPs): Cognitive Behavioral Therapy (CBT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and the Youth Outcome Questionnaire (YOQ). The process used to select our EBPs was a combination of several factors: (1) access to adequate training; (2) strengths and interests of clinical staff; (3) whether treatments were effective across a variety of cultures and ages; and (4) whether treatments were effective for a variety of common child and adolescent mental health conditions. We are proud to offer these treatment options that have been proven effective for children and adolescents not only across the country but here in Arkansas as well.

The Outpatient Clinic also houses two staff who are trained in Parent Child Interaction Therapy (PCIT). This EBP assists in building healthy communication and relationships between parents and their children through effective training of parents in direct use of these skills in the clinical setting. This form of therapy assists in creating stability in family interaction and positive response to parental command and structure in the home. This program has specific criteria as it pertains to age and symptom presentation. Material will be provided to school staff as it pertains to use of this program.

Supervision and Fidelity

Several of our EBPs approaches have unique supervision practices that promote fidelity. Currently, every therapist we plan to have at the GCT campus has gone through the three-part training for TF-CBT, which included the completion of a 10 hour on-line course, a two-day live training, and 6 months of live clinical supervision with a certified TF-CBT therapist. Furthermore, for PCIT, we have a child psychologist that is a nationally certified PCIT trainer. Currently, she trains 3-4 clinical staff at a time using a co-therapy model. There is a didactic component before clients are ever seen and then sessions are conducted with the trainee therapist and the "trainer"/co-therapist. Later in the process, trainees take on more of a lead role in the sessions. There are also other fidelity checks, including demonstrating that the clinician can code parent behaviors reliably and demonstrate the child-directed and parent-directed interaction skills while the trainer observes.

Confidentiality

School officials shall understand that MSHS staff shall communicate only information pertinent to their participation in the child's treatment. Such information shall be made available only upon written consent by the child's guardian. All of our consent paperwork is completed at intake and consists of the parent allowing MSHS to share clinically appropriate information *with* the school. Therefore, there should never be a situation where we can't share appropriate information with the school. MSHS staff will strive to ensure consistent communication and collaboration with school officials in order to maximize the child's functioning in the school setting. MSHS will seek to arrange ongoing staffing with school officials to ensure optimal two-way communication of relevant issues related to the child's functioning and treatment.

Substance Abuse Services

MSHS will offer substance abuse evaluation and treatment for Junior High/Senior High students (7th-12th grade) who are experiencing substance abuse problems. Treatment will consist of weekly group therapy: students referred will attend a minimum of 12 sessions. Individual counseling will also be provided on an as needed basis. Additionally, we will offer weekly education/prevention groups to Middle School students (5th-6th grade) who are identified by GCT counselors as "at risk" for involvement in substance use/abuse.

Parent Training

Mid-South Health Systems will offer a Parenting Support Group. The purpose of this service will be to educate parents on effective parenting practices and assist parents with development of improved structure and communication in the home and community setting. Groups will be provided at the MSHS outpatient clinic, will be free of charge, and will be open to participation by all GCT parents (regardless of whether or not their children are MSHS clients). These groups will be based on a structured parenting group model and will be conducted in cycles as referrals are received.

Additional Services

We offer 24-hour crisis intervention services to youth and adults 7 days a week. Our Paragould Outpatient Clinic can provide crisis screenings to any GCT student when there are homicidal or suicidal risks involved. Our school-based staff and our CIS staff are equipped to provide intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement or upon return of out-of-home placement. At this critical point for the child and family, we would offer a CIS who would coordinate and facilitate the wraparound process with the youth and family. Typically, the licensed mental health professional and CIS staff those home-based needs weekly and provide both professional and paraprofessional services in the home as needed.

We proudly offer a wonderful opportunity to your Pre-K Center called Project PLAY. MSHS is one of only 4 Community Mental Health Centers in the state to offer this early childhood mental health consultation service by a certified Early Childhood Mental Health Consultant (ECMHC). Our ECMHC is Kim Whitman, LCSW. We have another Project PLAY therapist who is getting her ECMHC certification, Rashele Wade, LCSW. Project PLAY is funded by the Arkansas Department of Human Services Division of Child Care and Early Childhood Education. Project PLAY facilitates collaboration between early child care programs (including public schools' Pre-K Centers with ABC funding) and specially trained mental health professionals. The goals of Project PLAY are two-fold: 1) Promote positive social and emotional development of children through changes in the early learning environment and 2) Decrease problematic social and emotional behaviors of young children in early child care settings by building the skills of child care providers and family members.

MSHS will offer an Employee Assistance Program for school personnel who feel they are in need of mental health services. EAP services will be at no cost to the school employee, and will consist of up to five sessions with a licensed clinician at the Paragould outpatient clinic. Those in need of continued services beyond the five sessions may choose to continue in treatment at MSHS, or be referred to another provider.

MSHS agrees to provide in-service training for the school district as needed/requested. Training topics may include Mental Health First Aid, Trauma-informed Care, Stress Management, TACT and others.

Agency Supervision & Collaboration

MSSH will provide direct supervision through the Paragould Outpatient Clinic and via the school-based coordinator. Clinic Coordinators will assist in direct oversight of staff placed in the school setting and will be available for consult at all times. There will also be strong agency support from MSSH Administration to assist in preventing communication deficits and staffing issues that affect the efficiency of services as delivered to your student and staff. Furthermore, the Agency Clinic Coordinators will work closely with school staff to develop and implement a functional treatment team to ensure the comprehensive support of each client referred to this program. It is recommended that this team meet weekly to ensure continuous communication.

Youth Mental Health First Aide

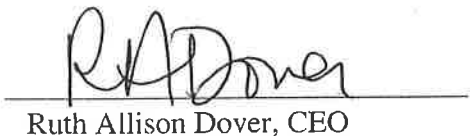
MSSH will offer to teachers and staff this outstanding educational/training experience which is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development) and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.

This program can provide CEU's to teachers (8 hours) and can be offered in a one day eight-hour training or in other formats (i.e. 2 four hour days) based on the school staff's needs and time availability.



Gary Taber, LCSW

2-29-16
DATE



Ruth Allison Dover, CEO

11/15/17
DATE

Westside Consolidated School District School-Based Mental Health Contract

Westside Consolidated School District, hereinafter referred to as “**District**,” recognizes that education, early intervention, and prevention services in regards to student mental and emotional health issues have significant impacts upon the educational goals and objectives of District. District desires to further these educational goals and objects by contracting for mental and emotional health services to be provided during the normal hours of operation for District. **Northeast Arkansas Community Mental Health Center, Inc., d/b/a Mid-South Health Systems, Inc.**, hereinafter referred to as “**Contractor**,” desires to contract to provide such services. In the context of this agreement, “Contractor” shall mean either Contractor or Contractor’s employee or agent or both as is appropriate in the context. This contract relates to services to be provided on the Westside Consolidated School District campus for the 2017-2018 school year. This agreement is entered into by and between District and Contractor and is as follows:

I. RESPONSIBILITIES OF CONTRACTOR

- A. Contractor shall provide all documentation of licensures, background checks, and related information required by the District for all school based mental health therapists and case managers employed by Contractor. Contractor shall be responsible for carrying professional liability and motor vehicle insurance on itself and any of its employees and agents who perform services or who transport students pursuant to this agreement. This insurance shall name District as an additional insured under the policy or the Contractor may provide an indemnification agreement.
- B. District personnel designated by the District’s superintendent shall determine placement of personnel in District. Contractor understands that District is relying on the validity and thoroughness of Contractor’s investigation of its employees and agents.
- C. Services rendered may include group, individual, and/or family sessions. Family intervention may include a variety of services such as family home visits, parent training groups, and crisis interventions. Contractor shall recommend services for students and their families which shall be monitored and approved by appropriate District personnel. The referral and monitoring of individual student services shall follow District’s School-Based Mental Health Services Procedures and Policies Manual.
- D. Contractor and its employees and agents shall meet the standards of District for fitness and suitability for work as therapists or case managers. District shall have the right to refuse to permit any therapist or case manager to work in District if District determines same is not in the best interest of District or its students or families in its absolute discretion.

- E. Contractor shall provide limited case management services to include, but not be limited to, referrals, consultation, advocacy, and correspondence with community providers.
- F. Contractor shall assess students in crisis and make appropriate referrals for the indicated level of care. Should acute hospitalization be recommended, Contractor shall follow customary industry standards and ethical practices. District shall not be responsible for payment of any hospitalization expense and Contractor's recommendation shall not be construed to authorize same. Contractor shall have no authority to dictate the facility to be used for hospitalization. The student and family shall determine whether hospitalization is to be used and what hospital is appropriate.
- G. Contractor shall provide therapy based upon a percentage of time model. It is the goal of the parties and they shall endeavor to maintain 70% billable time and 30% building level interaction. The school-based mental health program is based on a 7 ½ hour school day. Specific days and times shall be determined by District after consulting Contractor, shall be subject to change as needed, and shall be set forth in writing. Both parties agree that there may be occasional instances of scheduling changes to accommodate normal occurrences (e.g. vacation leave, sick leave, continuing education) which need not be in writing but may be approved verbally by the appropriate District personnel.
- H. Contractor shall provide statistics, demographic data, quality improvement data, survey results, and other requested information to District's designated representative in the form of monthly written reports with a yearly written summary report. In addition, Contractor shall attend meetings with District's designated representative as arranged but no more often than monthly and shall attend weekly Family Service Team meetings at assigned school sites. The meetings shall occur at dates and times set by District. All communication, written and verbal, shall comply with all applicable state and federal laws regarding confidentiality.
- I. With appropriate parental and any required student consent, Contractor shall communicate with other providers of services in order to facilitate continuity of care for the students and the transition of students to the appropriate contractor in the event of a change of campus for the student participating in the services provided by Contractor.
- J. All school-based interventions/services provided by Contractor shall be initiated by referral from District staff approved by District and consistent with District's School-Based Mental Health Services Procedures and Policies Manual. Any referrals from outside individuals and/or agencies shall be directed to the appropriate District personnel. Any student referred to District may be assessed and if determined not to be an appropriate referral, Contractor shall discuss the

case with the appropriate District staff and may make other appropriate referrals as determined by Contractor.

- K. Contractor and its employees and agents are mandated reporters by law and as such shall report all suspected forms of child maltreatment. Immediately upon a report being made, Contractor shall give verbal notification to the student's principal and counselor and District's designated representative.
- L. Contractor will offer periodic in-service education for District faculty, parent teacher organizations, school board, and student organizations. The time involved in providing the in-service education shall not be deducted from the required school hours listed in this agreement. District shall be reasonable in its requests in this regard.
- M. These contracted services shall be provided by Contractor and its specific named employees and shall not be subcontracted to other individuals or agencies except with the express prior written consent of District's designated representative.
- N. Contractor shall provide services to students without regard to ability of student or family to pay for any services. Contractor shall be free to bill and collect from Medicaid, insurance, or other third party payer plan available to the student or family, but not from the student, family, or school district. Contractor shall cooperate to assure access to school-based mental health services, without regard to student or family Medicaid or insurance enrollment status, race, gender, national origin, religious affiliation or lack thereof, economic status, or other factor prohibited by District. Contractor shall have a plan in place to supply services to students who do not speak English well enough to access those services. This plan may include the assistance of District with its permission; provided, however, in the case of Spanish-speaking students, Contractor's plan shall include a provision that Contractor shall supply any necessary interpreter or Spanish-speaking professional. Contractor's plan is required to be approved by and filed with District.
- O. Contractor shall not interfere with any use by District of its facilities nor shall Contractor take any steps whatsoever to influence students or school district personnel to become a part of or adopt any philosophy, creed, or beliefs of Contractor.
- P. Contractor agrees to abide by District's policies as well as all applicable federal, state, and local laws and regulations governing the use of school district property. Contractor understands that the use or possession of alcoholic beverages, controlled substances, tobacco, firearms, or weapons on school district property is strictly prohibited and punishable by law. Prescription medication shall be administered or stored upon the premises only as permitted by and in compliance with all applicable laws, rules, regulations, and District policies.

II. RESPONSIBILITIES OF DISTRICT

- A. District shall provide office space, locked file cabinet, and access to basic office equipment (e.g. fax, copy machine) for case managers and therapists. All such items shall remain the property of the District. District shall also make available to Contractor, after securing appropriate releases, student demographic information reasonably necessary to Contractor's services.
- B. District shall make space available for individual and group counseling sessions that provide reasonable confidentiality to the persons counseled.
- C. District shall provide reasonable access to appropriate District facilities for case managers and therapists. Therapist and case managers shall follow applicable District policies regarding access and codes of conduct.
- D. District personnel shall participate in quality improvement and customer satisfaction surveys developed by Contractor to assist in program monitoring, development, and improvement; provided, however, that District must approve the surveys before distribution.
- E. District shall provide a designated representative to act as a liaison between District and Contractor. The designated representative shall also act as a liaison between Contractor, District, and the Arkansas Department of Education.
- F. District may monitor this program through current and topical research based upon Arkansas school-based mental health data, District's experience with the program, District's educational needs and objectives, and other relevant information. Modifications to the program may be made as determined necessary by District. The designated representative shall be the person to implement all changes to the program as recommended by District or Contractor and approved by District.
- G. The designated representative may research, develop, and implement specialized training targeting Arkansas school-based mental health service delivery issues and practices. Contractor shall cooperate in any such training.

III. GENERAL PROVISIONS

- A. The parties understand that District is a subdivision of the State of Arkansas and enjoys governmental immunity. Nothing in this agreement or the relationship or arrangements of the parties is intended or shall be construed to abrogate or limit this immunity.
- B. It is understood by the parties that while Contractor may be permitted to provide mental health services under this agreement to students at District's schools, the provision of mental health services shall not be exclusive. Each student and his or

her family shall have the right to have mental health services provided outside of the school setting by any provider chosen by the student or family. Inside the school setting mental health services shall be limited to Contractor or services provided by District or District's designee. As a condition to this Contract, Contractor agrees to assist and cooperate in the transition of a student receiving services to a new school-based mental health contractor when a student changes to a school served by a different contractor. This cooperation shall include encouraging students and families to transition to the new contractor and declining to continue services for such students. There shall be no exceptions to this unless approved in writing in advance by District's mental health coordinator. Nothing in this contract shall be construed to amend or regulate any Individualized Education Plan for any special education student.

- C. This agreement shall be in full effect from the time of signing for the school year set forth above. Either District or Contractor may terminate this agreement with at least thirty (30) days notice to the other. No notice shall be required for any termination based upon breach of this agreement. In the event of notice of termination, Contractor agrees to cooperate in the transition of students designated by District and to continue to provide services to students until the date of termination is reached. The term of this agreement shall be from July 1 to June 30 of the school year set forth above and shall include school day, holiday, and summer services.
- D. District acknowledges that Contractor is a Covered Entity as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). District further acknowledges that, notwithstanding the Family Educational Rights and Privacy Act general preemption of HIPAA, by contracting with Contractor and receiving Contractor protected health information related to the performance Contractor's services hereunder, District is obligated to comply with HIPAA concerning the protection, use, and disclosure of those records. Therefore, throughout the term of this Agreement, District shall comply with the requirements of HIPAA, and all implementing rules and regulations, concerning the use and disclosure of a student's protected health information created pursuant to this contract, including, but not limited to, (1) providing information to students about their privacy rights and how their information will be used; (2) adopting and implementing privacy procedures; (3) training employees to understand and follow privacy procedures; and (4) securing student records containing Individually Identifiable Health Information, as that term is defined in HIPAA, so they are accessible only by those District employees who require them to carry out their duties. Furthermore, District shall enter into a Business Associate Agreement regarding the protecting of health information as regulated by HIPAA and applicable state laws.
- E. The terms of this agreement shall not be amended or modified except by prior written consent of District. This document is the entire agreement of the parties

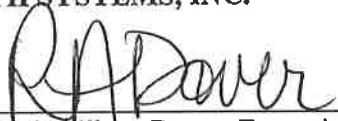
and shall be binding upon the organization and its members, trustees, shareholders, partners, employees, agents, successors, and assigns.

Dated this 21 day of AUGUST, 2017

Westside Consolidated School District

By 
Scott Gauntt, Superintendent

**NORTHEAST ARKANSAS COMMUNITY MENTAL
HEALTH CENTER, INC., D/B/A MID-SOUTH
HEALTH SYSTEMS, INC.**

By 
Ruth Allison Dover, Executive Director

Wynne Public Schools

School Based Mental Health Services

Memorandum of Agreement

OVERVIEW:

The Wynne School District recognizes the need for education, early intervention, and prevention services in regards to student mental/emotional health issues. As such, this memorandum of agreement outlines the terms for **MID SOUTH HEALTH SYSTEMS** to provide school-based RSPMI services pursuant to the Department of Health and Human Services, Division of Behavioral Health Services Rehabilitation Services for Persons with Mental Illness Certification Rules.

1. **Intent of Agreement:** By this agreement **MID-SOUTH HEALTH SYSTEMS** will provide medically necessary counseling services for students in the Wynne School District who have informed consents and documentation of need of services during school hours on file in the principal's office. Wynne School District maintains the responsibility for the oversight and management of student services. *For students who are referred for placement in the Alternative*

- A list of all agency staff that will be providing services in the school setting will be provided to the Special Services Supervisor at the Administrative Services Building.
- Services will be provided by qualified therapists and mental health paraprofessionals.
- Paraprofessionals will follow the treatment plan under the supervision of the Mental Health Therapist.
- The Mental Health agency will be responsible for making sure all staff has passed a criminal background check before servicing students in the school setting.
- All credentials including licenses and diplomas are to be provided and updated as needed.
- After all credentials are provided, an authorization slip for an identification badge will be provided and the agency will then obtain their badges from the Wynne Junior High office. Credentials for therapists and paraprofessionals will be kept on file in the Administrative Services building and will be updated as needed.
- These badges will be turned back into the school at the end of the year.

2. **Confidentiality and Communication:**

- Both parties agree to abide by all of the applicable confidentiality rules, including those provided by **IDEA** (Individuals with Disabilities Education Act), **Section 504**, **HIPAA** (Health Insurance Portability and Accountability Act), and **FERPA** (Family Education Rights and Privacy Act).
- Client/patient information will be protected information except for information that is necessary to enhance the student's educational experience and progress.
- Mental health professional and paraprofessional communication with teachers and other school professionals will be limited to information that is necessary and/or conducive to the school employee's role in the educational development of the student.
- Client/student protected information will be disclosed with the formal, written authorization by the parents.
- Interagency staffing will be provided with the school in order to facilitate the coordination of services to insure that the clients have access to needed community and educational resources while meeting their treatment plan of care.
- Mental Health professionals and paraprofessionals will collaborate with school professionals on IEP issues related to client's emotional and behavior challenges within the educational or community setting, CASSP planning conferences and community wrap around service planning.

- Staffing meetings may be scheduled with school administration or counselors to discuss any student concerns.

3. Referrals:

- A Primary Care Physician Referral is required for individuals under the age of 21. **4. Services:**
- The mental health services provided will be medically necessary services for the students who have significant impairment in functioning in the school environment as the result of a diagnosable mental condition.
- These services include mental health evaluation, medical/psychiatric evaluation and medication management, case management, master treatment plan, individual therapy, crisis intervention, crisis stabilization and psychological evaluation.
- The mental health provider and school may collaborate in periodic reviews of the treatment plan to determine the progress or lack of progress toward the goals, efficacy of services provided and the need to continue services.
- Services provided during the school day will be determined on an individual basis and targeted issues must be school related.
- Informed Consent and documentation of need for Mental Health Services during school hours will be obtained by the Mental Health Provider and copies of those consents and forms will be provided to the building principal.
- A list of all students who are on the agency's caseload will be provided to the building principal and Special Services Supervisor. These lists will be updated monthly.
- A list of all students who are participating in the After School Program must be provided to the building principal. These lists will be updated monthly.
- Mental Health professionals and paraprofessionals will need to complete a "Provider Scheduling Request Form" and fill in the student's name and information. The teacher will indicate times the child is available for visits that will not interfere with core instruction.
- All agency personnel must sign in at the school office, remain in the office and students will be called to the office by the school official. At the Junior High, students may be seen during study hall time. At the high school, students may be seen during enrichment periods.
- Students are not to leave campus. The only exception will be if the agency is transporting a student to a doctor's appointment with parent/guardian permission and prior written notice has been given to the school or when the principal has had direct contact with the parent in an emergency situation.
- Mental Health professionals or paraprofessionals may meet with the student in areas designated by the building principal.
- The District shall have the right to refuse to permit any therapist or case manager to work in District if District determines same is not in the best interest of District or its students or families.
- The mental health provider will follow Wynne Public School District policies regarding access and codes of conduct.

5. Alternative Learning Environment

- Mid-South Health Systems will provide a Mental Health Professional and Mental Health paraprofessional to work in the Wynne Intermediate School and Wynne Primary Alternative Learning Environment daily. *(see contract addendum)*
- Mid-South Health Systems will provide mental health services in the Alternative Learning Environment for Wynne Junior High and Wynne High School in group and individual sessions as described in the treatment plan.
- Wynne Public Schools will provide the classroom teacher, special services teacher and paraprofessional in the classroom.

- Students will be referred to the Referral Team when warranted. The team will consist of a school principal, Alternative Learning teacher, school nurse, school counselor, special education designee and MSHS Mental Health professional and Mental Health therapist who is the primary provider of the student, teacher, parent and when applicable, student. (Others may include Superintendent, social worker)
- Parents will be provided with information and intake conducted by the Mental Health Agency.
- If the student already has a Mental Health provider, collaboration between the two agencies will be necessary to formulate the appropriate treatment plan.
- The Mental Health provider will provide Social Skills instruction, assist with crisis intervention and behavior modification, attend IEP conferences if applicable, assist with individual behavior plans, and provide individual, group and family therapy during the school day.
- Weekly meetings will be held with the Mental Health professionals and school staff to monitor the efficacy of the program.
- Wynne Schools will be responsible for academic instruction, safety, discipline and transportation. Wynne School District maintains the responsibility for the oversight and management of student services.

6. General Provisions:

- This agreement shall be in full effect upon the mutual signatures of all parties, specified within this agreement, to commence during the Wynne Public School District 2018-2019 academic year and will terminate at the end of the Wynne Public Schools 2018-2019 academic year.
- The Wynne Public School District may terminate this agreement with 30 day notice to MSHS in writing, if the District determines a breach of contract or if the District can no longer commit within its educational mission and resources. If MSHS can no longer commit to this agreement, the agency may terminate this agreement with 30 day notice to the District in writing.
- At any time and without written notice, the Wynne Public School District may terminate this agreement for cause, which shall include, but are not limited to, instances of:
 - (i) an intentional act of fraud, embezzlement, theft or any other material violation of law that occurs during or in the course of this agreement;
 - (ii) intentional damage to Wynne Public School District property;
 - (iii) disclosure of student's confidential information to unauthorized recipients;
 - (iv) the willful and continued failure to substantially perform the duties under this agreement for company (other than as a result of incapacity due to physical or mental illness): or willful conduct by you that is demonstrably and materially injurious to Wynne Public School District, monetarily or otherwise.
 - (v) Any act that would endanger or harm a student of Wynne Public Schools

This Memorandum of Agreement is established for the 2018-2019 school year.

By: RA Dover
 Authorized Mental Health Agency Official

By: [Signature]
 Superintendent

For: MID SOUTH HEALTH SYSTEMS

For: WYNNE PUBLIC SCHOOLS

Date: 8/28/18

Date: 8-6-18

Glenda Vana 8/6/18

ADDENDUM
(Services Agreement)

THIS ADDENDUM ("the Addendum") is effective as of the 1st day of August, 2018, by and between Northeast Arkansas Community Mental Health Center, Inc. d/b/a Mid-South Health Systems, an Arkansas not-for-profit corporation and community mental health center ("MSHS") and Wynne School District, ("WSD"); and

WHEREAS, MSHS and WSD entered into an Agreement captioned "Services Agreement" dated December 14, 2011 (the "Agreement"); and

WHEREAS, the parties wish to amend the terms of the Agreement as more particularly provided in this Addendum;

NOW, THEREFORE, it is hereby agreed that the Agreement is hereby amended to replace Article III, Compensation, with the following language:

3.1 In consideration for the services to be performed by MSHS, WSD shall pay as follows: 50% of the salary and fringe for the 2 MSHS Qualified Behavioral Health Providers stationed at WSD Alternative Learning Environment Programs for the 9-month school year which equals \$14308.51 per QBHP or \$28617.02.

3.2 In consideration of the integration of some mental health services into the daily schedules of the students in the WSD Alternative Learning Environment Programs, WSD agrees to fund the following services for ALE students who are enrolled in primary mental health services with an agency other than MSHS:

Group Therapy - \$13.80 per 15 minute unit

3.3 WSD agrees to pay said sum in accordance with the following terms: Semester invoices

Except as specifically modified herein, this Agreement shall remain in full force and effect. All terms and conditions agreed to in the Services Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, this Addendum is effective as of the date first above written.

Mid-South Health Systems, Inc.

By: *Ruth Allison Dover*

Ruth Allison Dover, Executive Director

Date: 8/28/18

Wynne School District

By: *Carl Easley*

Carl Easley, Superintendent

Date: 8-31-18

Glenda Vance, JEA-Superintendent
8/31/18





Crowley's Ridge Development Council, Inc.

A Community Action Partnership Serving Northeast Arkansas Since 1969

P.O. Box 16720 2401 Fox Meadow Lane Jonesboro, AR 72403
870.802.7100 870.935.0291 (Fax) www.crdcnea.org

**NORTHEAST ARKANSAS REGIONAL RECOVERY CENTER
NEARRC
6009 CW Post Road
Jonesboro, Arkansas 72401
870-932-0228**

MEMORANDUM OF UNDERSTANDING

We the undersigned, recognizing the need for cooperation in the substance abuse treatment services, agree to a mutually acceptable working relationship. This agreement will enable Crowley's Ridge Development Council/Northeast Arkansas Regional Recovery Center to refer clients to MidSouth Health Systems for substance abuse treatment services in Juvenile Drug Court modality, adult day treatment modality, and adult outpatient modality.

Both parties agree to mutual cooperation in helping to achieve the overall objectives of providing treatment to the citizens of the State of Arkansas, specifically Area 3 as designated by The Department of Human Services, Division of Behavioral Health Services, Arkansas Substance Abuse Region Map (2016).

This agreement will also comply and abide by all and any State and Federal laws concerning client's rights to confidentiality, specifically the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 42 U.S.C. & 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. and 290dd-2, C.F.R. Part 2.

This agreement shall remain in effect unless it is formally terminated by one or both parties upon a 30 day written notice. This agreement shall serve the period of July 1, 2016 through June 30, 2017 with the option to renew annually thereafter.

APPROVED:

Program Director/Administrator
MidSouth Health Systems
2707 Brown's Lane
Jonesboro, AR 72401

Tim Wooldridge, CRDC Executive Director

Awanna Smith, MAC, ADC, CS
Substance Abuse Treatment Services Director,
CRDC/NEARRC

Date: 2-2-2016

Date: 2-2-16

**MISSISSIPPI COUNTY
ADULT MENTAL HEALTH COURT
MEMORANDUM OF UNDERSTANDING**

WHEREAS, Mississippi County seeks to increase public safety by facilitating collaboration among the criminal justice, mental health, and substance abuse treatment systems to accurately respond to the prevalence of justice-involved people with mental health and co-occurring substance use disorders; and

WHEREAS, Mississippi County seeks to increase alternatives to incarceration and reduce the number of individuals with mental health and co-occurring mental health and substance use disorders being detained through early identification and front-end diversion at early intercept points within the justice system; and

WHEREAS, Mississippi County seeks to facilitate a countywide system-level approach to more comprehensively respond to people with mental illness and co-occurring substance use disorders by promoting cross-training for justice and treatment professionals, facilitating communication, collaboration and developing an infrastructure that maximizes diversion opportunities for multisystem-involved individuals and the delivery of support services among justice professionals, treatment and related service providers, and governmental partners; and

WHEREAS, the Second Judicial Circuit of Arkansas seeks to establish a Mental Health Court in Mississippi County, Arkansas to identify, develop, and implement alternatives to incarceration for defendants with mental disorders. Defendants who are assigned to the Mental Health Court are referred to herein as Participants; and

WHEREAS, the Mental Health Court concentrates not only on the offense, but attempts to ascertain and address the root causes of the participant's behavior through linkage to an intensive supervision and treatment program; and

WHEREAS, the goal of the Mental Health Court is to reinforce the value of and adherence to treatment, using a range of sanctions and incentives tailored toward each defendant's needs, abilities, progress and level of risk to self or others in order to achieve twin goals of public safety and treatment compliance; and

WHEREAS, the success of the court depends on the effective participation of many entities including, but not limited to, Mississippi County, Arkansas Second Judicial Circuit, the Mental Health Court Judge, the Second Judicial District Prosecutor's Office, Prosecutor(s), the Mississippi County Public Defender's Offices, Public Defender(s), Arkansas Community Correction Probation and Parole Office, Probation Officer, and the Substance Abuse and Mental Health Treatment Provider/Community Mental Health Center, Mid-South Health Systems; and

WHEREAS, the intervention is immediate and the adjudication process is comparatively non-adversarial in nature and, to the extent possible, the players shed the traditional roles, move beyond the legal formalism of the traditional court and look for the best legal result, working to

link participants to treatment, housing and other support systems and monitor the participants for adherence to treatment conditions over a period of time; and

WHEREAS, all members of the Mental Health Court Team share responsibility for a participant's success or failure.

In an effort to support a comprehensive program of services to meet the needs of Justice Involved Individuals with Behavioral Health Issues in Mississippi County, the Undersigned hereby agree to support the planning and operations of the Mississippi County Mental Health Court by establishing a collaborative relationship to provide the following resources. The Team Members agree as follows:

1. **Mississippi County.** Mississippi County will serve as the applicant and fiscal agent and provide general administrative oversight for the *Justice and Mental Health Collaboration Program Grant*. Mississippi County will convene a diverse team of leaders and decision makers from multiple agencies committed to reducing the number of people with mental illnesses in jails. The team will develop a system to allow for the collection and review of prevalence numbers and assess individual's needs to better identify adults entering local jails with mental illness and their recidivism risk. Examine treatment and service capacity to determine which programs and services are available in the county for people with mental illnesses and co-occurring substance use disorders and identify state and local policy funding barriers to minimize contact with the justice system and providing treatment and support in the community. Develop a plan with measurable outcomes that draws on the jail assessment and prevalence data. Implement research-based approaches that advance the plan and create a process to track progress using data and information systems, and to report on successes. Mississippi County will sub-contract with the Treatment Provider (Mid-South Health Systems) to assist in providing oversight to the project through the provision of the Project Director/Principle Investigator and Mental Health Court Coordinator in addition to treatment services and training.
2. **Second Judicial Circuit of Arkansas.** The Second Judicial Circuit of Arkansas will provide a Judge who will preside over the Mental Health Court, and staff support for processing of cases before the court. It is essential that mental health court cases be assigned consistently to the same judge in order that the judge may become familiar with each defendant and case, to better judge what approaches, incentives and sanctions may be most effective with each defendant. Judge Tonya Alexander will serve as the Mississippi County Mental Health Court Judge. Judge Alexander will preside over the judicial proceedings of the Mental Health Court, and chair staffing meetings, and will function as the team leader for the Mental Health Court. The judge will become familiar with options available for treatment of Mental Health Court participants, and will choose approaches for each defendant, as may appear appropriate based on the circumstances of each case.

3. **Second Judicial Circuit of Arkansas Prosecuting Attorney.** The Second Judicial Circuit Prosecutor's Office will assign a prosecuting attorney to each Mental Health Court docket, and staff support for processing of Mental Health Court cases by the Prosecutor's Office. The prosecuting attorney will review defendants' cases to identify those who should be referred to the Mental Health Court. The prosecuting attorney will review potential participants for eligibility, and will refer appropriate cases to the Mental Health Court. The prosecuting attorney will attend staffing meetings, and will participate in efforts to identify and implement alternatives to incarceration for Participants. The Prosecuting Attorney will work with the Mental Health Court team to identify and implement appropriate treatment options for defendants in lieu of conviction and incarceration.
4. **Mississippi County Public Defender's Office.** The Mississippi County Public Defender's Office will assign public defenders to represent Participants in Mental Health Court proceedings, and staff support for processing of Mental Health Court cases by the Public Defender's Office. Attorneys from the Public Defender's Office who are assigned to the Mental Health Court will actively advocate for appropriate alternatives to incarceration for Participants, will attend and participate in staffing meetings, and will assist the Mental Health Court in identifying and implementing alternatives to incarceration for Participants. The Participant's attorney shall ensure that the defendant understands the nature of his legal rights, the requirements that come with participation in the Mental Health Court, and the possible consequences of failure to comply with the court's order. The Participant's attorney will weigh the long-term benefit to the Participant of compliance with Mental Health Court treatment requirements against the short-term benefit to the Participant of avoiding restrictions.
5. **Mid-South Health Systems, Inc. (Treatment Provider).** Mid-South Health Systems will serve as the treatment provider for the Mississippi County Mental Health Court. Mid-South Health Systems will assist in providing general administrative oversight by providing the Mental Health Court Coordinator through grant funds. The Mental Health Court Coordinator will assist in the preparation and management of Mental Health Court Dockets; assist in the preparation and administering of the budget of the Mental Health Court; assist in identifying, applying for and administering available grant funding; prepare periodic reports and statistical data; attend and participate in staffing meetings; and solicit community support through education and linkages in an effort to enhance services available to participants. The Mental Health Court Coordinator is the initial point of contact for defendants. The Mental Health Court Coordinator gathers information about mental health diagnosis, treatment compliance, family interaction, and chemical dependency issues. The Mental Health court Coordinator works with treatment providers to obtain timely assistance for defendants and to assist defendants with other needs which

may impact their progress. As the treatment provider, Mid-South Health Systems, Inc. will provide staffing for providing treatment assistance to Participants, and to participate in weekly staffing meetings. Mid-South will provide mental health and substance abuse treatment in addition to screening and assessments on each Participant. Treatment and services will be provided using evidence-based practices. Mid-South will also provide drug testing services, as ordered by the court or required by court-ordered/approved treatment programs. Mid-South Health Systems, Inc. will make recommendations as to appropriate treatment programs for individual Participants. Mid-South will work actively with the Mental Health Court to identify and implement alternatives to incarceration for Participants, and will work actively to identify and access funding sources for treatment services to Participants. Additionally, Mid-South Health Systems, Inc. will provide Mental Health First Aid training to court personnel, law enforcement and other community partners.

6. **Arkansas Community Correct- Probation and Parole Officer.** Arkansas Community Correction Office of Probation and Parole will provide officers to supervise Participants, as appropriate, in fulfilling the conditions of their participation in Mental Health Court, and staff support for processing of the files of Participants in the Office of Probation and Parole. The Probation officer will monitor the activities of Participants to ensure compliance with court-ordered conditions of participation, report to the Mental Health Court on the progress of Participants, refer Participants to appropriate agencies for services, and assist the Mental Health Court in identifying and implementing alternatives to incarceration for Participants. Probation and parole officers will attend court sessions in order to monitor the requirements and progress of Participants. At the first court hearing, the probation and parole officer will meet the Participant and set the Participant's first appointment time. The probation officer will be responsible for regular office visits, home visits and drug testing of Mental Health Court Participants in order to ensure compliance with the directives of the Court.

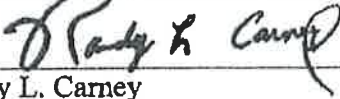
7. **Mississippi County Sheriff.** The Mississippi County Sheriff's Department and Detention Center will assist the Court by identifying and referring individuals with mental health needs to the program. The Sheriff's Department and Detention Center will work with the Team to facilitate the assessment and treatment of participants or potential participants that are incarcerated. The Detention Center will assist in the identification of person with Behavioral Health issues through the administration of the Brief Jail Mental Health Screen. Further, the Sheriff's Department and Detention Center will coordinate with Court treatment providers (ACT Team/Mid-South Health Systems/drug treatment, etc.) to ensure that participants are maintained on proper medications during periods of incarceration. The Sheriff's Department will provide and coordinate bailiff and other

officers necessary to deal with clients who are sanctioned to incarceration within the court.

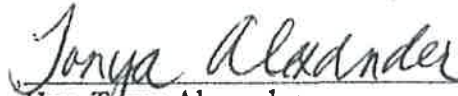
8. **All Team Members.** All Team Members will:

- a. Actively work with other Team Members to identify and refer potential Program Participants at the earliest intercept point possible.
- b. Actively work with other Team Members to identify and implement alternatives to incarceration for Participants.
- c. Share information with other Team Members as may be necessary or appropriate to best serve the interests of the Mental Health Court Participants.
- d. Protect the confidentiality of personal information on Participants, to the extent allowed or required by law.
- e. Assist in developing community linkages to enhance the effectiveness of the Mental Health court program.
- f. Assist in identifying and accessing funding sources for services to Participants.
- g. Assist in educating the public and other professionals on the work of the Mental Health Court and the needs of its Participants.
- h. Attend Quarterly Coordination and Review Meetings to provide ongoing quality improvement for the program.
- i. Work to ensure the timely and efficient delivery of assistance and services to Mental Health Court Participants.
- j. Assist in the data collection and evaluation process.

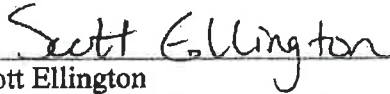
AGREED AND COMMITTED UPON:



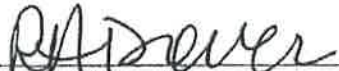
Randy L. Carney
Mississippi County Judge



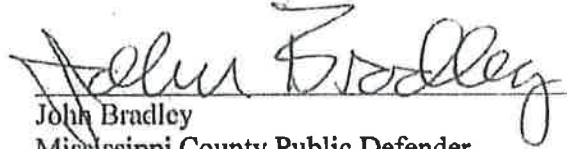
Hon. Tonya Alexander
Second Judicial Circuit of Arkansas
Circuit Judge



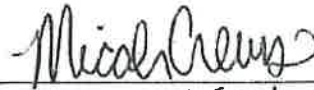
Scott Ellington
Second Judicial Circuit of Arkansas
Prosecuting Attorney



Ruth Allison Dover
Mid-South Health Systems, Inc.



John Bradley
Mississippi County Public Defender



~~Ryan Burton~~ Micah Crews
Arkansas Community Correction
Probation and Parole



Dale Cook
Mississippi County Sheriff



Memorandum of Understanding



PROJECT LAUNCH

Memorandum of Understanding

Regarding Participation on the State Council for Young Child Wellness

Between Project LAUNCH Arkansas and Mid- South Health Systems, Inc.

Purpose: The purpose of this agreement is to formalize the partnership between the Project LAUNCH Arkansas and Mid- South Health Systems, Inc. in regard to Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a cooperative agreement funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Project LAUNCH will be implemented by Arkansas Division of Behavioral Health Services and its local funded community Mid South Health Systems, Inc.. Through the Project LAUNCH cooperative agreement, State and local networks will be developed to improve the coordination of the early child-serving system, in particular behavioral health and primary care services, and to enhance the practices, programs, and services for young children and their families. Project LAUNCH recognizes that child wellness is predicated upon children living in healthy, stable, safe, and supportive families and communities. Project LAUNCH work involves not only addressing the strengths and challenges faced by the individual child, but also those experienced by his or her family, community, and cultural group.

Responsibilities: The State Project LAUNCH Arkansas Lead LAUNCH agency will do the following:

- Coordinate the efforts of the State grantee and its selected pilot/ Local community LAUNCH organization, including the development and leadership of a State & Local Council on Young Child Wellness.
- Document the work of the Council(s) through minutes, reports, or other work products.
- Perform all other responsibilities required as the Lead agency for Project LAUNCH at the State & local level.
- Retain all data and other records relating to the Agreement for a period of [5] years after the completion of the Agreement.



The partner organization or agency will support a representative with decision-making authority to participate on the State Council on Young Child Wellness. The representative will be responsible for the following:

- Attend quarterly meetings of the State Council.
- Make several contributions:
 - (1) Time and involvement in meetings and for State Council planning and oversight tasks
 - (2) Agency-level data as needed (nonconfidential and/or nonproprietary)
 - (3) Resources, when possible (e.g., meeting space)
 - (4) Assistance in marketing Project LAUNCH
- Work with the State Council on Young Child Wellness to develop the environmental scan and strategic plan for project implementation.
- Participate in oversight of the Project LAUNCH initiative at the State level.
- Work in partnership with State Project LAUNCH Arkansas Team, the State Council, and other identified stakeholders to identify and implement evidence-based practices and programs and to align policies to support these programs.
- Participate in infrastructure reform, policy development, financial mapping, and/or workforce development activities.
- Hold confidential proprietary or sensitive information about other partners or contractors that is revealed through State Council activities.
- Notify the State Young Child Wellness Expert/Partner of any potential conflicts of interest that may affect his or her performance as a State Council member.
- Collaborate with other project partners in achieving the goals of the project.

Unless otherwise terminated, this agreement will cover the time period of September 30, 2014 to September 29, 2019. This agreement may be terminated if either party provides a written 30-day notice of such termination.

Signature


(Project LAUNCH Arkansas)

Signature


(Mid-South Health Systems, Inc.)

Date

3/22/16

Date

3/22/16

The following is the Mental Health Emergency Screenings protocol that was agreed upon with the Arkansas Sheriff's Association and the local community mental health centers. You will find individual protocol agreement sheet for each county that MSHS serviced.



Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Crittenden County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
 - b. For persons who are unable to participate due to cognitive or communication impairment which is substance induced
 - c. For persons not medically stable
 5. If you are not receiving a response from a CMHC center in the appropriate time frame, please contact a supervisor Veronica Wade Hampton 870.919.2806 or, if unable to reach Mrs. Hampton, contact Dr. Roland Irwin 870.680.3296.
 6. If you have a complaint regarding your local CMHC's response to a request for an emergency screening, you should contact Mental Health Council of Arkansas at 501.372.7062.
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For St. Francis County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Phillips County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
 - b. For persons who are unable to participate due to cognitive or communication impairment which is substance induced
 - c. For persons not medically stable
 5. If you are not receiving a response from a CMHC center in the appropriate time frame, please contact a supervisor Veronica Wade Hampton 870.919.2806 or, if unable to reach Mrs. Hampton, contact Dr. Roland Irwin 870.680.3296.
 6. If you have a complaint regarding your local CMHC's response to a request for an emergency screening, you should contact Mental Health Council of Arkansas at 501.372.7062.
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Cross County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
 - b. For persons who are unable to participate due to cognitive or communication impairment which is substance induced
 - c. For persons not medically stable
 5. If you are not receiving a response from a CMHC center in the appropriate time frame, please contact a supervisor Veronica Wade Hampton 870.919.2806 or, if unable to reach Mrs. Hampton, contact Dr. Roland Irwin 870.680.3296.
 6. If you have a complaint regarding your local CMHC's response to a request for an emergency screening, you should contact Mental Health Council of Arkansas at 501.372.7062.
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Lee County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
 - b. For persons who are unable to participate due to cognitive or communication impairment which is substance induced
 - c. For persons not medically stable
 5. If you are not receiving a response from a CMHC center in the appropriate time frame, please contact a supervisor Veronica Wade Hampton 870.919.2806 or, if unable to reach Mrs. Hampton, contact Dr. Roland Irwin 870.680.3296.
 6. If you have a complaint regarding your local CMHC's response to a request for an emergency screening, you should contact Mental Health Council of Arkansas at 501.372.7062.
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Monroe County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
 - b. For persons who are unable to participate due to cognitive or communication impairment which is substance induced
 - c. For persons not medically stable
 5. If you are not receiving a response from a CMHC center in the appropriate time frame, please contact a supervisor Veronica Wade Hampton 870.919.2806 or, if unable to reach Mrs. Hampton, contact Dr. Roland Irwin 870.680.3296.
 6. If you have a complaint regarding your local CMHC's response to a request for an emergency screening, you should contact Mental Health Council of Arkansas at 501.372.7062.
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Craighead County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
 - b. For persons who are unable to participate due to cognitive or communication impairment which is substance induced
 - c. For persons not medically stable
 5. If you are not receiving a response from a CMHC center in the appropriate time frame, please contact a supervisor Cheryl Knight 870.974.2538 or, if unable to reach Mrs. Knight, contact Dr. Roland Irwin 870.680.3296.
 6. If you have a complaint regarding your local CMHC's response to a request for an emergency screening, you should contact Mental Health Council of Arkansas at 501.372.7062.
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Poinsett County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
 - b. For persons who are unable to participate due to cognitive or communication impairment which is substance induced
 - c. For persons not medically stable
 5. If you are not receiving a response from a CMHC center in the appropriate time frame, please contact a supervisor Cheryl Knight 870.974.2538 or, if unable to reach Mrs. Knight, contact Dr. Roland Irwin 870.680.3296.
 6. If you have a complaint regarding your local CMHC's response to a request for an emergency screening, you should contact Mental Health Council of Arkansas at 501.372.7062.
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Mississippi County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
 - b. For persons who are unable to participate due to cognitive or communication impairment which is substance induced
 - c. For persons not medically stable
 5. If you are not receiving a response from a CMHC center in the appropriate time frame, please contact a supervisor Cheryl Knight 870.974.2538 or, if unable to reach Mrs. Knight, contact Dr. Roland Irwin 870.680.3296.
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Greene County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
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 - c. For persons not medically stable
 5. If you are not receiving a response from a CMHC center in the appropriate time frame, please contact a supervisor Cheryl Knight 870.974.2538 or, if unable to reach Mrs. Knight, contact Dr. Roland Irwin 870.680.3296.
 6. If you have a complaint regarding your local CMHC's response to a request for an emergency screening, you should contact Mental Health Council of Arkansas at 501.372.7062.
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Clay County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
 - b. For persons who are unable to participate due to cognitive or communication impairment which is substance induced
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Randolph County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
 - a. For persons with a known blood alcohol level of greater than .08
 - b. For persons who are unable to participate due to cognitive or communication impairment which is substance induced
 - c. For persons not medically stable
 5. If you are not receiving a response from a CMHC center in the appropriate time frame, please contact a supervisor Cheryl Knight 870.974.2538 or, if unable to reach Mrs. Knight, contact Dr. Roland Irwin 870.680.3296.
 6. If you have a complaint regarding your local CMHC's response to a request for an emergency screening, you should contact Mental Health Council of Arkansas at 501.372.7062.
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Mental Health Emergency Screenings

1. An emergency screening (also called a single point of entry screening) is to determine whether or not a person meets criteria for inpatient psychiatric care.
 2. To initiate an emergency screening, contact your local Community Mental Health Center (CMHC), Mid-South Health Systems, Inc. For Lawrence County, contact 1.800.382.3117.
 3. A CMHC screener should respond to your call within 15 minutes and advise how soon he/she can be present for the screening.
 4. The CMHC screener should respond in person within 2 hours of the initial request unless you agree to a different time frame. Response time may be delayed:
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 6. If you have a complaint regarding your local CMHC's response to a request for an emergency screening, you should contact Mental Health Council of Arkansas at 501.372.7062.
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H. Other Required Information

Bid Solicitation Document

2.2 Community Mental Health Center Qualifications

A.1. Current OBHA Certification for DHS (Region Selection 7)

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 #: 7
Second (2nd) Choice	Region #:
Third (3rd) Choice	Region #:
Fourth (4th) Choice	Region #:
Fifth (5th) Choice	Region #:
Sixth (6th) Choice	Region #:
Seventh (7th) Choice	Region #:
Eighth (8th) Choice	Region #:
Ninth (9th) Choice	Region #:
Tenth (10th) Choice	Region #:
Eleventh (11th) Choice	Region #:
Twelfth (12th) Choice	Region #:

Medicaid Provider Enrollment Unit
P.O. Box 8105
Little Rock, AR 72203

This Letter is to attest that Northeast Arkansas Community Mental Health Center, DBA: Mid-South Health Systems is the parent organization for all of the following locations with our Medicaid Provider Numbers listed for each type of service.

Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401
(870) 972-4000 – Office
(870) 972-4968 - Fax
Craighead County
Medicaid #: 128707526
NPI: 1336118207

Mid-South Health Systems, Inc.
1011 W Morgan Street
Paragould, AR 72450
(870) 239-4222 - Office
(870) 239-3295 - Fax
Greene County
Medicaid # 172111526
NPI: 1275784746

Mid-South Health Systems, Inc.
602 David Street
Corning, AR 72422
(870) 857-3655 - Office
(870) 857-3637 – Fax
Clay County
Medicaid #:172106526
NPI: 1104077676

Mid-South Health Systems, Inc.
209 S. Lockard St
Blytheville, AR 72315
(870) 763-2139 – Office
(870) 763-5056 – Fax
Mississippi County
Medicaid #: 172110526
NPI: 1043461510

Mid-South Health Systems, Inc.
3700 Access Road
Jonesboro, AR 72401
(870) 972-4000 – Office
(870) 972-4968 – Fax
Craighead County
Medicaid #: 172108526
NPI: 1699926154

Mid-South Health Systems, Inc.
102 SW Larkspur Dr
Walnut Ridge AR, 72476
(870) 886-7924 – Office
(870) 886-7968 – Fax
Lawrence County
Medicaid #: 172107526
NPI: 1326299736

Mid-South Health Systems, Inc.
28 Southpointe Dr
Paragould, AR 72450
(870) 239-2244 – Office
(870) 236-1616 – Fax
Greene County
Medicaid #: 174968526
NPI: 1710123740

Mid-South Health Systems, Inc
661 Addison Drive
Wynne, AR 72396
(870) 238-1135 – Office
(870) 238-1139 – Fax
Cross County
Medicaid # 181954526
NPI: 1801116546

Mid-South Health Systems
444 Atkins Blvd
Marianna AR 72360
(870) 295-4050 – Office
(870) 295-4054 – Fax
Lee County
Medicaid #: 181960526
NPI: 1528388253

Mid-South Health Systems, Inc
4451 N Washington St
Forrest City, AR 72335
(870) 630-3800 - Office
(870) 630-3892 – Fax
St. Francis County
Medicaid # 181961526
NPI: 1558681254

Mid-South Health Systems, Inc
905 N 7th St
West Memphis, AR 72301
(870) 735-5118 – Office
(870) 735-5260 – Fax
Crittenden County
Medicaid #: 181957526
NPI: 1922328723

Mid-South Health Systems, Inc
801 Newman Dr
Helena, AR 72342
(870) 338-3900 – Office
(870) 338-7798 – Fax
Phillips County
Medicaid # 181963526
NPI: 1508186396

Mid-South Health Systems, Inc (DC1)
507 Missouri
Helena, AR 72342
(870) 338-3434 – Office
(870) 338-3997 – Fax
Phillips County
Medicaid #: 181955526
NPI: 1275853913

Mid-South Health Systems, Inc (DCII)
211 Missouri Street
Helena, AR 72342
(870) 338-3363 – Office
(870) 338-3354
Phillips County
Medicaid # 181958526
NPI: 1770803090

Mid-South Health Systems, Inc.
2560 Old County Rd
Pocahontas, AR 72455
(870) 892-7111 – Office
(870) 892-0930 – Fax
Randolph County
Medicaid #: 172105526
NPI: 1598916918

Mid-South Health Systems, Inc
490 Broadmoor Dr
Brinkley, AR 72021
(870) 734-3202 – Office
(870) 734-3299 - Fax
Monroe County
Medicaid # 181959526
NPI: 1447570239

Mid-South Health Systems, Inc.
PHARMACY
2707 Browns Lane
Jonesboro, AR 72401
(870) 972-4038 – Office
(870) 972-4041 - Fax
Craighead County
Medicaid #: 148338407
NPI: 1548301344

Mid-South Health Systems, Inc
1650 White Drive
Batesville, AR 72501
(870) 919-3381
(870)972-4968
Independence County
Medicaid #229290526
NPI: 1023598828

Mid-South Health Systems, Inc.
33 Choctaw Trace
Cherokee Village, AR 72529
(870) 919-8608– Office
(870) 972-4968 – Fax
Sharp County
Medicaid #:229297526
NPI: 1477033322

Mid-South Health Systems, Inc
589 E. Main Street
Melbourne, AR 72556
(870) 919-8503 – Office
(870) 972-4968 - Fax
Izard County
Medicaid # 229294526
NPI: 1790265593

Mid-South Health Systems, Inc.
107 Laurel Street
Newport, AR 72112
(870) 919-8432– Office
(870) 972-4968 – Fax
Jackson County
Medicaid #:229291526
NPI: 1750861688

Mid-South Health Systems, Inc
642 North Main Street
Salem, AR 72576
(870) 972-4000 – Office
(870) 972-4968 - Fax
Fulton County
Medicaid # 229296526
NPI: 1649750597

Mid-South Health Systems, Inc.
111 West Booth Road
Searcy, AR 72143
(870) 919-6320 – Office
(870) 972-4968 – Fax
White County
Medicaid #: 229292526
NPI: 1972083806

Mid-South Health Systems, Inc
623 N. 9th Street, Suite 200
Augusta, AR 72006
(870) 919-2985 - Office
(870) 351-4095 - Fax
Woodruff County
Medicaid #: Pending
NPI: 1891263091

Mid-South Health Systems, Inc
807 West Main Street
Suite A & B
Trumann, AR 72472
(870) 418-1777
(870) 972-4968
Poinsett County
Medicaid: Pending
NPI: 1334685225

Thank you,

Ruth Allison Dover, CEO



**Division of Provider Services &
Quality Assurance**
Community Services Licensure and Certification
<http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx>



PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6283 · Fax: 501-682-8551

March 08, 2019

Ruth Allison Dover, Executive Director
Mid-South Health Systems
2707 Browns Lane
Jonesboro, AR 72401

RE: Behavior Health Agency (BHA) Certification

Dear Ms. Dover:

The Division of Provider Services and Quality Assurance (DPSQA) reviewed the documents submitted for certification for a Behavioral Health Agency. According to the information submitted, Mid-South Health Systems meets the requirements for certification for the Trumann site. Therefore, Mid-South Health Systems certification will be effective beginning 03/07/2019 and will extend through 06/30/2020.

Please find the enclosed License and/or Certification for the following site:

807 West Main
Trumann, AR 72472

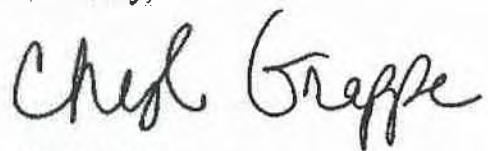
Behavioral Health Agency
Vendor # 11446
License # 386
Certification Dates: 03/07/2019 – 06/30/2020

Other sites that are not license sites the application process for Behavioral Health Agency will have to be completed for the site to be licensed as a Behavioral Health Agency. The application, Form 100, can be found at <https://humanservices.arkansas.gov/about-dhs/dpsqa/forms>

If you would like more information on any of the additional Behavioral Health Agency certifications, certification manuals and applications can be found at the website listed above.

Should you have any questions your license or certification, please contact Theresa Forrest, LPN, at 501-320-6235 or theresa.forrest@dhs.arkansas.gov

Sincerely,

A handwritten signature in black ink that reads "Cheryl Grappe". The signature is written in a cursive, flowing style.

Cheryl Grappe, RN

Nurse Manager

Division of Provider Services and Quality Assurance

Cheryl.Grappe@dhs.arkansas.gov

C: Daphne Burkins, DXC
Reagan Cook, OMIG
Sharon Donovan
Vivian Jackson
Otis Hogan
Patricia Gann
Courtney Tipple, DXC



**Division of Provider Services &
Quality Assurance**
Community Services Licensure and Certification
<http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx>



PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6283 · Fax: 501-682-8551

December 06, 2018

Ms. Ruth Allen Dover
Mid-South Health Systems
623 North 9th Street, Suite 200
Augusta, AR 72006

Dear Ms. Dover:

The Division of Provider Services and Quality Assurance (DPSQA) reviewed the documents submitted for certification for a Behavioral Health Agency. According to the information submitted, Mid-South Health Systems meets the requirements for certification for the Augusta site. Therefore, Mid-South Health Systems certification will be effective beginning 10/31/2018, and will extend through 06/30/2019.

Please find enclosed License and/or Certification certificates for the following site:

623 North 9th Street, Suite 200
Augusta, AR 72006

Behavioral Health Agency
Vendor # 11433
License # 375
Certification Dates: 10/30/2018 – 06/30/2019

If there are other sites that are not BHA sites the application process for Behavioral Health Agency will have to be completed for the site to be licensed as a Behavioral Health Agency. The application, Form 100, can be found at <http://humanservices.Arkansas.gov/about-dhs/dbhs/publications>.

If you would like more information on any of the additional Behavioral Health Agency certifications, certification manuals and applications can be found at the website listed above.

Should you have any questions your license or certification, please contact Barbra Brooks, Licensure and Certification Examiner, at 501-686-6870 or DPSQA.license@dhs.arkansas.gov



**Division of Provider Services &
Quality Assurance**

Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6283 · Fax: 501-682-8551



November 19, 2018

Ruth Allison Dover
Northeast Arkansas Community Mental Health, Inc.
dba Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR

RE: Corrected End Date on Certificates and Vendor Numbers

Dear Ms. Dover:

The Division of Provider Services and Quality Assurance (DPSQA) reviewed the certificates and changed the end dates. Based on the review, DPSQA determined that your program still meets the criteria set forth in the BHA Certification Standards. Your certification is effective 07/01/2018 through 06/30/2019.

The following sites continue to hold current OBHA Certification:

Northeast Arkansas CMHC
DBA Mid-South Health Systems, Inc.
602 David Street
Corning, AR 72422

BHA Vendor# 11058
BHA License# 059
Therapeutic Community Level Certification I
Specialty Vendor# 11043
Specialty Certificate# 41
Substance Abuse
Specialty Vendor# 11080
Specialty Certificate# 307
Date of Certification: 07/01/18 – 06/30/19

Northeast Arkansas CMHC
DBA Mid-South Health Systems, Inc.
211 Missouri
Helena, AR 72342

BHA Vendor# 11068
BHA License# 069
Therapeutic Community Level Certification II
Specialty Vendor#
Specialty Certificate#
Date of Certification: 07/01/18 - 06/30/19

Northeast Arkansas CMHC
DBA Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

BHA Vendor# 11064
BHA License# 065
Substance Abuse
Specialty Vendor# 1157
Specialty Certificate# 291
Date of Certification: 07/01/18 -- 06/30/19

Northeast Arkansas CMHC
DBA Mid-South Health Systems, Inc.
33 Choctaw Trace
Cherokee Village, AR

BHA Vendor# 11406
BHA License# 348
Substance Abuse
Specialty Vendor# 11078
Specialty Certificate# 305
Date of Certification: 07/01/18 – 06/30/19

Northeast Arkansas CMHC
DBA Mid-South Health Systems, Inc.
490 Broadmoor Drive
Brinkley, AR 72021

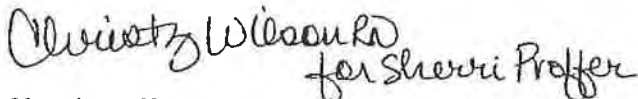
BHA Vendor# 11059
BHA License# 060
Substance Abuse
Specialty Vendor# 11079
Specialty Certificate# 306
Date of Certification: 07/01/18 – 06/30/19

If there are, other sites that are not BHA sites the application process for Behavioral Health Agency will have to be completed for the site to be licensed as a Behavioral Health Agency. The application, Form 100, can be found at <http://humanservices.Arkansas.gov/about-dhs/dbhs/publications>.

If you would like more information on any of the additional Behavioral Health Agency certifications, certification manuals and applications can be found at the website listed above.

Should you have any questions your license or certification, please contact Barbra Brooks, Licensure and Certification Examiner, at 501-686-6870 or DPSQA.license@dhs.arkansas.gov

Sincerely,

 Sherri Proffer

Sherri Proffer, RN
Assistant Director
Community Services Licensure and Certification
Division of Provider Services and Quality Assurance
Sherri.Proffer@dhs.arkansas.gov

C: Eyvonne Carbage, DXC
Daphney Burkins, DXC
David Jones, OMIG
Angela Pruitt, OMIG
Sharon Donovan
Vivian Jackson
Ward Hanna
Patricia Gann
Beacon Health Options



Division of Provider Services &
Quality Assurance
Office of Long Term Care
<http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx>



PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6283 · Fax: 501-682-8551

August 29, 2018

Ruth Allison Dover
Northeast Arkansas Community Mental Health, Inc. dba Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Behavioral Health Agency (BHA) Licensure

Dear Ms. Dover;

The Division of Provider Services and Quality Assurance (DPSQA) has reviewed and approved the documents submitted for licensure as a Behavioral Health Agency for (Northeast Arkansas Community Mental Health, Inc. dba Mid-South Health Systems, Inc., see individual addresses below). The attached license is effective September 01, 2018, and will expire June 30, 2019. Re-licensure notices for Fiscal Year 2020, will be mailed in January, 2019.

Please find enclosed License and/or Certification certificate(s) for the following site(s):

589 Main St.
Melbourne, AR 72556

Behavioral Health Agency

Vendor# 11307

License# 307

Substance Abuse Treatment

Specialty Vendor# 11127

Specialty Certificate# 126

Certification Dates: 09/01/18-06/30/2019

33 Choctaw Trace
Cherokee Village, AR 72529

Behavioral Health Agency

Vendor# 11038

License# 308

Substance Abuse Treatment

Specialty Vendor# 11127

Specialty Certificate# 126

Certification Dates: 09/01/18-06/30/2019

107 Laurel Street
Newport, AR 72112

Behavioral Health Agency

Vendor# 11310

License# 310

Substance Abuse Treatment

Specialty Vendor# 11130

Specialty Certificate# 130

Certification Dates: 09/01/18-06/30/2019

BEHAVIOR HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

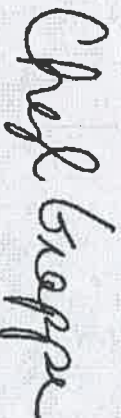
This certificate acknowledges the completion of the Arkansas State Certification Process

MID-SOUTH HEALTH SYSTEMS
807 WEST MAIN
TRUMANN, AR 72472

Dates of Certification: 03/07/2019 - 06/30/2020

Vendor Number: 11446

License Number: 386



Cheryl Grappe, RN
Nurse Manager

Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

MID-SOUTH HEALTH SYSTEMS
623 NORTH 9TH STREET, SUITE 200
AUGUSTA, AR 72006

Dates of Certification: 10/30/2018 - 06/30/2019

Vendor Number: 11432

BHA License Number: 374



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS
1650 WHITE DRIVE
BATESVILLE, AR 72501

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11313

BHA License Number: 313



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.

209 S. LOCKARD
BLYTHEVILLE, AR 72315

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11067

BHA License Number: 068

Sherri Proffer RN

SO

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

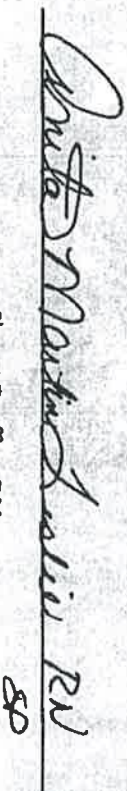
NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.

490 BROADMOOR DRIVE
BRINKLEY, AR 72021

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11059

BHA License Number: 060

 *Sherri Proffer RN*

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS
35 CHOCTAW TRACE
CHEROKEE VILLAGE, AR 72529

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11406
BHA License Number: 348

Sherri Proffer, RN

Sherri Proffer, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
602 DAVID STREET
CORNING, AR 72422

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11058

BHA License Number: 059

Christy Wilson RN for Sherri Proffer

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
4451 NORTH WASHINGTON
FORREST CITY, AR 72335

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11053

BHA License Number: 054



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
211 MISSOURI
HELENA, AR 72342

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11068

BHA License Number: 069

Sherri Proffer RN for Sherri Proffer

Sherri Proffer, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

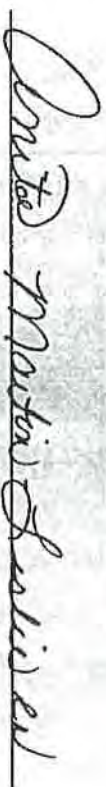
This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
801 NEWMAN DRIVE
HELENA, AR 72342

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11056

BHA License Number: 057



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
2707 BROWNS LANE
JONESBORO, AR 72401

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11064

BHA License Number: 065

Authorized Signature for Sherri Proffer

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.

3700 ACCESS ROAD
JONESBORO, AR 72401

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11131
BHA License Number: 88

Sherri Proffler, RN

Sherri Proffler, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

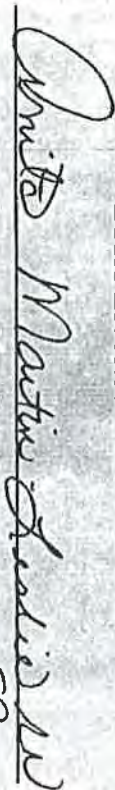
NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.

444 ATKINS BOULEVARD
MARIANNA, AR 72360

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11060

BHA License Number: 061



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS
589 MAIN ST.
MELBOURNE, AR 72556

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11307

BHA License Number: 307

Sherri Proffer for Sherri Proffer

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS

107 LAUREL STREET
NEWPORT, AR 72112

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11310

BHA License Number: 310

Sherri Proffer for Sherri Proffer

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
28 SOUTHPOINTE DRIVE
PARAGOULD, AR 72450

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11062

BHA License Number: 063



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
1011 MORGAN STREET
PARAGOULD, AR 72450

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11063

BHA License Number: 064



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process


NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.

2560 OLD COUNTRY ROAD
POCAHONTAS, AR 72455

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11066

BHA License Number: 067



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS
642 NORTH MAIN ST.
SALEM, AR 72576

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11311

BHA License Number: 311

Sherri Proffer RN for Sherri Proffer RN

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS
111 WEST BOOTH RD.
SEARCY, AR 72143

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11312

BHA License Number: 312

Sheri Proffer for Sheri Proffer

Sheri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

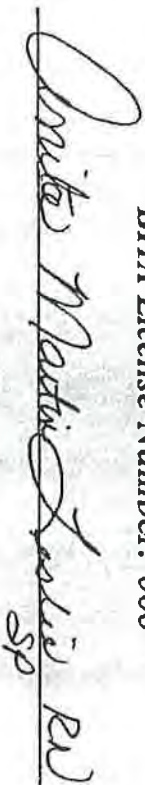
This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
102 SOUTH LARKSPUR
WALNUT RIDGE, AR 72476

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11065

BHA License Number: 066


SP

Sherri Proffler, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

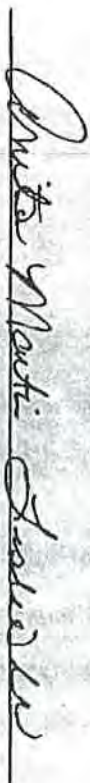
This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
905 NORTH SEVENTH STREET
WEST MEMPHIS, AR 72301

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11055

BHA License Number: 056



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
661 ADDISON DRIVE
WYNNNE, AR 72396

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11057

BHA License Number: 058



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance





Division of Provider Services & Quality Assurance

Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6283 · Fax: 501-682-8551



December 12, 2018

Ruth Allison Dover
Northeast Arkansas Community Mental Health, Inc.
dba Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: BHA Therapeutic Community Level Certification I Adding Extra Beds

Dear Ms. Dover:

The Division of Provider Services and Quality Assurance (DPSQA) provided an inspection at the Coming site, and has approved for the five extra beds on November 14, 2018. The total beds for the location are now 48 beds. Based on the review, DPSQA determined that your program still meets the criteria set forth in the BHA Certification Standards. Your new certification is effective 11/14/2018 through 06/30/2019.

The following site will continue to hold the current OBHA Certification:

Northeast Arkansas CMHC
DBA Mid-South Health Systems, Inc.
602 David Street
Coming, AR 72422

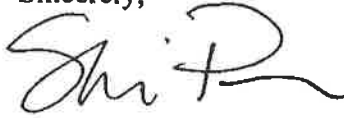
BHA Vendor# 11058
BHA License# 059
**Therapeutic Community Level Certification I
Substance Abuse Treatment**
Date of Certification: 11/14/18 – 06/30/19

If there are, other sites that are not BHA sites the application process for Behavioral Health Agency will have to be completed for the site to be licensed as a Behavioral Health Agency. The application, Form 100, can be found at <http://humanservices.Arkansaskansas.gov/about-dhs/dbhs/publications>.

If you would like more information on any of the additional Behavioral Health Agency certifications, certification manuals and applications can be found at the website listed above.

Should you have any questions your license or certification, please contact Barbra Brooks, Licensure and Certification Examiner, at 501-686-6870 or DPSQA.license@dhs.arkansas.gov

Sincerely,



Sherri Proffer, RN
Assistant Director
Community Services Licensure and Certification
Division of Provider Services and Quality Assurance
Sherri.Proffer@dhs.arkansas.gov

C: Eyvonne Carbage, DXC
Daphney Burkins, DXC
Regan Cook, OMIG
Sharon Donovan
Vivian Jackson
Ward Hanna
Patricia Gann
Beacon Health Options



Division of Provider Services
and Quality Assurance

P.O. Box 1437, Slot S530 · Little Rock, AR 72203-1437
501-682-2441 Fax: 501-682-8155



October 6, 2017

Ruth Allison Dover
2707 Brown's Lane
Jonesboro, AR 72401

RE: Certification – For – Therapeutic Community Certification

Dear Applicant:

This office has determined that Northeast Arkansas CMHC DBA: Mid-South Health Systems, Inc has met all state requirements to participate in the Behavioral Health Therapeutic Community program as of 10/15/2017.

This letter acknowledges the Therapeutic Community at the below locations has met the state of Arkansas Behavioral Health certification requirements as of October 15, 2017. Your state certification period is 10/15/2017-09/30/2020.

Northeast Arkansas CMHC
DBA: Mid-South Health System, Inc
507 Missouri Street
Helena, AR 72342

Northeast Arkansas CMHC
DBA: Mid-South Health System, Inc
3700 Access Road
Jonesboro, AR 72401

Northeast Arkansas CMHC
DBA: Mid-South Health System, Inc
602 David Street
Conning, AR 72422

Northeast Arkansas CMHC
DBA: Mid-South Health System, Inc
211 Missouri Street
Helena, AR 72342

Your Certification remains in effect contingent upon compliance with all program-specific national accreditation requirements (if applicable), state licensing certification requirements and all state and federal Medicaid regulatory requirements. Please be sure to provide a copy of your current professional licensure and a copy of any accreditation date changes (if applicable) to DPSQA for our records prior to any and all expiration dates.

Whether you are a new OBHS provider or a past RSPMI provider, who is being grandfathered in, it's your responsibility to notify DXC when you are ready to bill as an OBHS provider. Please contact Sharon Donovan with DMS (sharon.donovan@dhs.arkansas.gov) for questions related to Behavioral Health Medicaid services.

However, should you have any questions regarding your certification, please contact DPSQA at 501-682-2441.

Please be sure to maintain copies of the below documentation:

- Application form 300
- Documentation of BH Agency Certification
- Valid Behavioral Health Agency Certification from Department of Human Services
- Physical address of all sites
- Copies of all documents required for completion of application process

Sincerely,

Craig Cloud, Director
Division of Provider Services and Quality Assurance

THE RAP EUTIC COMMUNIT IES
CERT I FICATION

This certificate is awarded to

NORTHEAST ARKANSAS CMHC
DBA: MID-SOUTH HEALTH SYSTEMS, INC
602 DAVID STREET
CORNING, AR 72422

Acknowledging Completion of the Arkansas State Certification Process

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services and Quality Assurance

Date of Certification: 10/15/2017-09/30/2020

Director Craig Cloud



THE RAP EUTIC COMMUNITY LEVEL CERTIFICATION I

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
602 DAVID STREET
CORNING, AR 72422

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11058

BHA License Number: 059



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



THE RAP EUTIC COMMUNITY LEVEL CERTIFICATION I

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.

602 DAVID STREET
CORNING, AR 72422

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11058 Specialty Vendor#11043

BHA License Number: 059 Specialty Certificate# 41

Christy L. Dixon RN for Sherri Proffer

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



THE RAP EUTIC COMMUNIT IES
CERTIFICATI ON

This certificate is awarded to

NORTHEAST ARKANSAS CMHC
DBA: MID-SOUTH HEALTH SYSTEMS, INC
211 MISSOURI STREET
HELENA, AR 72342

Acknowledging Completion of the Arkansas State Certification Process

ARKANSAS DEPARTMENT OF HUMAN SERVICES



Division of Provider Services and Quality Assurance

Date of Certification: 10/15/2017-09/30/2020

Director Craig Cloud



THE RAP EUTIC COMMUNITY LEVEL CERTIFICATION II

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
211 MISSOURI
HELENA, AR 72342

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11068 Specialty Vendor# 11406

BHA License Number: 069 Specialty Certificate#44

Christy Wilson RN for Sherri Proffer

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



THE RAPERTIC COMMUNITIES
CERTIFICATION

This certificate is awarded to

NORTHEAST ARKANSAS CMHC
DBA: MID-SOUTH HEALTH SYSTEMS, INC
3700 ACCESS ROAD
JONESBORO, AR 72401

Acknowledging Completion of the Arkansas State Certification Process
ARKANSAS DEPARTMENT OF HUMAN SERVICES

 Division of Provider Services and Quality Assurance

Date of Certification: 10/15/2017-09/30/2020


Director Craig Cloud



THE RAPPEUTIC COMMUNITY LEVEL CERTIFICATION I

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MIDD-SOUTH HEALTH SYSTEMS INC.

3700 ACCESS ROAD
JONESBORO, AR 72401

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11131
BHA License Number: 088

Sherri Proffer RN for Sherri Proffer RN

Sherri Proffer, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



THE RAPPEUTIC COMMUNITY LEVEL CERTIFICATION II

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

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NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.

3700 ACCESS ROAD
JONESBORO, AR 72401

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11131
BHA License Number: 88

Signed by Sheri Proffer RN

Sheri Proffer, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance





**Division of Provider Services &
Quality Assurance**
Community Services Licensure and Certification
<http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx>



PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6283 · Fax: 501-682-8551

February 4, 2019

Ms. Ruth Allen Dover
Mid-South Health Systems
623 North 9th Street, Suite 200
Augusta, AR 72006

RE: Substance Abuse Treatment Certification

Dear Ms. Dover:

The Division of Provider Services and Quality Assurance (DPSQA) reviewed the documents submitted for certification for a Behavior Health Agency with Substance Abuse Treatment Certification. According to the information submitted, Mid-South Health Systems meets the requirements for certification for the Augusta site. Therefore, Mid-South Health Systems Substance Abuse Treatment certification will be effective beginning 01/16/2019 and will extend through 06/30/2020.

Please find enclosed License and/or Certification certificate for the following site:

623 North 9th Street, Suite 200
Augusta, AR 72006

Behavioral Health Agency

Vendor # 11433

License # 375

Specialty - Substance Abuse Treatment

Certification Dates: 01/16/2019 – 06/30/2020

Should you have any questions your license or certification, please contact Theresa Forrest, Licensure and Certification Examiner, at 501-320-6235 or DPSQA.license@dhs.arkansas.gov

Sincerely,

A handwritten signature in black ink, appearing to read "Sherri Proffer".

Sherri Proffer, RN
Assistant Director
Community Services Licensure and Certification
Division of Provider Services and Quality Assurance
Sherri.Proffer@dhs.arkansas.gov



**Division of Provider Services &
Quality Assurance**

Office of Long Term Care

<http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx>

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6283 · Fax: 501-682-8551



August 29, 2018

Ruth Allison Dover
Northeast Arkansas Community Mental Health, Inc. dba Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

RE: Behavioral Health Agency (BHA) Licensure

Dear Ms. Dover;

The Division of Provider Services and Quality Assurance (DPSQA) has reviewed and approved the documents submitted for licensure as a Behavioral Health Agency for (Northeast Arkansas Community Mental Health, Inc. dba Mid-South Health Systems, Inc., see individual addresses below). The attached license is effective September 01, 2018, and will expire June 30, 2019. Re-licensure notices for Fiscal Year 2020, will be mailed in January, 2019.

Please find enclosed License and/or Certification certificate(s) for the following site(s):

589 Main St.
Melbourne, AR 72556

Behavioral Health Agency
Vendor# 11307
License# 307
Substance Abuse Treatment
Specialty Vendor# 11127
Specialty Certificate# 126
Certification Dates: 09/01/18-06/30/2019

33 Choctaw Trace
Cherokee Village, AR 72529

Behavioral Health Agency
Vendor# 11038
License# 308
Substance Abuse Treatment
Specialty Vendor# 11127
Specialty Certificate# 126
Certification Dates: 09/01/18-06/30/2019

107 Laurel Street
Newport, AR 72112

Behavioral Health Agency
Vendor# 11310
License# 310
Substance Abuse Treatment
Specialty Vendor# 11130
Specialty Certificate# 130
Certification Dates: 09/01/18-06/30/2019

1652 White Drive
Batesville, AR 72501

Behavioral Health Agency

Vendor# 11313

License# 313

Substance Abuse Treatment

Specialty Vendor# 11129

Specialty Certificate# 129

Certification Dates: 09/01/18-06/30/2019

Behavioral Health Agency

Vendor# 11311

License# 311

Substance Abuse Treatment

Specialty Vendor# 11131

Specialty Certificate# 131

Certification Dates: 09/01/18-06/30/2019

Behavioral Health Agency

Vendor# 11312

License# 312

Substance Abuse Treatment

Specialty Vendor# 11132

Specialty Certificate# 132

Certification Dates: 09/01/18-06/30/2019

642 North Main St.
Salem, AR 72567

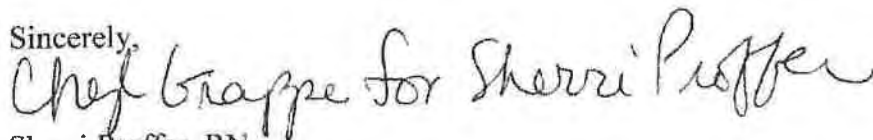
111 West Booth Rd.
Searcy, AR 72143

If you have other sites that are not licensed as a Behavioral Health Agency and you wish for those sites to be licensed, they will have to go through the licensure application process. The BHA application, Form 100, can be found at <http://humanservices.Arkansas.gov/about-dhs/dbhs/publications>.

If you would like more information on any of the additional Behavioral Health agency certifications, the certification manuals and applications can be found at the website listed above.

Should you have any questions about the license or certifications please contact Barbra Brooks, Licensure and Certification Examiner, at 501-686-9870. or barbra.brooks@dhs.arkansas.gov.

Sincerely,



Sherri Proffer, RN

Assistant Director

Community Services Licensure and Certification

Division of Provider Services and quality Assurance

Sherri.proffer@dhs.arkansas.gov

cc: Eyvonne Carbage, DXC
Daphney Burkins, DXC
David Jones, OMIG
Sharon Donovan
Vivian Jackson
Ward Hanna
Patricia Gann
Beacon Health Options

SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

MID-SOUTH HEALTH SYSTEMS
623 NORTH 9TH STREET, SUITE 200
AUGUSTA, AR 72006

Dates of Certification: 01/16/19 - 06/30/2020

Vendor Number: 11433

BHA License Number: 375



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

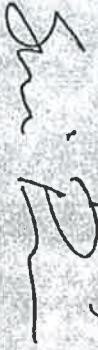
Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS
1650 WHITE DRIVE
BATESVILLE, AR 72501

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11313 Specialty Vendor Number: 11129
BHA License Number: 313 Specialty Certificate Number: 128



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
209 S. LOCKARD
BLYTHEVILLE, AR 72315

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11067 Specialty Vendor#11159

BHA License Number: 068 Specialty Certificate#290

Antia Martin Steele RN
SR

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
490 BROADMOOR DRIVE
BRINKLEY, AR 72021

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11059 Specialty Vendor Number: 11079
BHA License Number: 060 Specialty Certificate Number: 306

Sherris Wilcox RN for Sherris Proffer

Sherris Proffer, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MIDD-SOUTH HEALTH SYSTEMS
35 CHOCTAW TRACE
CHEROKEE VILLAGE, AR 72529

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11406

BHA License Number: 348

Sherri Proffer, RN

Sherri Proffer, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
602 DAVID STREET
CORNING, AR 72422

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11058 Specialty Vendor Number: 11080
BHA License Number: 059 Specialty Certificate Number: 307

Sherrri Proffer RN for Sherrri Proffer

Sherrri Proffer, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
4451 NORTH WASHINGTON
FORREST CITY, AR 72335

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11053 Specialty Vendor#11161
BHA License Number: 054 Specialty Certificate#292

Sherri Proffer RN

Sherri Proffer, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC

dba MID-SOUTH HEALTH SYSTEMS INC.

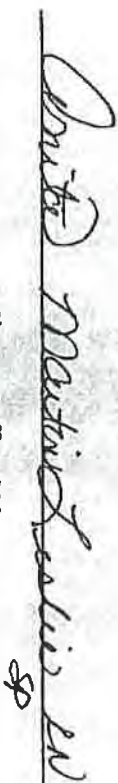
801 NEWMAN DRIVE

HELENA, AR 72342

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11056 Specialty Vendor # 11154

BHA License Number: 057 Specialty Certificate# 285



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

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NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
2707 BROWNS LANE
JONESBORO, AR 72401

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11064 Specialty Vendor# 11157
BHA License Number: 065 Specialty Certificate# 291

Sherris Proffer RN for Sherri Proffer

Sherri Proffer, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
444 ATKINS BOULEVARD
MARIANNA, AR 72360

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11060 Specialty Vendor#11164
BHA License Number: 061 Specialty Certificate#295



Sherri Proffer, RN
Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

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NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS

589 MAIN ST.
MELBOURNE, AR 72556

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11307 Specialty Vendor Number: 11127

BHA License Number: 307 Specialty Certificate Number: 126

Sherri Proffer for Showil Proffer

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

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NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS
107 LAUREL STREET
NEWPORT, AR 72112

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11310 Specialty Vendor Number: 11130

BHA License Number: 310 Specialty Certificate Number: 130

Sherri Proffer for Sherri Proffer

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

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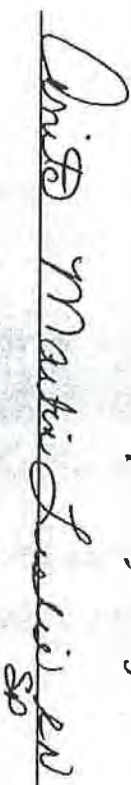
NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.

28 SOUTHPOINTE DRIVE
PARAGOULD, AR 72450

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11062 Specialty Vendor# 11155

BHA License Number: 063 Specialty Certificate# 286



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
2560 OLD COUNTRY ROAD
POCAHONTAS, AR 72455

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11066 Specialty Vendor#11158

BHA License Number: 067 Specialty Certification#289

Christa Martin Davis RN SP

Sherrri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

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NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS
642 NORTH MAIN ST.
SALEM, AR 72576

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11311

BHA License Number: 311

Sherri Proffer, RN

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

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NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS
111 WEST BOOTH RD.

SEARCY, AR 72143

Dates of Certification: 09/01/2018 - 06/30/2019

Vendor Number: 11312 S Specialty Vendor Number: 11132

BHA License Number: 312 Specialty Certificate Number: 132

Sherri Proffer for Sherri Proffer

Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

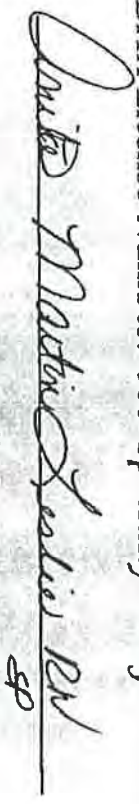
This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.

102 SOUTH LARKSPUR
WALNUT RIDGE, AR 72476

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11065 Specialty Vendor# 11156
BHA License Number: 066 Specialty Certificate# 287



Sherri Proffer, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

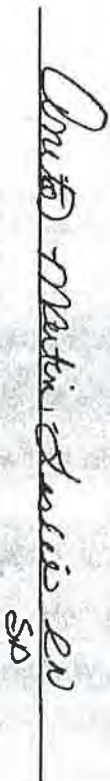
This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
905 NORTH SEVENTH STREET
WEST MEMPHIS, AR 72301

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11055 Specialty Vendor# 11161

BHA License Number: 056 Specialty Certificate#293



Sherri Proffler, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

NORTHEAST ARKANSAS CMHC
dba MID-SOUTH HEALTH SYSTEMS INC.
661 ADDISON DRIVE
WYNNE, AR 72396

Dates of Certification: 07/01/18 - 06/30/19

Vendor Number: 11057 Specialty Vendor#11162

BHA License Number: 058 Specialty Certificate#296



Sherri Proffler, RN

Assistant Director Community Services Licensure and Certification
Division of Provider Services and Quality Assurance



Bid Solicitation Document

2.2 Community Mental Health Center Qualifications

A.2. Non-Profit Status: IRS Documentation & Articles of Incorporation

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
401 W. PEACHTREE ST. NW
ATLANTA, GA 30365

DEPARTMENT OF THE TREASURY

Date: **OCT 30 1995**

NORTHEAST ARKANSAS COMMUNITY MENTAL
HEALTH CENTER INC
2920 MCCLELLAN DRIVE
JONESBORO, AR 72401

Employer Identification Number:
71-0774925
Case Number:
585201014
Contact Person:
JERRY FINKLIN
Contact Telephone Number:
(404) 331-0172
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
Yes

__Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the

Letter 947 (DO/CG)

NORTHEAST ARKANSAS COMMUNITY MENTAL

Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

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, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

NORTHEAST ARKANSAS COMMUNITY MENTAL

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Paul R. Houghton".

District Director

Enclosure(s):
Addendum

NORTHEAST ARKANSAS COMMUNITY MENTAL

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, and supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Charities Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your local IRS Office. Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, 1967-2 C.B. 104 and Revenue Procedure 90-12, 1990-1 C.B. 471 and Revenue Procedure 92-49, 1992-26 I.R.B. 18.

The value of time or personal services contributed to your organization by volunteers is not deductible by those volunteers as a charitable contribution for Federal income tax purposes. You should advise your volunteers to this effect.

STATE OF ARKANSAS



Charlie Daniels
SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Charlie Daniels, Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Articles of Amendment

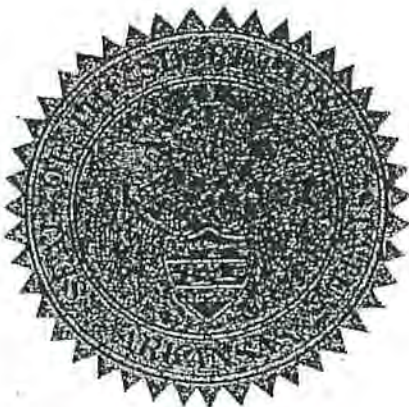
of

NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH
CENTER, INC.

filed in this office

November 8, 2010

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 8th day of November 2010.



Charlie Daniels

Secretary of State



Arkansas Secretary of State

Charlie Daniels

Business & Commercial Services, 250 Victory Building

NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.

State Capital: ARTICLES OF AMENDMENT
501-616-1111

FILED: 11/08/10, #Pages: 5

Arkansas Secretary of State
Business Services Division

CERTIFICATE OF AMENDMENT OF A NON-PROFIT CORPORATION

Northeast Arkansas Community Mental Health Center, Inc.

_____ , a corporation duly organized, created and existing under and by virtue of the laws of the State of Arkansas, by its Presiding Director or Officer,

DOES HEREBY CERTIFY:

At a meeting of the membership (or incorporators or board of directors) which was held on _____ Sept. 23, 2010, in the City of _____ Jonesboro, AR, the Articles of Incorporation of this corporation were amended to read as follows:

See Attachment.

Circle I, II, or III below, whichever is applicable, and attach appropriate statement.

- I If approval of members was not required, a statement to that effect and a statement that the amendment was approved by a sufficient vote of the board of directors or incorporators;
- II If approval by members was required:
 - (a) the designation, number of memberships outstanding, number of votes entitled to be cast by each class entitled to vote separately on the amendment, and the number of votes of each class indisputably voting on the amendment; and
 - (b) either the total number of votes cast for and against the amendment by each class entitled to vote separately on the amendment or the total number of undisputed votes cast for the amendment by each class and a statement that the number cast for the amendment by each class was sufficient for approval by that class.
- III If approval of the amendment by some person or persons other than the members, the board or incorporators is required pursuant to § 4-33-1030, a statement that the approval was obtained.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Bonnie White, Executive Director

Presiding Director (Type or Print)

Authorized Signature

Date: November 3, 2010

AMENDED ARTICLES OF INCORPORATION
OF
NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.

We, the undersigned, officers of the Board of Directors, desire to amend the existing Articles of Incorporation of Northeast Arkansas Community Mental Health Center, Inc. as filed with the Secretary of State of Arkansas on January 5, 1995. Therefore, effective this date, and pursuant to the provisions of the Arkansas Nonprofit Corporation Act of 1993) (Arkansas Code Annotated 4-33-101 et. seq.), we do hereby amend the Articles of Incorporation as follows:

A. Section 6 shall be amended to delete the following:

The Board of Directors of this corporation shall consist of not less than ten (10) nor more than twenty-four (24) members.

~~Three members of the Board of Directors shall come from each of the~~


following counties located in Arkansas: Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph. Three members of the Board shall be appointed at large.

B. Section 6 shall be amended to add the following:

The Board of Directors of this corporation shall consist of not less than thirteen (13) members, which shall be at least one member from each county of the corporation's catchment area. The corporation's catchment area shall be the following counties: Craighead, Clay, Greene, Lawrence, Mississippi, Poinsett, Randolph, Crittenden, Cross, Lee, Monroe, Phillips, and St. Francis Counties.

C. The names of the persons constituting the initial Board of Directors shall remain a part of Section 6 without any amendment.

IN WITNESS WHEREOF, we, the undersigned officers of the Board of Directors, have set our hands this 23rd day of Sept., 2010 to hereby amend the Articles of Incorporation effective this day.



Marvin Steele
President



CERTIFICATION

I hereby certify the manner of adoption and vote of the foregoing Amended Articles of Incorporation was as follows:

Approval of the membership and the board of directors of Northeast Arkansas Community Mental Health Center, Inc. was required. The Amended Articles of Incorporation were approved by the members and board of directors as follows:

	<u>Members</u>	<u>Board</u>
Designation of voting group:	General	General
Number of memberships outstanding:	18	18
Number of votes entitled to be cast by each class entitled to vote separately on the amendment:	18	18
Number of votes of each class indisputably voting on the amendment:	15	15
Number of votes cast for the amendment by each class entitled to vote:	15	15
Number of votes against the amendment by each class entitled to vote:	0	0

The number cast for the amendment by each class was sufficient for approval by that class. Approval by any person or persons other than the members or the board was not required pursuant to §4-33-1003.



Robert Taylor
Secretary

ACKNOWLEDGEMENT

STATE OF ARKANSAS

COUNTY OF CRAIGHEAD

On this day before me, a Notary Public within and for the county and state aforesaid, duly appeared in person the following: Marvin Steele, President, and Robert Taylor, Secretary, who executed the above Articles of Incorporation and stated that the matters and things therein set forth are true and correct to the best of their knowledge and belief, and stated and acknowledged that they had executed the same as their voluntary act for the uses, consideration and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal as such Notary Public on this 23rd day of September, 2010.

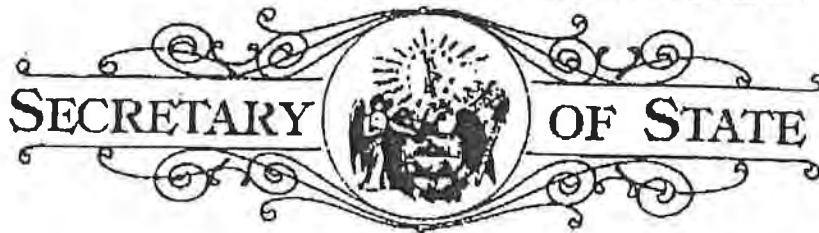
My commission expires: 12/1/2012



Carol J. Hickingbottom

Notary Public

STATE OF ARKANSAS



Sharon Priest
Secretary of State

To All to Whom These Presents Shall Come, Greetings:

I, Sharon Priest, Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

REGISTERED FICTITIOUS NAME

OF

MID-SOUTH HEALTH SYSTEMS, INC.

FOR

ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.

FILED IN THIS OFFICE:

NOVEMBER 16, 1995

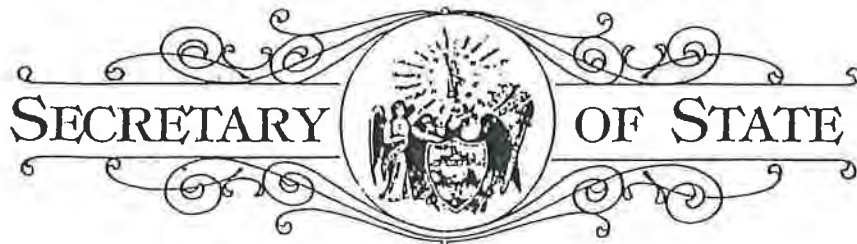


In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 16 day of November 1995

Sharon Priest

Secretary of State

STATE OF ARKANSAS



W. J. "Bill" McCuen
Secretary of State

CERTIFICATE OF INCORPORATION OF DOMESTIC
NON-PROFIT CORPORATION

*I, Bill McCuen, Secretary of State of the State of
Arkansas, do hereby certify that*

NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.

*has filed in the office of the Secretary of State, a duly certified copy of its
Articles of Association in compliance with the provisions of the law, with
their petition for incorporation under the name or style of*

NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.

*they are therefore hereby declared a body politic and corporate, by the
name and style aforesaid, with all the powers, privileges and immunities
granted in the law thereunto appertaining.*



*In Testimony Whereof, I have hereunto
set my hand and affixed my official Seal.
Done at office in the City of Little Rock,
this 5TH day of JANUARY 19 95*

Bill McCuen

Secretary of State

NPI 5873
RFP/15h
09/11/94; 10/11/94
F#5873

FILED
CORPORATIONS DIVISION

ARTICLES OF INCORPORATION OF

NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.

95 OCT -5 AM 8:23

W. J. "BILL" COHEN
CLERK TO FORMER
STATE OF ARKANSAS

ADP

We, the undersigned, incorporators, in order to form a nonprofit corporation for the purposes hereinafter stated under

and pursuant to the provisions of the Arkansas Nonprofit Corporation Act of 1993, Act No. 1147 of 1993 (Arkansas Code Annotated 4-33-101 et. seq.) do hereby agree to the following articles:

1. The name of the corporation is Northeast Arkansas Community Mental Health Center, Inc. This is a public benefit corporation.

2. The corporation is formed for the following purposes:

The general purpose of this corporation is to plan, develop and make available mental health services of the highest caliber possible in such a manner that they are accessible, affordable and available to residents of the service area of the corporation while at the same time acknowledging the specific needs of individuals served and being responsible to those needs.

Specific purposes include:

A. To provide general mental health services for adults, including an appropriate range of diagnostic and treatment services and modalities.

B. To contract with the State of Arkansas and any other entity, governmental or otherwise, to provide appropriate services within the parameters of these Articles.

C. To provide general and specialized mental health services for children and adolescents through direct center delivery and service affiliation arrangements.

D. To provide any assistance deemed appropriate for drug and alcohol treatment for residents of the service area of the corporation.

E. To implement a community support system of services and supports for adults with serious and/or prolonged mental illness or a dependency on alcohol and drugs or other substances.

F. The Board of Directors of the corporation shall establish priority in the implementation and provision of the above mentioned services, taking into consideration the services

that may otherwise be available to individuals in the service area, the needs existing in the service area, and ability of the Center to provide said services.

G. The Board of Directors of the corporation shall coordinate with the Advisory Board of the George W. Jackson Community Mental Health Center in seeing to it that the best possible services for mental illness, alcohol and drug abuse and any other service to be assumed by this corporation is provided to citizens and residents of the corporation's service area. It is specifically recognized and acknowledged that many, if not all, of the Board of Directors of the corporation shall also serve on the Advisory Board of George W. Jackson Community Mental Health Center.

H. To receive and maintain a fund or funds, real and personal property necessary to provide the facilities for the accomplishment of the objects and purposes for which this corporation is organized, and to procure, own, hold, lease and maintain or otherwise provide for suitable premises and property, for the purpose of acquiring, erecting, constructing, holding, owning, leasing and maintaining therein and thereon, suitable improvements and facilities for the purposes of this corporation.

I. To accept monies, grants, and gifts from other persons, corporations, and/or any unit of government either local, state or federal, and to make capital contributions or gifts to other non-profit corporations in the furtherance of this corporation.

J. To sell, exchange, or otherwise dispose of, and convey any such property or interest or estate therein, or any part thereof, when the same is no longer required for the accomplishment of the purposes for which this corporation is organized.

K. To borrow money, execute notes, or other evidences of indebtedness thereof, and to mortgage, pledge or otherwise encumber its real and personal property, or either thereof, as security for payment of such indebtedness.

L. To do all and everything necessary, suitable and proper for the accomplishment, attainment, or furtherance of, or connected with, the purposes, objectives, or power set forth in these Articles of Incorporation, whether alone or in association with others to possess all rights, powers, privileges now or hereinafter conferred by laws of the State of Arkansas upon a non-profit corporation organized under the laws of this State, and, in general to carry on any of the activities and to do any of the things herein set forth to the same extent as fully as a natural person or partnership might or could do, provided that nothing herein set forth shall be construed as authorizing this corporation to possess any purpose, object, or power, or do any act or thing forbidden by law to a non-profit corporation organized under the laws of the State of Arkansas or the Federal and State laws granting exemption from federal and state income tax for non-profit corporations.

M. The foregoing objects, purposes and powers shall not be construed to limit or restrict in any manner the general powers conferred on this corporation by the laws of the State of Arkansas, all of which are hereby expressly claimed.

N. Notwithstanding any other provision of these Articles, the purposes for which the corporation is organized are scientific, literary and

NAME

ADDRESS

Bonnie White

2920 McClellan Drive
Jonesboro, AR 72401

Virginia Atkinson

719 Arnold
Corning, AR 72422

Carolyn Linam	P.O. Box 263 Rector, AR 72461
Debra Brown	P.O. Box 83 Corning, AR 72422
Edgar Bell	1631 Lark Drive Jonesboro, AR 72401
Charlie Mae Granberry	2007 Westwood Jonesboro, AR 72401
E. Allen Kent	515 W. Thomas Jonesboro, AR 72401
Charlotte Mitchell	2509 S. Rockingchair Rd. Paragould, AR 72450
Doris Thompson	390 N. 11th Avenue Paragould, AR 72450
Patricia Young	510 S. 7th Street Paragould, AR 72450
Dick Alexander	P.O. Box 393 Hoxie, AR 72433
Willene Austin	P.O. Box 53 Imboden, AR 72434
Austin Stovall	P.O. Box 68 Imboden, AR 72434
Anes Abraham	1200 Lee Circle, South Blytheville, AR 72315
Beth Reynolds	1100 S. Parkside Blytheville, AR 72315
Jimmie Garner	P.O. Drawer M Trumann, AR 72472
Tommy McGee	206 Cole Avenue Harrisburg, AR 72432
Betty Richardson	220 Melrose Trumann, AR 72472
Charles Meredith	P.O. Box 896 Pocahontas, AR 72455
John M. Patrick	P.O. Box 145 Pocahontas, AR 72455
Elwood Smith	607 Thomasville Pocahontas, AR 72455

AT-LARGE REPRESENTATIVES:

Willie Mae Andrews	400 Bradley Jonesboro, AR 72401
John Burns	1223 S. Culberhouse Jonesboro, AR 72401
James Dalton	5510 Beaver Lane Jonesboro, AR 72401

HONORARY MEMBERS:

Tom Baker	Route 1, Box 80 Alicia, AR 72410
Nancy Balton	Wilson, AR 72395
Bud Love	525 West Matthews Jonesboro, AR 72401

The incorporators are:

John Burns	1223 S. Culberhouse Jonesboro, AR 72401
Doris Thompson	390 N. 11th Avenue Paragould, AR 72450
Willene Austin	P.O. Box 53 Imboden, AR 72434
Patricia Young	510 S. 7th Street Paragould, AR 72450
Charles Meredith	P.O. Box 896 Pocahontas, AR 72455
John M. Patrick	P.O. Box 145 Pocahontas, AR 72455
Virginia Atkinson	719 Arnold Corning, AR 72422
Jimmie Garner	P.O. Drawer M Trumann, AR 72472
Elwood Smith	607 Thomasville Pocahontas, AR 72455
James Dalton	5510 Beaver Lane Jonesboro, AR 72401
Tommy McGee	206 Cole Avenue Harrisburg, AR 72432
Edgar Bell	1631 Lark Drive Jonesboro, AR 72401
Betty Richardson	220 Melrose Trumann, AR 72472
Austin Stovall	P.O. Box 68 Imboden, AR 72434
E. Allen Kent	515 W. Thomas Jonesboro, AR 72401

Three members of the Board of Directors shall come from each of the following counties located in Arkansas:

Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph. Three members of the Board shall be appointed at large.

7. The terms of the Board of Directors shall be established by the bylaws. The initial Board of Directors shall serve until their successors are elected or appointed as provided by the Bylaws of the Northeast Arkansas Community Mental Health Center, Inc., provided that the qualifications and length of services shall not be contrary to the provisions of the Arkansas Non-Profit Corporation Act.

The Board of Directors shall be self perpetuating with the Board of Directors existing prior to the expiration of said director's term, nominating and electing by majority vote the successor director. A director may serve more than one term.

Should a vacancy occur on the Board of Directors before the expiration of a term, a successor director shall be selected by the Board of Directors as stated above to complete said director's term.

The number of members of this corporation shall correspond to the number of members of the Board of Directors.

The corporation shall have the following offices:

President;

Vice-president;

Secretary;

Treasurer.

Such other offices as the Board of Directors shall from time

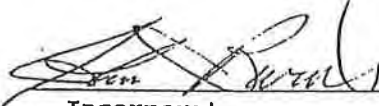
D. The corporation shall not make any taxable expenditures as defined in Sec. 4945 (d) of the Internal Revenue Code of 1954, or the corresponding section of any subsequent United States tax laws.

E. The corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Sec. 4942 of the Internal Revenue Code of 1954, or the corresponding section of any subsequent United States tax laws.

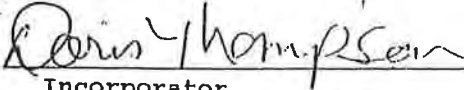
10. The corporation shall have such fiscal year as shall be determined in its bylaws.

11. These Articles may be amended at any time by a majority (51%) of those present at any regular meeting of the Northeast Arkansas Community Mental Health Center, Inc. The By-laws shall be the governing instrument of the corporation.

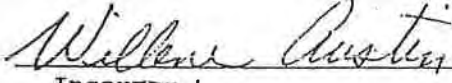
IN WITNESS WHEREOF, we, the undersigned incorporators, have set our hands this 12th day of October, 1994.



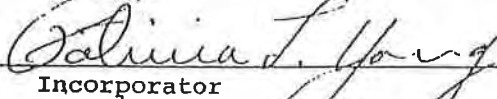
Incorporator



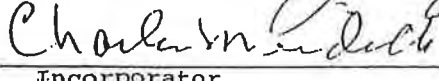
Incorporator



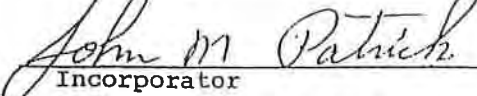
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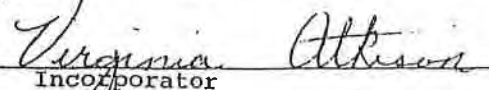
Incorporator



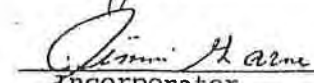
Incorporator



Incorporator



Incorporator



Incorporator



Incorporator

ACKNOWLEDGMENT

STATE OF ARKANSAS

COUNTY OF Craighead

On this day before me, a Notary Public within and for the county and state aforesaid, duly appeared in person the following:

John Burns, Doris Thompson, Willene Austin, Patricia L. Young, Charles Meredith, John M. Patrick, Virginia Atkinson, Jimmie Garner, Elwood Smith, James R. Dalton, Tommy McGee, Edgar Bell, Betty Richardson, Austin Stovall, E. Allen Kent

who executed the above Articles of Incorporation and stated that the matters and things therein set forth are true and correct to the best of their knowledge and belief, and stated and acknowledged that they had executed the same as their voluntary act for the uses, consideration and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal as such Notary Public on this 12th day of October, 19 94.

My Commission Expires:

2-17-2002

Annette Hufstedler
Notary Public

PREPARED BY:

BRANCH, THOMPSON & PHILHOURS
A Professional Association
414 West Court Street
Paragould, AR 72450

Annette Hufstedler, Notary Public
Lawrence County, Arkansas
My Commission Expires 2/17/2002

Bid Solicitation Document

2.6 Records and Reporting

B.1. Accreditation

Survey Accreditation Detail

As of 2/15/2019

Survey Number: 98412
Company Number: 20323
Accreditation Decision: Three-Year Accreditation
Accreditation Expiration Date: 10/31/2020
Company Submitting Application: Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

Program Summary:

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
Residential Treatment: Integrated: AOD/MH (Adults)

Companies with Programs:

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (20323)

2707 Browns Lane
Jonesboro, AR 72401

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Delta Recovery Center (285412)

Building- 2426 Highway 49
West Helena, AR 72390
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

Survey Accreditation Detail

As of 2/15/2019

Mid-South Health Systems (307610)

1650 White Drive

Batesville, AR 72501

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems (307611)

35 Choctaw Trace

Cherokee Village, AR 72529

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems (307614)

642 North Main Street

Salem, AR 72567

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems (307618)

589 East Main Street

Melbourne, AR 72556

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems (307619)

107 Laurel Street

Newport, AR 72112

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Survey Accreditation Detail

As of 2/15/2019

Mid-South Health Systems (307877)

111 West Booth Road

Searcy, AR 72143

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems (311460)

623 North Ninth Street, Suite 200

Augusta, AR 72006

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

MSHS Trumann Clinic (315221)

807 West Main Street

Trumann, AR 72472

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems - Helena Clinic (75625)

801 Newman Drive

Helena, AR 72342

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Survey Accreditation Detail

As of 2/15/2019

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems - West Memphis (203514)

905 North Seventh Street

West Memphis, AR 72301

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems - Wynne Clinic (32842)

661 Addison Drive

Wynne, AR 72396

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (203466)

602 David Street

Corning, AR 72422

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Residential Treatment: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (205675)

1500 West Main

Corning, AR 72422

Crisis Intervention: Integrated: AOD/MH (Adults)

Residential Treatment: Integrated: AOD/MH (Adults)

Survey Accreditation Detail

As of 2/15/2019

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (20607)

102 South Larkspur

Walnut Ridge, AR 72476

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (20609)

2560 Old County Road

Pocahontas, AR 72455

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (20610)

209 South Lockhard

Blytheville, AR 72315

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (224736)

28 Southpointe Drive

Paragould, AR 72450

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Survey Accreditation Detail

As of 2/15/2019

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (30673)

1011 Morgan Street
Paragould, AR 72450

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc./NorthWest (63423)

3700 Access Road
Jonesboro, AR 72401

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Residential Treatment: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems-Brinkley Clinic (33421)

490 Broadmore
Brinkley, AR 72021

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems-Forrest City (203513)

4451 North Washington
Forrest City, AR 72335

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems-Marianna Clinic (32848)

444 Atkins Boulevard
Marianna, AR 72360

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Survey Accreditation Detail

As of 2/15/2019

Northeast Arkansas Community Mental Health Center, Inc.-Delta Care II Community Based Rehabilitation (75624)

211 Missouri Street

Helena, AR 72342

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Company Count: 25

Bid Solicitation Document

2.6 Records and Reporting

B.1.a CARF Accreditation Review Report

CARF Accreditation Report
for
Northeast Arkansas Community
Mental Health Center, Inc. dba Mid-
South Health Systems, Inc.

Three-Year Accreditation



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[Survey Findings](#)

[Program\(s\)/Service\(s\) by Location](#)

About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

Organizational Leadership

Angel Lucas, LCSW, Quality Assurance Director

Survey Date(s)

April 30, 2018–May 2, 2018

Surveyor(s)

Donna Daley, M.B.A., Administrative
James H. Ruben, M.S., Program
Lynn E. Smith, M.B.A., M.A., LPC, Program
James C. Willis, Sr., M.S., LPC, LCAS, Program
Sandra P. Thompson, LPC, LMHC, CAP, Program
Jeane P. Chapman, Ed.S., SPE/HSP, Program

Program(s)/Service(s) Surveyed

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
Residential Treatment: Integrated: AOD/MH (Adults)

Previous Survey

Three-Year Accreditation
September 15, 2014–September 17, 2014

Accreditation Decision

Three-Year Accreditation
Expiration: October 31, 2020

Executive Summary

This report contains the findings of CARF's on-site survey of Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. conducted April 30, 2018–May 2, 2018. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. demonstrated substantial conformance to the standards. Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (MSHS) has made earnest efforts to utilize the CARF standards in its policies, procedures, processes, and practices. The organization's leadership is dedicated to ensuring the quality of program operations through strong and focused leadership and management skills. The organization demonstrates a priority of enhancing services accessibility to adults, youths, and families with mental health and substance abuse disorders who are very severely affected. Many of the persons served been adjudicated. The organization's senior leadership and staff members demonstrate a commitment to improving the lives of all persons served through person-centered services. In addition to having many strengths, the organization has areas for improvement identified in the recommendations in this report, including ensuring consistent application of policies and procedures regarding seclusion and restraint, developing a process for keeping first aid supplies current, refining the peer records review process, ensuring that supervision includes all required elements, ensuring medication security processes are consistently followed, and including all facets of information in assessments. The positive attitude with which management and staff prepared for and participated in this survey and their receptivity to the consultation and other feedback that were offered instill confidence that MSHS will use the results of this survey to further improve organizational and service quality.

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. was conducted by the following CARF surveyor(s):

- Donna Daley, M.B.A., Administrative
- James H. Ruben, M.S., Program
- Linnie E. Smith, M.B.A., M.A., LPC, Program
- James C. Willis, Sr., M.S., LPC, LCAS, Program
- Sandra P. Thompson, LPC, LMHC, CAP, Program
- Jeane P. Chapman, Ed.S., SPE/HSP, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Case Management/Services Coordination: Integrated: AOD/MH (Adults)
- Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
- Community Integration: Integrated: AOD/MH (Adults)
- Crisis Intervention: Integrated: AOD/MH (Adults)
- Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
- Outpatient Treatment: Integrated: AOD/MH (Adults)
- Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
- Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
- Residential Treatment: Integrated: AOD/MH (Adults)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the on-site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the

contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. demonstrated the following strengths:

- Besides traditional services, the organization has incorporated beneficial activities that involve the persons served in life skills development and therapeutic activities whereby art and creativity impact the well-being and self-confidence of those receiving services.
- The persons collectively and individually speak highly of the staff members and the quality of services received. Comments provided indicate that the persons served are grateful for the personalized treatment and believe that staff members are authentic in their desire to help. For example, one client expressed, "The people here kept trying several times to get me to come inside while I was standing outside their door so scared I couldn't enter. But they finally coaxed me in and my life began to change from wanting to take my life to now believing that I am valuable and want to live! I would not be alive today if they had not helped me."
- Services are provided by a cadre of caring, competent, and committed staff members who take obvious pride in their work and the many accomplishments of the persons served. The enthusiasm and skills of the staff members contribute much to the development and provision of high-quality programming for which the persons served are truly appreciative.
- The staff members demonstrate creativity in ensuring that the needs of the persons served are met within the organization and through the utilization of community resources with sensitivity to cultural diversity and individual preferences.
- In the last several years, senior leadership has changed in the CEO position. The vacancy was filled with an internal candidate who brought 12 years of experience with the organization and a wealth of professional knowledge. The senior leadership team is tenured and skilled in all aspects of leading a strong, not-for-profit mental health service organization.
- MSHS is well respected in the communities in which it provides services. Collaboration, respect, and professionalism is how the organization is described by other groups it links with to provide outstanding mental health services as part of a holistic focus on the needs of the persons served.

- MSHS's board of directors is strong in many professional areas, including business and IT. It is committed and extremely supportive to the CEO and the executive leadership team. Its meetings are regular and focused on the challenges the organization faces and gratitude and praise for what is accomplished regularly by MSHS. Communication between the organization and the board is thorough and transparent. The board make up is representative of the 13 counties that MSHS serves, giving strong local input to its direction and decisions.
- The organization's policy on legal requirements is remarkably comprehensive, including more than 25 laws listed that all government funded entities are required to comply with. This makes compliance easier to understand and enables better policy writing to meet these requirements.
- Most of the organization's residential and transitional environments are clean; neat; and welcoming to the persons served, staff members, and the public. The same is true of the outpatient clinics and main administrative offices. They are all in areas of their communities that allow easy access for individuals seeking services. The facilities are well maintained, clean, and integrated into the community and present a familylike atmosphere for the persons served. Several facilities are tastefully decorated with artwork by persons served that creates a feeling that is person focused and a refuge for the persons served.
- MSHS has received a five-year grant to upgrade technology in rural areas. Its first effort is a virtual firewall that is part of the total system security.
- For the last five years, MSHS has held an art show for the persons served and their artwork. Art and Soul, A Creative Journey Toward Recovery allows the persons served to sell their art as well as display it to the community. This is exciting and self-esteem is rising for the persons served and awareness heightening for the community.
- The organization's transitional residential program serves felons who are still in the custody of the state. Because of the high-risk potential with these individuals, their treatment plans are reviewed regularly by the organization's High Risk Committee to ensure that the individuals are moving toward life in the community and keeping the person served and the public safe. This is a unique program in Arkansas, and MSHS was asked by the state to specifically create this program as an opportunity for these persons served to reintegrate into the community.
- MSHS has been instrumental implementing numerous specialized prevention and early intervention programs for children and families, including Project Launch that provides health and mental health assessment, interventions for children from infancy to age eight; Parent-Child Interaction Therapy (PCIT), a behavior management program for children and parents; and Court Appointed Special Advocates (CASA), providing court-appointed advocates for children who have entered the foster care system due to parental incarceration. Additionally, the organization has a long history of providing foster homes for children with serious emotional disorders through its therapeutic foster care program and it hosts the Child Advocacy Center of Eastern Arkansas that serves victims of sexual abuse.
- As a result of the relationship with families and child/youth-serving organizations, MSHS has developed contracts to provide school-based mental health services, including prevention, staff development, and direct care for school-age children, in Mississippi County schools and a contract to provide mental health services in the alternative school in the west Memphis area.
- MSHS's art therapy staff integrates art media and creative expression for the persons served in the day rehabilitation centers that generate opportunities for success and recognition through art exhibits where their creations are on display and available for sale, with resulting revenue going to the persons served.
- The persons served and their parents consistently express gratitude for the responsiveness and compassion of the staff of MSHS, especially during times of crisis. The availability of home- and school-based services enhances the availability and acceptability of services. The linkage and referral supports provided by the community intervention specialists are widely praised by the persons served.

- To address recruitment and retention of behavioral health professionals for its underserved areas, MSHS has developed incentives, such as pay differentials and modified work schedules, to meet the needs of these professionals.
- The staff at MSHS is led by an experienced and respected team that values its employees and the persons served. Staff members have a long history of working together in various positions within the organization. This has created a strong homogeneous team of vested staff members committed to bettering the lives of the persons served.
- It is evident that the organization's staff relates to the persons served with great respect and dignity. The strength-based enthusiasm of staff members is evident in their dedication to each other and the persons served.
- The organization promotes from within and encourages innovative thinking. Coordinators are given the autonomy to build their programs within their unique community, which leads to service expansion and increased access to services.
- The staff members at the Forrest City, Brinkley, and Wynne centers express an excitement about the services they provide. They feel connected to the persons served and have examples of how the persons served have been able to make phenomenal progress. Most of the staff members have displayed proudly paintings in their offices that the persons served have done in the day treatment program, demonstrating their affection for the persons served.
- The persons served express an appreciation for the help they have received and share how their therapists, case managers, and other staff members have gone above and beyond to assist them in meeting their physical, environmental, medical, and behavioral health needs. The persons served interviewed shared how the organization helps them adjust to new staff members and become comfortable with the changes.
- The school system is appreciative of and values the services that the organization provides to its students and staff. The staff of the organization has become an integral part in the staffing with the school staff.
- The organization's facilities are functional and welcoming. Waiting rooms have child-specific toys and books and magazines for adults. There are safeguards in place to protect the persons served and staff members with key pad or keyed entrances to the therapy rooms.
- The organization's medical and clinical staff members work in unison, providing a holistic treatment approach for the clients.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather an assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the risk plan and all other required plans be presented in a format that makes it easier to track specific goals and objectives relative the present state, outcomes, and next steps.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Inspections
- Emergency procedures
- Access to emergency first aid
- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

Recommendations

1.H.8.c.

First aid supplies are available at the locations and in the organizational vehicles. However, some of the perishable items in the kits had expired. It is recommended that regular checks of the first aid kits be made to ensure that the items in the kits are safe and usable.

Consultation

- It is suggested that emergency phone numbers be reviewed regularly for accuracy.
- When transportation is provided for persons served, there is evidence of first aid supplies available in the vehicle(s). It is suggested that the organization create a process to check these kits regularly for expired items and replace them.
- It is suggested that MSHS also check the locations to be sure the emergency numbers and other information are current and correct. Duplicate and outdated information should be eliminated.

1.I. Human Resources

Description

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts
- Personnel skills/characteristics
- Annual review of job descriptions/performance
- Policies regarding students/volunteers, if applicable

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Communication of rights
- Policies that promote rights
- Complaint, grievance, and appeals policy
- Annual review of complaints

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization make grievance and complaint forms available at all locations for clients to use. Additionally, the names and numbers of the client advocates and the compliance officer could be posted so the clients know who some of the third-party contacts are that they can contact.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

Recommendations

2.A.26.d.

2.A.26.h.

2.A.26.i.

It is recommended that documented ongoing supervision of clinical or direct service personnel address risk factors for suicide and other dangerous behaviors; cultural competency issues; and model fidelity, when implementing evidence-based practices.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs,

abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, his or her family or significant others, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations

2.B.13.j.

2.B.13.q.

2.B.13.u.

The assessment process should also gather and record information about the person's use of complementary health approaches, literacy level, and psychological and social adjustment to disabilities and/or disorders.

Consultation

- It might be helpful to specify whether the persons served experienced and witnessed trauma in abuse, neglect, violence, and sexual assault. This could easily be accomplished by amending the assessment and listing the four areas and whether experienced and/or witnessed.

2.C. Person-Centered Plan

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of his or her plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Key Areas Addressed

- Development of person-centered plan
- Co-occurring disabilities/disorders
- Person-centered plan goals and objectives
- Designated person coordinates services

Recommendations

2.C.2.b.(4)

2.C.2.b.(5)

2.C.2.b.(6)

2.C.2.b.(7)

It is recommended that specific service or treatment objectives be consistently understandable to the person served, measurable, achievable, and time specific.

- 2.C.4.a.(1)
- 2.C.4.a.(2)
- 2.C.4.b.(1)
- 2.C.4.b.(2)
- 2.C.4.b.(3)
- 2.C.4.b.(4)
- 2.C.4.b.(5)(a)
- 2.C.4.b.(5)(b)
- 2.C.4.b.(6)

When assessment identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan should consistently be completed with the client as soon as possible and include triggers; current coping skills; warning signs; actions to be taken; preferred interventions necessary for personal and public safety; and advance directives, when available.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of person served when he or she moves to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point

- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

Recommendations

2.D.3.b.(2)

It is recommended that the written transition plan also consistently identify gains achieved during program participation.

Consultation

- Although most discharges are unplanned, there are a few planned discharges. The aftercare/discharge plan is used for all discharges and includes the elements of the standards. It might be helpful to differentiate the difference between a transition/discharge plan and a discharge summary. The transition plan is written with the person served and provided to the person served, while a discharge summary is completed after the person leaves services.

2.E. Medication Use

Description

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self-administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, transporting, storing, and disposing of medications, including those self-administered by the person served.

Self-administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and closely observing the person served self-administering the medication.

Self-administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication

should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time. These standards are applied regardless of whether the prescriber is employed directly by the organization or works under contract.

Key Areas Addressed

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

Recommendations

2.E.3.a.

2.E.3.d.

2.E.3.e.

2.E.3.i.

When the organization physically controls medications (including medications self-administered by the person served or the use of samples), the organization's written procedures should also include compliance with all applicable local, state, and federal laws and regulations pertaining to medications and controlled substances, including on-site pharmacy services and dispensing; safe storage; safe handling; and inventory.

Consultation

- MSHS's medication utilization review combines medication utilization evaluation and the peer review of prescribing practices in a document identified as the "Med Utilization Review." Although medication utilization evaluation includes measures of effectiveness and satisfaction of the persons served, the system of internal peer review is broader in scope and may include the medication utilization evaluation. Thus, it is suggested that medical staff consider identifying the document as the peer review to reflect the inclusiveness of the process as outlined in the standards addressing the documented peer review.

2.F. Nonviolent Practices

Description

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to others, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.

Key Areas Addressed

- Training and procedures supporting nonviolent practices
- Policies and procedures for use of seclusion and restraint
- Patterns of use reviewed
- Persons trained in use
- Plans for reduction/elimination of use

Recommendations

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

The organization implements systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

Recommendations

2.H.4.a.(1)

2.H.4.b.

2.H.4.d.(1)

2.H.4.d.(2)

It is recommended that the records review process also address whether the persons served were provided with an appropriate orientation; whether confidential information was released according to applicable laws and regulations; and whether risk factors were adequately assessed and resulted in safety plans, when appropriate.

Section 3. Core Treatment Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons

served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

3.B. Case Management/Services Coordination (CM)

Description

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its person-centered planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Key Areas Addressed

- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL activities

Recommendations

There are no recommendations in this area.

3.C. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.

- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Key Areas Addressed

- Opportunities for community participation
- Based on identified preferences of participants
- Times and locations meet the needs of participants

Recommendations

There are no recommendations in this area.

3.E. Crisis Intervention (CI)

Description

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

Key Areas Addressed

- Services are available 24 hours a day, 7 days a week
- Assessment and immediate stabilization of acute symptoms
- Timely engagement
- Telephone and face-to-face crisis assessment
- Crisis intervention plan
- Qualified behavioral health practitioners are available 24 hours a day, 7 days a week
- Mobile services provision

Recommendations

There are no recommendations in this area.

3.O. Outpatient Treatment (OT)

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Key Areas Addressed

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

3.Q. Residential Treatment (RT)

Description

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems.

These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Key Areas Addressed

- Interdisciplinary services
- Creation of natural supports
- Education on wellness, recovery, and resiliency
- Community reintegration

Recommendations

3.Q.4.c.

A risk assessment for each person served should result in a personal safety plan when risks are identified.

3.Q.6.b.

3.Q.6.f.

The program should provide a homelike and comfortable setting and allow individual possessions and decorations.

Section 5. Specific Population Designation Standards

5.D. Children and Adolescents (CA)

Description

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

2707 Browns Lane
Jonesboro, AR 72401

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Delta Recovery Center

Building- 2426 Highway 49
West Helena, AR 72390

Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

Northeast Arkansas Community Mental Health Center, Inc. - Delta Care Community Based Rehabilitation

507 Missouri Street
Helena, AR 72342

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems - Helena Clinic

801 Newman Drive
Helena, AR 72342

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems - West Memphis

905 North Seventh Street
West Memphis, AR 72301

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems - Wynne Clinic

661 Addison Drive
Wynne, AR 72396

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

1011 Morgan Street
Paragould, AR 72450

Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

102 South Larkspur
Walnut Ridge, AR 72476

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

1500 West Main
Corning, AR 72422

Crisis Intervention: Integrated: AOD/MH (Adults)
Residential Treatment: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

209 South Lockhard
Blytheville, AR 72315

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

2560 Old County Road
Pocahontas, AR 72455

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

28 Southpointe Drive
Paragould, AR 72450

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.

602 David Street
Corning, AR 72422

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Residential Treatment: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc./NorthWest

3700 Access Road
Jonesboro, AR 72401

Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Residential Treatment: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems-Brinkley Clinic

490 Broadmore
Brinkley, AR 72021

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems-Forrest City

4451 North Washington
Forrest City, AR 72335

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems-Marianna Clinic

444 Atkins Boulevard
Marianna, AR 72360

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc.-Delta Care II Community Based Rehabilitation

211 Missouri Street
Helena, AR 72342

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)