

**SIGNATURE PAGE**

Type or Print the following information.

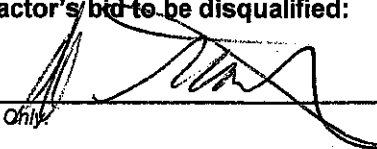
PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Southwest Arkansas Counseling and Mental Health Center, Inc.				
Address:	2904 Arkansas Boulevard				
City:	Texarkana	State:	AR	Zip Code:	71854
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp		
	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input 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 Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Michael Cluts	Title:	Clinical Director
Phone:	870/773-4655	Alternate Phone:	870/582-1720
Email:	mcluts@swacmhc.org		

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:

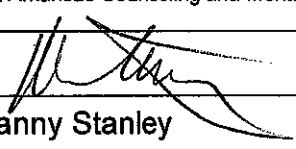
Authorized Signature:  Title: Executive Director  
Use Ink Only

Printed/Typed Name: T. Danny Stanley Date: 3-12-19

## SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

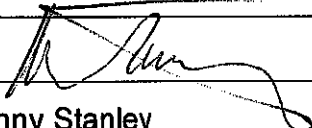
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

<b>Vendor Name:</b>	Southwest Arkansas Counseling and Mental Health Center, Inc.	<b>Date:</b>	3-12-19
<b>Authorized Signature:</b>		<b>Title:</b>	Executive Director
<b>Print/Type Name:</b>	T. Danny Stanley		

## 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.

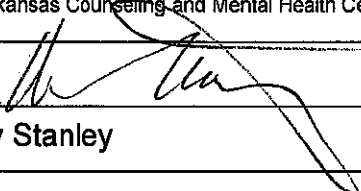
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

<b>Vendor Name:</b>	Southwest Arkansas Counseling and Mental Health Center, Inc.	<b>Date:</b>	3-12-19
<b>Authorized Signature:</b>		<b>Title:</b>	Executive Director
<b>Print/Type Name:</b>	T. Danny Stanley		

## 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**

<b>Vendor Name:</b>	Southwest Arkansas Counseling and Mental Health Center, Inc.	<b>Date:</b>	3-12-19
<b>Authorized Signature:</b>		<b>Title:</b>	Executive Director
<b>Print/Type Name:</b>	T. Danny Stanley		

## PROPOSED SUBCONTRACTORS FORM

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

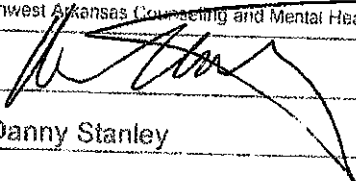
**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information:*

Subcontractor's Company Name	Street Address	City, State, ZIP
Sebastian County Five West Crisis Stabilization Unit	3114 South 7th St	Ft. Smith, AR 72917

**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:	Southwest Arkansas Counseling and Mental Health Center, Inc.	Date:	3-12-19
Authorized Signature:			Title:
Print/Type Name:	T. Danny Stanley		

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.

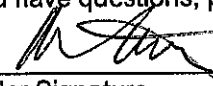
**BID OPENING DATE AND TIME**

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

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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](mailto:nawania.williams@dhs.arkansas.gov) or 501-320-6511

 \_\_\_\_\_ Date 3-12-19  
Vendor Signature  
Southwest Arkansas Counseling and Mental Health Ctr. Inc  
Company

**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: \_\_\_\_\_ Contractor for which this is a subcontractor: \_\_\_\_\_

Estimated dollar amount of subcontract: \_\_\_\_\_

Southwest Arkansas Counseling and Center, Inc  
 TAXPAYER ID NAME: Mental Health  
 YOUR LAST NAME: Stanley FIRST NAME: T. Danny  
 ADDRESS: 2904 Arkansas Blvd  
 CITY: Texarkana STATE: AR ZIP CODE: 71854  
 COUNTRY: UNITED STATES OF AMERICA

IS THIS FOR:  Goods?  Services  Both?

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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Senator	01/91	Present	LARRY TEAGUE	0	Board Member
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"/>						

\* None of the above applies

\* NO EASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

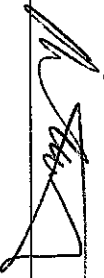
**Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required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

CEO

Date

3-12-19

Vendor Contact Person

Danny Sharkey

Title

CEO

Phone No.

870-773-4655

**AGENCY USE ONLY**

Agency Number

0710

Department of Human Services

Agency Name

Agency Contact Person

Contact Phone No.

Contract or Grant No.



**SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.**

<b>Policy Area:</b> <i>Human Resources</i>	<b>Subject:</b> <i>Equal Employment Opportunity</i>
<b>Effective Date:</b> <i>1-21-16</i>	<b>Policy #:</b> <i>HR-1</i>
<b>Revision Date:</b> <i>1-21-16</i>	<b>Page #</b> <i>1 of 1</i>
<b>Additional Authority:</b> <i>CARF I.I, EEOC</i>	<b>Review Date:</b> <i>1-21-16</i>

The Center is an Affirmative Action/Equal Opportunity Employer and its personnel are governed by the following:

- Civil Rights Act of 1964
- Occupational Safety and Health Act of 1970
- The Americans with Disabilities Act of 1990
- Equal Employment Opportunity Act of 1972
- Fair Labor Standards Act, 1974 Amended
- The Age Discrimination in Employment Act of 1967
- An Affirmative Action Plan
- Rehabilitation Act of 1973, Amended 1976
- Vietnam Era Veteran Assistance Act of 1974
- Presidential Executive Order, 1928
- Equal Pay Act of 1963
- Family and Medical Leave Act of 1993

Implicit in the Center's Equal Employment Opportunity Policy is the Center's right to disregard race, color, sex, creed, age, national origin, sexual preference and handicap in requiring employees to meet satisfactory performance standards.

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

## INFORMATION FOR EVALUATION

- Provide a detail response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- Provide a detailed response for each Region where you are proposing services in the "region Specific Question" section.
- Do not include a response to "Region Specific Questions" for any Region where you are NOT proposing services.

• Do not include additional information if not pertinent to the itemized request. <b>TECHNICAL PROPOSAL QUESTIONS</b>	Maximum Available RAW Score
	POINTS
<b>E. 1 VENDOR QUALIFICATIONS</b>	
E.1.A. State the Region for which you are proposing to provide services in this <i>Response Packet</i> . Region #12	Pass/Fail
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to:  <ul style="list-style-type: none"> <li>a. Date established.</li> <li>b. List of non-profit's Board of Directors.</li> <li>c. Total number of employees.</li> <li>d. An organizational chart displaying the overall business structure.</li> </ul> <p style="text-align: center; font-size: 1.2em;">See Tab E.1.B.</p>	5
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide:  <ul style="list-style-type: none"> <li>a. A description of the work performed, including if this work was provided for DHS.</li> <li>b. If provided under a contract: <ul style="list-style-type: none"> <li>i. Name of entity with whom the Vendor had/has a contract. See Tab E.1.C.</li> <li>ii. Summary of the Scope of Work.</li> <li>iii. Project amount.</li> <li>iv. Any corrective actions or litigation pertaining to the contract.</li> </ul> </li> </ul>	5
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide: <p style="text-align: center; font-size: 1.2em;">See Tab E.1.D.</p> <ul style="list-style-type: none"> <li>a. Evidence of the qualifications and credentials of the respondent's key personnel.</li> <li>b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services.</li> </ul>	5
E.1.E. Submit a minimum of three (3) letters of recommendation from <del>five (5)</del> three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:  <ul style="list-style-type: none"> <li>a. They shall be on official letterhead of the party submitting recommendation.</li> <li>b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.</li> <li>c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.</li> <li>d. They shall be limited to organizational recommendations, not personal recommendations.</li> <li>e. They shall be dated not more than six (6) months prior to the proposal submission date.</li> <li>f. They shall include the current phone number, mailing address, email address, title, printed name.</li> <li>g. They shall contain the signature of the individual of the party submitting the recommendation.</li> <li>h. They shall not be from current DHS employees. See Tab E.1.E.</li> </ul>	5

<b>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</b>	
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.  <b>See Tab E.2.A.</b>	<b>5</b>
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.  <b>See Tab E.2.B.</b>	<b>5</b>
<b>E.3 SERVICE DELIVERY DUTIES</b>	
E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:  <ul style="list-style-type: none"> <li>a. Serve the following populations in the delivery of crisis services: <ul style="list-style-type: none"> <li>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</li> <li>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.</li> </ul> </li> <li>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</li> <li>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</li> <li>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</li> <li>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</li> <li>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</li> <li>k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis.</li> </ul> <p style="text-align: center;"><b>See Tab E.3.A.</b></p> <p>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.</p>	<b>5</b>

<p>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:</p> <ul style="list-style-type: none"> <li>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:             <ul style="list-style-type: none"> <li>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.</li> </ul> </li> <li>b. Serve as the Single Point of Entry (SPOE) for ASH:             <ul style="list-style-type: none"> <li>i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</li> <li>ii. Ensure the SPOE assessment is completed completely and accurately.</li> </ul> </li> <li>c. Serve Clients on the ASH waiting list:             <ul style="list-style-type: none"> <li>i. Describe what services you will make available to provide support and stabilization to those awaiting admission.</li> </ul> </li> <li>d. Serve Client actively admitted to ASH as they prepare for discharge:             <ul style="list-style-type: none"> <li>i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</li> </ul> </li> <li>e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</li> <li>f. Provide services to Community-based 911 Status Clients regardless of the payor source.</li> </ul> <p style="text-align: center;"><b>See Tab E.3.B.</b></p>	<p>5</p>
<p>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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</li> <li>c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</li> <li>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</li> </ul> <p style="text-align: center;"><b>See Tab E.3.C.</b></p>	<p>5</p>
<p>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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</li> <li>c. Have qualified staff in place to provide didactic competency services.</li> <li>d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</li> <li>e. Provide Individual Outpatient Restoration according to the RFQ requirements.</li> <li>f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</li> <li>g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</li> <li>h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</li> </ul> <p style="text-align: center;"><b>See Tab E.3.D.</b></p>	<p>5</p>

<p><b>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:</b></p> <ul style="list-style-type: none"> <li>a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</li> <li>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.</li> <li>c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</li> </ul> <p style="text-align: center;"><b>See Tab E.3.E.</b></p>	<b>5</b>
<p><b>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:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</li> <li>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</li> </ul> <p style="text-align: center;"><b>See Tab E.3.F.</b></p>	<b>5</b>
<p><b>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:</b></p> <ul style="list-style-type: none"> <li>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</li> <li>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.</li> <li>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</li> <li>d. Provide Community-Based Services and Support that are culturally competent, strength-based, and collaborative with community partners.</li> </ul> <p style="text-align: center;"><b>See Tab E.3.G.</b></p> <p>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.</p>	<b>5</b>
<p><b>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:</b></p> <ul style="list-style-type: none"> <li>a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).</li> <li>b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</li> <li>c. Complete the DHS 100 Form.</li> </ul> <p>Compliance with Social Services Block Grant requirements found in Attachment H.</p> <p style="text-align: center;"><b>See Tab E.3.H.</b></p>	<b>5</b>

<p>E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Ensuring the following services are available directly or through a sub-contractor:             <ul style="list-style-type: none"> <li>i. Partial Hospitalization.</li> <li>ii. Peer Support.</li> <li>iii. Family Support Partner.</li> <li>iv. Supported Employment.</li> <li>v. Supported Housing.</li> <li>vi. Therapeutic Communities.</li> <li>vii. Acute Crisis Units.</li> <li>viii. Aftercare Recovery Support.</li> </ul> </li> </ul> <p>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.</p> <p>The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p> <p style="text-align: center;"><b>See Tab E.3.I.</b></p>	<p><b>5</b></p>
<p><b>E.4 COMMUNITY COLLABORATIONS</b></p>	
<p>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:</p> <ul style="list-style-type: none"> <li>a. Collaborate with diverse stakeholders within the proposed Region.</li> <li>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.</li> <li>c. Assist in developing short and long-term solutions to help individuals connect with community supports.</li> <li>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.</li> <li>e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</li> </ul> <p style="text-align: center;"><b>See Tab E.4.</b></p>	<p><b>5</b></p>
<p><b>E.5 STAFFING REQUIREMENTS</b></p>	
<p>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:</p> <ul style="list-style-type: none"> <li>a. Describe your policies and procedures for training all staff and tracking the training requirements.</li> <li>b. Describe your ability to demonstrate on-going staff development and recruitment.</li> <li>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</li> </ul> <p style="text-align: center;"><b>See Tab E.5.</b></p>	<p><b>5</b></p>
<p><b>E.6 RECORDS AND REPORTING</b></p>	

<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <ol style="list-style-type: none"> <li>A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</li> <li>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.</li> </ol> <p style="text-align: right;"><b>See Tab E.6.</b></p>	<b>5</b>
<b>E.7 APPEALS AND GRIEVANCE PROCESS</b>	
<p>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.</p> <p style="text-align: right;"><b>See Tab E.7.</b></p>	<b>5</b>
<b>E.8 QUALITY ASSURANCE</b>	
<p>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.</p> <p style="text-align: right;"><b>See Tab E.8.</b></p>	<b>5</b>
<b>E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT</b>	
<p>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:</p> <p style="text-align: center;"><b>See Tab E.9.</b></p> <ol style="list-style-type: none"> <li>Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</li> <li>Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).</li> <li>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.</li> <li>Attest you shall undergo an annual audit conducted by a certified public accounting firm.</li> <li>Describe how your agency will utilize funds toward the development of infrastructure.</li> </ol>	<b>5</b>
<b>E.10 REGION SPECIFIC SERVICES</b>	
<p>E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.</p> <ol style="list-style-type: none"> <li>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.</li> </ol> <p style="text-align: center;"><b>See Tab E.10</b></p> <ol style="list-style-type: none"> <li>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.</li> </ol>	<b>5</b>



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

Southwest Arkansas Counseling and Mental Health Center (SWACMHC) has provided comprehensive community mental health services in Region #12 since 1967. From the beginning, the Center has provided a wide range of services including outpatient, psychosocial rehabilitation, day treatment, school-based services, school-linked services, emergency services, psychological evaluation, screening and referral, prevention, consultation and public information services. In addition, the Center began providing integrated substance abuse treatment in 1992.

SWACMHC is a private, nonprofit corporation governed by a seventeen-member board of directors. Currently, SWACMHC has 177 employees which include a Psychiatrist, Advanced Practice Registered Nurses, Psychologists, Licensed Professional Counselors, Licensed Clinical Social Workers, Licensed Master's Social Workers, Psychological Examiners, Licensed Practical Nurses and Qualified Behavioral Health Professionals. In addition, the Center contracts with two Psychologists and a Medical Director for professional services. Various mental health professionals serve in one or more of the following capacities in addition to providing direct clinical care: Executive Director, Clinical Director, Assistant Clinical Director, Director of Therapeutic Foster Care, Director of Quality Assurance, and Director of Emergency Services. In addition the Center has a Health and Safety Officer in addition to a Medical Records Custodian. The Center's Chief Financial Officer has a longstanding history of working in the public sector and has earned a Master's Degree in Business Administration.

Overall, the Center is a fee-for-service organization, however, has qualified for various grants and contracts throughout its existence. Most recently, Blue Cross and Blue Shield awarded the Center \$25,000 and Texarkana United Way has awarded the Center funds for the last several years. In addition, Southwest Arkansas Counseling and Mental Health Center has administered Children and Adolescent Service System Program (CASSP) funds since its inception.

The Center's 2019 Board of Directors are as follows:

PRESIDENT	Garland Yarber
VICE-PRESIDENT	Sandy Varner
TREASURER/SECRETARY	Dr. Randy Wright

**MILLER COUNTY**

Dr. Randy Hickerson  
Mr. Garland Yarber  
Mr. Greg Giles  
Ms. Cathy Harrison  
Ms. Sandy Varner  
Ms. Rae Thigpen

LAFAYETTE COUNTY

Ms. Gwendolyn Adams  
Mr. Bobby Beard

SEVIER COUNTY

Judge Greg Ray  
Mr. Lynn Chaney

HOWARD COUNTY

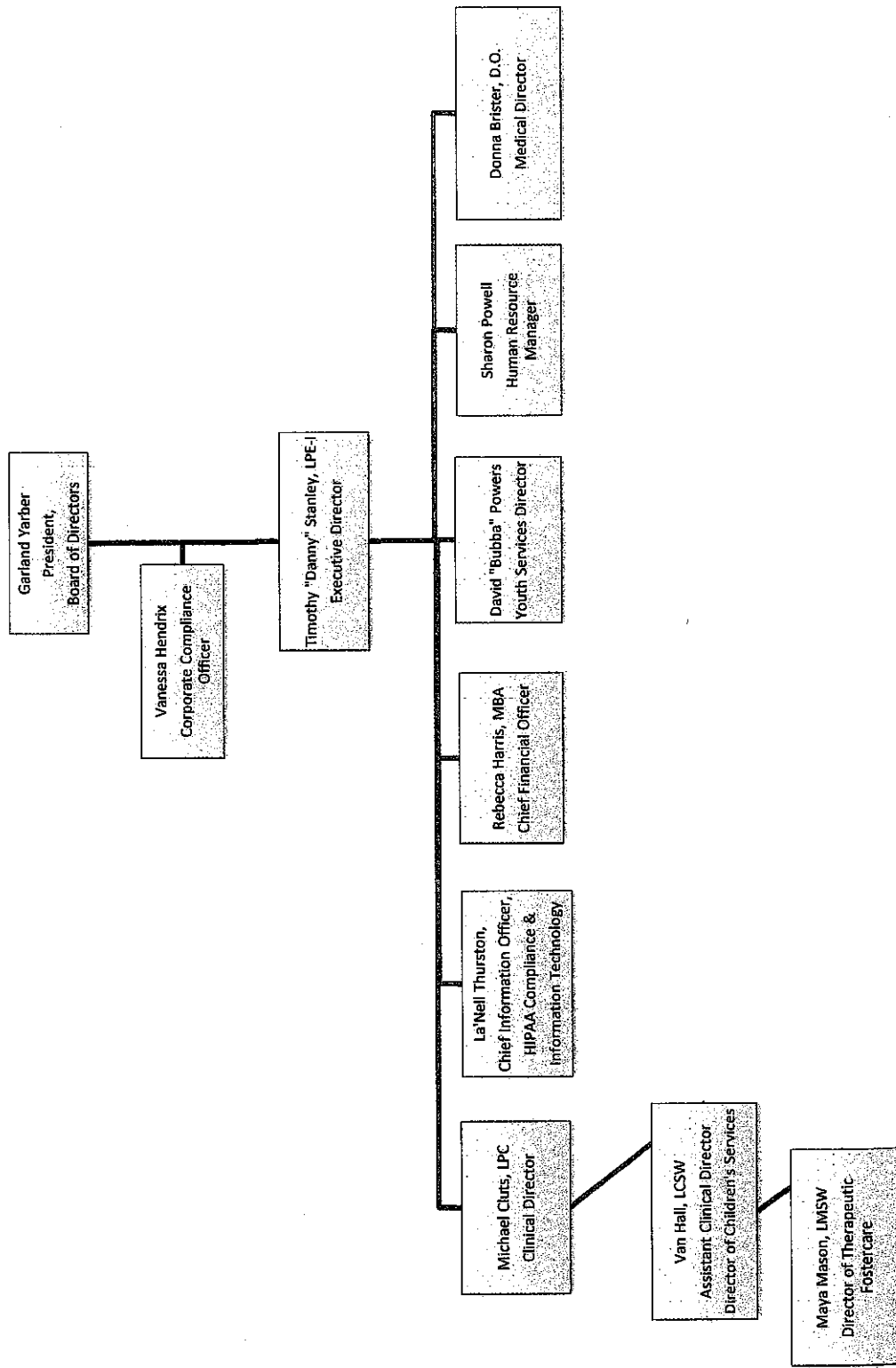
Judge Kevin Smith  
Sen. Larry Teague

LITTLE RIVER COUNTY

Mr. Thad Bishop  
Ms. Kay York

HEMPSTEAD COUNTY

Ms. Dolly Henley  
Judge Randy Wright  
Mr. Dennis Ramsey



ORGANIZATIONAL CHART- SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

### **E.1.C. Past Performance**

Southwest Arkansas Counseling and Mental Health Center (SWACMHC) has provided comprehensive community mental health services in Region #12 since 1967. From the beginning, the Center has provided a wide range of services including outpatient, psychosocial rehabilitation, day treatment, school-based services, school-linked services, emergency services, psychological evaluation, screening and referral, prevention, consultation and public information services. In addition, the Center began providing integrated substance abuse treatment in 1992.

SWACMHC is a private, nonprofit corporation governed by a seventeen-member board of directors. Funding sources include client fees, state and local contracts, third party payers and special purpose grants. Individual fees are based on ability to pay and no one is denied services due to an inability to pay. Referrals are made to the Center by a wide variety of sources including self, family, friends, schools, physicians, social agencies, courts, law enforcement agencies, hospitals and other community mental health centers.

Historically, the Center has had various contracts with DHS for such mental health services as counseling to parents receiving DCFS services, Forensic Outpatient Restoration, forensic evaluation, targeted support for community reintegration, Project PLAY, Children's System of Care and therapeutic foster care. For the past two years, the Arkansas Division of Youth Services has contracted with SWACMHC to provide the behavioral health care for the residents of the Lewisville Juvenile Treatment Center. Historically, the State has awarded the Center the contracts for substance abuse treatment and youth services. The amounts of all contracts, grants and donations other than the DAABHS community and crisis grants from last fiscal year are delineated below:

State Youth Services Contract Total	\$1,271,971.00
County Contributions to YS Programs	\$90,933.00
State Substance Abuse SSBG	\$470,277.60
State General Revenue DWI	\$306,472.33
Treatment Grant/Alcohol	\$332,736.80
YS Contract for BH at Lewisville Camp	\$116,480.00
United Way	\$10,125.00
UAMS-Project Play	\$51,142.00
UALR-Infant Mental Health	\$7999.00
BCBS-Blue and You Grant	\$28,500.00
DCFS Parent Counseling Contract	\$8,865.75
Sevier Co. Jail-Drug Education Grant	\$26,276.80
Targeted Social Community Reintegration	\$168,000.00
Donations	\$543.76
Universal Service Administrative Co.	\$68,097.19
State System of Care	\$110,902.96
DHS Foster Care Contract	\$795,012.25

Center personnel have served on various State committees such as Children and Adolescent Service System Program (CASSP) and Children's System of Care. In addition, for the last several years, the Center has worked closely with the National Alliance on Mental Illness and a peer support specialist who has achieved national recognition for her work within the Center's catchment area. SWACMHC reaches out to the communities it serves and uses various funding sources to provide anger management classes and lead community outreach groups to young men and women in a juvenile detention center located within its catchment area. Local organizations serving the developmentally disabled regularly rely on Center staff to provide intellectual testing for their clients. LGBTQ support groups meet in one of the Center's facilities on the weekends. Mental health professionals regularly speak to civic organizations, schools, and professional meetings concerning mental health topics such as First Episode Psychosis or recognizing symptoms of mental illness.

SWACMHC has become known throughout the State for providing community integration services to severely and persistently mentally ill adults. Because of its commitment to this population, the Center has collocated outpatient clinics at two large privately owned residential care facilities where treatment occurs 16 hours a day, seven days a week. The mental health staff works hand in hand with the residential care facility in order to provide many services or activities without reimbursement such as trips into the community, providing transportation to support groups off campus, ensuring appropriate medical care, and assisting clients in self-administering their medications. In order to expand the Center's continuum of services, the Center purchased an apartment complex and has established a supported living environment which has been in operation for more than three years. Residents at this complex report a high degree of satisfaction with their services.

The Center has a history of earning three year accreditations from CARF International. Comments from past survey reports include the following:

"SWACMHC is respected in the communities where it provides services."

"The persons served spoke highly of the staff and appear grateful for the individual and group treatment and concern for their well-being. They are happy and well taken care of."

"Local sheriffs report that the crisis intervention programs of SWACMHC are integral to the organization's service to persons in the justice system with mental health concerns."

"It is evident from the interviews conducted with persons served that staff members demonstrate commitment and care in their engagement and inclusiveness of each person served. The persons served acknowledge their high levels of satisfaction with services provided."

Since its inception, Southwest Arkansas Counseling and Mental Health Center has never been asked to make corrective actions or been involved in any litigation pertaining to its contracts with the State of Arkansas.

**E.1.D. Provide information on the proposed CEO, Medical Director,  
and Director of Clinical Services...**

**Executive Director**

Timothy "Danny" Stanley, LPE-I

**Medical Director**

Donna Brister, D.O.

Board Certified Psychiatrist

**Director of Clinical Services**

Michael J. Cluts, LPC

# Danny Stanley MS LPE-I, LPC

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**Objective** To manage a high quality community-based public service agency

**Education** 1/92-12/94 Texas A&M University Texarkana, TX  
▪ Master of Science in Counseling Psychology

**Professional Licenses and Certification** Licensed Psychological Examiner-Independent- December 1996  
Licensed Professional Counselor- February 1998  
Licensed Professional Counselor-Supervisor- February 2001  
Certified Affordable Housing Consultant February 2010

**Professional Experience** **Southwest Arkansas Counseling and Mental Health Center, Inc**  
2904 Arkansas Boulevard  
Texarkana, AR 71854 **November 3, 1991 to present**

**2019-February- Present**  
**Executive Director**  
Oversight and management control of all Center Activities

**2001-January-2016 February**  
**Assistant Clinical Director**  
Senior Management Team  
Supportive management of clinical services/ programs  
Director of Therapeutic Foster Care Residential Program  
Director of State System of Care- Southwest Region  
Director of Independent Housing  
Director of Transportation  
Coordinator of Arkansas Department of Transportation 5310 transportation grant  
Coordinator of HUD/ADFA housing activities  
Director of Juvenile Drug Court- clinical services  
Emergency After Hours Services Director  
Director of School-Based Mental Health Programming  
Director of School-Based Summer Programming  
Director of State Child and Adolescent Service Systems Program- Southwest Region  
Coordination of Prior Authorization for Medicaid Services



**1996- May – 2001-December**

**Southwest Arkansas Counseling and Mental Health Center:**

**Clinic Director – Lewisville and Ashdown**

- Provide outpatient services in a rural community
- Collaborate with public agencies in the community
- Provide individual and group therapy
- Administer psychological assessments
- Provide advocacy services for severely emotionally disturbed patients

**1991- November – 1996- April**

**Southwest Arkansas Counseling and Mental Health Center:**

**Foster Care Specialist**

- Provide para-professional/case management services
- License foster homes
- Supervise foster parents

**1982-June – 1991- October**

**Stanley Powersaw and Marine Inc.**

Self employed- (retail, wholesale, and service dealership)

**Professional  
Memberships**

Mental Health Council of Arkansas- Children's Subcommittee Chair  
Mental Health Council of Arkansas- Conference Planning Committee  
Arkansas Development Finance Authority- Affordable Housing Consultant  
UAMS Social Emotional Workgroup for Early Childhood Behavioral Health  
Arkansas Division of Behavioral Health- System of Care  
Child and Adolescent Service System Program Coordinators Council  
Past Board Member- Temple Memorial Treatment Center



**ARKANSAS PSYCHOLOGY BOARD**

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



THIS IS TO CERTIFY THAT  
THE ABOVE NAMED INDIVIDUAL IS DULY LICENSED AS A  
Psychological Examiner  
License No: 96-01E1

Expires: 6/30/2019

Issue Date: 7/1/2007

Signature:

## **Donna Cheryl Brister (Cheri)**

2700 Woodland Dr., Apt #912, Texarkana, AR 71854  
Cell: (817) 798-0014 email: [brister59@gmail.com](mailto:brister59@gmail.com)

### **CANDIDATE PROFILE**

A dedicated health care professional with the wide-ranging background, experience, and education that provides the tools required to diagnose and remediate the body, mind, and spirit. Adapts quickly to changing situations and interacts productively with a complex multi-cultural/multi-racial population that presents needs ranging from physical and mental disorders to substance abuse, interpersonal injury, and family dysfunction. Adept at recruiting and building productive teams, developing and implementing successful programs, empowering underserved or abused clients, and delivering results that consistently exceed expectations. Builds rapport using polished communication and interpersonal skills and following through on commitments. Characterized as dynamic, energetic, tenacious, and compassionate with strong organizational and diagnostic skills. Maintains a high level of focus, innovation, and self confidence with an unwavering commitment to facilitating the health, happiness, and personal development of clients, staff, coworkers, and the community.

### **CREDENTIALS**

<b>The American Board of Psychiatry and Neurology</b>	2014
<b>Doctor of Osteopathy – License in State of Indiana</b>	2008
License in State of Arkansas	2016

### **EDUCATION**

<b>US Army National Capital Consortium- Washington, DC</b> <b>Psychiatry Residency</b>	2012
<b>US Army Carl R. Darnall AMC- Fort Hood</b> <b>Family Medicine Internship</b>	2007
<b>UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER</b> Texas College of Osteopathic Medicine; Ft. Worth Texas Army Health Profession Scholarship Program <b>Doctor of Osteopathy</b>	2006
<b>TEXAS A&amp;M UNIVERSITY; College Station, Texas</b> Howard Hughes Medical Undergraduate Research Intern Scholarship <b>Bachelor of Science in Genetics</b>	2002
<b>PITTSBURGH THEOLOGICAL SEMINARY; Pittsburgh, PA (1983-1986)</b> Ordained: American Baptist Churches, USA (1986) Endorsed as Army Reserve and Institutional Chaplain (1987), Pastoral Counseling (1990) <b>Master of Divinity</b>	1986
<b>UNIVERSITY OF SOUTH CAROLINA; Columbia, SC</b> <b>Bachelor of Science in Political Science</b>	1982
<b>GLYNCOLAW ENFORCEMENT ACADEMY; Columbia, SC Honor Graduate</b> <b>Certificate of Completion in the Correctional Officer Training Program</b>	1991

**CONTINUING PROFESSIONAL EDUCATION**

On-going

Teaching Parenting the Positive Discipline Way, College Station, TX  
Christian PREP (Prevention & Relationship Enhancement Program) Instructor Course  
    FL Jackson, SC  
Play Therapy as a Tool for Healing; College Station, TX  
Problem-Solving Theory and At-risk Youth; Bryan, TX  
Brazos County: Suicide and Schools, Prevention Planning Workshop  
Prepare and Enrich: Pre-Marital Counseling for Couples  
Federal Bureau of Prisons: Department Head Administration  
Federal Contracting Officer Technical Representative Procurement & Finance Course  
American Baptist Churches, USA Conferences for Pastoral Counselors/Chaplains (various)  
Association of Pastoral Counselors Regional Conferences (various)

**HONORS AND AWARDS**

- ▣ Dean's List, Army Flight Surgeon Basic Course (Aug. 2008)
- ▣ TCOM Class of 2005 Humanitarian Award
- ▣ Sigma Sigma Phi Society – National Honorary Osteopathic Fraternity (2002 – 2003)
- ▣ Rural Tract Program Participant (2001 – 2003)
- ▣ Awarded Army Commendation Medal (April 2001, December 1991)
- ▣ Awarded Army Achievement Medal (June 1991, July 2008)
- ▣ Academic Honor Graduate. Achieved PE Excellence  
    Army Chaplain Officer Basic Course (Sept.2000)
- ▣ Awarded Army Health Professions Scholarship (2001)
- \* Awarded Howard Hughes Medical Undergraduate Intern Program Scholarship (1996-1999)

**RESEARCH AND PRESENTATIONS**

- ▣ *Neonatal Death Notification - Working with Staff, Families, and Self in the Healing Process*  
    Obstetric and Gynecological Clerkship, Odessa, TX (2004)
- ▣ *Appendicitis and Pregnancy, Surgery Clerkship, Ft. Worth, TX (2005)*
- ▣ *Adolescents and Stress: The Need for Faith and Possibilities with Adventure Education*
- ▣ *Shalom: A Christian Education Theory.*  
    VA Hospital; Waco, Texas (1996)  
    Supervisor: Dr. Keith Young  
    Focus: Psycho-physiological investigations into the neural basis of schizophrenia
- ▣ Texas A&M University: College Station, TX (1997 – 2001)  
    Supervisors: Dr. Jim Wild and Dr. Janet Grimsley  
    Focus: Investigations of Organophosphorus Hydrolases

**MEDICAL SCHOOL ORGANIZATIONAL INVOLVEMENT**

- Leadership: Conceptualized and coordinated the Psychiatric Club (2002)  
    Vice President Association of Military Osteopathic Physician and Surgeons (2002)
- Member: American Psychiatric Association (2001 – Present)  
    American Osteopathic Medical Association (2001 – Present)  
    American Association of Family Medicine (2001 – 2007)

**MEDICAL SCHOOL VOLUNTEER ACTIVITIES**

- I United Church of Christ Churches – Bryan/College Station, TX; Supply Pastor
- I Cornerstone Ministry – Ft. Worth, TX; volunteered bi-weekly for health clinic
- I Elder Jr. High School; Ft. Worth, TX: Mentor/Big Sister to youth. Weekly visits
- I Other experiences: Middle School/High School guest speaker, Health Fairs, Cowtown Marathon, assist with local church clinics, TB clinic at Tarrant County Health Dept., Presbyterian Homeless Shelter, and local food banks.

**MILITARY EXPERIENCE**

- U. S. Army Reserves; 139<sup>th</sup> Medical Brigade (2016)- Psychiatrist**  
Brigade Psychiatrist to four Commands and their subordinate units. Provide education, organized training for deployment, support services, and psychiatric care. Orders to LT COL on 15 Jun 2017.
- U. S. Army; 219<sup>th</sup> MED DET, COSC; Deployment (2014)- Psychiatrist**  
Served as the only Army EAB psychiatrist in the CJOA-A. Was responsible for the direct medical oversight of the Warrior Recovery Center at Bagram Air Field Afghanistan. Provided psychiatric expertise theater-wide to Commanders in order to mitigate risk and control combat operational stress. Provided high volume of individual patient psychiatric care and medication management.
- U. S. Army; Fort Leavenworth (2012-present)- Psychiatrist**  
Served as Officer in Charge of Outpatient Clinic, Medical Director for Outpatient Clinic and Army Substance Abuse Program, support staff to prison for inmates. Worked outpatient clinic servicing service members and their families. Maintained average outpatient client load of two new patients daily and eight to ten follow ups.
- U. S. Army; National Capital Consortium (2009-2012)- Psychiatric Resident**  
Consortium's focus was to prepare residents to be adapt to work within all military branches. Training sites included Uniformed Services University of the Health Sciences, Walter Reed National Military Medical Center, Bethesda Naval Medical Center, Malcolm Grow Medical Clinic, Fort Belvoir Community Hospital, and various civilian hospitals.
- U. S. Army; Ft. Rucker, Alabama (2008 – 2009)- Flight Surgeon**  
Provided primary care to service members and their families. Specializing in all aspects of flight medicine for the post.
- U. S. Army; Ft. Hood, Texas (2007 – 2008) – General Medical Officer**  
Officer in Charge and Special Projects Officer providing primary medical care to 90K beneficiaries. Administered safe, competent, and effective health care. Performed special projects as assigned
- U. S. Army; Ft. Hood (2006 – 2007) – Family Medicine Internship**  
Provided primary care for 80 assigned families. Participated in clinical rotations in Family Medicine, Internal Medicine, Surgery, Pediatrics, Obstetrics, and Emergency Medicine. Completed Combat Casualty Care course, Advanced Trauma Life Support, Pediatric Advanced Life Support, Advanced Cardiac Life Support, and Neonatal Resuscitation Programs. Performed and passed the Army Physical Fitness Test every six months.

**Military Experience (Continued)**

**U. S. Army Reserve (1983 – 2001) - Chaplain**

Transitioned to the Reserves. Completed Seminary and assigned to the Chaplaincy Corps. Provided counseling, remediation support, religious services and training for Army personal and dependents. Assignments included: 75<sup>th</sup> Field Hospital, Alabama (1988 – 1991); 164<sup>th</sup> Supply Group, Arizona (1991 – 1992), HQ, 420<sup>th</sup> Engineer Brigade, Texas (1999 – 2001). Volunteered Desert Shield, assigned to Hunter Army Airfield (1990)

**U.S. Army (1981 – 1983)- Military Police**

Enlisted, Active Duty. Completed a variety of assignments (patrol, undercover, SWAT, crowd control, traffic investigation, security, garrison protection).

**AREAS OF COMPETENCY**

- ↳ Physical Medicine
- ↳ Mental Health
- ↳ Spiritual Growth
- ↳ Counseling
- ↳ Performance Enhancement
- ↳ Community Service/Outreach
- ↳ Problem Diagnosis and Remediation
- ↳ Program Development
- ↳ Grant Writing/Funding Acquisition
- ↳ Organizational Leadership
- ↳ Team Development/Management
- ↳ Networking

**CIVILIAN EXPERIENCE**

Preferred Family Health Arkansas, Texarkana, AR 2017- Present  
Medical Director

Developed, expanded and co-lead behavioral health medical program for state of Arkansas. This program included 47 outpatient clinics, 2 substance abuse programs, outpatient programs, and several residential communities. Eight APN's, 3 LVN's, and one pediatrician were on staff.

RIVERVIEW BEHAVIORAL HEALTH, Texarkana, AR 2016-2017  
Medical Director

Expanded and Supervised the medical care of a 62 bed inpatient psychiatric hospital which provides care for children, adolescents, and adults. Supervised 1 APN, 1 Pediatrician, and four contract providers.

SCOTTY'S HOUSE, Child Advocacy Center, Bryan, Texas 2000 – 2001  
Counselor Supervisor/ Coordinator

Established the counseling program from ground level for youth and their families who were victims of physical or sexual abuse. Diagnosed problems and recommended or facilitated solutions using in-house and community resources. Networked with and provided education for Law Enforcement, Judicial, Church, School, and State Agencies on protocol. Responsible for training volunteers on the dynamics of sexual abuse. Created performance assessments and documentation which met state standards.

- L Ensured the delivery of services to seven rural centers
- L Consistently received commendations from staff and clients

SERVICES TO AT-RISK YOUTH (Continued)

SERVICES TO AT-RISK YOUTH (STAR); Bryan, Texas

1997 - 2000

**Therapist**

Hired to establish and maintain a county-wide counseling service for 7-to-17 year-old at-risk youth in Burleson County. Ensured compliance with state guidelines and operational mandates. Created two programs, both eventually approved by local judges to be court-ordered in lieu of jail or fine, for youth with a Class C misdemeanor, and for youth with their families for truancy. Developed and implemented summer school program, within summer school, for grades 1-12, geared to teaching youth on choices. Program was so successful it expanded to an after-school program at most of the local schools. Established intra-professional committee for youth and their families who were involved with several services such as MHMR, CPS, law enforcement/courts, alternative school system, and various county human services. Submitted performance assessments and documented participant progress.

- Successfully initiated and delivered service to previously underserved county residents

FEDERAL BUREAU OF PRISONS

1990 - 1996

**Department Head - Religious Services, Federal Prison Camp; Bryan, Texas (1994 - 1996)**

Promoted to manage all administrative and financial functions for this facility with 1,500 to 2,000 women prisoners. Responsible for providing weekly education and service to Protestant staff and inmates. Initiated hospital visitation and personal death notification for inmates. Provided training and background checks for all facility volunteers. Scheduled religious volunteers and developed innovative programs such as a weekend retreat for the inmates and their children. Provided pastoral care to staff and inmates. Served as a change agent in an initially hostile environment.

- Revitalized a dysfunctional administrative organization and an ineffective inmate program
- Created and implemented a successful TV/video initiative
- Increased the size of the volunteer staff by 50%
- Enhanced resource utilization and increased the faith groups participating in religious services
- Participated on several audits of other Federal Bureau of Prisons religious programs
- Recognized by the Warden for a quality step increase

**Staff Chaplain - Talladega, Alabama (1992 - 1994) / Phoenix, Arizona (1990 - 1992)**

Provided one-on-one and group pastoral care, weekly Protestant service and education, baptism/marriage, hospital visitation, and funeral arrangement/death notification for inmates and staff. Designed programs to enrich the lives of the inmates in living areas from Segregation, Cuban detainees, and witness protection to jail/holding units and Level 3-5 housing units. Recruited, trained, and scheduled religious volunteers. Worked with psychology department to provide a constant level of care. Assumed a leadership role in the Employee Assistance Program.

- Selected to train for Family Emergency Assistance and Debriefing Team.  
Activated for two events: Arizona (1993) and Miami (1994)
- Created and implemented successful programs and services
- Expanded the number of faith programs from seven to 30
- Increased the size of the volunteer staff
- Significantly enhanced the efficiency of the Employee Assistance Program
- Recognized by supervisor for a quality step increase

**PASTORAL COUNSELING RESIDENCIES (Continued)**

**PASTORAL COUNSELING RESIDENCIES**

1986 – 1990

**2<sup>nd</sup> Year Clinical Pastoral Education Resident (1987), Pastoral Counseling Resident (1988 – 1990)**

**BAPTIST MEDICAL CENTERS; Birmingham, Alabama**

As a clinical chaplain on an adult psychiatric team of this urban hospital, identified, documented, and resolved an array of problems. Lead group therapy with team psychologist. Provided pastoral care to both open and locked units, as well as staff. Participated on all patient progress reviews and meetings with families. Also provided care to geriatric unit families and staff. As a counseling resident, worked with a diverse populations (individuals, couples, families, adolescents, small groups) and issues. Integrated spiritual direction, theology, and clinical skills into the therapeutic process. Utilized video or audio, as well as written documentation, for each case used for weekly presentation to the group as well as for individual supervision sessions.

- I Developed and delivered community presentations for local clubs, churches and radio.
- II Presented a video tape demonstrating the integration of clinical theory and use of theology to national certifying committee for the American Association of Pastoral Counselors:
- III Received committee approval for appointment to Member-Level Pastoral Counselor

**1<sup>ST</sup> Year Clinical Pastoral Education Resident**

**Presbyterian University Hospital; Philadelphia, Pennsylvania (1986 – 1987)**

Provided pastoral care to patients in the Drug and Alcohol detox/rehab Unit of this inner-city hospital. Participated on the Rehabilitation Unit Review team to evaluate each patient's progress through the 12-Step recovery program. Taught Step 5 to weekly group and monitored each patient's progress by individual sessions. Provided individual and team-based counseling and support to patients, their families, and staff. Worked on the Medical/Surgical floor and served on the Ethics Committee, working with staff, residents, and medical students.

- II Designed and implemented a ministry program for patients in the Sickle Cell Unit
- I Helped initiate inpatient/outpatient methadone program for Philadelphia residents

**CERTIFICATION HISTORY**

- ↳ Advanced Life Support in Obstetrics (ALSO; expires 2011) 2008
- ↳ Pediatric Advanced Life Support Program (expires 2010) 2008
- ↳ Basic Cardiac Life Support (BLS; expires 2010) 2008
- ↳ Health Care Provider Certification 2004
- ↳ Advanced Cardiac Life Support (ACLS; expires 2010) 2004
- ↳ Crisis Management/Debriefing Training; US Army, Ft. Jackson, SC 2000
- ↳ Member, American Association of Pastoral Counselors 1990
- ↳ Certified Member-in-Training, American Association of Pastoral Counselors 1988
- ↳ Advanced Clinical Pastoral Education Certification, 1987
- ↳ Clinical Pastoral Education Supervisor in Training Certification (1992)





# ARKANSAS STATE MEDICAL BOARD

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

www.armedicalboard.org

**Donna Cheryl Brister, D.O.**  
2700 Woodlawn Street  
Texarkana, AR, USA 71854

**Registration Year: 2018                      Active/Unlimited**


**No.: E-9670              Issued: 4/8/2016              Expires: 12/31/2019**

**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).**

	<b>Arkansas State Medical Board</b> 1401 West Capitol, Suite 340 Little Rock, AR 72201
Registration Year: 2018	Active/Unlimited
No.: E-9670	Issued: 4/8/2016      Expires: 12/31/2019
Donna Cheryl Brister, D.O. 2700 Woodlawn Street Texarkana, AR, USA 71854	



# ARKANSAS STATE MEDICAL BOARD

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

www.armedicalboard.org

## Detailed License Verification

Queried on: Thursday, January 03, 2019 at: 2:31 PM

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### General Information

Name: Donna Cheryl Brister, D.O. Specialty:  
Psychiatry

---

### Address Information

Mailing Address: 8901 Tigres Ave  
City/State/Zip: Texarkana, TX 75503 Phone:  
(817) 798-0014  
Fax:

---

### License Information

License Number: E-9670  
Original Issue Date: 4/8/2016  
Expiration Date: 12/31/2019  
Basis: Exam  
License Status: Active  
License Category: Unlimited

License Number: T2016-021  
Original Issue Date: 3/8/2016  
Expiration Date: 4/8/2016  
Basis: Exam  
License Status: Inactive  
License Category: Temporary

---

## RESUME

### MICHAEL JOHN CLUTS

186 Central Rd.  
Horatio, AR 71842  
(870)582-1720- home

Date of Birth: 8-11-57  
Marital Status: Married  
(870)773-4655- work

#### EXPERIENCE:

2010 to present

Southwest Arkansas Counseling and Mental Health Center, Inc.

Texarkana, Arkansas

*Clinical Director*

Responsibilities- provide professional and administrative supervision and consultation for all clinic directors, site directors, Director of Substance Abuse Services, Director of Therapeutic Foster Care, Assistant Clinical Director, Director of Quality Assurance and Corporate Compliance Officer; assist Executive Director in program planning and development; assist in preparing yearly budget for board approval; serve in a public relations capacity to residents and stakeholders throughout catchment area; provide training, education, and consultative services to various groups throughout catchment area; ensure continued certification from the Arkansas Division of Behavioral Health Services; ensure continued accreditation by CARF International; development and maintenance of managed care contracts; development and maintenance of service contracts; participate in Mental Health Council of Arkansas committee activities; assist with purchase, maintenance, and operation of computer resources.

2011 to present

CARF International

Tucson, Arizona

*Behavioral Health Administrative and Program Surveyor*

Responsibilities- participate on multi-disciplinary team which assesses compliance to performance standards and provide consultation to various behavioral health organizations

1988 to 2010

Southwest Arkansas Counseling and Mental Health Center, Inc.

De Queen, Arkansas

*Clinic Director and Corporate Compliance Officer*

Responsibilities- Supervised staff of nine; performed intensive individual, group, family and marital therapy; administered and interpreted psycho-diagnostic testing; treatment planning; crisis intervention; consultation to area agencies; provided educational workshops as requested; provided education and consultation to staff regarding corporate compliance responsibilities; risk analysis; audited financial and clinical records

1990 to 2006

Cossatot Community College-University of Arkansas

De Queen, Arkansas

*Adjunct Faculty Member*

Responsibilities- taught social science courses in psychology and sociology

1981 to 1988

Carl Albert Community Mental Health Center

Idabel, Oklahoma

*Satellite Supervisor*

Responsibilities- Supervised staff of four; performed intensive individual, group, family and marital therapy; administered and interpreted psychodiagnostic testing; treatment planning; consultation to area agencies; provided educational workshops as requested; developed and provided training to staff; crisis intervention.

**EDUCATION:**

1979 to 1981

University of Oklahoma

Norman, Oklahoma

Master's Degree in Education- Guidance and Counseling Psychology  
(Community Counseling Specialty)

Cumulative Grade Point Average- 3.98/4.00

1975 to 1979

University of Oklahoma

Norman, Oklahoma

Bachelor of Arts in Psychology with Distinction

Cumulative Grade Point Average- 3.62/4.00

**AFFILIATIONS &  
ASSOCIATIONS:**

(past and current)

Licensed Professional Counselor, State of Arkansas

Licensed Professional Counselor, State of Oklahoma

Phi Beta Kappa

Psi Chi National Psychology Honor Society

American Association for Counseling and Development

American Mental Health Counselors Association

Idabel Jaycees- President, Vice President, Secretary

Kiamichi Youth Services, Inc.- Secretary, Board of Directors

Court Appointed Special Advocates (CASA)-Board of Directors

Foster Care Review Board-McCurtain County, Oklahoma

McCurtain County Public Resources Association- Chairman and Vice Chair

Oklahoma Association of Family Resource Programs- Vice President

Kiamichi Area Vo-Tech Curriculum Committee- Chairman

St. Luke's Episcopal Church- Junior Warden, Vestry Member

Rotary International- Paul Harris Fellow

Cossatot Technical College- Advisory Board member

Multidisciplinary Team Member- DCFS- Sevier County, Arkansas

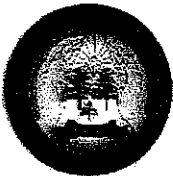
Adult System of Care Committee, AR Division of Behavioral Health Services

Adult Subcommittee, Mental Health Council of Arkansas (MHCA)

Program Development Committee, MHCA- Chairperson

**REFERENCES:**

available upon request



**Arkansas Board of Examiners in Counseling**  
**Certifies**



**Michael John Cluts**

Licensed Professional Counselor (LPC)

Specialization: None

**License Number: P8806008**

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

*Michael D. Loos*

Director

**Greg Ray**  
County Judge  
**Robert Gentry**  
Sheriff and Collector  
**Debbie Akin**  
County Clerk  
**Kathy Smith**  
Circuit Clerk  
**Risa Godwin Krantz**  
Treasurer  
**Judy A. Smith**  
Assessor

# Sevier County

De Queen, Arkansas 71832



To Whom it may Concern,

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within region #12 which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of Southwest Arkansas, In addition, its employees are often times leaders in their own communities, various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters and jails. Being in charge of the daily operations of the Sevier County Detention Center I highly recommend that the organization receive the contract for the provisions of the crisis and forensic mental health services.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Wolcott", with a long horizontal flourish extending to the right.

Chris Wolcott, Jail Admin



**WM. RANDAL WRIGHT**  
**CIRCUIT JUDGE**

JANIS PORTERFIELD  
TRIAL COURT ASSISTANT  
CERTIFIED COURT MANAGER  
JHPORT47@YAHOO.COM

EIGHTH JUDICIAL DISTRICT NORTH, DIVISION 1  
HEMPSTEAD AND NEVADA COUNTIES  
(870) 777-4544 • FAX: 870-777-6568 • JUDGEWRIGHT@ME.COM  
P.O. BOX 621 • HOPE, ARKANSAS 71802-0621

DONNA WATKINS  
CERTIFIED COURT REPORTER  
DFWATKINSCCR@YAHOO.COM

March 11, 2019

To Whom It May Concern:

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within region #12 which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care. In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

With kindest regards, I am

Yours truly,

A handwritten signature in black ink, appearing to read "Wm. Randal Wright".

WM. RANDAL WRIGHT  
CIRCUIT COURT JUDGE  
Eighth Judicial District North, Division 1

WRW/vp

BRENT HALTOM, Judge  
County Courthouse  
Fayetteville, Suite 202  
Texarkana, Arkansas 71854  
Ph. (870) 772-9618  
Fax (870) 773-3354



**CIRCUIT COURT**  
Eight Judicial District - South  
Division Two  
STATE OF ARKANSAS

Trial Assistant  
Karen Goodrum  
Chief Deputy Trial Assistant  
Kathy Webb  
Court Reporter  
Frances Haynes

March 8, 2019

To Whom It May Concern:

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within region #12 which contains Miller, Little River, Sever, Howard, Hempstead and Lafayette counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others.

Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care.

In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

Sincerely,

A handwritten signature in black ink that reads "Brent Haltom".

Brent Haltom

BH:kw



**HOWARD COUNTY  
SHERIFF & COLLECTOR**  
Bryan McJunkins



**SHERIFF'S OFFICE &  
DETENTION CENTER**  
101 Isaac Perkins Blvd.  
P.O. Box 36  
Nashville, AR 71852  
Office: 870.845.2626  
Fax: 870.845.7542

**COLLECTOR'S OFFICE**  
421 North Main Street  
P.O. Box 36  
Nashville, AR 71852  
Office: 870.845.7508  
Fax: 870.845.7505

March 5, 2019

To Whom It May Concern:

I am writing a letter of support for Southwest Arkansas Counseling and Mental Health Center in their bid for the State of Arkansas' contract to provide crisis and forensic mental health services with our region #12 which contains Hempstead, Howard, Lafayette, Little River, Miller and Sevier Counties.

We have a long history of the mental health center providing quality mental health care to our citizens of southwest Arkansas. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in our local hospitals, shelters and jails. When necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care. Employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. In my opinions, Southwest Arkansas Counseling and Mental Health Center is highly recommended to receive the contract for the provision of crisis and forensic mental health services.

Bryan McJunkins  
Howard County Sheriff



## FIRST STATE BANK OF NASHVILLE

POST OFFICE BOX 803 NASHVILLE, ARKANSAS 71852 TELEPHONE (870) 451-9994 FAX (870) 451-9650

March 6, 2019

To Whom It May Concern:

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services with region #12 consisting of Miller, Little River, Sevier, Howard, Hempstead, and Lafayette counties.

The mental health center has a long-standing history of providing quality mental healthcare to the citizens of Southwest Arkansas. In addition, its employees are often-times leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters, and jails. If necessary, those services are complemented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their communities while they receive mental healthcare. In my opinion, the Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community health centers. For this reason, I highly recommend that the organization receive the contract for the provision of crisis forensic mental health services.

Kindest Regards,

Tim Pinkerton  
Senior Vice-President

---

# York Gary

---

P.O. Box 266 • 1420 W. Leslie Street  
Nashville, AR 71852  
(870) 845-1536  
(800) 235-6855

March 8, 2019

To Whom It May Concern:

I am writing this letter in support of the Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services with region #12 which contains Miller, Little River, Sevier, Howard, Hempstead, and Lafayette counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters, and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their communities while they receive mental health care. In my opinion, the Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis forensic mental health services.

Sincerely,

Gary Futrell  
Owner, York Gary Autoplex





**SCOTT SIMMONS**  
**CHIEF OF POLICE**

---

Letter of Recommendation:

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Centers bid for the State of Arkansas contract to provide crisis and forensic mental health services within Region #13 which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

Our officers are seeing a rise in the calls about mental impaired and suicidal people in our community. Without the help of the Southwest Arkansas Counseling and Mental Health Centers many of these diseases would go undiagnosed and untreated causing distress in our families and our community.

A handwritten signature in black ink, appearing to read "Chief Scott Simmons". The signature is fluid and cursive, with a long horizontal stroke at the end.

Scott Simmons

Chief of Police

De Queen

Gwen Adams  
3435 Jefferson Avenue  
Texarkana, AR 71854  
8707723371

March 7, 2019

**To Whom It May Concern**

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within Region #12 which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of Southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards of committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in the local hospitals, shelters and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care.

In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

Respectfully,



Gwen Adams

**Texarkana Arkansas School District**  
Assistant Superintendent of Elementary Education

**Board Member – Southwest Arkansas Counseling and Mental Health Center**

**Kevin Smith**  
**HOWARD COUNTY JUDGE**

---



March 5, 2019

421 North Main Street  
Nashville, Arkansas 71852  
870-845-7500 Office  
870-845-2056 Shop  
870-845-7505 FAX

**TO WHOM IT MAY CONCERN:**

I am writing this letter in support of the Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services with region #12 which contains Miller, Little River Sevier, Howard, Hempstead and Lafayette counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, it's employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals shelters and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their communities while they receive mental health care. In my opinion, the Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis forensic mental health services.

Sincerely,

A handwritten signature in black ink that reads "Kevin Smith". The signature is stylized with a large, sweeping initial "K".

Kevin Smith

**Greg Ray**  
County Judge  
**Robert Gentry**  
Sheriff and Collector  
**Debbie Akin**  
County Clerk  
**Kathy Smith**  
Circuit Clerk  
**Risa Godwin Krantz**  
Treasurer  
**Judy A. Smith**  
Assessor

# Sevier County

De Queen, Arkansas 71832



To Whom it may Concern,

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within region #12 which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of Southwest Arkansas, In addition, its employees are often times leaders in their own communities, various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters and jails. Being in charge of the daily operations of the Sevier County Detention Center I highly recommend that the organization receive the contract for the provisions of the crisis and forensic mental health services.

Sincerely,

Robert Gentry, Sheriff

JEFF BROWN  
MAYOR



DONNA J. JONES  
CITY CLERK /TREASURER

**CITY OF DE QUEEN**  
**(870)-584-3445**

Letter of Recommendation:

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Centers bid for the State of Arkansas contact to provide crisis and forensic mental health services within Region #13 which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

In De Queen we are seeing a rise in the number of suicidal and mental impaired individuals and without Southwest Arkansas Counseling and Mental Health Centers the victims would not get the help that they need.

A handwritten signature in black ink that reads "Jeff Brown".

Sincerely

Jeff Brown, Mayor

De Queen, Arkansas





# Little River Memorial Hospital

451 West Locke Street

Ashdown, Arkansas 71822

(870) 898-5011

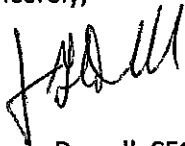
March 8, 2019

To Whom It May Concern:

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within region #12 which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, its employees are often times leaders in the own communities, serving on various boards on committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospital, shelters and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in the own communities while they receive mental health care. In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

Sincerely,



James Dowell, CEO  
Little River Medical Center



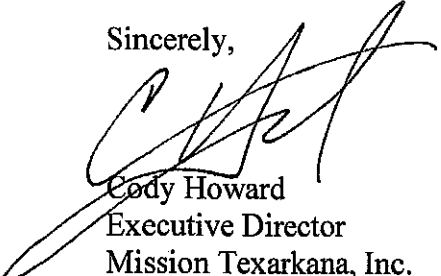
March 5, 2019

To Whom It May Concern,

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within region #12 which contains Miller, Little River, Sevier, Howard, Hempstead, and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters, community centers, and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care. In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

Sincerely,



Cody Howard  
Executive Director  
Mission Texarkana, Inc.  
[choward@tfci.org](mailto:choward@tfci.org)

P.O. Box 7558, Texarkana, TX 75501



March 5, 2019

To Whom It May Concern,

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within region #12 which contains Miller, Little River, Sevier, Howard, Hempstead, and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters, community centers, and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care. In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alaina Marcum', with a long horizontal line extending to the right.

Alaina Marcum  
Texarkana Homeless Coalition Chair  
amarcum@tfc.org

**DISTRICT COURT OF MILLER COUNTY**  
**TEXARKANA, ARKANSAS**  
**CITY DIVISION**  
**Small Claims**



Bi-State Justice Center  
100 North State Line Avenue  
Texarkana, AR/TX 75501  
(903) 798-3016

Wren Autrey  
JUDGE

Wanda Davis  
CLERK

March 8, 2019

TO WHOM IT MAY CONCERN:

Re: Southwest Arkansas Counseling and Mental Health Center

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within region #12, which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of Southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others.

Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care.

In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

Sincerely yours,

Wren Autrey  
District Judge

Megan DeLamar Schroeder, JD MSW  
P. O. Box 1201  
Texarkana, TX 75504  
[megans@cableone.net](mailto:megans@cableone.net)

March 1, 2019

TO WHOM IT MAY CONCERN:

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within Region 12 which contains Miller, Little River, Sevier, Howard, Hempstead, and Lafayette counties. SWACMHC plays a vital role in the delivering mental health services to southwest Arkansas.

The Southwest Arkansas Counseling and Mental Health Center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsible to the emergency psychiatric needs of those in local hospitals, shelters and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care.

In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

Sincerely,

  
Megan DeLamar Schroeder, JD MSW



KIRK D. JOHNSON, Judge  
Miller County Courthouse  
Texarkana, Arkansas 71854  
Ph. (870) 774-7722  
Fax (870) 774-0008

CIRCUIT COURT  
Eighth Judicial District - South  
STATE OF ARKANSAS

COUNTIES:  
Miller  
Lafayette

March 8, 2019

To Whom It May Concern:

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within region #12 which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters, and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care. In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirk D. Johnson".

KIRK D. JOHNSON  
Circuit Judge

KDJ/ldh

Carlton D. Jones, Judge  
Miller County Courthouse  
412 Laurel, Suite 207  
Texarkana, Arkansas 71854  
Ph. (870) 774-2421  
Fax (870) 772-4680



**OFFICE OF THE CIRCUIT COURT**  
EIGHTH JUDICIAL DISTRICT - SOUTH  
STATE OF ARKANSAS  
DIVISION ONE

Trial Court Assistant  
Alma Weed

Court Reporter  
Sam Arthur

March 6, 2019

To Whom It May Concern,

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas' contract to provide crisis and forensic mental health services within region #12 which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters, and jails, If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care. In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

Sincerely,

A handwritten signature in black ink that reads "Carlton D. Jones".

Carlton D. Jones, Circuit Judge  
Division 1, 8<sup>th</sup> J.D. South

*Mike Cranford*  
Little River County Judge

March 11, 2019

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center's bid for the state of Arkansas' contract to provide crisis and forensic mental health services within region #12 which contains Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

The mental health center has a longstanding history of providing quality mental health care to the citizens of southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care. In my opinion, Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. Therefore, I highly recommend that the organization receive the contract for the provision of crisis and forensic mental health services.

Sincerely,



Mike Cranford

Little River County Judge



*Mary P. "Prissy" Hickerson*

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2805 Forest Avenue  
Texarkana, AR 71854  
phickerson@valornet.com

March 11, 2019

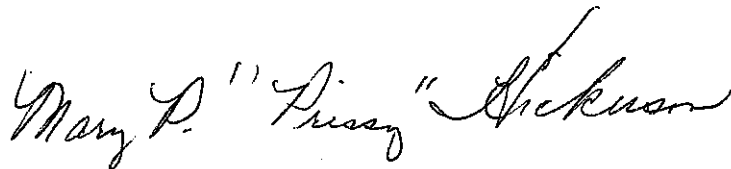
Greetings,

I am writing this letter in support of the Southwest Arkansas Counseling and Mental Health Center's bid for the State of Arkansas contract to provide crisis and forensic mental health services within region 12 which is comprised of Miller, Little River, Sevier, Howard, Hempstead and Lafayette Counties.

SWACMHC has a longstanding history of providing quality mental health care to the citizens of Southwest Arkansas. In addition, its employees are oftentimes leaders in their own communities, serving on various boards or committees designed to improve the lives of others. Licensed mental health professionals have been responsive to the emergency psychiatric needs of those in local hospitals, shelters and jails. If necessary, those services are complimented by a variety of medical professionals and paraprofessionals who focus on keeping families together and keeping citizens in their own communities while they receive mental health care. I believe that the Southwest Arkansas Counseling and Mental Health Center epitomizes the intended nature of community mental health centers. I highly recommend that this mental health organization receive the contract for the provision of crisis and forensic mental health services.

Thank you for your consideration of this recommendation. Please contact me if you require additional information.

Sincerely,



Mary P. "Prissy" Hickerson

870-773-1603

**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.**

Southwest Arkansas Counseling and Mental Health Center will ensure individuals with mental disorders or diseases have the community resources, including social resources, to feel secure and safe in their individual communities. These community resources include local acute hospitalization for indigent adults who need psychiatric hospitalization. Contracted funds would be used as the payer of last resort and the Center would work to assist its clients in enrolling in the healthcare coverage programs for which the individual client may be eligible. With outpatient offices in each county within region #12, the Center will provide community-based care for the identified populations, predominantly those without insurance, the underinsured, and ASH-related clients, and work to divert individuals with behavioral illness from hospitalization, jail, or the emergency room. In addition to licensed physicians, advanced practice nurses and other licensed mental health professionals, the Center employs over 70 Qualified Behavioral Health Professionals (QBHP's) who provide community support services to its clients despite payer source. Some of the QBHP's work within day programs, however, the majority work in the communities throughout the Center's catchment area. The Center operates three adult rehabilitative day service programs in the region and works to ensure that clients have transportation to and from these programs.

SWACMHC would continue to serve as the single point of entry for all adults without a payer source within its region whose destination is the Arkansas State Hospital or an acute inpatient psychiatric hospital. The Center will continue to utilize mobile crisis screening teams composed of licensed mental health professionals and paraprofessionals in order to respond to crises within its region and in order to possibly prevent hospitalization or further deterioration. All crisis contacts will be reviewed by the Center's emergency services coordinator within one business day.

SWACMHC plans to continue working with the local court systems in order to provide timely responses to court ordered involuntary evaluations and forensic evaluations. Licensed mental health professionals at the Center receive specific training and supervision regarding court ordered evaluations. The Center also plans on continuing to provide outpatient forensic restoration services to those persons in need of such services. These restoration services will be delivered in the local jails most of the time rather than burdening local law enforcement with the issue of transportation. Lastly, the Center is in a unique position to offer services to persons released from the Arkansas State Hospital under the conditions of Act 911 because it has outpatient clinics at two large privately owned residential care facilities which offer round the clock personal care. In addition, the mental health staff is on grounds at both locations 16 hours each day, every day of the year in order to help provide a structured, safe environment conducive to helping improve one's physical and mental health. Other individuals released under the terms of Act 911 can be supported in the community through the Center's community integration programs which are accredited by CARF International.

All employees of SWACMHC embrace a recovery-oriented treatment model. One of the required educational courses upon hire and annually focuses on psychiatric recovery. To ensure a continued focus on outcomes and recovery, when therapists review treatment plans with clients in the community support programs, they review how many days the person has been involved in a meaningful activity during the prior thirty days and help the client evaluate his/her functioning in twenty separate areas of daily living. Clients are encouraged to define their own recovery when expressing their treatment goals and objectives.

In order to assure a coordinated approach to service delivery for clients awaiting admission and clients discharging from psychiatric hospitals, all outpatient clients have adopted a policy of providing some form of contact on a daily basis during the work week if clinically indicated. This service is oftentimes offered at no cost to the client and may range from a brief daily check in to an extended crisis stabilization service, depending on client need.

**E.2.B. Describe your capabilities to provide appropriate services by telemedicine....**

Southwest Arkansas Counseling & Mental Health Center (SWACMHC) employs a staff of licensed qualified physicians, advanced practice nurses and other mental health professionals who possess the educational background and credentials to provide quality healthcare by means of telemedicine services.

The organization is an active member of the University of Arkansas for Medical Sciences – Centers for Distance Health (CDH) and has a history of telemedicine service delivery to its patients in Hempstead, Howard and Sevier Counties. In the past, telemedicine allowed the organization to decrease no show rates and increase patients' access to care in areas where a full-time provider was not available; therefore, plans are in place to expand the range of telemedicine services in the near future.

**Training**

Clients are not required to set up, maintain or troubleshoot telemedicine equipment. Staff providing telemedicine services are required to complete an *Introduction to Telemedicine* course, sponsored by the Arkansas Centers for Distance Health, prior to scheduling a telemedicine service. Staff at the remote and originating sites is trained on preparation of the room, orientation of the client and use of the equipment, including connectivity and troubleshooting. They are also provided written instructions in these areas. Quick reference guides to obtain technical support are attached to each telemedicine station along with emergency medical and law enforcement contact information. Test calls are encouraged to facilitate ease of use and familiarity with equipment prior to a live session and in order to maintain confidentiality and security according to HIPAA guidelines. Training is also available and reinforced onsite through SWACMHC's information technology and HIPAA compliance departments.

The telemedicine environment at the originating and remote sites is private rooms and offices equipped with telemedicine equipment and connectivity to a HIPAA compliant platform for the secure transmission of audio and video protected health information (PHI). Clients are oriented to what telemedicine is, how it can benefit them, the technology and equipment utilized, the mechanics of a video call, their client rights and responsibilities, and assured of the confidentiality and security of the information shared during a telemedicine session. Providers will only schedule a telemedicine service when the nature of the health concern lends itself to the approach safely. Once the patient is in agreement to participate in telemedicine services, a written informed consent is obtained. An audio-video test call is placed between the remote and originating sites prior to the onset of telemedicine services each day. The participants at both sites are introduced and given an opportunity to ask questions prior to the onset of each session.

The organization deploys a HIPAA compliant telemedicine solution that protects confidentiality and provides for secure communications between locations. As a member of the Centers for Distance Health, SWACMHC is able to obtain access to and

utilize secure encrypted video meeting software to sufficiently connect to the Arkansas eLink System and provide telemedicine services using a secure platform. The organization utilizes hardware and operating systems that effectively support or exceed minimum bandwidth requirements for establishing and sustaining a sufficient upstream and downstream internet connection as mandated by state and federal law. Point-to-point internet circuits are only utilized for telemedicine services in order to maximize confidentiality and security.

High definition webcams are utilized at all telemedicine sites for access to high definition video transmissions. All video monitors, cameras, speakers and microphones utilized in telemedicine transmissions also meet standard quality requirements for such transmissions as mandated by state and federal law. Computers and telemedicine carts with dual core accelerated processors are utilized for maximized transmissions and all equipment and telemedicine software is password protected. Equipment is maintained according to manufacturer recommendations.

Hardware and Software User Guides are provided and attached to each telemedicine station, along with technical support contact and emergency assistance information and telephone numbers. Software updates including security "patches" and updates to instructional documentation are made available on a regular basis. Help desk technical support for the meeting software and equipment is available on a 24/7 basis and unlimited telephone access to the CDH help desk services to resolve software malfunctions and end user issues is also available. On-site technical support is offered through SWACMHC's information technology department.

#### Patient Safety

A trained mental health professional, paraprofessional or member of the medical team is present at all times in telemedicine sessions with the client. A family member or the patient's guardian/legal representative may also attend the sessions depending on the needs of the person served. Standard medical procedures are in place to address any emergency aspects of a session that may occur. These procedures include access to a nurse, physician or other healthcare professional or dialing 911 according to the severity of the emergency. The organization's internal Emergency Code System is accessible during normal business hours. All clinic locations are within the 911 emergency calling area and able to obtain emergency services.

#### Infection Control

Staff is provided to manage all equipment and assist the patient during each telemedicine session. No food or drinks is allowed in a telemedicine area. Equipment utilized by the client, such as headset speakers and microphones are sanitized after each telemedicine session in order to comply with Standard Precautions in Healthcare proposed by the World Health Organization.

These precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. Precautions taken include hand hygiene; use of personal

protective equipment (PPE) such as gloves and masks, safe injection practices, safe handling of potentially contaminated equipment or surfaces in the patient environment and respiratory hygiene/cough etiquette. The type of precaution used is based on the method of transmission (direct contact, droplet, or airborne). Transmission based Precautions, in addition to Standard Precautions, are used where the suspected or confirmed presence of infectious agents represents an increased risk of transmission. The organization does not currently offer home based telemedicine services.

It: 3.8.19

**E.3.A. Describe how your company will develop and provide crisis services for adults, youth and children....**

Southwest Arkansas Counseling and Mental Health Center, Inc. provides crisis intervention/emergency services 24 hours a day, 7 days a week. All emergencies are handled by Center licensed mental health professionals. The Center provides walk-in services at all clinic locations during regular office hours. In addition, the Center serves as the Single Point of Entry for area residents into the state mental health system, which is primarily targeted to serve those who are indigent, having no identifiable payment resources for psychiatric services. Mobile crisis services will be made available to adults, youth and children experiencing a psychiatric or behavioral crisis without a payer source for medically necessary services. All persons in the custody of the DCFS who are not a member of a PASSE will be seen by a member of the mobile crisis team if medically necessary. For this population, face-to-face crisis intervention and assessment services will be offered in the community setting which includes, without limitation, a home or foster home, school, or DCFS office.

It is the goal of the Center to respond in a timely and effective manner to crisis and emergency situations when they occur anywhere in the Center's catchment area. It is also the goal of the Center to assist clients in finding services in the least restrictive environment possible, while protecting the safety of the client and others.

As stated above, emergency services are readily accessible during regular work hours. In order to provide timely response to crises after work hours, a mobile crisis team is composed of three mental health professionals who have divided Region #12 into three sectors. One of the mental health professionals is designated as primary and the other two serve as backup. (Splitting the region into three sectors greatly reduces staff response time and keeps staff members from having to drive long distances in rural areas at night. In addition, it is understood that staff members covering their own areas have a better knowledge of available local resources.) All team members have access to the physician on call. All have received training from the Emergency Services Coordinator regarding crisis services and mobile assessments. In addition, they have passed an initial and annual competency test regarding emergency procedures.

Requests for mobile assessments are usually received via the answering service from law enforcement officials, jails, hospitals and crisis stabilization units. When the primary team member receives a request for mobile assessment, he or she shall make phone contact within fifteen minutes and the team member's primary responsibility will be to provide individualized triage services to any individual without a payer source for medically necessary services who is experiencing a psychiatric crisis or behavioral crisis. Depending on the person's location, the primary team member may call a team member who is closest to the person to be assessed. A team member must provide face-to-face assessment within two hours of the emergency and shall assess the immediate safety needs to determine the seriousness of the person's impairment. If agreed upon by both parties and documented, the screening can occur outside the two hour time period, for reasonable cause and the cause is clearly documented. For

instance, a screening may be postponed until a person has been medically stabilized or the person has had sufficient time to sober up. Afterhours mobile assessments must occur in a place that provides safety for the individual, the community, and the team (e.g., jails, emergency departments, Community Mental Health Center site, crisis units). For the DCFS population, this also includes homes, foster homes, DCFS offices, and schools.

If the request for mobile assessment is for a person with a payer source, the primary team member will provide consultation to the referral source concerning possible options regarding treatment options. If the request for mobile assessment concerns a current client of the mental health center, emergency medical information will be released to the person requesting the mobile assessment in order to aid that person in placing the client into an appropriate least restrictive care.

If the individual does not have an active case with the Center, the case is activated, as in the intake process. It is understood that, in some cases, the full administrative intake process must be precluded due to the nature of the crisis. In most cases, the mobile assessor will refer clients who need inpatient services and lack financial resources to pay for them to the Arkansas State Hospital or to a facility with whom the Center contracts for acute care services. If the client has financial resources to pay for inpatient care, he/she is usually referred to a facility with which the Center maintains a referral agreement, and that individual does not qualify for Center contract payment.

Due to a lack of funding for children's inpatient services, the Center does not maintain contracts to pay for inpatient services for children and adolescents who do not have financial resources.

#### **Voluntary Adult Referrals:**

- 1) Individuals who voluntarily seek screening services for referral to inpatient services have previously opened a case and signed a consent for service form, or do so prior to the screening process.
- 2) The screening mental health professional performs an evaluation. When a referral for inpatient services is indicated by the evaluation, the mental health professional contacts a facility, and makes arrangements for the client to be admitted.
- 3) The screening professional also gives information about the inpatient program, including directions to the location, telephone numbers at the facility, and information about what the client needs to take with him/her, to the client and any family members or significant others who are assisting the client in the effort to secure appropriate care.
- 4) The screening professional also makes arrangements to provide pertinent clinical information from the client record to the receiving facility, as indicated, to facilitate the admission and inpatient treatment planning processes.



#### **Involuntary Adult Referrals:**

- 1) When an individual is screened for involuntary hospitalization, the "Client Rights" section of the Single Point of Entry screening form is read by or to the individual, and he/she is asked to sign the form to document receipt and comprehension of the information.
- 2) If the individual refuses to sign, a witness (staff member, family member, or accompanying law enforcement officer) is asked to sign the form, to document that the "Client Rights" have been communicated to the individual being screened.
- 3) If, in the opinion of the screener or someone knowledgeable of the individual being screened, the individual is unable to understand his/her rights, this is documented at the bottom of the form, and signed by the screener.
  - a.) Adults from Other Catchment Areas:  
If the client being screened for hospitalization is from another catchment area, the screening professional seeks instruction from the mental health center that covers the area where the client resides
  - b.) When possible, the wishes of the other mental health center, with regard to the provision of inpatient services for the client, are honored.
  - c.) In all cases involving referral of such a client to the Arkansas State Hospital, prior approval of the other mental health center is required

#### **Petition for Involuntary Hospitalization**

- 1) If the client's family or other interested party has filed a petition for involuntary hospitalization of the client, the petition is processed through the county clerk or the local prosecuting attorney's office, depending upon the location and local practices.
- 2) The prosecuting attorney's office staff member, or a representative of the probate court contacts the Center, and in most cases, the client is transported to the Center for screening.
- 3) The screening professional completes the evaluation after being presented with the appropriate court documents that are signed by the presiding Judge. The screener completes a Single Point of Entry evaluation form.
- 4) If an evaluation for commitment is indicated, the screening professional makes arrangements for hospitalization.
- 5) The Single Point of Entry evaluation form is sent to the probate court, along with information about the referral arrangements, and other documents that may be appropriate, such as a summary letter with information that is not included in the Single Point of Entry evaluation format.
- 6) A copy of all documents is maintained in the client record, and the client is given a copy of the Single Point of Entry evaluation.

#### **Emergency without Petition:**

- 1) If a client presents as a possible danger to self or others, and there is not an opportunity to file a petition for involuntary hospitalization, the client may be screened as an "Emergency without Petition", consistent with applicable state commitment laws.

- 2) In such cases, the screening professional makes arrangements for admission to a facility that is willing to accept the client on an "Emergency without Petition" basis.
- 3) The screening professional also instructs the family members or other interested parties regarding the necessity for the filing of a petition, at the first possible time, within the time constraints that are established by applicable state law.
- 4) When possible, the screening professional obtains transportation for the client, by local law enforcement authorities. However, this mode of transport is frequently difficult to arrange, due to the ongoing confusion and disagreement about the legality of holding a client against his/her will, without a petition. Therefore, it is frequently necessary to arrange transportation through a family member, interested other party, or through the assistance of the facility that is accepting the referral.

#### Children & Adolescents:

- 1) The screening of children and adolescents for inpatient services is performed at the request of the parent/guardian, or at the request of the court system.
- 2) Adolescents that are being referred to the Arkansas State Hospital adolescent unit are processed as involuntary commitments, through the probate court system.
- 3) Children and adolescents being screened for referral to other facilities usually do not require the commitment process.
- 4) In any case, the Single Point of Entry evaluation form is completed, along with any other appropriate documentation.
- 5) The screening professional makes arrangements for admission to the facility that accepts the referral, and provides appropriate information such as directions, telephone numbers, and information about the receiving facility to the parent/guardian or other party accompanying the client.

#### Emergency Services

Emergency services are defined by the Center as services needed by an individual who is in a state of acute distress and needs to be seen without delay. Program professionals may choose to bypass the client orientation and intake processes, in response to emergency client needs. Center clients receive emergency (walk-in) services when they may be a danger to self and/or others, or are experiencing symptoms that require immediate intervention.

During normal working hours, Center employees immediately forward requests for emergency service to available professional staff members. After normal working hours, the professional staff member who is performing primary emergency call duty processes any requests for mobile assessment. Hospital emergency staff, DCFS personnel and law enforcement personnel frequently request mobile assessments.

After normal working hours, the primary mobile team member will answer the crisis line and may respond to the request for emergency services in the following ways:

- a. Completes the service via telephone consultation;

- b. Renders direct emergency evaluation at the hospital or location of need;
- c. Contacts the backup mental health professional closer to the location of the emergency; or
- d. Refers to the Center professional that is on call during the next day that the Center is open for services.

If the on call professional provides direct emergency services to someone who is not an active client of the Center, that professional assumes the primary therapist responsibility. As the primary therapist and representative of the Center, he/she completes the tasks that are required to open a case and finishes required paperwork on the next regular workday. These services are usually evaluative in nature, and may require a written report. A copy of any reports is added to the Center's records.

In these emergency situations, the requesting (attending) physician maintains medical responsibility for the client until that physician discharges the client. The role of the mental health professional or substance abuse counselor is to perform the requested evaluation, make recommendations and assist in arranging for transfer to other services, if indicated. Cases that are opened as emergencies require the same follow-up procedures as routine cases.

#### Additional Guidelines for Emergency Services

The Outpatient Services program has developed the following additional guidelines for the provision of emergency services:

- a. Professional staff members provide emergency, walk-in services in the nearest available clinic during regular office hours. Emergency services take precedence over scheduled, non-emergency services.
- b. A mobile assessment team is available for emergency service after regular hours, on a scheduled basis. The emergency call schedule is created and maintained by the Emergency Services Coordinator.
- c. After-hours emergency calls are answered by an answering service which screens the calls for the mobile assessment team. After the answering service contacts the primary mobile assessor, he or she shall make phone contact with the requesting party within 15 minutes.
- d. If a mobile assessment is warranted, the primary assessor will ascertain which team member will perform the assessment based upon the location of the person in need of assessment. If necessary, the primary assessor will then contact the appropriate team member and arrange for the assessment.
- e. All emergency calls received after regular clinic hours are documented on an Emergency Call Record form, which is forwarded to the Emergency Services Coordinator. A copy of the form is also forwarded to the primary therapist if the caller is an established, active client.
- f. Hospital consultation reports are typically hand written, and a copy is requested for Center records. This copy is scanned into the Center's EHR.
- g. A consult with an individual who is not a Center client requires that a case be opened if the client is to be hospitalized under Center contract.

- h. If the individual in crisis has a behavioral healthcare provider that he or she has been working with, the crisis team member may contact that healthcare provider, however, the crisis team member shall remain responsible for ensuring a crisis assessment and appropriate crisis services are provided.

### Referral to Inpatient Services

Center policy is to provide services to clients in the least restrictive environment possible, without jeopardizing the safety of the client or others. The Center provides inpatient care that is compatible with sound mental health practices. The Center provides referral service 24 hours a day, 7 days a week, to persons within Center's catchment area.

Any person within the Center's catchment area is eligible for medically necessary inpatient care whether or not he or she is an active client of the mental health center. However, prospective consumers of state-funded inpatient services are required to be evaluated by a member of the Center's professional staff, to determine if inpatient services are indicated.

Descriptive elements of the Center's provision of inpatient services are as follows:

- a. The Center provides 24-hour screening and referral for inpatient services for clients who need 24-hour supervision in a protected environment.
- b. Appropriate community-based inpatient services are accessible to residents of the catchment area, and are immediately available.
- c. Medical (psychiatric) coverage is available to inpatients at all times.
- d. The client, family members and/or significant others are given adequate preparation for admission to inpatient services, and an orientation to the inpatient program.
- e. The Center maintains referral relationships with inpatient programs that provide adequate dietary, pharmaceutical, nursing, laboratory and medical services. If the inpatient program is located within a hospital setting, the hospital is accredited by the Joint Commission on the Accreditation of Hospitals, and/or is licensed by the State where the hospital is located.
- f. Inpatient facilities are suitable for assuring client privacy, when privacy is clinically indicated.
- g. Services to address other needs that may surface during the course of inpatient treatment are made available to clients on the basis of need.

Guidelines to determine whether or not inpatient services are appropriate are as follows:

- a. A member of the Center's professional staff evaluates every client that is referred to an inpatient program prior to full admission, to determine whether or not inpatient services are appropriate.
- b. The primary criterion for admission to an inpatient program is client need for short-term treatment or evaluation. Clients that are referred for inpatient care are not expected to continue to receive inpatient services for more than 15 days.
- c. Primary emphasis is placed on voluntary admission to inpatient services. However, clients may be admitted on an involuntary basis by virtue of court

order, if the evaluating professional concludes that the client is imminently dangerous to self or others.

- d. Clients who are admitted to inpatient services 2 or more times in a 12-month period are discussed in general staff conferences and treatment planning meetings, in an attempt to review and revise the treatment plan to provide more effective services.

The screening professional completes a Single Point of Entry packet, discusses arrangements for service delivery with the appropriate admissions office, and coordinates efforts to see that the client is safely transported to the facility. Furthermore, the screening professional provides sufficient orientation to the client concerning inpatient care.

All referrals include the provision of as much pertinent clinical data as possible to assist the receiving inpatient program. The primary therapist maintains contact with the receiving program, to assist in coordinating the client's treatment in the program, and to plan for outpatient care after discharge.

All referrals for inpatient care are reported as an "Inpatient Admission" in the Center's electronic medical record. The Clinical Director tracks all crisis interventions and inpatient hospitalizations. The Clinical Director completes monthly reporting to the DAABHS concerning crisis services and maintains an accounting of the use of any acute care funds.

Services to special populations, such as victims of abuse, elderly or others with special needs, will be provided on an individualized basis. Special needs will be addressed in the Treatment Plan.

It will be the role of management to ensure that adequate resources are dedicated to enhance delivery of services in this program. Resources may include adequate personnel, transportation, equipment and other resources that may be identified by staff and clients.

All events and actions taken when responding to a mobile crisis assessment must be thoroughly documented and documentation must be completed within 24 hours of the initial contact. All documentation will occur on agency approved forms and include either a Safe-T assessment or a Columbia –Suicide Severity Rating Scale depending on the age of the client. Assessors are expected to include all steps taken and (or) contacts made to locate acute placement including timeline, agencies, contact persons, and outcomes. Assessors must document how the team worked with the caregiver or support network to de-escalate the crisis and to problem solve so that one has reached a recommended course of action. If acute placement is not needed, the screening assessment must document treatment services recommended, the individual's response to the recommended treatment and the time/place of the recommended services. In addition, the assessor must help the individual develop a crisis stabilization plan or safety plan which is given to the individual and shared with applicable individuals. SWACMHC

will arrange a face-to-face followup session for any DCFS clients who do not enter acute hospitalization. SWACMHC will ensure that any person who is discharged from an acute hospitalization will be seen within 7 days of discharge.

Emergency services will be a standing agenda item for the monthly clinical management meetings. The Emergency Services Coordinator will present a review of services and any recommendations at the Center's quarterly Continuous Quality Improvement/Quality Assurance Committee meeting in order to address improvement techniques as well as to address any problems and/or successes.

In order to provide more support and easier access to services, the Southwest Arkansas Counseling and Mental Health Center will establish a warm line which will be answered during the day by a Qualified Behavioral Health Professional (QBHP) who has completed competency based training concerning warm line operations. At the end of the business day, the QBHP will forward the warm line phone number to primary mobile assessor assigned that evening and/or weekend, thus ensuring that the warm line is answered at all time.

**E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are to provide services and describe your plan to meet the requirement in Section 2.3.2.B.**

The SWACMHC has licensed mental health professionals available at all times to provide services to individuals related to ASH, including clients needing admission to or awaiting admission to ASH and clients being discharged from ASH, including those who are being released under the conditions of Act 911. Before a licensed mental health professional at SWACMHC is allowed to perform afterhours crisis services and/or complete a single point of entry evaluation (SPOE), the professional has been trained to be competent in the Center's policies and procedures regarding hospitalizations. The mental health professionals will utilize the Safe-T which is an evidence-based tool when assessing adults and will utilize the Columbia-Suicide Severity Rating Scale when assessing children and adolescents. In addition, when indicated, the licensed mental health professional performing a SPOE will complete a Center-approved safety plan with the client.

SWACMHC has a policy which mandates that a mental health professional provide a screening within two hours of an initial request unless the party requesting is agreeable to a different time frame that meets the needs of the client. Any time a screening takes place outside of the two hour time requirement, the screener will document clearly as to the reason. The forms used for the screening will include all elements required under contract with the State.

If a person is found to be in need of hospitalization at ASH and a bed is not readily available, the SWACMHC will ensure care coordination in order to assist and support stabilization during a wait period. This may include daily check-ins, home visits, participation in day programs and coordination with local physicians and/or law enforcement officials. In addition, the Center would use acute care funds to purchase bed days at local acute care facilities, if clinically necessary.

The primary therapist of any client who is awaiting discharge from the ASH or any other psychiatric hospital will work with the discharge planner of such hospital to coordinate the discharge and aftercare of the person being discharged. Coordination of care will include but will not be limited to housing assistance, transportation assistance, behavioral and medical care, obtaining financial assistance and helping the client to obtain insurance coverage if appropriate. All clients discharging from a hospital will be scheduled for an appointment no later than seven (7) days after discharge. Clients being released under conditions of Act 911 who are placed in residential care facilities within the Center's catchment area will be assigned to a licensed mental health therapist and a Qualified Behavioral Health Professional who are experienced in dealing with such persons. They will provide continuing collateral services with the client.

The Center remains committed to serving all ASH discharges referred by ASH and all community-based 911 status clients regardless of payer source.

**E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program...**

Southwest Arkansas Counseling and Mental Health Center, Inc. has an established history of administering the Forensic Outpatient Restoration Program within region twelve. The same licensed mental health professional has provided forensic restoration services since its inception and has stayed current in terms of providing didactic competency services as well being able to provide all educational, clinical and medically necessary behavioral health services which includes arranging for a psychiatric assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six months.

SWACMHC has a history of working collaboratively with local law enforcement officials and jailers in order to best serve the needs of the individual awaiting a trial or hearing in addition to helping local counties reduce their manpower and transportation costs. The FORP therapist is able to travel to each county within the region and oftentimes sees individuals either in a local SWACMHC office or in a holding room of a jail. Law enforcement officials have expressed an appreciation for the therapist's level of cooperation and her willingness to work with them in terms of giving her access to individuals.



**E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region,...**

SWACMHC has a stated mission to serve persons without regard of ability to pay for such services and also utilizes a sliding fee scale. Under special circumstances, charges for all services can be waived with approval of the Executive Director. The Center has never billed a client directly for any care coordination and other services traditionally identified as case management. Each Qualified Behavioral Health Professional (QBHP) is expected to see persons depending on clinical need regardless of his or her pay source. Non-Medicaid individuals who meet criteria for Serious Mental Illness are oftentimes engaged in rehabilitative day services if clinically necessary. These clients have a history of utilizing rehabilitative day services as a drop-in center. SWACMHC has a long history of assisting clients in insurance enrollment and was one of the community mental health centers who employed an insurance navigator during the start-up of the Affordable Care Act. Support personnel at SWACMHC are experienced in helping clients qualify for Medicaid spend down.

**E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region....**

SWACMHC has an identified FEP Coordinator and three clinicians who are identified as specialized in working with persons experiencing a first episode of psychosis. The Center remains firmly committed to reaching out to those experiencing a first episode and involving their family members. FEP clinicians are trained in Cognitive Behavioral Therapy for Psychosis and the prescribers have attended continuing education regarding low dose medications for psychosis. In the past, the Center has identified target populations to reach out to in order to increase awareness and has done so. The Center has also published flyers and informational brochures to hand out to the general public through doctors' office and schools. The Center has traditionally provided family members with books which serve as guides for these families in promoting recovery from first episode psychosis.

Each client classified as FEP is flagged in the Center's electronic medical record and each client is assigned to a Qualified Behavioral Health Professional (QBHP) in order to provide care coordination and in order to teach adult life skills regardless of the client's ability to pay for such services. Because of their training, Center QBHP's have the understanding that they are to work in order to facilitate their clients' return to work or school as soon as possible. The Center's certified Family Support Partner will also reach out to the clients and families in order to establish a relationship and offer support.

The FEP coordinator monitors the delivery of services to all FEP clients and ensures appropriate service delivery in terms of frequency and follow-up as well as providing clinical supervision when necessary. In addition, the FEP coordinator completes a monthly report to track and document all outcomes related to FEP services including suicidality, psychiatric hospitalizations, substance use, prescription adherence, side effects of psychotropic medications prescribed, and the client's level of functioning in regards to ability to initiate/maintain involvement in an educational/employment setting and social connectivity.

**E.3.G. Describe how your company will provide community-based services support to your clients within the region....**

Each of the Center's outpatient locations has a clinic director who is responsible for maintaining working relationships with various stakeholders in the community and who is responsible for engaging local referral sources in education and consultative activities. The Center has a board of directors with members from each county within the region. Each clinic director is evaluated yearly on his or her performance of the above referenced duties. Each outpatient clinic has a published resource directory. As part of ongoing efforts, the clinic director educates those in the community as to how to access crisis services.

As a public service, SWACMHC offers parent training groups and anger management groups for a nominal fee. It also utilizes grant funds to train foster parents of special needs children, performs group therapy with juveniles without a payer source in detention facilities and provides drug education to inmates in a county jail. The Center hosts LGBT-Q support groups and parent support groups on a weekly basis. It also hosts a chapter of the National Alliance on Mental Illness (NAMI). During the last year, several of the Center's mental health professionals coordinated efforts with NAMI in providing Mental Health First Aid training for area law enforcement officers. At the current time, the Center has three consumer councils within its catchment area. All three meet regularly and have provided valuable input to the Center's Continuous Quality Improvement/Quality Assurance Committee. The Center's community integration employees are most proud of their participation in Tim Tebow's A Night to Shine event which involves acquiring formal attire, utilizing volunteer cosmetologists, and transportation volunteers to assist numerous clients in attending what they would describe as the highlight of their year.

**E.3.H Describe how you will administer Social Services Block Grant (SSBG) Title XX services...**

SWACMHC will serve children, youth and adults in the delivery of SSBG services within region #12 who meet established guidelines.

The Center shall deliver SSBG Title XX services for traditional and non-traditional services and support for children, youth, and adults including services identified in the most current version of the SSBH manual.

SWACMHC has completed the DHS 100 form for recertification as an Outpatient Behavioral Health Agency and shall complete the DHS 0100 form when accessing any SSBG funds. The CFO at SWACMHC will ensure that the organization will maintain procedures designed to ensure that the organization complies with all guidelines, regulations and instructions in regard to the utilization of SSBG funds. The Billing Supervisor notifies all employees when SSBG funds become available. All forms regarding the use of SSBG forms are submitted to the appropriate agencies within DHS and SWACMHC plans to fully cooperate with any audit regarding the use of SSBG funds. All forms regarding the use of SSBG funds for a particular client are scanned and stored electronically in the organization's electronic medical record.

SWACMHC will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual. SWACMHC utilizes an electronic health record, Credible, which allows the business office to create a batch file that includes information regarding services delivered which are to be billed to SSBG Title XX. Information from this batch file is keyed into the DHS 0145 Reporting Forms per service and per client. The DHS 0145 Reporting Forms are contained in an Excel spreadsheet and a copy of this spreadsheet is sent via postal service along with the Provider Payment Request Form to the DAABHS Finance Division. Only personnel who are properly trained and supervised are capable of accessing the billing information and generating the appropriate spreadsheets.

**E.3.I Describer how you will ensure the provision and availability of Expanded services....**

With the award of the contract mentioned in RFQ #710-19-1024, Southwest Arkansas Counseling and Mental Health Center can continue to offer the following services:

- Partial Hospitalization
- Peer Support
- Family Support Partner
- Supported Employment
- Support Housing
- Aftercare Recovery Support.

This RFQ response packet contains a memorandum of agreement concerning the provision of Therapeutic Communities for our clients in addition to a memorandum of agreement concerning the access to an acute crisis unit if necessary.

In addition to the above services, the Center has a history of purchasing necessary psychotropic medications for individuals when there is no other payer source. Many of the Center's clients residing in the two large residential care facilities within Region #12 are on multiple medications for their psychiatric and physical needs. Although most are Medicaid beneficiaries, Medicaid only pays for a limited number of medications. The mental health center has found that the relapse rate for those residents is much lower if they receive all their prescribed medications so the mental health center has purchased any prescribed medications beyond the Medicaid limits. In addition, the mental health center will purchase medications for other outpatients if a financial hardship exists. The Center has contracted with a private pharmacy to be in house and to provide all medications for the residential care facilities and any outpatient client who so desires to use the pharmacy.

SWACMHC is proud to be the recipient of recent grants from the DAABHS in order to provide Medication Assisted Treatment (MAT). The in house pharmacy and the Center's experience gained from treating substance abuse disorders has hastened the implementation of this treatment program. The Center plans on continuing to provide access to Medication Assisted Treatment in each county within region #12.

## MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is made on 3/12/19 by and between Birch Tree Communities, Inc., 1781 Old Hot Springs Highway, Benton, Arkansas, 72018, and Southwest Arkansas Counseling and Mental Health Center, Texarkana, Arkansas, 75504. The parties hereby bind themselves to undertake a Memorandum of Agreement ("Agreement") under the following terms and conditions:

**TERM.** The term of this Agreement shall be one year unless terminated sooner in accordance with the terms of the Agreement (the "Term").

**GOALS AND OBJECTIVES.** Southwest Arkansas Counseling and Mental Health Center is enlisting the help of Birch Tree Communities, Inc. to provide "Therapeutic Community" services for Adult clients with a Serious Mental Illness as defined by the Arkansas Department of Behavioral Health in the state contract with Community Mental Health Centers. The parties of this agreement shall abide by the terms of this agreement to achieve the following goals and objectives:

### **OBLIGATIONS OF THE PARTIES.**

Birch Tree Communities, Inc., shall perform the following obligations:

The process for evaluation will be established between each CMHC and TC provider, specifying the medium of exchange, the form of notification of unsuitability, and individuals to be notified. The response time to notification of unsuitability by a provider shall be no later than forty-eight hours. If the response time is longer then the provider may begin billing at 1.5 times the billing rate after the forty-eight hour period.

Southwest Arkansas Counseling and Mental Health Center shall perform the following obligations:

#### Pre-Tiering Requirements

Prior to the acceptance of a member by a licensed Therapeutic Communities provider ("provider" or "TC Provider") the member must be appropriately tiered as either Level 1 or Level 2 ("TC 1" and "TC 2") as defined in the Arkansas Department of Human Services Therapeutic Communities Certification Manual or the equivalent of a TC 1 or TC 2 member as outlined by any of the Arkansas Provider-Led Shared Savings Entities ("PASSEs").

If a referred member has not been tiered, then providers have the option to deny admission into a TC 1 or TC 2 program until the member has been tiered. Alternatively, the referring Community Mental Health Center ("CMHC") may offer to reimburse the TC provider for the days not tiered until the date of tier at the rate determined by the DHS or PASSE billing manuals for the appropriate level of care. This agreement shall be in writing. The TC provider has the right to deny this request.

#### Evaluation Term

A provider is granted an evaluation term of thirty days in which the provider may determine whether a member is an appropriate fit for the Therapeutic Communities ("TC") program. A provider also has the right to deny acceptance of a member, tiered or non-tiered, without a thirty-day evaluation. If a member has been accepted by a TC program and deemed unsuitable then the referring CMHC must

re-admit the member or make plans to admit the member to a new program no later than seven calendar days after the thirty-day evaluation term ends.

The TC provider shall be reimbursed for each day during the evaluation term at the rate determined by the DHS or PASSE billing manuals for the appropriate level of care. If a member is still in the care of a TC program after the thirty-day evaluation period and the member has been deemed unsuitable then the TC provider may bill at 1.5 times the billing rate so long as the member remains under the provider's care.

#### Medicaid Eligibility Status

A TC provider may deny a referral of a member that has no Medicaid, Medicare or private health insurance coverage. A TC provider also has the option to deny a member if the member is in the Medicaid Spend Down program. Alternatively, if the provider accepts a Spend Down member then the CMHC must reimburse the TC provider for services performed by the TC provider that must be delivered to activate Medicaid for that member.

These "uncovered services" required to activate Medicaid are recurring and vary based on the member's income. Once the amount of uncovered services meets the Medicaid threshold that activates coverage, that member will have a window of active Medicaid coverage for three months. After this period then the coverage expires and the member must again meet the threshold to activate Medicaid coverage. As long as the member is under the provider's care and is not referred back to a CMHC then the provider will continue to be reimbursed for uncovered services by the CMHC.

**CONFIDENTIALITY.** Subject to sub-clause (2) below, each party shall treat as strictly confidential all information received or obtained as a result of entering into or performing this Agreement.

Each party may disclose information which would otherwise be confidential if and to the extent:

- (i) required by the law of any relevant jurisdiction;
- (ii) the information has come into the public domain through no fault of the party; or
- (iii) the other party has given prior written approval to the disclosure, provided that any such information disclosed shall be disclosed only after consultation with and notice to the other party.

**REPRESENTATIONS AND WARRANTIES.** Each party to this Agreement represents and warrants to the other party that it:

- (a) has full power, authority, and legal right to execute and perform this Agreement;
- (b) has taken all necessary legal and corporate action to authorize the execution and performance of this Agreement.

**MEMORANDUM OF AGREEMENT SUMMARIZATION.**

Furthermore, the parties to this Agreement have mutually acknowledged and agreed to the following:

- The parties to this Agreement shall work together in a cooperative and coordinated effort, and in such in manner and fashion to bring about the achievement and fulfillment of the goals and objectives of this partnership.
- It is not the intent of this Agreement to restrict the parties to this agreement from their involvement or participation with any other public or private individuals, agencies or organizations.
- The parties to this Agreement shall mutually contribute and take part in any and all phases of the planning and development of this partnership, to the fullest extent possible.
- It is the intent or purpose of this Agreement to create any rights, benefits and/or trust responsibilities by or between the parties.
- The Agreement shall in no way hold or obligate either party to supply or transfer funds to maintain and/or sustain the partnership
- Should there be any need or cause for the reimbursement or the contribution of any funds to or in support of the partnership, it shall then be controlled in accordance with Arkansas governing laws, regulations and/or procedures.
- In the event that contributed funds should become necessary, any such endeavor shall be outlined in a separate and mutually agreed upon written agreement by the parties or representatives of the parties in accordance with current governing laws and regulations, and in no way does this Agreement provide such right or authority.
- The Parties to this Agreement have the right to individually or jointly terminate their participation in this Agreement provided that advanced written notice is delivered to the other party.
- Upon the signing of this Agreement by both parties, this Agreement shall be in full force and effect.

**AUTHORIZATION AND EXECUTION.**

The signing of this Memorandum of Agreement does not constitutes a formal undertaking, and as such it simply intends that the signatories shall strive to reach, to the best of their abilities, the goals and objectives stated in this MOU.


This agreement shall be signed by Birch Tree Communities, Inc., and Southwest Arkansas Counseling and Mental Health Center and shall be effective as of the date first written above.

  
\_\_\_\_\_  
First Party Signature

3/12/19

Date

Birch Tree Communities, Inc.

  
\_\_\_\_\_  
Second Party Signature

3/12/19

Date

Southwest Arkansas Counseling and Mental Health Center



## Acute Crisis Unit Contract

### Service and Affiliation Agreement

This contractual agreement is made and entered into this 14<sup>th</sup> day of March, 2019, by and between SAR Reg. Health Center (hereinafter referred to as "Contractor") and Sebastian County Jail / CSU (hereinafter referred to as "Provider.")

WHEREAS, South Arkansas Regional Health Center is a non-profit community mental health center and is desirous of contracting with the Provider to provide crisis stabilization services to adult residents of its catchment area who are in need of sub-acute stabilization treatment for mental illness and have been evaluated by Single Point of Area (SPOE) assessment, and

WHEREAS, the Provider has Crisis Unit facilities and staff which can provide such services in a safe, sub-acute crisis unit to referred patients and has agreed to accept appropriate referrals for crisis care.

NOW, THEREFORE, it is hereby mutually agreed by and between the parties of this Service and Affiliation Agreement as follows:

1. **Term:** The initial term of this Service and Affiliation Agreement shall be for a period of one year and may be automatically renewed each year unless indicated otherwise in writing at anytime by either party with a 30 day notice.
2. **Services:** Provider agrees to provide all inclusive services, including sub-acute crisis stabilization, psychiatry, laboratory, and pharmacy to mutually agreed upon patients who are initially referred by the Contractor, in a manner that is consistent with the communities' prevailing psychiatric practice as space is available on a first come, first served basis. Daily all inclusive services cost is \$350.00.
3. **Medically stable:** All patients referred by Contractor from a medical facility must be determined medically stable by physician before they are accepted for treatment by the Provider. All patients routinely receive a physical and psychiatric evaluation upon admission to the Provider; however, it is understood that Provider is contracting for the provision of mental health services only and not for the treatment of non-psychiatric disorders on its psychiatric unit. Therefore, Provider will accept only patients with minor medical problems (or no medical problems) for treatment at its crisis unit. Provider retains the freedom to request medical clearance in cases in which the patient's medical condition may be compromised.
4. **Continuity of services:** The Provider and Contractor agree to expend all necessary efforts to promote continuity of services. The Contractor will have a

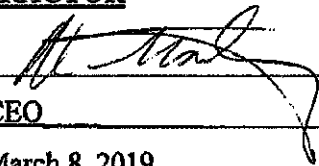
designated staff person who will have regular telephonic contact and/or meetings with a designated Provider staff in order to evaluate the status of referred patients and to facilitate discharge planning. The Provider agrees to initiate all discharge planning activities for Contractor referred patients with Contractor personnel. The Provider will provide Contractor with patients' discharge summaries including current medications within 48 hours of discharge. Follow up appointments must be set prior to discharge with the Contractor.

5. **Medical records:** Appropriate patient records (subject to state and federal laws in compliance with HIPAA) will be readily transferable between parties when a patient is referred or admitted to the other party. The referring party previously responsible for the care of the patient will also be readily available to provide consultation and other assistance to the staff of the receiving party and vice versa.
6. **Licensing:** Provider's program services shall be licensed by the Arkansas Department of Health Division of Facilities Services and Arkansas Division of Provider Services and Quality Assurance, which shall meet the State's regulations for program structure and facility design.
7. **Indigent contract services:** The Provider agrees to provide sub-acute Crisis Unit stabilization treatment for indigent patients (as designated by the Division of Mental Health Services in Arkansas for the uninsured: below 200% of the designated poverty level) referred by the Contractor. (It is understood that "Indigents" with probability of needing extensive inpatient treatment beyond acute stabilization will/may not be appropriate for referral to Provider but will either be directed where longer term care is provided or will be expected to transfer from Provider to another appropriate facility when/as appropriate.) Provider and Contractor shall work cooperatively in initiating application for SSI/SSD or Medicaid Spenddown whenever possible. Any subsequent reimbursements by Medicaid or other third party sources may be used by the Provider to offset any unpaid days.
8. **Utilization review:** Provider shall work cooperatively with Contractor in the management of Contractor's indigent patient days. In the event the Contractor's representative determines the patient no longer meets criteria for stabilization, the Contractor shall either provide appropriate disposition to another treatment facility or outpatient setting. The mutual objective will be for minimum necessary length of stay and authorization may be applied as indicated.
9. **Involuntary commitments:** Provider agrees to provide follow up as the law permits/directs for involuntarily committed patients (or as courts direct or permit) in accordance with Arkansas Acts 861, 10, and 911 for follow up in appropriate court system under Sections 5, 9, and 10 of Act 861 if the situation is warranted.
10. **Relationship of parties:** The relationship of Provider to Contractor shall be that of an independent contractor.

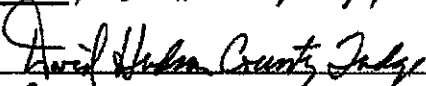
11. **Program rules:** The Contractor's staff and attending physicians agree to abide by the policies and procedures of Provider and vice versa.
12. **Modifications:** Any modification or changes to this agreement must be made in writing and approved by the parties.
13. **Termination:** Provider or Contractor may terminate this agreement with thirty (30) days written notice to the other party with or without cause.
14. **Medication:** In addition to inpatient psychiatric unit services, medication access plans will be attempted by Provider for all patients. Provider will provide assistance and planning where able via MD/pharmaceutical company programs and in cooperation with Contractor as indicated. Provider cannot be responsible for medication costs post discharge beyond a minimum necessary transition planning time and will require cooperation from Contractor for continued needed medication access planning.
15. **Standards of conduct:** Contractor recognizes that it is essential to the core values of Provider that Provider at all times conduct itself in compliance with the highest standards of business ethics and integrity and applicable legal requirements. Contractor acknowledges and hereby agrees that so long as this Agreement remains in effect, Provider shall act in a manner consistent with, and shall at times abide by, such standards of conduct.
16. **Other regulations:** Provider and Contractor agree to abide by all relevant and applicable state and federal laws and regulations regarding the treatment and communications related to mutual patients.

**IN WITNESS WHEREOF**, this Service and Affiliation Agreement has been executed as of the date and year written above.

**CONTRACTOR**

By:   
 Title: CEO  
 Date: March 8, 2019

**PROVIDER** / Sebastian County Judge/CSJ

By:   
 Title: County Judge  
 Date: 3/14/2019

#### **E.4. Community Collaborations**

Southwest Arkansas Counseling and Mental Health Center plans to meet the requirements of the RFQ #710-19-1024 by doing the following:

- Complying with all state and federal laws, rules, and regulations, including laws, and regulations regarding client care, services, and personnel requirements.
- Implementing appropriate evidence-based and professionally recognized behavioral health services which would include but are not limited to Cognitive Behavioral Therapy, Trauma Focused Behavioral Therapy, Theraplay, Eye Movement Desensitization Response, CBT for Psychosis, Parent-Child Interaction Therapy and Child-Parent Psychotherapy
- Remaining committed to serving priority populations as defined by the DAABHS.
- Providing appropriate and necessary medications to clients including injectables by ensuring the availability of nursing personnel, an onsite pharmacy in the main office, and the availability of prescribers.
- Providing medically necessary services as defined in the Outpatient Behavioral Health Services Manual or the Adult Behavioral Health Services for Community Independence Manual as well as the general rules and regulations required by the Division of Medical Services or Medicaid. The Center will maintain copies of such manuals in each clinic location and charge the clinic directors with the responsibility of ensuring that all personnel are acquainted with the manuals. In addition, the Director of Quality Assurance will periodically hold competency based training on service definitions.
- Continuing to provide community support programs which empower clients to define and achieve their own recovery.
- Facilitating consumer groups and client councils as well as speaking to various employees of other social service agencies in order to promote mental health issues and the care for the under insured or uninsured population.
- Utilizing evidenced based practices which allow the Center to measure outcomes when serving clients in the least restrictive environment plus training employees on recovery oriented practices and the use of outcomes measures such as the DLA-20.
- Continuing to provide substance abuse disorder treatment services and maintain the licenses to provide such treatment. This includes continuing to perform outreach through drug education in the jails and juvenile detention facilities as well as providing medication assisted treatment for opioid addiction, intensive outpatient treatment, outpatient treatment and residential treatment. The Center also contracts for detoxification services and specialized women's services.
- Increase the use of telemedicine and maintain certification of equipment through the University of Arkansas Medical School-Centers for Distance Health.

- Continue to provide crisis services, crisis stabilization and mobile assessment as well as develop a warm line. The plan for such services is included in this response packet.
- Continue to maintain community resources and knowledge of resources so as to best serve the needs of the mentally ill within our region while focusing on providing the least restrictive care in a timely fashion and ensuring care coordination with any other treating facility such as the ASH, private psychiatric hospitals, or an acute crisis center.
- Continue our good relationships with local DCFS workers who may need assistance in placing a child in residential or inpatient psychiatric care and also reaching out to new local DCFS workers to explain our mission and our services.
- Continuing to be one of the state's larger providers of services to the Act 911 population by virtue of helping place and maintain them in the court ordered environments, especially at our Horizons of Hope setting or our Split Rail setting. Each of these settings has a QBHP who is appointed to be the liaison to the Act 911 monitor so as to keep open the lines of communication and so as to ensure the safety of the client and the community. Such clients also have access to a full array of services.
- Continuing to provide forensic evaluations for the region with a contracted Psychologist who is already certified to perform such evaluations and has been doing them for almost ten years.
- Providing Forensic Outpatient Restoration for the entire region. The experienced Licensed Professional Counselor-Supervisor who has been providing such services has taken pride in travelling to where the client is and also taken pride in maintaining a good working relationship with the various jailers and law enforcement officials throughout the region. She plans to continue reporting to the DAABHS in a timely fashion and to continue care coordination of the individuals she serves.
- Continuing to provide client services to non-Medicaid individuals who meet the criteria for serious mental illness without regard to their ability to pay which could include allowing such individuals to use our rehabilitative day programs as drop in centers if medically necessary. Care coordination of such individuals would include helping them enroll in an insurance plan.
- Continuing to identify clients who are experiencing a First Episode Psychosis and provide these clients and their families with treatment and information as medically necessary. In addition, as part of the Center's First Episode Psychosis program, various licensed mental health professionals will receive specialized training in treating this population and will act as the client's primary therapist. FEP clients will have a Qualified Behavioral Health Professional to assist them and their families in learning necessary skills. In addition, the Center will continue to employ a Family Support Partner who will provide support to the client and family as a peer.
- Continue to utilize Title XX block grant funds to subsidize services for those persons who meet the federal guidelines.

- Continue to utilize a sliding fee scale so as to ensure that all can have access to services regardless to ability to pay. The Center can apply a further reduction down to “zero” if deemed appropriate by the Executive Director.
- Continue to provide expanded services such as peer support, family support partner, and aftercare recovery support. In addition, the Center has a longstanding history of utilizing funds traditionally used for acute care to purchase medications for those who may not otherwise be able to afford or obtain such. This method of purchasing meds has been approved for over fifteen years by the DAABHS and has proved to be a successful means of relapse prevention as well as lowering the readmission rates for the seriously mentally ill.
- Continue to operate its supported housing program.
- Continue the supported employment programs at the Split Rail and Horizons. In addition, continue to help clients serve as a volunteer by expanding the number of locations we have placed volunteers. The Center will continue to measure outcomes, in part, by asking community support clients every six months how many days they have been involved in a meaningful activity.

The management of Southwest Arkansas Counseling and Mental Health Center and all of its employees have an acute awareness of the importance of community collaborations and partnerships. The organization has a director for each county who is responsible for ensuring good collaboration and partnerships within their respective county. They are encouraged to live within their counties and the Center will reimburse their membership dues to such organizations as Rotary International or the Lions Club. In addition, the Center pays dues to the local Chamber of Commerce throughout its region and regularly participates in their activities as a means of developing collaborations and increasing the availability of resources within the community. So as to ensure that each clinic director has available time to assist in developing short and long-term solutions to help individuals connect with community supports, these mental health professionals do not have a productivity requirement. One of their core competencies for evaluation is whether or not they are good partners with others in their catchment area. Clinic Directors or their designees are given time to serve on the boards or committee of other social service organizations, oftentimes serving on such teams as the Multidisciplinary Team (MDT) for DCFS or the advisory board of a local college.

At the current time, the Director of Children’s Services serves as the Vice Chairperson for Arkansas CASSP, and represents SWACMHC at the Foster Families Treatment Association meetings as well as the Arkansas Association for Infant Mental Health. She also chairs the Children’s Subcommittee within the Mental Health Council of Arkansas.

In order to facilitate collaboration with other healthcare organizations, SWACMHC has always strove to have clinic locations close to other healthcare organizations. The De

Queen Clinic is located on the grounds of the hospital in De Queen. The Hope Clinic is across the street from the hospital in Hope and located next to a doctor's office and a nursing home. The clinic in Lewisville is located inside a Federally Qualified Health Center. Lastly, the Center rents space from the Howard County Health Department and has a suite of offices in the same building.

On a yearly basis, the Center sends out about 400 surveys to stakeholders in the community providing them with a chance to provide input and also for providing them with a chance to ask for more information regarding the services offered at the mental health center. Local clinical directors response timely to requests for more information. The Center also periodically sends informational brochures to stakeholders and also educational email articles.

SWACMHC is a member organization of the Mental Health Council of Arkansas which allows management access to others in order to form collaborations, exchange information and share resources. The Program Development Committee (PDC) has served as a source of information and support for the Clinical Director and the Center's Director of Children's Services currently chairs the children's subcommittee of the PDC. The Center's Executive Director has serving as the president of the council.

The Center's seventeen member board of directors is encouraged to provide input at meetings and the management of SWACMHC maintains an open door policy for anyone who wishes to make contact regarding information or in order to make a complaint.

The management of SWACMHC work to maintain the true intended nature of a comprehensive community mental health center as described in the Community Mental Health Center Act of 1963 which places an emphasis on primary and secondary prevention with services in local communities. The management realizes that this can only be done by partnering with resources in the individual communities.

FEB 21 2014

SOUTHWEST ARKANSAS MENTAL HEALTH CENTER  
2904 ARKANSAS BLVD  
TEXARKANA AR 71854-2536

February 18, 2014

We are pleased to announce that as of January 1, 2014, we have officially partnered with Baptist Health Medical Center (BHMC). All indigent contracts will now be processed through BHMC – Little Rock. If you have any questions, you may contact Brock Holman, CPA, Managed Care / Decision Support at (office) 501.202.6262 or (fax) 501.202.6382.

We look forward to continuing our working relationship with you. Please know that we will continue to provide the quality psychiatric care that you have come to expect from our facility.

I am always available if you have questions or concerns so feel free to continue to contact me if you need immediate assistance.

Sincerely,



Kelly Green, RN  
Behavioral Health Program Manager  
Baptist Health Medical Center – Hot Spring County  
(501) 332-1027 Office  
(501) 332-7322 Fax  
Kelly.Green@baptist-health.org



FEB 21 2014

**SOUTHWEST ARKANSAS MENTAL HEALTH CENTER  
2904 ARKANSAS BLVD  
TEXARKANA AR 71854-2536**

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Sincerely,



**Kelly Green, RN**

**Behavioral Health Program Manager**

**Baptist Health Medical Center – Hot Spring County**

**(501) 332-1027 Office**

**(501) 332-7322 Fax**

**Kelly.Green@baptist-health.org**

**Hot Spring County Medical Center**

**Southwest Arkansas Counseling  
Contract Assignment to Baptist Health**

Effective January 1, 2014, Baptist Health has formalized a legal name change through a facility lease arrangement to Baptist Health Medical Center – Hot Spring County. Under the terms of the Contract ("Contract") between Hot Spring County Medical Center and Southwest Arkansas Counseling, entered into on May 1, 2013, assignment of the Contract requires Southwest Arkansas Counseling's written consent.

By signing this letter, Southwest Arkansas Counseling hereby agrees and consents to the assignment of the Contract between Hot Spring County Medical Center and Southwest Arkansas Counseling, entered into on May 1, 2013 to Baptist Health, under the legal name Baptist Health Medical Center – Hot Spring County (TIN# 71-0236856). All other terms of the Contract shall remain in full force and effect. The effective date of this change is January 1, 2014.

**Southwest Arkansas Counseling**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**SOUTHWEST ARKANSAS  
COUNSELING AND MENTAL HEALTH CENTER, INC.**

2904 ARKANSAS BOULEVARD

P.O. BOX 1987, TEXARKANA, AR 75504

PHONE (870) 773-4655  
1-800-652-9166

DE QUEEN CENTER, 1312 W. COLLIN RAYE DR.  
P.O. BOX 459, DE QUEEN, ARKANSAS 71832  
TELEPHONE (870) 584-7116

NASHVILLE CENTER, 508 N. SECOND  
P.O. BOX 576, NASHVILLE, ARKANSAS 71852  
TELEPHONE (870) 845-3110

HOPE CENTER, 300 EAST 20TH  
P.O. BOX 452, HOPE, ARKANSAS 71802-0452  
TELEPHONE (870) 777-9051

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July 1, 2008

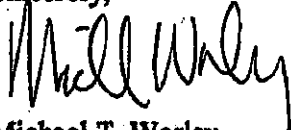
Scott Williams, CEO/Managing Director  
Rivendell Behavioral Health Services  
100 Rivendell Drive  
Benton, AR 72019

Dear Mr. Williams:

Enclosed please find an executed service contract between the hospital and our Center for the period July 1, 2008 to June 30, 2009. I am indeed pleased that you were able to continue the contract at the same daily rate.

Thank you for your assistance in this matter.

Sincerely,



Michael T. Worley  
Executive Director

Cc: Dwight Sperry  
M. J. Cearley  
Danny Stanley

SERVING HEMPSTEAD, HOWARD, LAFAYETTE, LITTLE RIVER, MILLER AND SEVIER COUNTIES

AN EQUAL OPPORTUNITY EMPLOYER

## **SERVICE CONTRACT**

This contractual agreement is made and entered into this 1st day of July, 2008 by and between Western Arkansas Counseling (hereafter referred to as "Center"), and UHS of Benton dba Rivendell Behavioral Health Services of Arkansas (hereinafter referred to as "Hospital").

WHEREAS, the Center is a non-profit community mental health center and is desirous of contracting with the Hospital to provide acute care psychiatric inpatient services to adult residents of its catchments area who are in need of acute care treatment for mental illness, and

WHEREAS, the hospital has inpatient facilities and staff, which can provide such services in a safe, locked, acute psychiatric unit to referred patients, and has agreed to accept appropriate referrals for inpatient care.

NOW, THEREFORE, it is hereby mutually agreed by and between the parties of this Service Contract as follows:

1. **TERM:** The initial term of this Service Contract shall be for the period of July 1, 2008 to June 30, 2009, and may be automatically renewed each year unless indicated otherwise in writing at any time by either party, with a 30 day notice.
2. **SERVICES:** The Hospital agrees to provide all-inclusive services, including inpatient, psychiatry, laboratory, and pharmacy, to mutually agreed upon patients that are initially referred by the Center, in a manner that is consistent with the community's prevailing psychiatric practice, as space is available on a first come, first served basis.
3. **MEDICALLY STABLE:** All patients referred by the Center must be considered medically stable before they are accepted for treatment by the Hospital. While all patients routinely receive a physical and psychiatric evaluation upon admission to the Hospital, it is understood that this Service Contract pertains to the provision of mental health services only, and that the Hospital will accept only patients with no acute major medical problems for treatment under this Service Contract.
4. **CONTINUITY OF CARE:** The hospital and Center agree to expend all necessary efforts to promote continuity of services. The Center will have a designated staff person who will have regular telephonic contact and/or meetings with designated Hospital staff in order to evaluate the status of referred patients and to facilitate discharge planning. The Hospital agrees to initiate all discharge planning activities for Center referred patients with Center personnel.
5. **MEDICAL RECORDS:** Appropriate patient records will be readily transferable (subject to state and federal statutes) between parties at no charge when a patient is referred and admitted to the other party. The referring party previously responsible for the care of the patient will also be readily available to provide consultation and other assistance to the staff of the receiving party, and vice versa.
6. **LICENSING:** The Hospital's program services shall be licensed by the Arkansas Department of Health, Division of Facility Services, which shall meet their regulations for program structure and facility design. The Hospital will also continue JCAHO accreditation.
7. **INDIGENT CONTRACT SERVICES:** The Hospital agrees to provide inpatient psychiatric treatment for indigent patients referred by the Center at an all-inclusive rate of \$475 per day. The Center agrees to pay this per diem rate of \$475 per day for as long as

the patient remains in the hospital, and such treatment is clinically necessary as determined by a Center designee through a routine Utilization Review process.

8. **UTILIZATION REVIEW:** The Hospital shall cooperate with the Center's management of its inpatient days. The Center shall apply its utilization review protocol and provide authorizations in accord with this protocol and the Hospital agrees to abide by that protocol. In the event that the Center designee denies treatment and the Hospital wishes to request reconsideration of the denial, then the Hospital's representative shall contact the Center's Director of Outpatient/Emergency Services for the purpose of reconsidering payment for treatment for the patient. In considering such requests for consideration, the Center shall apply the utilization review protocol. The Hospital and Center agree that admissions from the Center will generally be approved for a maximum of three (3) days except for 23 hour stays for the purpose of differentially diagnosing between mental illness and substance abuse as the primary diagnosis (any such stay for 23 hours or less shall be subject to the entire per diem rate). The Center designee prior to admission shall set a review date. It is the Hospital designee's responsibility to attempt to contact by telephoning the Center designee for case review purposes. Notwithstanding, if indigent patient days are incurred beyond authorized days because of delays caused by or required by the Center, the Center will continue to pay at the per diem rate until the authorization matter is resolved. The mutual objective will be for the minimum necessary length of stay.
9. **PAYMENT FOR SERVICES:** The Hospital agrees to be responsible for obtaining payment from the referred patient and all appropriate third party payers for services rendered under this agreement. The Center agrees to remit payment for each authorized indigent patient stay within thirty (30) days following invoice by the Hospital pursuant to paragraph seven (7) of this agreement.
10. **NON-SOLICITATION/HIRING:** The Hospital agrees not to hire any Center staff during the term of this contract, and for three (3) months after this contract is terminated for cause or without cause.
11. **TRANSPORTATION:** The Hospital agrees to facilitate transportation to the Arkansas state Hospital as well as to and from civil commitment court in the appropriate county of jurisdiction for civil commitment hearings.
12. **INVOLUNTARY/COMMITMENTS:** The Hospital agrees to provide follow up as the law permits/directs for involuntary committed patients, and will arrange for such (as courts direct or permit) in accordance with Arkansas acts: 861 (sections 5, 9 and 10) 10 and 911.
13. **RELATIONSHIP OF PARTIES:** The relationship of the Hospital to the Center shall be that of any independent contractor.
14. **INDEMNIFICATION:** Each party indemnifies and holds each other harmless from and against any and all liability, loss, damage, claim of cause of action and expenses connected therewith (including reasonable attorney's fees) caused or asserted to have been caused, directly or indirectly, by the negligent or willful acts of omissions of the indemnifying party in the performance of this agreement.
15. **PROGRAM RULES:** Center staff agrees to abide by the Hospital policies and procedures regarding treatment at the hospital.
16. **MEDICATION ACCESS PLANNING:** The Hospital will provide assistance and planning for post-discharge medication access whenever possible via MD/pharmaceutical company programs in cooperation with the Center as indicated.

17. **MODIFICATIONS:** Any modification or changes to this agreement must be made in writing and provide by both parties. Notwithstanding, the Hospital may change the indigent contract per diem rate in paragraph seven (7) with forty (40) day written notice to the center.

18. **TERMINATION:** Either party may terminate this agreement with thirty (30) days written notice to the other party with or without cause.

IT WITNESS WHEREOF, this Service Contract has been executed as of the date and year first written above.

UHS of Benton dba Rivendell Behavioral  
Health Services of Arkansas  
100 Rivendell Drive  
Benton AR 72019

Western Arkansas Counseling

Signature: \_\_\_\_\_



Printed Name: Scott Williams


Title CEO/Managing Director

Signature: \_\_\_\_\_



Printed Name: Michael T. Worky

Title: \_\_\_\_\_



# St. Vincent Doctors Hospital

RECEIVED FEB 6 3 2009

To: Michael Worley  
Executive Director  
Southwest Arkansas MHC

From: John Downes M.D.  
Medical Director  
St. Vincent Center for Behavioral Health

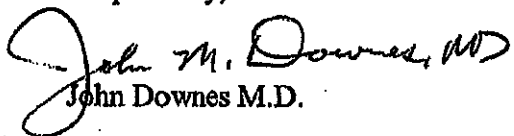
Re: Stabilization Services

Dear Mr. Worley,

Please be advised by this letter that St. Vincent Center for Behavioral Health agrees to enter a non-binding agreement to provide stabilization services for dual diagnosis clients from your facilities who are in need of such care. It is further agreed that St. Vincent Center for Behavioral Health will be reimbursed for above services at the rate of \$465 per day up to but not exceeding a maximum of 5 days.

St. Vincent Center for Behavioral Health is pleased to be able to provide these services to you and looks forward to an ongoing relationship with your facility. If you have further questions please do not hesitate to contact Don Althoff, Program Manager, at 690-9948.

Respectfully,

  
John Downes M.D.



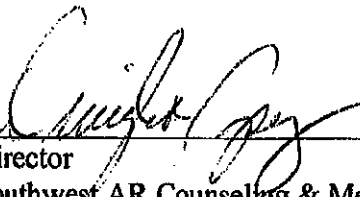
First Addendum

This First Addendum is made this 13<sup>th</sup> day of November, 2003, by and between HSC Medical Center, PsychHealth and Southwest Arkansas Counseling and Mental Health Center.

Whereas, HSCMC and Southwest Arkansas Counseling and Mental Health Center entered into an agreement on 10/28/03 and whereas the agreement was understood, the following is removed and replaced with the following:

- # 2 Inpatient psychiatric services for both voluntary and involuntary psychiatric clients, upon bed availability in the unit, referred by Southwest Arkansas Counseling and Mental Health Center.
- # 7 Admission Criteria – HSC Medical Center will admit clients who have treatable mental disorders as found in the DSM IV and meets PsychHealth's admission criteria.
- # 9 This contract may be terminated by either party without cause be providing thirty (30) days' written notice to the other party.

All other parts of the agreement shall remain in full force and effect.

  
\_\_\_\_\_  
Director 11-21-03 Date  
Southwest AR Counseling & Mental Health Center

\_\_\_\_\_  
CEO HSC Medical Center Date





RECEIVED  
11/19/97

### Contract

By this proposal, an agreement would be entered into by the Southwest Arkansas Counseling & Mental Health Center and HSC Medical Center, with the following provisions for the indigent patient:

1. For those patients who have no available funding, Southwest Arkansas Counseling & Mental Health Center would agree to reimburse HSC Medical Center at a per diem rate of \$400.00 per day and to pay the physician directly \$35.00 per day that the physician sees the patient and documents observation/treatment in the physician's progress notes of the specific chart.

2. HSC Medical Center would agree to provide the following services:

- In-patient psychiatric services for both voluntary and involuntary psychiatric clients referred by Southwest Arkansas Counseling & Mental Health Center.
- A safe, locked, acute psychiatric unit within the general hospital.
- Transportation from hospital at time of discharge may be available if not available by referral source/client.
- Meals and snacks.
- Nursing assessment within one (1) hour of admission by an R.N.
- Medical history and physical within twenty-four (24) hours of admission by an M.D.
- Psychiatric evaluation within twenty-four (24) hours of admission by a psychiatrist.
- Biopsychosocial assessment within sixty (60) hours of admission by a Social Worker.
- Recreational and therapeutic activities assessment within three (3) days of admission by a CTRS.
- Pharmacological therapy, individual and group psychotherapies.
- Routine laboratory radiology testing and other ancillary services as ordered by the physician.
- HSC Medical Center will provide Southwest Arkansas Counseling & Mental Health Center with the following information within three (3) days of discharge via fax:

- History and Physical
- Psychosocial Evaluation
- Nursing Discharge Summary (to include medication)
- Pertinent Lab/X-Ray Reports
- Physician's Progress Notes (from admit to discharge)(when available)

3. Southwest Arkansas Counseling & Mental Health Center Agrees: that the HSC Medical Center will receive different pay source clients from the Southwest Arkansas Counseling & Mental Health Center.  
HSC Medical Center agrees: to return the patient to the services of Southwest Arkansas Counseling & Mental Health Center when appropriate, for post-discharge treatment, whether or not their inpatient care is paid for under this agreement.
4. Indemnity – Southwest Arkansas Counseling & Mental Health Center – hereby indemnifies and holds HSC Medical Center harmless from and against any and all liability, loss, damage, claim or cause of action, and expenses, connected therewith (including reasonable attorney’s fees) caused or asserted to have been caused, directly or indirectly, with or without regard to fault, as a result of services provided by Southwest Arkansas Counseling & Mental Health Center in this agreement.
5. Indemnity – HSC Medical Center – hereby indemnifies and holds Southwest Arkansas Counseling & Mental Health Center harmless from and against any and all liability in loss damage, claim or cause of action, and expenses connected therewith (including reasonable attorney’s fee) caused by asserted to have been caused, directly or indirectly, with or without regard to fault as a result of services provided by HSC Medical Center in this agreement.
6. Length of Stay Approval – HSC Medical Center and Southwest Arkansas Counseling & Mental Health Center agree that indigent admissions from Southwest Arkansas Counseling & Mental Health Center will be initially approved for a maximum of seven (7) days. It will be the responsibility of HSC Medical Center to contact the Southwest Arkansas Counseling & Mental Health Center designee for case review on or around the fifth (5<sup>th</sup>) day and to discuss for possible contract extension for length of stay, when needed.

If HSC Medical Center and Southwest Arkansas Counseling & Mental Health Center designee disagree on needed length of stay for a Patient, Southwest Arkansas Counseling & Mental Health Center agrees to allow further case review between HSC Medical Center attending psychiatrist and Southwest Arkansas Counseling & Mental Health Center physician. No further appeal will occur beyond this review.

It is agreed that while the HSC Medical Center attending psychiatrist assumes full responsibility for discharge decisions, Southwest Arkansas Counseling & Mental Health Center will only be responsible for treatment days approved by Southwest Arkansas Counseling & Mental Health Center.

7. Admission Criteria – HSC Medical Center will admit clients who have treatable mental disorders as found in the DSM IV. While admissions must be approved by the Medical Director of the Psychiatric Unit, admission will not be unreasonably denied with the following exceptions:

- A. Lack of available bed.
- B. No person under the age of eighteen (18) years will be admitted
- C. Medically unstable

- D. Patient with severe head trauma requiring frequent neurological assessments, e.g., suspected subdural hematoma.
- E. Patient with unstable cardiac condition, such as a heart block.
- F. Patient in a coma
- G. Patient in a hypertensive crisis.
- H. Patient who is septic.

The following would need to be assessed individually to determine appropriateness for admission to the psychiatric program:

- A. Patients with severely infected wounds.
  - B. Patients with acute thyroid problems.
  - C. Patients with communicable diseases.
  - D. Patients requiring continued I.V. therapy beyond twenty-four (24) hours post-admission.
8. Treatment Plan/Discharge Planning – Southwest Arkansas Counseling & Mental Health Center agrees to provide input into treatment planning and discharge planning by phone conference and/or attendance at the treatment team meetings whenever possible.

HSC Medical Center also agrees to return the patient to the services of Southwest Arkansas Counseling & Mental Health Center and, when appropriate, for post-discharge treatment.

9. Time limit of Agreement – This contract shall be in force from date of signing for a period of twelve (12) months. This contract may be voided by either party with a thirty (30) day written notice at anytime throughout the contract period.

\_\_\_\_\_  
ADMINISTRATOR, HSC MEDICAL CENTER

\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
CLINICAL DIRECTOR

8-25-03  
DATE

SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER

**E.5. STAFFING REQUIREMENTS. Describe your company's staffing plan for the Region you are proposing to provide services.**

It is the policy of SWACMHC to hire sufficient numbers of personnel with qualifications necessary to meet the needs of the communities it serves. While there is a great deal of room for flexibility and innovative use of personnel, especially paraprofessionals, the Center maintains sufficient mental health professionals, paraprofessionals and support staff to assist clients in meeting their desired outcomes, ensure the safety of clients, respond appropriately to unplanned absences of personnel, and to meet the performance expectations of the Center.

SWACMHC strives toward continuous quality improvement of care with ongoing efforts to upgrade the skills of Center employees through intensive training and supervision. Initially, employees receive live training which includes the following topics during their orientation:

- General Policies and Procedures
- Organizational Code of Ethics and Mission Statement
- HIPAA Compliance
- AED Training
- OSHA Safety Training (including Blood borne Pathogens)
- Corporate Compliance

The Center has a contract with Relias Learning in order to provide additional initial and ongoing education which is provided online. The following is a list of required courses upon hire and annually:

- Bioterrorism
- Client/Patient Rights
- Confidentiality and HIPAA
- Corporate Compliance and Ethics
- Cultural Diversity
- Customer Relations
- Emergency Preparedness
- Fire Safety
- Security- Workplace Violence
- Variance Reporting
- Promoting Recovery in Mental Health
- Sexual Harassment/Discrimination Prevention
- Abuse

Qualified Behavioral Health Professionals (QBHP's) must also initially become certified as a QBHP and complete the Relias course titled, "Case Management."

Depending on the person's position within the organization, he or she may be required to complete first aid and CPR training and maintain certification. Persons who have been approved to drive Center vehicles must complete annual defensive driving courses online through the Center's insurance carrier.

Each mental health professional and paraprofessional has an administrative supervisor and a clinical supervisor. Administrative supervisors are usually program directors or site directors who provide supervision and direction as necessary. Administrative supervisors complete yearly employee evaluations which include a performance appraisal of core competencies and productivity.

Communication between an MHP and the MHP's clinical supervisor must include each of the following at least every twelve (12) months:

1. Assessment and referral skills, including the accuracy of assessments;
2. Appropriateness of treatment or service interventions in relation to the client needs;
3. Treatment/intervention effectiveness as reflected by the client meeting individual goals;
4. Issues of ethics, legal aspects of clinical practice, and professional standards;
5. The provision of feedback that enhances the skills of direct service personnel;
6. Clinical documentation issues identified through ongoing compliance review;
7. Cultural competency issues;
8. Suicide risks
9. All areas noted as deficient or needing improvement.

Documented client-specific face-to-face and other necessary communication regarding client care must occur between each MHP's supervisor and the MHP periodically (no less than every ninety (90) calendar days).

Qualified Behavioral Health Professional (QBHP) supervision must conform to the requirements for MHP supervision except that all requirements must be met every six (6) months, and one or more licensed health care professional(s) acting within the scope of his or her practice must have a face-to-face contact with each QBHP for the purpose of clinical supervision at least every fourteen (14) days, must have at least twelve (12) such face-to-face contacts every ninety (90) days, and such additional face-to-face contacts as are necessary in response to a client's unscheduled care needs, response or lack of response to treatment, or change of condition.

Providers must establish that QBHP supervision occurred via individualized written certifications created by a licensed mental health professional and filed in the provider's official records on a weekly basis, certifying:

- 1.) That the licensed mental health professional periodically (in accordance with a schedule tailored to the client's condition and care needs and previously recorded in the provider's official records) communicated individualized client-specific instructions to the mental health paraprofessional describing the manner and methods for the delivery of paraprofessional services;
- 2.) That the licensed mental health professional periodically (in accordance with a schedule tailored to the client's condition and care needs and previously recorded in the provider's official records, but no less than every 30 days) personally observed the mental health paraprofessional delivering services to a client; that the observations

were of sufficient duration to declare whether paraprofessional services complied with the licensed mental health professional's instructions;

- 3.) The date, time, and duration of each supervisory communication with and observation of a mental health paraprofessional.

SWACMHC strives to ensure all employees are good stewards of state and federal funds through initial and ongoing training regarding behavioral expectations, changes in payer requirements, ethics, and corporate compliance. From time to time, if the need arises, the Director of Quality Assurance will ask that a supervisor require an employee to complete a refresher course or undergo remediation.

The Center has been innovative and creative in terms of ensuring on-going staff development through the use of web conferencing and email publications. The web conferences have been recorded and archived for future use. This has allowed the Center to respond in a timely manner to any requests for corrective action as a result of any inspections of care or audits.

The management and board of SWACMHC prides itself in being one of the few behavioral health care organizations which still grants educational leave and still subsidizes the majority of educational expenses for its employees. SWACMHC has focused on assisting providers in obtaining training and/or certification in evidence based practices.

All clinical supervision is tracked by the Clinical Director. Training is tracked by Human Resources on the Relias website. Relias automatically sends out training reminders to supervisors and employees.

## Southwest Arkansas Counseling and Mental Health Center, Inc. STAFF ORIENTATION CHECKLIST

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Job Title/Location: \_\_\_\_\_

**All items below, except for Violence Prevention training, must be completed with the employee's first month of employment.**

By my signature below, I confirm that the employee named above has participated in a formal, new employee orientation process that included:

- Introduction to the Executive Director;
- Overview of Center's mission statement; philosophy, programs, geographic service area and accreditation/licensure status;
- Explanation of the organization's policy on client rights, grievances, and seclusion and restraint;
- Explanation of pay and benefits;
- Explanation of travel claims, time sheets, and other administrative requirements;
- Introduction to employee's supervisor;
- Review of the General Policies and Procedures Manual;
- Discussed completion of Relias Learning courses within first six months:
 

<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Cultural Diversity
<input type="checkbox"/> HIPAA for Healthcare Prof.	<input type="checkbox"/> Client/Patient Rights
<input type="checkbox"/> Variance/Error Reporting	<input type="checkbox"/> Case Management Basics
<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Corp. Compliance & Ethics
<input type="checkbox"/> Emergency Preparedness	<input type="checkbox"/> Bioterrorism
<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Defensive Driving
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Abuse
<input type="checkbox"/> Promoting Recovery in Mental Health Treatment	
- Received copies of Center Policies and Procedures regarding:
  - Person and family-centered services
  - Rights and responsibilities of the persons served
  - Expectations regarding professional conduct
  - Reporting of incidents and adverse events
- Review of CARF accreditation requirements specific to employee's duties;
- Review of the Center's Code of Ethics and Corporate Compliance Policy;
- Completion of an "Acknowledgement of Receipt of Corporate Compliance Policy", with original to the Human Resource Manager, and a copy to the Compliance Officer;
- Employee job description signed which details specific job duties and performance expectations, with return of the signed job description to the Human Resource Manager (employee retains a copy);
- Completion of training in violence prevention first time course is offered;  
Completion Date: \_\_\_\_\_

## STAFF ORIENTATION CHECKLIST (cont.)

Other items discussed (if applicable)

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Name of person conducting orientation: \_\_\_\_\_

Signature of person conducting orientation: \_\_\_\_\_

**Employees may NOT be removed from probationary status until orientation is completed and signed by the employee's immediate supervisor.**

Name of employee's supervisor: \_\_\_\_\_

Signature of employee's supervisor: \_\_\_\_\_

\*\*\*\*\*

By my signature below I acknowledge that I have participated in a new employee orientation process that included the items outlined above. I acknowledge that I have been given access to the Center's current Policies and Procedures Manual, and that it is my responsibility as an employee of the Center to read the entire manual, become familiar with its contents and act in accordance with the manual at all times. Finally, I acknowledge that I have reviewed my job description, discussed my job responsibilities with my supervisor and/or Program Director and have received a copy of my job description as of this date.

Signature of new employee: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 3/13



**E.6.A. Describe your company's policies and procedures related to client records and record retention...**

Southwest Arkansas Counseling and Mental Health Center, Inc. has utilized an electronic health record (EHR) since 2012. Credible Behavioral Health Software is a HIPAA-compliant, Meaningful Use Stage III-certified Electronic Health Record provider. It adheres to MIPS, the Merit Based Incentive Payment System, that adjusts payments based on performance in four performance categories: quality, cost, promoting interoperability, and improvement activities.

All medical records are either created electronically or scanned and stored electronically in the Credible software. Implementation of this software greatly reduced the Center's risk and increased its compliance rate due to various features within the software program such as not allowing services to be billed unless appropriately documented. Its search capabilities are robust enough to identify every progress note which contains a certain string of characters (i.e., suicidal).

Credible has worked with the Arkansas DAABHS in order to assist its member organizations in reporting data to DHS in the DHS-approved format and timeframe. SWACMHC is, thus, able to respond to any reporting request in a timely manner and is able to provide state auditors with requested client records electronically within minutes.

Since 2012, client records have been cloud-based with Credible, existing on Credible servers with back-up servers located on the west coast and the east coast, thus allowing the Center to demonstrate an excellent disaster recovery plan.

The Center's policies regarding the following are attached:

- Records of the Persons Served-General Policies and Procedures
- Transporting Medical Records
- Medical Record Storage
- Use and Disclosure of Records Without Required Consent
- Forms Authorizing Release of Information

**SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.**

<b>Policy Area:</b> <i>Records of the Persons Served</i>	<b>Subject:</b> <i>Records of the Persons Served-General Policies and Procedures</i>
<b>Effective Date:</b> <i>1-21-16</i>	<b>Policy #:</b> <i>REC-1</i>
<b>Revision Date:</b> <i>1-21-16</i>	<b>Page #</b> <i>1 of 2</i>
<b>Additional Authority:</b> <i>CARF 2.G., HIPAA</i>	<b>Review Date:</b> <i>1-21-16</i>

1. Center staff members strive to communicate information in the client record in a manner that is organized, clear, complete, current and legible. The Center strives to ensure that all staff members have access to up-to-date electronic equipment as the state-of-the-art moves toward electronic records. The Center currently maintains an electronic record of all services, with few exceptions. In all cases, it is expected that a printed copy of each document is maintained in the paper record.

2. All documentation is signed by the provider. Electronic documentation is signed electronically; paper documentation is signed manually. Signatures of clinical documentation include the name and credentials of the provider.

3. The individual client record includes:

- a. Date of admission.
- b. Name, address and telephone number of the client's legal guardian or representative (when applicable).
- c. Name, address and telephone number of an emergency contact person.
- d. Name of the person coordinating services (primary therapist).
- e. The location of any other records that may exist on the client.
- f. Name, address and telephone number of the client's primary care physician (when applicable).
- g. Healthcare reimbursement information.
- h. The client's:
  - (1) Health history.
  - (2) Current medications (if any).
  - (3) Record of pre-admission screening, when conducted, or the Request for Services.
  - (4) Documentation of client orientation.
  - (5) Assessments (Diagnostic Assessment, evaluations, and screenings).
  - (6) Master Treatment Plan and Master Treatment Plan Reviews
  - (7) Transition/discharge plan, when applicable.
- i. A discharge summary for all clients who have terminated services with the Center.
- j. Copies of any correspondence.
- k. Appropriate information release forms.
- l. Documentation of internal and external referrals (when applicable).

4. It is the policy of the Center that the Master Treatment Plan is completed by the primary therapist and signed by the psychiatrist within fourteen days of the initial service, and the Master Treatment Plan Review is signed by the staff psychiatrist within fourteen days of completion.

5. Duplicate files are not maintained at Center service sites. Case managers may maintain copies of the client's Master Treatment Plan as a tool to ensure they are providing needed services. The copies of the Master Treatment Plan are secondary documents that are used for information only. Case managers have been trained in confidentiality and are required to maintain the information in a manner that protects confidentiality.

<b>Policy Area:</b> <i>Records of the Persons Served</i>	<b>Subject:</b> <i>Records of the Persons Served-General Policies and Procedures</i>
<b>Effective Date:</b> <i>1-21-16</i>	<b>Policy #:</b> <i>REC-1</i>
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<b>Additional Authority:</b> <i>CARF 2.G., HIPAA</i>	<b>Review Date:</b> <i>1-21-16</i>

6. Paper client records are maintained in the Center facility where the services are rendered, with the exception of part-time locations and school-based sites. These records are housed in the home site out of which their staff members operate. The electronic medical record is available from any site with electronic access to the Center's network. The Center has strict measures in place to ensure confidentiality when records are accessed electronically.

7. Access to the Center's records is limited to the specific Center program and administrative staff members that are required to provide services and to complete necessary documents within the client record. The paper records are housed in areas that are double secured after normal working hours, and during weekends and holidays. Clinical records are filed by case number, and access to a name indexing system is available only through the electronic database.

8. All records are stored and archived on the premises of the Center, and were historically microfilmed three years after the date of termination of services. Current policy and procedure is that records are optically scanned by Center staff and stored in the Center's electronic network, with backup copies stored at a minimum of two Center locations. Microfilmed records are kept in a permanent file in the Texarkana office medical records area. Electronic records are stored on the Center's network, and backup files are maintained in a secure location offsite.

9. The confidentiality of client records is provided by safeguards for the physical integrity of the record, and by releasing client records only with the consent of the client (or the client's legal representative), or pursuant to a court order. Applicable state and federal laws govern the release of confidential client information. This policy specifically includes required compliance with the Health Insurance Portability and Accountability Act and all other applicable laws, statutes, codes and regulations.

10. Every service provided to a client is documented. Diagnostic Assessments, psychological reports, Single Point of Entry screenings, Master Treatment Plans and Reviews and other services have specific reporting formats. Progress notes are generated for each therapy session, collateral effort or other activity that is billed and not otherwise documented. Progress notes are also generated when significant events transpire that warrant documentation.

11. All services must be documented by the end of the next working business day. This may be accomplished either by direct entry into the electronic medical record, handwritten completion of standardized forms, or dictation on approved equipment. Providers will not submit billing documents until services are documented by one of the above methods. If documentation is to be placed in the paper record, it will be filed in the record within two weeks of service delivery.

SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

<b>Policy Area:</b> <i>Rights of Persons Served</i>	<b>Subject:</b> <i>Transporting Medical Records</i>
<b>Effective Date:</b> <i>1-21-16</i>	<b>Policy #:</b> <i>R-4</i>
<b>Revision Date:</b> <i>1-21-16</i>	<b>Page #</b> <i>1 of 1</i>
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**Policy**

It is the policy of the Center that records containing protected health information (PHI) are transported in securely sealed containers to protect the confidentiality of the records and the persons served. A "chain of custody" plan shall be used in describing accurately and completely all the steps in the records custody chain during the movement of records from one site to another. Safeguards for transporting records include, but are not limited to the following procedures:

- **Originating Site Information** – The sender shall provide information as to the current location of the records and the contact person responsible for the transportation arrangements. The sender shall notify the receiver that the records will be transported and coordinate arrangements prior to actually transporting records from one facility to another.
- **Records Category** – The reason for the transfer will be clearly indicated for all medical records transported between facilities, (i.e., transfer of active case, administrative review, to be scanned and archived, off-site storage).
- **Transportation and Chain of Custody Information** – The sender shall complete a *Medical Records Transport Form* identifying the destination office, quantity of records/boxes being transported, and a complete description or inventory of the records being transported. The staff member transporting the records will verify the inventory and sign and date a copy of the inventory for the sender. A copy of the Transport form will also be provided to the receiver. The final destination of the records will be identified on both the Transport Form and the container(s) used to transport the records.
- **Destination Certification** – All records and boxes transported will be verified against the *Medical Records Transport Form* at the destination or receiving office. The receiver shall sign and date a copy of the *Transport Form* for the sender.
- **Originating Site Confirmation** – The sender will sign, date and file the original *Medical Records Transport Form* after the "chain of custody" has been completed.

Client records are stored in areas that allow for protection from fire and water damage, and from other hazards.

SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

<b>Policy Area:</b> <i>Rights of Persons Served</i>	<b>Subject:</b> <i>Medical Record Storage</i>
<b>Effective Date:</b> <i>1-21-16</i>	<b>Policy #:</b> <i>R-5</i>
<b>Revision Date:</b> <i>1-21-16</i>	<b>Page #</b> <i>1 of 1</i>
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- a. Records of closed cases are kept on the premises of the offices in which services were delivered. After two years (1 year) of inactivity, the records are sent to the designated office for archiving. Older records are stored on microfilm or optical storage media; new records are stored in the Center's Electronic Medical Record (EMR). Microfilm records and optical media are stored in the client records room in the Texarkana office. Electronic clinical and administrative records are maintained on the network for rapid retrieval. Closed records are also maintained in an archived format. Data is password protected and only authorized personnel are given access to these files. The Center utilizes a multi-level password security system to protect data access.

The Center has terminated the use of optical storage as of Fiscal Year 2008. All records are now maintained in the Center's EMR. Documents requiring a physical signature are stored in the paper version of the record and, upon closure, are stored in a secured storage locations maintained by the Center.

Records backed up through the optical storage system are copied in triplicate, with each copy stored in a separate, secure location.

- b. All electronic data files are archived daily by authorized personnel and back-up files are maintained offsite. A ten-day rotation is utilized to insure the retrieval of 10 business days of data.

Network profiles of individuals who have system access are also maintained offsite and attempted security breaches are monitored. Remote access is limited and provided on an as-needed basis. Remote access to files, folders, documents and libraries is also monitored.

- (1) Client records that have been backed up through the optical storage system described above are routinely shredded after successful backup is confirmed.
- (2) The Center takes measures to protect electronic records from destruction in the event of litigation by securing the data on alternative types of electronic media, (i.e. compact discs accessible via appropriate authorizations). No clinical record stored on electronic media is ever intentionally destroyed. A complete history of each electronic record is maintained. Should litigation be initiated prior to the archiving of the record, the archiving process may still be completed, but the physical record will not be destroyed until litigation is completed.
- (3) All records are maintained and stored in accordance with applicable state and federal standards.

**SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.**

<b>Policy Area:</b> <i>Rights of Persons Served</i>	<b>Subject:</b> <i>Forms Authorizing Release of Information</i>
<b>Effective Date:</b> <i>1-21-16</i>	<b>Policy #:</b> <i>R-7</i>
<b>Revision Date:</b> <i>1-21-16</i>	<b>Page #</b> <i>1 of 1</i>
<b>Additional Authority:</b>	<b>Review Date:</b> <i>1-21-16</i>

- (1) All forms authorizing release of confidential information shall comply with applicable state and federal laws, including, but not limited to, those listed above.
  
- (2) Written authorization shall contain detailed, specific information directing the release of information. Authorizations shall specifically include the following:
  - Name and address of facility
  - Name of the person served
  - Person or organization/company to whom the information is being released.
  - Purpose of the disclosure (i.e., support information for an insurance claim) *Release of information that is not essential to the stated purpose of the request is specifically prohibited.*
  - Signature of the person served or duly authorized representative.
  - Date signed (date cannot precede the time period of the treatment dates for which information is to be released; date shall be reasonably current).
  - Date and/or conditions under which the authorization expires (not to exceed one year, except in special circumstances, such as parole, probation requirements).
  - Information to be released (i.e., episode of care covered, treatment and/or procedure, specific test results, summary of most recent hospitalization, summary of all inpatient and outpatient care) *Authorizations specifying "any and all information" or other such broadly inclusive statements may not be honored unless accompanied by subpoena or court order. Authorizations that do not specifically identify the agency, type of information and purpose of release, "blanket releases", are strictly prohibited.*
  - Form in which information is to be released (i.e., written, verbal, audio, video, electronic, etc.).
  - Information as to how and when the authorization can be revoked.
  - The signature of a witness to the person served or duly authorized representative is required.

To assist in obtaining the necessary information, an approved authorization form shall be used as far as possible. Letters and alternative forms for any and all information shall be honored provided the required elements are included. The Southwest Arkansas Counseling & Mental Health Center, Inc. will correspond with the person making the request to obtain a listing of the specific information desired.

**E.7 Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.**

The following is the Center's policy and procedure regarding the system for handling complaints and appeals, and cooperating fully with the processing of any complaint or appeal. This policy and procedure is reviewed and approved annually by the Center's board of directors. It has also been accepted by surveyors from CARF International which is our accrediting body. All forms concerning complaints and grievances can be provided to clients in Spanish.

*"It is the Center's belief that most complaints can be resolved without the necessity of pursuing the formal grievance procedure. Clients who feel that their rights have been violated, or who wish to appeal a decision made by Center staff, may register their complaints orally or in writing with the manager of the location in which they are receiving services. Should the manager and client be unsuccessful at resolving the issue, the client is encouraged to call or see the Chief Financial Officer or Clinical Director, depending on the nature of the complaint. Should the complaint not be resolved at this level, the client is informed of his/her right to file a grievance and the procedure for doing so. Clients who are unable to write will be assisted in filing their grievances by the support staff or by a clinical staff member/advocate, if appropriate. The designated advocate in each location, unless otherwise designated, is the site manager. The client is assured of the Center's "no retaliation" policy, meaning that the staff members are not allowed to retaliate against a client in any way for filing a grievance.*

*The grievance procedure is posted in each service location. The following procedures apply:*

*Client complaints and dissatisfactions are discussed orally at the initiative of the client or therapist/s. Attempts are made to resolve the complaint at the informal level by the local manager, or by the Chief Financial Officer or Clinical Director, depending on the nature of the complaint.*

*If the complaint cannot be resolved through this process, the client is informed of his/her right to file a grievance. The grievance should be filed in writing; a form is available at each service location. The written grievance is turned in to the local manager (Clinic Director, Site Manager). The client is given an appointment with the Clinic/Program Director within two weeks.*

*The client and Clinic/Program Director meet to discuss the grievance. If the grievance is resolved, the Clinic/Program Director summarizes the grievance and its resolution in writing, and the client and the Clinic/Program Director sign this summary. The original is sent to the Clinical Director, with copies to the client, the Clinic/Program Director, the Executive Director, the Continuing Quality Improvement/Quality Assurance (CQI/QA) Committee and other staff members involved in the client's services. A copy is also included in the client record.*

*If the Clinic/Program Director cannot resolve the grievance, the client may take the issue to the Clinical Director, within two weeks, and to the Executive Director within two weeks after that. In each case, the responsible staff member or committee chair summarizes the results as documented above.*

*In the event that the Executive Director cannot resolve the grievance to the satisfaction of the client, the client has the option to ask that the Program Committee of the Board of Directors review the grievance for resolution. Finally, Center clients have the right to seek grievance redress through the Department of Human Services, Division of Mental Health Services, or through Advocacy Services in Little Rock.*

*Clients who receive services funded by the Arkansas Bureau of Alcohol and Drug Abuse Prevention (BADAP) also have the right to contact that agency directly should the Center's internal grievance process prove unsatisfactory in addressing the grievance.*

*In no circumstances will filing a grievance result in retaliation or barriers to services."*



## SUMMARY OF CLIENT GRIEVANCE

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of occurrence of incident(s) you wish to complain about:

\_\_\_\_\_

Please describe your complaint as specifically as possible. If you need more space, write on the back of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What remedy do you seek? (What do you want the Center to do about your complaint?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing Complaint

\_\_\_\_\_  
Printed Name of Person Filing Complaint

**SOUTHWEST ARKANSAS COUNSELING AND  
MENTAL HEALTH CENTER, INC.  
CUSTOMER COMPLAINT FORM**

Date: \_\_\_\_\_ Agency Site: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Name of Person Making Complaint: \_\_\_\_\_

Method of Complaint: \_\_\_\_\_ Personal interview      \_\_\_\_\_ Written correspondence  
                                  \_\_\_\_\_ Phone Call                                    \_\_\_\_\_ Website

Summary of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Section below is to be completed by the Designated Client Advocate (Site Manager)*

-----  
Name of Designated Client Advocate (Site Manager): \_\_\_\_\_

Corrective Action Person(s): \_\_\_\_\_

First Response Corrective Action: \_\_\_\_\_

What steps should be taken to avoid a repeat of the problem? \_\_\_\_\_

\_\_\_\_\_

*Section below to be completed by Continuous Quality Improvement/Quality Assurance Committee (CQI/QA)*

-----  
Date complaint form presented to CQI/QA: \_\_\_\_\_

Corrective Action Follow-up: \_\_\_\_\_

\_\_\_\_\_

Dated Signature of CQI/QA Committee Chairperson: \_\_\_\_\_

*Date*

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## **E.8. QUALITY ASSURANCE**

Southwest Arkansas Counseling and Mental Health Center, Inc. has a Director of Quality Assurance and two Quality Assurance Specialists.

The Director of Quality Assurance is responsible for the primary administration of the Center's Quality Assurance system by coordinating and implementing specific standards of conduct regarding the services provided, as well as other general administrative duties, as assigned. The position requires licensure as a mental health professional in the State of Arkansas and at least five years of direct service delivery. Specific duties include the following:

1. Serves as the primary administrator for the Center's Quality Assurance procedures by implementing, monitoring, updated and reporting on quality assurance initiatives.
2. Performs implementation duties, including but not limited to: (a) disseminating policy, (b) receiving and maintaining quality assurance acknowledgement records of employees, (c) ensuring that clinical, financial and medical records personnel are aware of general quality assurance requirements, (d) coordinating the Center's response to *Inspection of Care Reviews and Corrective Action Plans/Implementation*, and (e) recommending internal changes as needed.
3. Recommends to and develops for the Executive Director an ongoing quality assurance training program for all employees and representatives of the Center, the specific level of technical training being determined by an individual's specific responsibilities – Board Member, clinical provider, billing and records employee, contractor or general staff.
4. Monitors quality assurance by performing the following duties: (a) conducting periodic, scheduled and unscheduled quality assurance reviews of service tickets, billings, medical charts, computer records, logs, etc. (b) evaluate adequacy of internal quality assurance controls, (c) review and approve all Initial Evaluations and Initial Evaluation updates (d) report a summary of quality assurance monitoring at least quarterly to the CQI/QA committee through the Executive Director.

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5. Represents the Center as assigned by the Executive Director when external quality assurance auditors, accreditation entities, regulators, or others review the policies, procedures and practices of the Center.

6. Chairs the Center's Utilization Review Committee, monitoring quality assurance of medical records by performing the following duties: (a) assign peer to peer reviews of medical records, (b) review the individual reports of each review, (c) address any quality assurance issues that arise from the review, (d) maintain documentation of such reviews, (e) report a summary of the Utilization Review findings at least quarterly to the CQI/QA committee through the Executive Director.

7. Advocates reasonable interpretations of quality assurance requirements, and assists the Center in the resolution of quality assurance ambiguities and apparent conflicts with other laws, regulations and accreditation standards.

8. Performs other duties as assigned by the Executive Director and/or the Clinical Director.

9. Assists the Clinical Director in accreditation efforts.

10. Compliance with all relevant laws, rules, policies and standards of conduct.

The Center also employs two Quality Assurance Specialists who serve on the Quality Assurance team to ensure service documentation meets all national, state and Center standards for quality documentation. The Specialist can be a qualified behavioral health professional with a minimum of one year experience. A bachelor's degree is preferred but not required. Specific duties include the following:

(1) Help to ensure the medical necessity is demonstrated in service documentation.

(2) Work to ensure accuracy and completeness of service documentation.

(3) Maintain an accounting of documents found to be in need of improvement in order to demonstrate conformance to all standards and policies.

(4) Maintain contact with service providers and appropriate supervisors regarding current quality assurance issues.

(5) Participate in Quality Assurance team meetings on a regular basis.

(6) Perform other quality assurance duties as assigned.

The Southwest Arkansas Counseling and Mental Health Center, Inc. is committed to a formal process to develop annual goals and objectives and to ensure continuity of services throughout the catchment area. To this end, the Center collects data from a variety of sources, including persons served, staff members, referral sources, community members, and other stakeholders.

### **Procedure**

1. Data collected by the Center is utilized in a way that targets information identifying: a) the needs of persons served; b) the needs of other stakeholders (staff, community members and others); and c) the business needs of the Center. The data is in a format that lends itself to comparative analysis internally, using a variety of parameters and variables, as well as statewide and nationally.
2. The Center strives to ensure that the data upon which it relies is reliable, valid, complete and accurate. This is accomplished in a variety of ways: a) The Center has made considerable investment in an information management system and continuously updates the products to make sure that it is up-to-date, accurate, reliable and secure; b) The Center works to ensure that as large a sample as possible is collected from persons served; c) The mailing list for the Community Survey is updated annually to provide for the most complete coverage of the Center's service area; and d) The Center subscribes to a nationally recognized information management service to provide for a consultative data review and analysis on an ongoing basis. This same system is also utilized by the Mental Health Council of Arkansas, of which the Center is a member, and the Arkansas Department of Health and Human Services, Division of Behavioral Health Services. The Center is an active participant in both of these efforts. The same data system is utilized by a large number of similar organizations across the United States and readily lends itself to comparative analysis on that level, as well.
3. In order to track progress, identify trends, establish meaningful budgetary plans, provide for appropriate allocation of resources and meet the needs of the communities it serves, Center management engages in a series of exercises designed for business function improvement. As part of this process, the Center:
  - a. Establishes performance goals for the Center, as a whole and for specific programs.
  - b. Measures performance indicators related to the goals, as well as other pertinent indicators that lend themselves to broader performance analysis.
  - c. Collects and analyzes data from:
    - (1) Financial information

- (2) Accessibility status reports
- (3) Resource allocation
- (4) Surveys
- (5) Risk analysis reports
- (6) Governance reports (maintained confidentially by the Executive Director and the governing board)
- (7) Human resource reports
- (8) Technology analysis report
  
- (9) Environmental health and safety reports
- (10) Field trends
- (11) Service delivery system

The Center incorporates the data from the sources into the strategic planning and annual budget analysis and preparation process. The result is the annual budget, the Strategic Plan and Performance Review, and the Basic Services Plan, all three of which are submitted to the Board of Directors for review, final input and subsequent adoption.

The Strategic Plan and Performance Review includes a review of business functions and service delivery. Included in the review is an assessment of effectiveness, efficiency, service access and satisfaction, as described in the section above. The review also addresses areas needing improvement, action plans to implement needed improvements and to reach goals, and changes made to improve performance. The information that is accumulated, and plans that are subsequently developed, are used to:

- a. Affirm that the Center's mission and core values are being addressed and implemented.
- b. Improve the quality of programs and services.
- c. Facilitate decision making and strategic planning by the Center.

Information from the Strategic Plan and Performance Review is prepared in a way that is meaningful for persons served, staff, and other stakeholders, and is made available to each of these groups.

Management works together to ensure that the information regarding performance improvement is accurate.

4. A variety of information is collected through the Center's system.
  - a. Data collected includes characteristics of the persons served.
  - b. Data is collected at various times, depending on the program. Data is collected:
    - (1) at the initiation of services.

- (2) at program-specific intervals during service provision.
  - (3) at the termination of services.
  - (4) at approximately 90 days after termination of services.
- c. Data collected provides measures of:
- (1) the effectiveness of services.
  - (2) the efficiency of service provision.
  - (3) service access.
  - (4) Satisfaction and other feedback from persons served and other stakeholders.
- d. The Center's data collection system addresses the following information relative to the indicators, as described below:
- (1) to whom the indicator will be applied.
  - (2) the method of data collection.
  - (3) Performance goals based on the Center's history, contractual performance indicators, and industry benchmarks provided through the contracted data analysis system and others.
  - (4) Extenuating/influencing factors are considered, and are generally incorporated into the Strategic Plan and Performance Review.

The Center's outcomes management system uses a "plain language" outcomes management questionnaire to gather outcomes data from clients in all programs. More critically, the outcomes questionnaire was specifically designed with the Center's clientele in mind, with questions phrased in such a way as to eliminate confusion for clients and ensure more accurate and valid responses. The system allows for comparative analysis of behavioral change and/or functional improvement over time and is standardized in the sense that all programs use the same basic outcomes management questionnaires. Each program attempts to administer outcomes management questionnaires at a minimum of four times during and after treatment; the measurement "points" for collection of outcomes data vary from program to program and are described as follows:

- All clients complete an outcomes questionnaire at intake, establishing a baseline for the measures;
- The second data collection takes place at varying times, depending on the program in which each client is being served:
  - ◆ Mental Health Outpatient and Substance Abuse Outpatient clients will be asked to fill out a questionnaire during specified weeks, during which all clients appearing for service are asked to complete the questionnaire;
  - ◆ Psychosocial Rehabilitation clients will be asked to fill out a questionnaire 6 months into treatment, and every six months thereafter



- ◆ Substance Abuse residential clients are asked to complete questionnaires two weeks into residential treatment.
- Another data collection episode occurs when the client's case is inactivated;
- The last data collection time is ninety days after closure in the MHOP and Psychosocial Rehabilitation programs and sixty days after closure for the Substance Abuse Residential program (River Ridge).
- Data regarding the Crisis Intervention program services are collected through input from the Community Needs Assessment questionnaire, billing and event data, documentation of crisis services provided, and statewide reporting data collected through the Division of Behavioral Health Services.

As previously described, data collection is achieved primarily through completion of outcomes management questionnaires. The historical experience of the Center has been that clients generally do not want to be contacted by phone and/or in person and, therefore, the Center's system relies heavily on the completion of questionnaires that are mailed to clients and former clients. The organization recognizes that the return mail rate for outcomes management questionnaires is "sub-optimal" and, therefore, considers the return rate as an "extenuating factor" when analyzing/compiling aggregate outcomes management data acquired after termination of services.

The Center also participates in data collection through the Arkansas Department of Human Services (DHS) and the Division of Aging, Adult and Behavioral Health Services (DAABHS). Representatives of DAABHS contact persons served and their families, accumulate their data and generate an annual "Report Card".

In order to optimize the Center's human and fiscal resources, the outcomes management system also serves as a practical mechanism for conducting an ongoing Community Needs Assessment. The Center also conducts a bi-annual Staff Quality of Life Survey, which gathers input from the perspective of the employees and provides management with a broader view of the operations of the Center and its services. Results of this survey are considered by management as part of the strategic planning/budget planning process. Management analyzes and evaluates information gathered during the staff quality of life survey and, whenever possible, implements changes in the organization's human resource practices, personnel policies, and employee compensation packages, as well as policies and procedures pertaining to effective and efficient service provision.

The Center's outcomes management system has been standardized across all program lines in order to facilitate data collection, analysis and dissemination. The system assesses the following effectiveness measures:

- Quality of Life
- Symptomology
- Functional Status

The system evaluates the following:

- productivity as an efficiency measure;
- client perception of waiting time before appointments as the access measure and;
- client responses to questions regarding their satisfaction with services as the satisfaction measure.

The outcomes "benchmarks" – as well as performance goals established for each program and for the Center as a whole – are established by the staff and approved by the organization's management.

Although they are established locally, the outcomes benchmarks and performance goals are based on historical precedent and, more important, are consistent with those used nationally in the behavioral health field.

The Center performs three types of record reviews: Service-to-Billing Audits, Medical Records Audits and Utilization Review. Service-to-Billing Audits are performed in conjunction with the Center's Corporate Compliance. They are as follows:

#### 1. MEDICAL RECORDS AUDIT

The Medical Records Audit is an ongoing process through which the auditor reviews approximately 10% of the Center's medical records each year. Audits are completed monthly at each site, with a report prepared and presented to the Clinical Director and the CQI/QA Committee on a quarterly basis. The audit targets documentation of services and seeks to determine if required documentation is present and meets Center, accreditation, provider and other applicable standards and requirements. Records are generally chosen at random, unless a problem area or particular area of interest has been identified and specific areas, locations, or personnel are targeted for closer scrutiny.

Reviews are performed by the Medical Records Auditor, who selects a random sample of records from each mental health professional's caseload, on a quarterly basis. The auditor completes the Medical Records Audit checklist for each record reviewed and provides a summary of the results to the primary therapists, who then correct the deficiencies.

Results of these reviews are used to confirm that services are being documented consistently, to identify problem areas in documentation, to provide feedback for supervision, and to identify training needs. This information can be viewed as a broad representation of the Center's performance, or it can be broken down to represent specific locations, professional groups or individual performance.

#### 2. UTILIZATION REVIEW

The Center implements a Utilization Review Plan for mental health and related service programs. The plan has been approved and adopted by both professional staff and the Board of Directors.

The Utilization Review Committee is charged with responsibility for the overall monitoring of:

- a. Quality of services as documented in the medical record.
- b. Appropriateness of services rendered by the Center.
- c. Patterns of service utilization that might affect quality of services, utilization of Center resources, or that would impact the Strategic Plan of the Center in terms of programming.

All cases of individuals receiving mental health services are subject to review. It is the policy of the Center that all clients receive services that reflect appropriate and effective utilization of staff and facilities to best meet the needs of the clients.

The Chair of the Utilization Review Committee (URC) is delegated responsibility for the implementation of the Utilization Review Plan.

The Utilization Review Committee meets at least quarterly. The Committee is composed of the Medical Director (or his/her designee) and six (6) non-medical clinicians representing the various disciplines employed by the Center (Psychologists and Psychological Examiners, Master Social Workers, Licensed Professional Counselors, Nurses and Substance Abuse Counselors). The Chair is selected by the Committee or may be appointed by the Clinical Director if requested by the Committee. Non-medical committee members serve for two (2) years, with three (3) members rotating off the Committee each year. Members may be re-appointed with the approval of the Committee Chair and the member in question.

The Data Coordinator attends the meeting and serves in an ex-officio capacity as secretary of the Committee.

A staff member is never the sole reviewer of the services for which he/she is responsible.

#### Method of Review

This is accomplished through review and evaluation of client records. All primary therapists participate in monthly reviews of records, as assigned by the committee. Each clinician reviews one record per month, completes the review form, and submits the form to the Data Coordinator. The Utilization Review Committee then reviews the reports in the quarterly meetings. Staff members do not review records that involve their own assigned clients.

1. Records are selected for review based on the following criteria:
  - a. Records by random selection of outpatient clients who:
    - 1) Initiated treatment during the past six months; or
    - 2) Have been receiving services for over two years; or
    - 3) Are classified as "substance abuse" clients; or
    - 4) Are Youth Services clients who have received mental health services within the last six (6) months (two cases).

- b. (Up to twenty-nine cases are reviewed in this category.)
  - c. Records by random selection of clients who have received inpatient services within the past six months (three cases).
  - d. Records by random selection of clients who have been in Psychosocial Rehabilitation/Community-based Rehabilitation for a period of 30 days (visits), and who have not been previously reviewed within the last two years (four cases).
  - e. Records by random selection of clients who have been seen on a one-time-only or emergency/walk-in basis within the last six months (four cases).
  - f. Records by random selections that have been closed within the previous six months (nine cases)
2. Records are chosen without prior knowledge of the primary therapist and placed in charge of the data coordinator until such time as the committee member is able to review the content. This action is intended provide a more accurate representation of chart content than to allow the primary therapist to make corrections prior to the review. Upon review, the record is then returned to the director of medical records to be secured until the scheduled committee meeting.

It is the goal of the Center to review 200 records per year in this manner.

#### Factors to be Considered

1. Admission (Intake) Justified:
  - a. Could a more appropriate service be provided by another existing community source?
  - b. If a person is found to be ineligible for services:
    - (1) Was the person informed as to the reasons?
    - (2) Was the referral source informed as to the reasons?
    - (3) Were recommendations made for alternative services?
  - c. Was screening adequate to warrant admission to a Center program for additional services?
  - d. Was there undue delay in scheduling a return for service following screening?
  - e. Was assessment thorough, complete and timely?
2. Utilization Justified:
  - a. Length of Treatment (Service)
    - (1) Was status assigned appropriately?
    - (2) Was length of treatment appropriate to the problem and treatment course?
    - (3) Was length of treatment prolonged or shortened because of third party or any other payment factor?
    - (4) Was client participation based on truly informed consent?
  - b. Evaluation/Staffing
    - (1) Were all evaluations and staffings necessary?
    - (2) Were reports of results prompt?
    - (3) Do evaluations identify the problems to justify an adequate client (treatment) plan and to insure optimal utilization of staff skills?
  - c. Treatment Plan

- (1) Does the Treatment Plan include a statement of the problem(s) and need(s) of the individual, both immediate and long-term, describing intact functions which can serve as assets for therapeutic exploitations?
  - (2) Are treatment plan goals created utilizing informed and active client input based on history of symptoms and client expectations of treatment?
  - (3) Are treatment plan goals quantitative and measurable, with a realistic time frame to accomplish objectives?
  - (4) Does the Treatment Plan include a program of specific modalities, psychotherapy, pharmacotherapy, vocational training and/or rehabilitation potentials?
  - (5) Does the Treatment Plan include a program that encourages involvement of the client's significant other(s)?
  - (6) Does the Treatment Plan include, when indicated, referral for additional services through other agencies?
- (7) Does the Treatment Plan include a description of the staff's involvement and any expected response(s) to the services to be rendered?
  - (8) Does the Treatment Plan reflect or include a discharge/aftercare plan?
  - (9) Are the goals and objectives of the Treatment Plan based on the assessment that was performed when program services were initiated?
  - (10) Are the services that have been offered based on the goals and objectives that are specified in the Treatment Plan?
  - (11) Was the client offered/provided a copy of the treatment plan?
  - (12) Was the treatment plan reviewed and updated in accordance with Center policy?
- d. Does the use of any pharmacotherapy reflect appropriate prescriptions, dosages and required laboratory studies?
  - e. Is the diagnosis/clinical impression appropriate, with regard to logical substantiation and accuracy?
  - f. Do progress notes effectively document the course of treatment, demonstrating treatment compatible with diagnosis, consideration of prior treatment, progress toward achievement of treatment goals, and active involvement of the client?
  - g. Were transition issues addressed with the client prior to a change in level of care or change in programs?
  - h. Is the quality of documentation in accordance with adopted standards (sufficiently informative to reflect client progress)?
  - i. Is follow-up performed according to Center policy, including follow-up for missed appointments and follow-up to referral source (when appropriate)?

#### Operational Procedures for Utilization Review Functions

Records are chosen without prior knowledge of the primary therapist and placed in charge of the Data Coordinator until such time as the committee member is able to review the content. This action is intended provide a more accurate representation of chart content than to allow the primary therapist to make corrections prior to the review. Upon review, the record is then returned to the director of medical records to be secured until the scheduled committee meeting.

- a. Records are distributed to the reviewing members of the Utilization Review Committee. Reviewers should have access to the records at least seven (7) days prior to the scheduled URC meeting.
- b. The data coordinator completes Utilization Review Committee Worksheets for each record, to assure that each step in the process is completed in a timely fashion.
- c. Utilization Review Committee recommendations and conclusions are reflected in writing on the Utilization Review Report, and serve as the basis for Committee minutes and/or reports.
- d. The Utilization Review Summary Sheet is completed by the data coordinator and returned for filing in client's record.
- e. The URC secretary insures that photocopies of each completed URC Worksheet are distributed to the primary therapist/case manager and his/her immediate clinical supervisor for indicated action, if any.
- f. Each primary therapist/case manager communicates in writing to the URC, a report of actions accomplished to rectify any documentation or clinical service deficiencies found. Such written report is provided to the URC to insure completion of "old business" during the next scheduled meeting.
- g. Comments are recorded, in writing, in the space provided on the URC Worksheet to serve as a permanent record. Such review and comment serves as the focus of attention for full committee discussion.

#### Reports and Minutes

Minutes of all Committee meetings are prepared by the secretary, signed by the URC Chair, and forwarded to the Continuous Quality Improvement/Quality Assurance (CQI/QA) Committee, Clinical Director, Medical Director and Executive Director.

Minutes are structured as follows:

- a. Date, time, location, names of persons attending (members, others);
- b. Approval of minutes (prior meeting);
- c. Old Business (status of previous client record/service deficiencies);
- d. New Business:
  - 1) Number and types of records reviewed according to URC procedure; description of cases reviewed in which utilization was questioned, recommendations were made, or actions were taken by the Committee. (Cases/clients are referred to by identifying number only.)
  - 2) Documentation of any other pertinent discussions, recommendations, or actions.
- e. Adjournment; and
- f. Signature of the Chair.

Results are quantified, and this information is incorporated into the report. The CQI/QA Committee uses the results in the evaluation and planning process, and to identify training needs.

### Disciplinary Action

Failure of any Committee member to perform his/her assigned duties may result in suspension and/or loss of employment in accordance with Center Personnel Policies and Procedures.

Failure of staff to comply with the recommendations of the Utilization Review Committee within ten working days will result in a letter of reprimand being issued to the primary therapist, copied to his/her personnel file and the program supervisor. If corrections are not adequately addressed within ten additional days the Clinical Director and the Executive Director will be notified to take corrective action. A second letter of reprimand from the URC chair will be issued to the primary therapist, program supervisor, and the personnel file. The primary therapist has ten working days from the second disciplinary action to make the necessary record corrections or be suspended without pay from professional activities at the Center for three working days. The primary therapist will be subject to termination if the chart corrections are not adequately accomplished within ten days of completing the suspension.

The Center has adopted a Corporate Compliance Policy as defined below. The Board of Directors reviews the policy and plan annually, and authorizes management to implement the plan through a resolution each year. The Center designates a staff member to serve as the Corporate Compliance Officer, serving as the primary point of contact regarding corporate compliance issues.

## **CORPORATE COMPLIANCE PROGRAM AND PLAN**

**PURPOSE:** To establish and publish the official policy of Southwest Arkansas Counseling and Mental Health Center, Inc., regarding the organization's corporate compliance program/plan and, assign responsibility for implementation of that plan.

**POLICY:** Southwest Arkansas Counseling and Mental Health Center, Inc. is dedicated to the delivery of behavioral health care in an environment characterized by strict conformance with the highest standards of accountability for administration, clinical, business, marketing and financial management. The organization's leadership is fully committed to the need to prevent and detect fraud, waste and abuse, fiscal mismanagement and misappropriation of funds and therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, the organization is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes: (1) prevention of wrong doing - whether intentional or unintentional; (2) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party; and (3) timely correction of any situation which puts the organization, its leadership or staff, funding sources or patients at risk. By formal resolution and in accordance with this policy, the governance authority has delegated overall responsibility for the Corporate Compliance Program to the Executive Director.

**PROCEDURE:** The following procedures/guidelines will govern the design and implementation of the organization's corporate compliance program:

#### **Designation of a Corporate Compliance Officer**

The Executive Director will formally designate a Corporate Compliance Officer (CCO), monitor the organization's corporate compliance program and ensure that the governance authority is fully informed at all times on matters pertaining to corporate compliance.

#### **Responsibilities of the Corporate Compliance Officer**

In the performance of her/his duties, the CCO shall: (1) serve as the organization's primary point of contact for all corporate compliance issues; (2) develop, implement and monitor the organization's corporate compliance plan, including all internal and external monitoring, auditing, investigative and reporting processes, procedures and systems; and (3) prepare, submit and present periodic reports on corporate compliance issues to the Executive Director as requested and/or as may be required. In

the performance of his/her duties, the CCO shall report to the Executive Director, the Board's Corporate Compliance Committee, and the organization's accounting firm and/or legal counsel, on an "as needed" basis, for matters and questions pertaining to corporate compliance. For clarification, this provision does not relieve the CCO of keeping the Executive Director fully informed of any and all matters that might necessitate direct contact with the, the Board's Corporate Compliance Committee, the organization's accounting firm and/or legal counsel.

#### **Annual Corporate Compliance Report**

The CCO shall submit an annual corporate compliance report to the Executive Director. Annual reports will, include at a minimum: (1) a summary of all allegations, investigations and/or complaints processed in the preceding 12 months in conjunction with the corporate compliance program; (2) a complete description of all corrective action(s) taken; and (3) any recommendations for changes to the organization's policies and/or procedures.

#### **Risk Management Assessment**

As part of corporate compliance program, the CCO shall schedule and coordinate periodic risk management assessments and/or audits to identify potential problem areas and "threats" that could put the organization at risk for unusual liability, i.e., billing and cash handling procedures, diversion control practices, medication management policies, etc. Such assessments will augment the organization's annual audit of its accounting system and provide an additional, internal measure of operational accountability in a variety of areas. (Additional details pertaining to the risk management process are contained in the organization's "Policy on Risk Management". The CCO's risk management assessment - along with annual strategic planning and development of the organization's Strategic Plan - represents the organization's mechanism for conducting an environmental scan.)



### **Corporate Compliance Plan Elements**

The corporate compliance program for Southwest Arkansas Counseling and Mental Health Center, Inc. is designed to afford the organization with a number of protections afforded under the U.S. Federal Sentencing Reform Act and consists of:

1. A formal resolution on corporate compliance that has been adopted by the governance authority as a way to document the effective date of program implementation;
2. Written designation of a Corporate Compliance Officer (CCO) responsible for monitoring and reporting on matters pertaining to corporate compliance;
3. A corporate code of ethics regarding professional conduct, personal behavior, business practices, marketing practices, clinical practices and potential conflicts of interest;
4. A "no reprisal" system for employees to use in reporting waste, fraud, abuse or other questionable activities and practices;
5. Written procedures contained herein for:
  - a. Timely investigation of allegations of waste, fraud, abuse and/or other wrongdoing;
  - b. Dealing with violators of the organization's code of ethics in a fair and consistent manner; and
  - c. Dealing with violators of the organization's corporate compliance program/plan in a fair and consistent manner; and
6. Policies and procedures to guide staff members in responding to subpoenas, search warrants, investigations and other legal actions; and
7. Initial and ongoing training for staff, board members and contractors concerning corporate compliance issues including, but not limited to, the following: billing and coding procedures; documentation; fraud and abuse laws; federal whistleblower provisions and rights; and the agency's policies and procedures for detecting and/or preventing fraud, abuse and waste.

### **Organizational Code of Conduct**

Since Southwest Arkansas Counseling and Mental Health Center, Inc. employs providers and practitioners from a variety of disciplines, it is the expectation of the organization that every service provider will act and operate in a manner consistent with the Code of Ethics of his/her respective discipline. In the event that a service provider is not legally, ethically or otherwise bound by a specific code of ethics, Southwest Arkansas Counseling and Mental Health Center, Inc. will expect that he/she will provide treatment services and in strict accordance with the following guiding principles:

- Hold him/herself responsible for the delivery of the highest quality care to persons served;
- Adhere to all applicable federal, state and local regulations for the delivery and administration of behavioral healthcare services;
- Seek guidance from the appropriate Center supervisor before acting in situations not clearly covered by organizational or professional codes of ethics

- Support the principle that competent job performance requires continuing professional growth, development and education, and toward that end, avail themselves of all appropriate opportunities for workforce development training; and
- Periodically review the ethical standards established for their respective professions and discuss ethical issues, questions and concerns as a matter of routine clinical supervision.
- Refrain from approaching clients concerning personal fund raising or selling items on behalf of an organization.
- Refrain from approaching other employees concerning personal fund raising or selling items on behalf of an organization during working hours;
- Demonstrate respect for and safeguard the personal property of the persons served, visitors, and personnel in addition to the property owned by the Center.
- Refrain from developing a dating relationship with other personnel where a supervisory relationship exists or any clients, maintaining appropriate professional boundaries at all times.
- Refrain from witnessing any legal documents presented by a client or a client's representative. Such documents would include powers of attorney, guardianship, and advance directives.

In business, marketing, service delivery, performance of professional responsibilities and human resource practices, all employees of Southwest Arkansas Counseling and Mental Health Center, Inc. will be guided by the following corporate philosophy: Honesty, integrity, respect and fairness constitute the key components of all of our dealings with patients, vendors/suppliers, potential customers, employees and our communities. In all business and marketing activities, all employees are hereby enjoined to represent the Center and its programs and services in an honest manner and

to accurately portray the capabilities of the organization and its employees. A critical part of the organization's corporate compliance program is the expectation that each employee will fully comply with all applicable statutes, laws, rules and regulations at all times.

No business code of ethics/conduct can cover every conceivable scenario that might arise in the course of business conduct and marketing. Therefore, all employees are enjoined to abide by these guiding principles and to seek assistance and clarification from the Executive Director or Corporate Compliance Officer in the event that any situation or scenario arises that might challenge the application of these principles. As a related matter, situations and circumstances occasionally arise that may represent a potential conflict of interest. As a general principle, no employee of Southwest Arkansas Counseling and Mental Health Center, Inc. will make any decision on behalf of the company that would represent, result in or give the appearance of personal gain or benefit, however slight. In such cases, employees are enjoined to discuss the situation with the Executive Director or Corporate Compliance Officer prior to making any decision that would represent a commitment of the Center's assets, obligate the

company in any way and/or have the potential to give the appearance of impropriety or conflict of interest.

All new employees will be briefed on the organization's expectations regarding ethical conduct as part of new employee orientation. Additionally, refresher training on corporate compliance is provided on an annual basis to each employee of the Center.

### **No-Reprisal Reporting System**

An integral part of the organization's Corporate Compliance Program is a non-retaliatory system that employees can use to report suspected waste, fraud, abuse and other questionable activities and practices. The Federal False Claims Act prohibits the discharge or harassment of a whistleblower who makes disclosures or files a suit. A *qui tam* provision in the act permits individuals to file suit on behalf of the United States to recover damages incurred by the federal government as a result of contractor fraud or other false claims. In return for filing the suit, the whistleblower is entitled to a significant portion of the proceeds, should they prevail. Reports can be submitted to the Corporate Compliance Officer in four ways: (1) by mail; (2) by telephone; (3) by fax; and (4) by e-mail. Program Directors are responsible for posting a "Corporate Compliance Notice" in each clinic as a way to inform patients, employees and other interested stakeholders about the organization's Corporate Compliance program and the system - including contact information - for reporting suspicious activities.

### **Investigation Process**

Corporate compliance "complaints", "allegations" or "violations" may be submitted directly to the Corporate Compliance Officer, the Executive Director or the employee's supervisor. Generally, a complaint should be reported within three (3) days of its occurrence, or within three (3) days of learning of the occurrence. Reports may be submitted anonymously, though the reporter should keep a copy of the report as proof of action and for tracking purposes. Reports must be in writing. No specific format is required. However, specificity of allegations is critical to a successful investigation. Cryptic or anonymous reports may not be actionable by the CCO if lack of specificity prevents a reasonable investigation of charges.

Upon receipt of any report of suspected wrongdoing (including an alleged violation of the company's Code of Ethics), the Corporate Compliance Officer will contact the Executive Director, and initiate an immediate investigation. Investigations of corporate compliance matters will be conducted as expeditiously as possible with results - including recommendations for any disciplinary and/or corrective action - provided in writing to the Executive Director. The Corporate Compliance Officer is authorized direct and unimpeded access to all staff members as a way to expedite corporate compliance investigations.

All corporate compliance investigations will be completed as quickly as possible but not later than 30 calendar days from the time of "discovery". In the event that an

investigation cannot be completed within 30 days, the Corporate Compliance Officer shall promptly notify the Executive Director.

### **Violations Procedure**

Substantiated violations of the organization's corporate compliance program and/or code of ethics are serious matters and have potential legal ramifications for both Southwest Arkansas Counseling and Mental Health Center, Inc. and its employees. Violators are subject to and will be handled in accordance with the organization's disciplinary policies outlined in the company's personnel policies.

### **Search Warrants, Subpoenas, Investigations and Other Legal Actions**

In the event that any employee of Southwest Arkansas Counseling and Mental Health Center, Inc. receives or is notified of any search warrant, subpoena, investigation, inquiry or other legal action involving the company, the Executive Director and/or Corporate Compliance Officer will be immediately contacted by the most expedient means, i.e., telephone, e-mail, cell phone, fax, etc. Copies of all legal documents served against Southwest Arkansas Counseling and Mental Health Center, Inc. and/or its employees will be immediately copied and faxed to the Executive Director and Corporate Compliance Officer. Under no circumstances will any records, files, receipts, or other forms of documentation be released without authorization from the Executive Director of Southwest Arkansas Counseling and Mental Health Center, Inc.

This policy recognizes that employees might well find themselves in a situation in which they could potentially be threatened or coerced into releasing documentation without following this policy. All employees must fully recognize and understand that: (1) "due process" includes the opportunity to follow the established procedures of Southwest Arkansas Counseling and Mental Health Center, Inc. regarding search warrants, subpoenas, investigations and other legal actions; and (2) these procedures include immediate notification to the Executive Director and/or Corporate Compliance Officer in all cases and without delay.

### **Contractual Relationships**

As a matter of policy, the Center will enter into contractual relationships only with individuals and entities with similar values and, who have signed Business Associate Agreements as required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Further, the organization specifically prohibits contracts that might pose a conflict of interest for either party and/or which might ultimately result in a violation of the Center's ethical standards. As a way to insure that all contracts are appropriate and consistent with the spirit and intent of this policy, all proposed contracts must be approved by the Executive Director.

At any time that a legal process is initiated against the Center, management receiving notice of the action will immediately instruct Center staff that no records are to be destroyed, and that any such process that has already been initiated will be terminated immediately.

### **Corporate Citizenship**

The leadership of Southwest Arkansas Counseling and Mental Health Center, Inc. is committed to being a good corporate citizen in those communities in which the Center operates clinics. As a manifestation of this commitment, Southwest Arkansas Counseling and Mental Health Center, Inc. will support and participate in recognized community activities that advocate for services for persons suffering from the effect of mental illness and/or behavioral health disorders. Further, the organization is committed to using the corporate compliance program, when appropriate, to support advocacy efforts for the Center's clients. Specifically, the organization supports participation on local boards and agencies, sponsorship of local programs promoting good health and citizenship, and participation in various service clubs and organizations in order to support the communities served by the Center.

### **Legal Conformance**

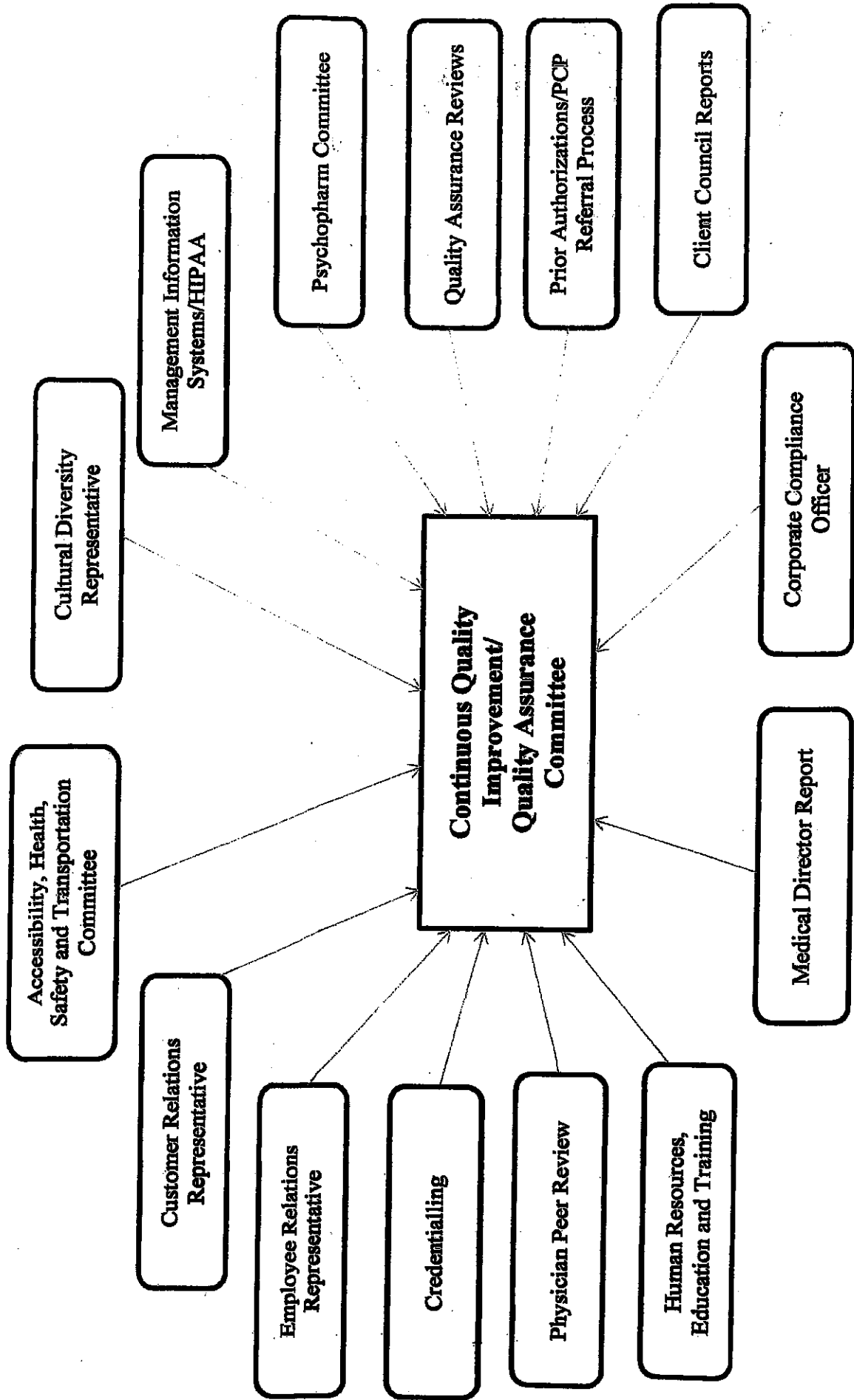
Southwest Arkansas Counseling and Mental Health Center, Inc. will comply with all legal and regulatory requirements including but not limited to: (a) rights of persons served, (b) confidentiality requirements, (c) reporting requirements, (d) contractual agreements, (e) licensing requirements, (f) corporate status, (g) employment practices, (h) mandatory employee testing; and (i) privacy of clients.

### **Responsibility for conformance**

All employees are responsible for strict conformance with this policy. New employees receive a copy of the Corporate Compliance Program and Plan as part of their orientation. They sign an "Acknowledgement of Receipt of Corporate Compliance Policy". The original is retained in the personnel file and a copy is sent to the Corporate Compliance Officer. New board members also receive a copy of the Corporate Compliance Program and Plan as well as sign an "Acknowledgement of Receipt of Corporate Compliance Policy." Each employee signs a "Performance Evaluation Acknowledgement of Compliance Obligations" form as part of his/her yearly employee evaluation. Board members complete yearly acknowledgements also at the beginning of each fiscal year.

At least annually, the Corporate Compliance Officer will ensure that all employees receive a "refresher orientation" on the organization's corporate compliance program with an emphasis on the employee's responsibilities pertaining thereto.

As part of the new client orientation, clients are informed of the organization's code of ethics as it pertains to clinical practice and treatment issues. In the event that any client or other interested "stakeholder" requests a copy of the organization's code of ethics, a copy of this policy will be immediately provided to them by the responsible Program Director.



## **E.9. Vendor Compensation and Financial Management**

Southwest Arkansas Counseling and Mental Health Center shall utilize DAABHS funds only for the populations defined in the published in Section 2.3.2 in the RFQ for Bid #710-19-1024.

SWACMHC will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual. SWACMHC utilizes an electronic health record, Credible, which allows the business office to create a batch file that includes information regarding services delivered which are to be billed to SSBG Title XX. Information from this batch file is keyed into the DHS 0145 Reporting Forms per service and per client. The DHS 0145 Reporting Forms are contained in an Excel spreadsheet and a copy of this spreadsheet is sent via postal service along with the Provider Payment Request Form to the DAABHS Finance Division. Only personnel who are properly trained and supervised are capable of accessing the billing information and generating the appropriate spreadsheets.

The Center utilizes an electronic health record which has a robust billing module in order to enable the Center to batch services and bill electronically if the payer accepts such remittances. SWACMHC has a successful history of billing private insurance plans, Medicaid, Medicare and Veterans Administration benefits. The electronic health record company, Credible Behavioral Health Software, is available to offer technical assistance if necessary. In addition, the billing personnel at SWACMHC have a long tenure with the organization and are generally on a first name basis with representatives from Medicare and Medicaid. In addition, the billing personnel attend yearly workshops on billing and participate in webinars concerning Medicaid transformation. Finally, the billing personnel participate in a Credible Behavioral Health Software users group in order to collaborate with other Credible users who bill private insurances, Medicare and Medicaid in addition to Veterans Administration benefits.

Only personnel with the appropriate security profile within the electronic record can configure the order in which payers are billed. These personnel are duly trained in order to ensure that contracted funds will be the payer of last resort.

Southwest Arkansas Counseling and Mental Health Center, Inc. will undergo an annual audit conducted by a certified public accounting firm.

The mental health center will utilize a portion of funds toward the development of infrastructure. First of all, SWACMHC will use a portion of the funds to establish an initial site in Little River County. Costs will include rent, utilities, advertisement, and staffing. This will result in improved access to care for those residents of Little River County. Secondly, the mental health center plans to focus on helping more clinicians attend evidence-based trainings. Lastly, the Center will be utilizing funds to recruit licensed personnel by having mental health professionals attend job fairs and advertising in regional newspapers.

### **E.10. Region Specific Services**

Southwest Arkansas Counseling and Mental Health Center, Inc. has a longstanding history of collaboration with various partners in a six counties of Region #12. The mental health center has served as the single point of entry to the Arkansas State Hospital and provided access to indigent care for over 25 years, thus forming collaborative relationships with many in the six counties. Many of these collaborations are informal. What is contained in this section are various letters of support from members of the community who serve in the judicial system, law enforcement, child welfare, schools and other community settings.

SWACMHC wishes to continue serving the citizens of Region #12, especially the under insured and uninsured. It remains committed to providing accessible, low cost services to individuals and families for the purposes of primary and secondary prevention of mental health or behavioral issues. Operating in a rural environment in the very southwest corner of the state can have its unique challenges due to state line issues, poverty, the lack of public transportation and hesitancy of mental health professionals to move to the area. The management team at SWACMHC has focused on recruitment with visits to job fairs, colleges and the promise of good fringe benefits (e.g., health insurance, educational leave, 401(k) plan). In addition, SWACMHC has assisted several paraprofessionals to continue their education so they can advance in their careers while working for the mental health center. Lastly, the Center has become a National Health Service Corps site for loan repayment.

SWACMHC is currently performing all the services described in RFQ #710-19-1024 with the exception of having a warm line and with the exception of having an office in Little River County. Both of these issues will be resolved before the start date of any contract with the DHS.

With funds received through the contract described in the RFQ #710-19-1024, the Center will be able to continue its mission.