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Response Signature Page

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Connections Behavioral Health				
Address:	PO Drawer 2109				
City:	Russellville	State:	AR	Zip Code:	72811
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned	
AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Angela Traweek	Title:	Chief Operating Officer
Phone:	479-967-2322 ext 225	Alternate Phone:	479-264-6352
Email:			

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

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: _____

Use Ink Only.

Title: Chief Executive Officer

Printed/Typed Name: Cindy Mahan

Date: March 13, 2019

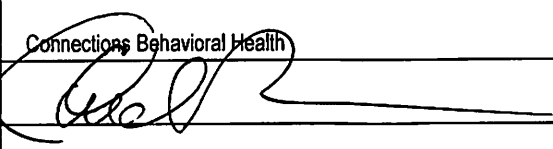


Agreement and Compliance

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

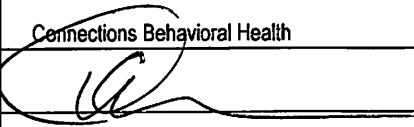
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Connections Behavioral Health	Date:	March 13, 2019
Authorized Signature:		Title:	CEO
Print/Type Name:	Cindy Mahan		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

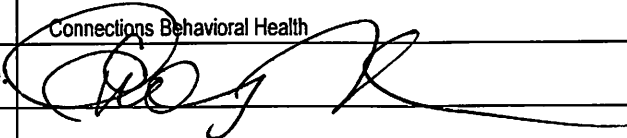
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Connections Behavioral Health	Date:	March 13, 2019
Authorized Signature:		Title:	CEO
Print/Type Name:	Cindy Mahan		

SECTION 3.4.5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Connections Behavioral Health	Date:	March 13, 2019
Authorized Signature:		Title:	CEO
Print/Type Name:	Cindy Mahan		



Proposed Subcontractors

PROPOSED SUBCONTRACTORS FORM

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

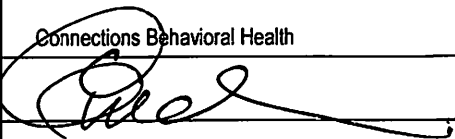
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Birch Tree Communities, Inc.	781 Old Hot Springs Highway	Benton, Ar 72018
Centers for Youth and Families	6501 W. 12th St	Little Rock, Ar 72204
Freedom House	400 Lake Front Dr.	Russellville, Ar 72802

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:	Connections Behavioral Health	Date:	March 13, 2019
Authorized Signature:		Title:	CEO
Print/Type Name:	Cindy Mahan		



Addenda

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

ADDENDUM 1

DATE: February 25, 2019

SUBJECT: 710-19-1024 Crisis and Forensic Mental Health Services

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

Change of specification(s)

_____ Additional specification(s)

_____ Change of bid opening date and time

_____ Cancellation of bid

_____ Other – Removing the following language from section 2.3.2 C, page 26, of the RFQ.

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

BID OPENING DATE AND TIME

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

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

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

Vendor Signature

Connections Behavioral Health

Company

March 13, 2019

Date



E.O. 98-04 – Contract Grant and Disclosure Form

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

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

SUBCONTRACTOR: YES NO **SUBCONTRACTOR NAME:** Please see attached list of Subcontractors
Contractor for which this is a subcontractor: Connections Behavioral Health Powered by Friendship Community 
Estimated dollar amount of subcontract:

TAXPAYER ID NAME: 71-0433583 **IS THIS FOR:** Goods? Services Both?
YOUR LAST NAME: Mahan **FIRST NAME:** Cindy **MI:**
ADDRESS: P.O. Drawer 2109
CITY: Russellville **STATE:** AR **ZIP CODE:** 72811 **COUNTRY:** UNITED STATES OF AMERICA

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

FOR INDIVIDUALS *

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

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Relation
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"/>					

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?		
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Ownership Interest (%)	Position of Control
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"/>						

None of the above applies

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

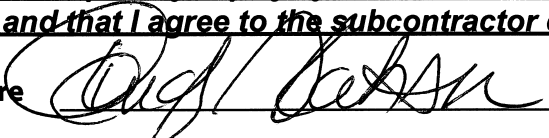
CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

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

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

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

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

Signature  Title Chief Executive Officer Date 03/13/2019

Vendor Contact Person Angela Traweek Title Chief Operating Officer Phone No. 479-264-6352

AGENCY USE ONLY

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



Equal Opportunity Policy

STATE OF ARKANSAS



Asa Hutchinson
Governor

Department of Career Education
Arkansas Rehabilitation Services
D. Alan McClain, *Commissioner*

Charisse Childers, Ph.D.
Director

Equal Opportunity Policy Disclaimer

ATTENTION VENDORS

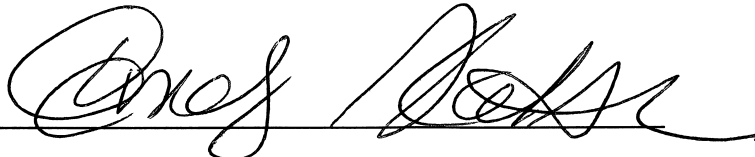
Act 2157 of 2005 of the Arkansas Regular Legislative Session requires that any business or person bidding, who is responding to a formal bid request, Request for Qualifications or qualifications, or negotiating a contract with the state for professional or consultant services, submit their most current equal opportunity policy (EO Policy).

Although bidders are encouraged to have a viable equal opportunity policy, a written response stating the bidder does not have such an EO Policy will be considered that bidder's response and will be acceptable in complying with the requirement of Act 2157.

Note: This is a mandatory requirement when submitting an offer as described above.
If you have any questions regarding this requirement, please contact by calling 501-296-1666.

Company Name or Individual: Friendship Community Care, Inc.

Title: Cindy Mahan, CEO Date March 13, 2019

Signature 



Policy Title:	Policy Section:	Policy Number	0.01
Equal Opportunity Employment	0 General	Revision Date:	11/20/2012

FCC is an equal opportunity employer and does not discriminate against employees or job applicants on the basis of race, color, religion, gender, national origin, age, disability, veteran status, genetic information, or any other status protected by applicable federal, state, or local laws.

This policy extends to all aspects of the employment relationship, including, but not limited to, recruiting, interviewing, job assignments, training, compensation, benefits, discipline, promotions, use of facilities, participation in FCC-sponsored activities, termination, and all other terms, conditions, and privileges of employment.

The HR Director is responsible for this policy and for the necessary reporting and monitoring procedures associated with it. Any complaints should be directed to his/her attention. This policy may be periodically revised.



Information for Evaluation

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.

<p>• Do not include additional information if not pertinent to the itemized request. TECHNICAL PROPOSAL QUESTIONS</p>	<p>Maximum Available RAW Score</p>
POINTS	
E. 1 VENDOR QUALIFICATIONS	
E.1.A. State the Region for which you are proposing to provide services in this <i>Response Packet</i> .	Pass/Fail
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: <ol style="list-style-type: none"> a. Date established. b. List of non-profit's Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure. 	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: <ol style="list-style-type: none"> a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: <ol style="list-style-type: none"> i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract. 	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: <ol style="list-style-type: none"> a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services. 	5
E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) 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: <ol style="list-style-type: none"> a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. h. They shall not be from current DHS employees. 	5

E.2 GENERAL SERVICE DELIVERY REQUIREMENTS	
E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.	5
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.	5
E.3 SERVICE DELIVERY DUTIES	
<p>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:</p> <ol style="list-style-type: none"> a. Serve the following populations in the delivery of crisis services: <ol style="list-style-type: none"> i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services. ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization. c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable. e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment. f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays. g. Utilize mobile crisis teams to triage individuals into the least restrictive services. h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization. i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment. j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting. k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. <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>	5

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

<p>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:</p> <ul style="list-style-type: none"> a. Provide Care Coordination to non-Medicaid clients including insurance enrollment. b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients. c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients. 	<p>5</p>
<p>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:</p> <ul style="list-style-type: none"> a. Make FEP services available to the individuals between the ages of fifteen (15) and thirty-four (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services. b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	<p>5</p>
<p>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:</p> <ul style="list-style-type: none"> a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion. d. Provide Community-Based Services and Support that are culturally competent, strength-based, and collaborative with community partners. <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>	<p>5</p>
<p>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:</p> <ul style="list-style-type: none"> a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H). b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. c. Complete the DHS 100 Form. <p>Compliance with Social Services Block Grant requirements found in Attachment H.</p>	<p>5</p>

<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"> a. Ensuring the following services are available directly or through a sub-contractor: <ul style="list-style-type: none"> i. Partial Hospitalization. ii. Peer Support. iii. Family Support Partner. iv. Supported Employment. v. Supported Housing. vi. Therapeutic Communities. vii. Acute Crisis Units. viii. Aftercare Recovery Support. <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>5</p>
<p>E.4 COMMUNITY COLLABORATIONS</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"> a. Collaborate with diverse stakeholders within the proposed Region. b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises. c. Assist in developing short and long-term solutions to help individuals connect with community supports. d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services. e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community. 	<p>5</p>
<p>E.5 STAFFING REQUIREMENTS</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"> a. Describe your policies and procedures for training all staff and tracking the training requirements. b. Describe your ability to demonstrate on-going staff development and recruitment. c. Describe your efforts to ensure all staff are good stewards of state and federal funds. 	<p>5</p>
<p>E.6 RECORDS AND REPORTING</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"> A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system. 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. 	5
E.7 APPEALS AND GRIEVANCE PROCESS	
<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>	5
E.8 QUALITY ASSURANCE	
<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>	5
E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT	
<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> <ol style="list-style-type: none"> Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. 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). 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. Attest you shall undergo an annual audit conducted by a certified public accounting firm. Describe how your agency will utilize funds toward the development of infrastructure. 	5
E.10 REGION SPECIFIC SERVICES	
<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"> 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. 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. 	5



E. 1 VENDOR QUALIFICATIONS

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

Connections is proposing to provide services in this response packet to Region 2.

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



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

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

Friendship Community Care, Inc. is a private 501(c)(3) non-profit company since 1972 with an active and engaged board of directors. FCC has maintained CARF accreditation for Employment and Community Services since 2008 and in Behavioral Health Outpatient Services since 2010. FCC recently added the emphasis of Autism and Older Adult Services to its accreditation for Behavioral Health for children, adolescents and adults in the summer of 2017.

Since 2010, Friendship has maintained a full time Licensed Counselor who provided counseling level services for dual diagnosed clientele, as well as, development and training of behavior modification plans for approximately 50% of clients/consumers served. In addition, FCC has retained a Psychiatrist on contract since 2010 for medication management related to Behavioral Health disorders and needs.

LIFE PATH

BEGINNING - CHILD DEVELOPMENT

Friendship Community Care's Developmental Preschools are learning hubs for children aged six weeks to five years with developmental disabilities or delays + children who qualify for the Arkansas Better Chance program. FCC prepares children for success in integrated and therapeutic classroom settings, so that they have the skills they need to continue growing with strength and independence throughout Kindergarten and grade school – and into successful adults. We offer Early Intervention services for typical and atypical children.

ADULT DEVELOPMENT

Friendship Community Care provides community outlets and employment opportunities for adults navigating life with a disability. FCC offers programs that incorporate individualized job opportunities, support services, residential options, and non-medical transportation with one mission in mind – to foster a happy and secure quality of life for the adults in our care. We also provide Waiver Support Services, and take great pride in ensuring that each individual we serve – along with their families – are matched with skilled support professionals who become experts on each personal plan of care, are passionate about increasing personal quality of life, and who ultimately encourage independence and overall happiness.

PERSONAL CARE

Personal Care powered by Friendship Community Care offers in-home services to clients with Intellectual and/or Developmental Disabilities, ages 21+, and the Elderly who currently receive Arkansas Medicaid.

- Meal Preparation
- Meals on Wheels
- Consuming Meals
- Bathing & Dressing
- Skin & Nail Care
- Basic Grooming
- Medication Assistance



- Transportation
- Socialization



EMPLOYMENT OPPORTUNITIES

PROJECT SEARCH

Project SEARCH participants learn relevant, marketable skills while immersed in the day to day business of St. Mary's Hospital. Saint Mary's Regional Health System in Russellville, AR will provide 6 internship positions for young adults with significant disabilities. The collaboration between Friendship Community Care, Arkansas Rehabilitation Services and Saint Mary's will allow program participants to develop skills for competitive employment, thus providing a more successful transition into adult life. In Northwest Arkansas participants are immersed in the day to day business of Embassy Suites in Rogers where they rotate through 10 departments. The program is an internationally trademarked and copyrighted program assuring model fidelity and best practices by adherence to critical core model components taught in an integrated business environment.

JOB PATH/WIOA

(W-I-O-A) is lingo for the Workforce Innovation and Opportunity Act — which is a new law that benefits youth and adults with disabilities who want to work. In a rare display of bipartisan agreement, the U.S. Senate and House of Representatives overwhelmingly passed WIOA in the summer of 2014. This Act modernized and streamlined the outdated Workforce Investment Act (which had been due for re-authorization since 2003). Approved for nearly \$3 billion, this program funds state and local workforce initiatives, and provides a comprehensive menu of complimentary job training services for anyone who qualifies. The state of Arkansas implemented this new law in July of 2016, for youth and adults ages 16-24. Job Path is a job placement agency, working specifically with high school students and young adults as they prepare for the workforce. Services available through Job Path include Vocational Counseling, Pre-Employment Classes, Job Placement, On-the-Job Training, Summer Internships for Students, Career Assessment and Planning, Rehab Technology, Benefits Counseling, Transportation — everything needed to ensure long-term success.

TICKET TO WORK

Friendship Community Care is working with the Social Security Administration to offer a Ticket to Work program. This is a voluntary program that can help Social Security beneficiaries go to work, get a good job that may lead to a career, and become financially independent, all while keeping their Medicare or Medicaid. Clients who receive Social Security benefits because of a disability and are age 18 through 64 can qualify for the program.

ADDITIONAL SERVICES

FOSTER CARE

Friendship Community Care was selected by the Division of Children and Family Services (DCFS) to provide specialized foster care placement services in family homes for children who qualify or are candidates for Division of Developmental Disabilities (DDS) Waiver Services (institutional level of care) and are in the custody of or referred by the DHS, DCFS.

BEHAVIORAL HEALTH

FCC's Behavioral Health program is designed to provide services to clients whose primary diagnosis is that of an Intellectual Disability or developmental delay and who are at risk for or exhibiting behavioral disorders or have identified mental health needs. The program uses an interdisciplinary approach for addressing the



personal and clinical needs of its consumers and capitalizes on both in-house resources and/or referral to outside agencies and service providers. The program is aimed at increasing long-term recovery and maximization of self-sufficiency, as distinguished from the symptom stabilization function of acute day treatment. The intent of these services is to restore the fullest possible integration of the beneficiary as an active and productive member of his/her family, social and work community and/or culture with the least amount of ongoing professional intervention.

THERAPY

FCC's therapy services provide physical therapy, occupational therapy, and speech-language pathology services to clients ranging in age from birth through adulthood with developmental disabilities and delays. Therapists provide comprehensive assessments and functional treatment plans while utilizing evidenced-based practices to achieve success in school, at home, and in the community. Therapy services work with the client and caregivers to maximize independence in life skills related to communication, feeding, swallowing, social interaction, mobility, walking, running, bathing, dressing, sensory processing, cooking, writing, job skills, and many other activities that are a part of a fulfilling life.

COMMUNITY OF CHAMPIONS

The Community of Champions is a grassroots effort to coordinate people around Arkansas to work together with parent-advocates and self-advocates to ensure that the needs and issues of people with intellectual and developmental disabilities (IDD) are supported.

Friendship Community Care currently employs 1535 people of which 314 are job path students that are hired as part of their Pre-ETS program and serves 1455 people around the state of Arkansas.

In 2018, FCC was able to establish a certified Behavioral Health Agency (BHA) as the RSPMI moratorium was no longer in place. Since becoming a certified BHA named Connections, FCC has received Medicaid provider numbers for the following locations:

- Russellville (224510526 / 224509526)
- Fort Smith (230150526)
- Fayetteville (230158526)
- Mt. View (22865826)
- Benton (228645526).

Currently Connections serves a total of 130 clients and the personnel include:

- 3 Licensed Professional Counselors (LPC), one EMDR trained, one certified as a Registered Play Therapist and both pursuing CPP certifications at present
- 3 LAC; one EMDR Trained
- 1 Behavioral Health Director
- 3 Qualified Behavioral Health Providers (QBHP)
- 2 LMSW,
- 2 Administrative Assistant
- 1 Psychiatrist
- 1 Nurse

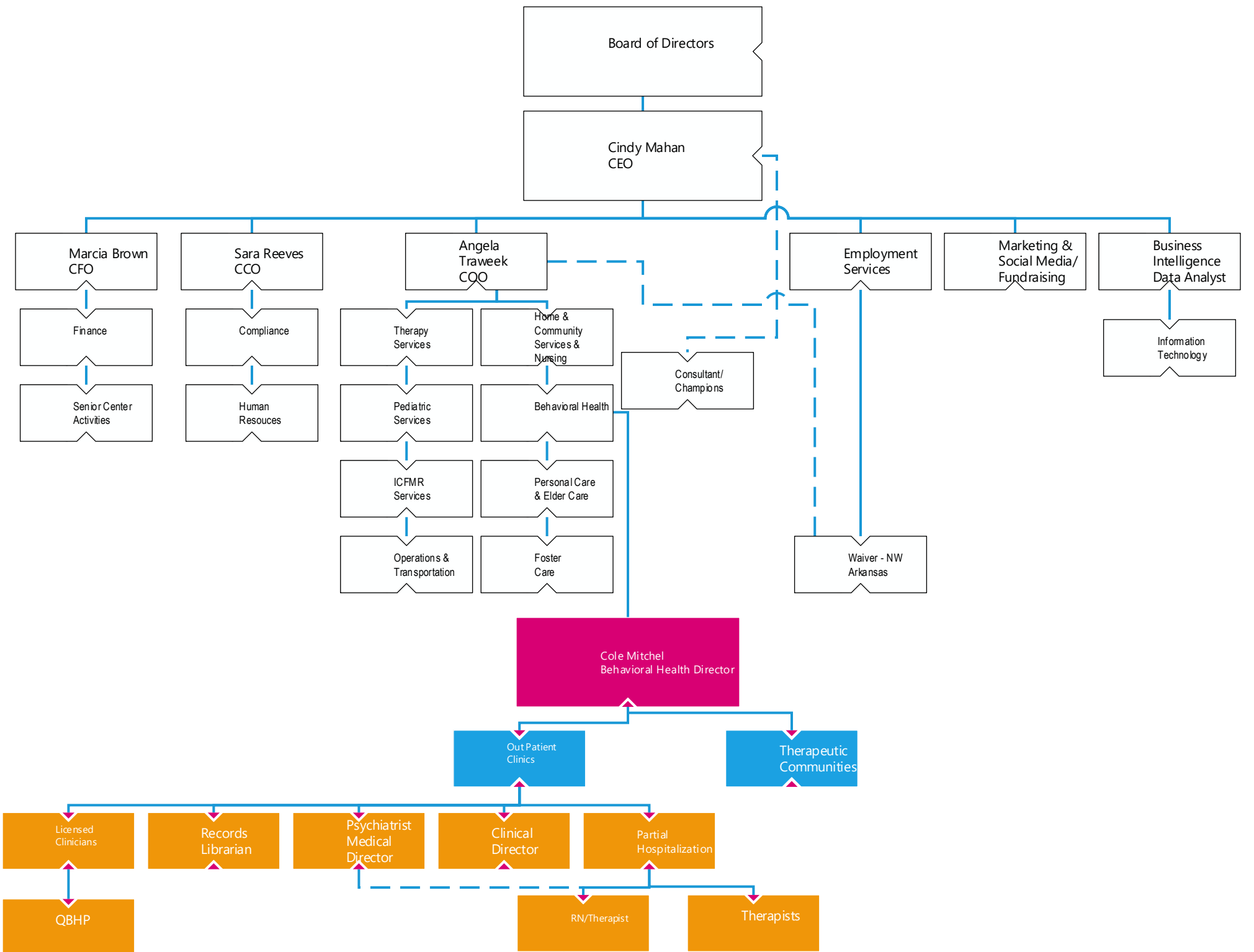
Current services provided include:



- Individual, family and group counseling
- Case Management (QBHP Services)
- Medication management services through Outpatient Behavioral Health Service.

FRIENDSHIP COMMUNITY CARE 2018-2019 Board of Directors

<i>Name</i>	<i>Board Position</i>	<i>Phone</i>
Charles Blanchard	Director	479-498-2402
Luke Duffield	Vice Chairperson	479-968-1149
Dr. Rick Harrison	Secretary	479-890-2407
Trish Henry	Chairperson	479-968-2211
Jerry Hudlow	Director	479-616-0794
Ron Rispoli	Director	479-858-4915
Thomas Pennington	Director	479-964-0824
Dr. Finley Turner	Director	479-857-0495
Scott Van Horn	Director	479-968-3637
Jeremiah Pearson	Director	479-373-1050
Jean Frase	Director	479-220-8119





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

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

b. If provided under a contract:

- i. Name of entity with whom the Vendor had/has a contract.
- ii. Summary of the Scope of Work.
- iii. Project amount.
- iv. Any corrective actions or litigation pertaining to the contract.

Currently Friendship Community Care and Connections Behavioral health have multiple contracts with the state. Some of those include:

- Therapeutic Counseling
- PSAE Project SEARCH ® Site Serving ARS Clients
- Educational Vocational Training Program
- Qualifications for Developmentally Disabled Specialized Foster Home Placements

Therapeutic Counseling is a contract with the Arkansas Department of Human Services providing counseling services for persons without insurance or any other payer source for medically necessary services. Service coverage areas are Marion, Newton, Perry, Pope, Prairie, Saline, Sebastian, Stone, and Washington counties. This contract is funded by the State General Revenue, Fund DBA9600, Fund Center 193T, in the amount of \$67,884.70.

PSAE Project SEARCH Site Serving ARS Clients is a contract with 0520-Arkansas Rehabilitation providing educational vocational training for young adults with Autism in Northwest Arkansas. Friendship Community Care has partnered with Embassy Suites to create a Project SEARCH ® Cincinnati model for employment training. This contract is funded 78.7% by Federal Funds from Vocational Rehabilitation, Fund PER0200, Fund Center 128 in the amount of \$106,756.22 and 21.3% by State Funds from the General Revenue, Fund EGR0000, Fund Center 128 in the amount of \$28,893.37 for a total funding amount of \$135,649.59. Under this contract, there has been no corrective actions nor litigations.

Educational Vocational Training Program is a contract with 0520- Arkansas Rehabilitation. This contract's focus is on serving young adults with intellectual and developmental disabilities. The Educational Vocational Training Program allows for the total immersion of interns and employees into the host business site. The program teaches: Competitive, marketable, transferrable skills; interns are not doing the work of volunteers, they participate in the three 10-week internships 20-25 hours per week; additional skills are added as more basic skills are mastered, so that the interns acquire cascading skills; at least one hour a day is dedicated to an employability skills curriculum. Friendship Community Care partnered with St. Mary's regional Medical Center to implement the program into the hospital. In order to do so Friendship Community Care had to obtain licensure with Project SEARCH ® Cincinnati and has met all criteria for Project SEARCH ®. This contract is funded 78.7% by Federal Funds from Vocational Rehabilitation, Fund PER0200, Fund Center 128 and 21.3% State Funds from General Revenue, Fund EGR0000, Fund Center 128 for a total cost of \$200,672.00. Under this contract, there has been no corrective actions nor litigations.



Developmentally Disabled Specialized Foster Home Placements is a contract with the Arkansas Department of Human Services – Division of Children and Family Services. This contract is to provide specialized foster care placement services in family homes for children who qualify or are candidates for Division of Developmental Disabilities Waiver Services (institutional level care) and are in the custody of or referred by the DHS. DCFS. This contract is funded by the State General Revenue, Fund DCF2600, Fund Center 883 in the amount of \$222,222.00 annually. Under this contract, there has been no corrective actions nor litigations.



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

- a. Evidence of the qualifications and credentials of the respondent's key personnel.
- b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services.

Cindy Mahan, CEO

Cindy Mahan established Friendship Community Care (FCC) in 1972. She has served as CEO for over 45 years and developed FCC Statewide. FCC has over 1,500 employees providing a comprehensive array of services for diversification in children and adults with developmental disabilities, early intervention, therapies, housing assistance, supportive living, elderly day systems, behavioral health, and foster care services.

STATE IMPACT

- President and on Board of Directors of DDPA –totaling 25 years
- Implemented Community Outreach for Grassroots efforts for DDPA on Medicaid cuts
- Governmental Relations Committee - 25 years
- Developed Champions Grant for Grassroots and legislative Champions to sustain IDD systems of care
- Served on Governance and Steering Committee for APC Provider LED entity
- Initiated and successfully negotiated an extra seat on the PASSE Board of Directors for DD.
- Friendship allocated employee on community outreach building provider network adequacy and tracking portal website containing LOA's-hospitals, pharmacies, PCP, etc.

NATIONAL & FEDERAL IMPACT

- ANCOR & Congressional Movements
- Board of Directors, Secretary, and Leadership Committee and State Representative totaling 25 years
- Government Relations Committee - 25 years
- Founder ANCOR PAC Committee 2017
- Worked through President Clinton, HHS, and Congressional Members saving Medicaid
- Speaking engagements in New Orleans and Kansas putting our state in the forefront on Provider LED Managed Care entities

Leslie Smith, Medical Director

Dr. Leslie Smith MD graduated in 1984 with a Bachelor of Arts in Chemistry and Zoology from University of Arkansas directly following his graduation from University of Arkansas he received his Medical Degree from UAMS in 1990. In 1994 Dr. Smith completed his Psychiatric residency training with the University of Arkansas for Medical Sciences while receiving Forensic evaluations certified training from the Arkansas State Hospital in 1992 and completing the Methadone Maintenance Program, Psychiatric Training, Evaluation and treatment of Dual Diagnosis Client from 1991 to 1992.

Dr. Smith has been instrumental in research on different therapies and medications or combination of the two from 1990 to 2005. While being heavily involved in research Dr. Smith published 4 times, Measuring Outcomes and Costs for Major Depression, *Psychopharmacology Bulletin*, 1997; Implementing a Statewide Outcomes Management System for Consumer of Public Mental Health Services, *Psychiatric Services*, 1998; "Hyperglycemia in Patients



Treated with Olanzapine", *Presented*, 1999; "Hyperglycemia in Patients Treated with Olanzapine", *Psychiatric Services*, 2000. Amongst his research and publications Dr. Smith has served on the Janssen Advisory Board, Risperdal Consta; MANI Arkansas Advisory Board, fundraising; Governor's Appointment to the State of Arkansas Social Work Licensing Board from 2001 to 2005; Eli Lilly Advisory Board, Bipolar Treatments; Janssen Psychiatric Leadership Advisory Forum, Seroquel Regional Advisory Board Member; Disability Rights Center, Advisory Council Member; Membership Committee, Arkansas Psychiatric Society; and much more.

From 1991- Current Dr. Smith has given more than 85 academic presentations and continues to improve the education and resources available to students. Throughout his career Dr. Smith has held many positions currently he is Executive Director of GAIN, Inc, Little Rock, Ar; Medical Director of ArkSTART; Psychiatrist for Easter Seals of Arkansas; Medical Director of Gain, Inc.; Owns a Private Practice, Avalon; and Medical Director of Connections Behavioral Health.

Brandy Mitchel, Clinical Director

Brandy Mitchel, LCSW, possesses over 13 years of clinical and management experience. Brandy is also a Registered Play Therapist, with extensive training in early childhood trauma and best treatment practices. Throughout her career, she has developed and maintained strong, collaborative relationships with state agency officials, as well as community partners/stakeholders.



CINDY MAHAN, CEO

45 YEARS OF SERVICE FOR DIVERSIFIED SYSTEMS OF CARE FOR IDD & ELDERLY

BIO

Cindy Mahan established Friendship Community Care (FCC) in 1972. She has served as CEO for over 45 years and developed FCC Statewide. FCC has over 1,400 employees providing a comprehensive array of services for diversification in children and adults with developmental disabilities, early intervention, therapies, housing assistance, supportive living, elderly day systems, behavioral health, and foster care services.

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- ANCOR & Congressional Movements
- Board of Directors, Secretary, and Leadership Committee and State Representative totaling 25 years
- Government Relations Committee - 25 years
- Founder ANCOR PAC Committee 2017
- Worked through President Clinton, HHS, and Congressional Members saving Medicaid
- Speaking engagements in New Orleans and Kansas putting our state in the forefront on Provider LED Managed Care entities



CINDY MAHAN, CEO

P.O. Box 2109, Russellville, AR | 479-970-8472 | mahanc@fccare.org

PROFESSIONAL PROFILE

I have served over 40 years by providing services to Individuals with Developmental Disabilities and Behavioral Health service needs. I established Friendship Community Care (FCC) in 1972. I have served as CEO for over 40 years and developed FCC Statewide. My goal was to lead a company with a mission to provide needed services to children and adults with developmental and intellectual disabilities including individuals with complex medical and behavioral healthcare needs. This would be done in an effort to unite people in advocacy, to educate and assist families and individuals concerned with the quality of life and choice for persons with developmental disabilities and children. FCC has been an organization that speaks up for people who cannot speak for themselves in the courts, in Congress, the state legislatures, and in all policy making offices. Through our education, legal activities, and advocacy, we inform and empower our members. FCC is helping to create a world where all persons with developmentally disabilities benefit from a full range of quality services and families are secure in the fact that their individual choices will be respected.

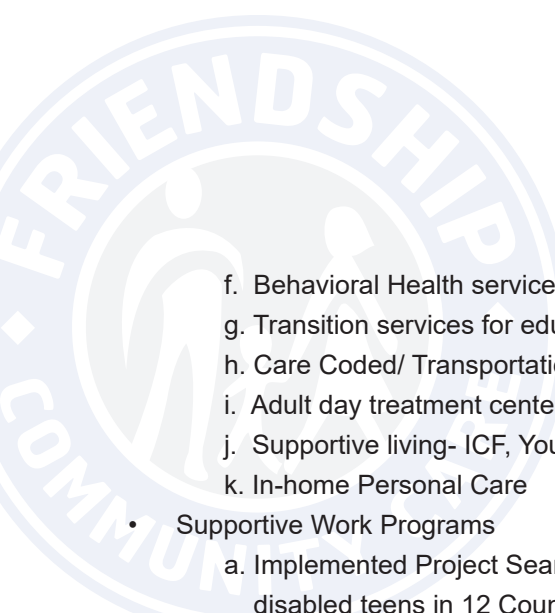
I am proud that FCC started over 40 years ago and continues to be committed to building a healthy relationship between the organization and its families. Through this program we hope we have the ability to build a better future.

CAREER SUCCESS

Friendship Community Care

Chief Executive Director- 1972-present

- Founder of Friendship Community Care in 1972
- Oversee a corporation that has grown from 165 employees to over 1,200 to date
- Managed an organization that grew from a beginning budget of \$4.2 million budget advanced to over \$34 million
- Instrumental in impacting the Clinton Administration on saving Medicaid in the 90's
- Strategic visionary to develop a Grass Roots State Advocacy Grant to develop Champions in intermediate Jr. High and Sr. High students, Colleges and legislative body planning self-advocacy
- Served in capacity of CEO 40 + years serving the state of Arkansas
- Developed Provider Led Campaign for the Association to fight Medicaid cuts this past year
- Worked to develop and manage services to include:
 - a. Supportive living and skills training
 - b. Early Intervention-Preschool services for typical and non-typical developing children
 - c. Therapy rehabilitation services integrated day care facilities
 - d. Housing services for Individuals with Developmental Disabilities
 - e. Social day center for elderly to include Meals on Wheels

- 
- f. Behavioral Health services
 - g. Transition services for educational entities that includes 20 school systems
 - h. Care Coded/ Transportation
 - i. Adult day treatment centers
 - j. Supportive living- ICF, Young Homes and Community services
 - k. In-home Personal Care
 - Supportive Work Programs
 - a. Implemented Project Search Program-Transition services for 14 – 15 year old developmentally disabled teens in 12 Counties with workforce for internships
 - b. Established Job Path employment transition services- Opened 10 sites in one year

PROFESSIONAL / CIVIC AFFILIATIONS

- Served on ANCOR Governance Association for over 25 years, previously served as Secretary and on ANCOR Board
- Serving as Founder Member for ANCOR's PAC 2017
- Currently serve on the Provider-Led Arkansas Shared Savings Entity (PASSE) and the Arkansas Provider Coalition
- Currently serving on the Governance Committee at the State level and the Steering Committee for the Arkansas Provider Coalition to develop new model with Behavioral Health, Substance Abuse and Individuals Developmentally Disabled assuring Providers control the Managed Care Organization structure payments and decision making

EDUCATION

Masters In Science, University of Arkansas
B.S. Business Management, Arkansas Tech University
B.S. Child Development and Psychology, University of Arkansas
30 Graduate Hours Towards MBA

CURRICULUM VITAE

Leslie Gene Smith, M.D.
712 West 3rd
Little Rock, AR 72201

POSITIONS HELD

- | | |
|------------------|--|
| 1/2016 – Present | Executive Director of GAIN (an Assertive Community Treatment Program), Inc.,
Little Rock, AR |
| 6/2014 – 12/2014 | Medical Director of Recovery Centers of Arkansas-Mid Ark <ul style="list-style-type: none">- Medication management- Detox |
| 7/2013 – Present | Medical Director of ArkSTART, State of Arkansas Continuing Education Team for developmental disabilities and behavioral health needs. |
| 5/2007 – 8/2009 | Chief Executive Officer, Owner, NuVision, Inc. (School based behavioral health services)
Little Rock, AR <ul style="list-style-type: none">- Child and Adolescent- Psychopharmacology- Administration |
| 1/2005 – Present | Psychiatrist for Easter Seals of Arkansas, Little Rock, AR <ul style="list-style-type: none">- Child and Adolescent- MR/MI |
| 1/2002 – Present | Medical Director of GAIN (an Assertive Community Treatment Program), Inc., Little Rock, AR <ul style="list-style-type: none">- Forensics- Dual Diagnosis/Substance Abuse |
| 8/2003 – Present | Private Practice, Avalon, PLC <ul style="list-style-type: none">- Medication management- Psychotherapy- Adult, Geriatric, Child, and Adolescent |
| 1/2003 – 12/2012 | Director of the Psychiatric Resident Third Year Assertive Community Treatment Rotation-Assistant Professor, Department of Psychiatry, University of Arkansas for Medical Sciences (UAMS), Little Rock, AR |
| 1/2003 – 6/2004 | Consultant to Mental Health Outcomes (MHO), research company |
| 7/2001 – 6/2003 | Medical Director of Arkansas Partnership Program |
| 7/2000 – 12/2002 | Medical Director of Substance Abuse Programming for GAIN, Inc., Little Rock, AR |

7/2000 – 12/2002	Director of Outcomes Research and Clinical Care, GAIN, Inc., Little Rock, AR
7/2000 – 6/2002	Staff Psychiatrist for Living Hope Institute, Acute Psychiatry Hospitalization Program in Little Rock, AR
7/2000 – 6/2004	Director of Mentally Ill Chemical Abuse Program Training and Certification, GAIN, Inc., Little Rock, AR
7/2000 – 6/2001	Medical Director for development and implementation of Partial Hospitalization and Partial Plus program for Living Hope Institute. Programs include psychiatric and substance abuse
7/1999 – 6/2002	Medical Director, ACT III program, GAIN Inc. combined treatment program for mentally ill chemical abuse patients in substance abuse treatment, residential and chemical free living with mental health treatment provided by cross-trained staff
7/1998 – 6/2001	Telemedicine and Medical Technology Team Co-director, GAIN, Inc. and Arkansas Division of Mental Health Services (DMHS), Little Rock, AR
7/1994 – 6/2002	Assistant Professor, Department of Psychiatry, University of Arkansas for Medical Sciences (UAMS), Little Rock, AR
7/1997 – 6/2000	Assistant Director of Research, Arkansas Mental Health Research & Training Institute, DMHS, GAIN, Inc., Little Rock, AR
7/1997 – 6/2000	Director of Chemical Abuse Programs, DMHS, Little Rock, AR
7/1996 – 6/2000	Medical Director, Arkansas Partnership Program (APP Program with ancillary services), GAIN, Inc., DMHS, Little Rock, AR
7/1996 – 6/2000	Director of Mentally Ill Chemical Abuser Program Training and Certification, DMHS, Little Rock, AR
7/1996 – 6/2000	Director of the Outcomes Management System, Arkansas Mental Health Research and Training Institute, (GAIN and APP outcomes system, evaluation, and management)
7/1994 – 6/1997	Director, Mentally Ill Chemical Abusers Program (MICA), Research and Training Institute, DMHS, Little Rock, AR

EDUCATION

1990 – 1994	Psychiatric residency training, University of Arkansas for Medical Sciences, Little Rock, AR
1992	Forensic evaluations certified training, Arkansas State Hospital, Little Rock, AR
1991 – 1992	Methadone Maintenance Program, Psychiatric Training, Evaluation and Treatment of Dual Diagnosis Client, Little Rock, AR

1986 – 1990 Medical Degree, UAMS, Little Rock, AR

1982 – 1986 Bachelor of Arts in Chemistry and Zoology, University of Arkansas, Fayetteville, AR

HONORS

2004 – 2005 Outstanding Psychiatrist NAMI

1994 – 1998 NIMH Minority Research Grant for Career Development

1992 – 1993 Liaison to the APA Nominating Committee, APA Mead Johnson Fellowship

1992 – 1993 APA Mead Johnson Fellow

1992 APA Mini-fellowship, Program for Minority Research Training in Psychiatry (PMRTP)

1986 Bachelors of Arts with Honors, University of Arkansas, Fayetteville, AR

1984 – 1985 Minority Student Outstanding Achievement Awards, University of Arkansas, Fayetteville, AR

1982 – 1986 Indian Nations Foundation Scholarship, University of Arkansas, Fayetteville, AR

EMPLOYMENT

2014 – 12/2014 Recovery Centers of Arkansas

2003 – Present Aavalon, PLC, Private Practice Partnership

2000 – Present GAIN, Inc., private non-profit Assertive Community Treatment Program, Little Rock, AR

2000 – 2002 Living Hope Institute, private for profit hospital and outpatient facility (52 acute treatment beds)

1994 – 2000 Arkansas Mental Health Research & Training Institute, Division of Mental Health, Arkansas Department of Human Services, Little Rock, AR

1994 – 2000 Medical staff, Arkansas State Hospital, Little Rock, AR

1991 – 1994 Medical staff, The Bridgeway Hospital, North Little Rock, AR

1993 Medical staff, Malvern Hospital, Malvern, AR

1991 – 1993 Consulting physician, Community Counseling Services, Hot Springs, AR

1993 – 1994 Consulting physician, Community Counseling Services, Arkadelphia, AR

RESEARCH ACTIVITIES

2003 – 2005	Eli Lilly initiated (Phase IV) HGLF High Dose Olanzapine in a Controlled Fixed Dose-Response Trial for the Treatment of Schizophrenia and Schizoaffective Disorder-Primary Investigator
2003 – 2004	Eli Lilly initiated (Phase III-IV) HGIE Combination Therapy Study for Treatment Resistant Depression-Primary Investigator
2002 – 2004	Eli Lilly initiated (Phase III-IV) HDAO Combination Therapy Study for Treatment Resistant Depression-Primary Investigator
2002 – 2005	Pfizer Industry initiated Zodiac (Phase IV) Ziprasidone Observational Study of Cardiac Outcomes – Primary Investigator
2002 – 2004	Eli Lilly initiated (Phase IV) BIDES study, Bipolar Treatment with Zyprexa versus Depakote
2001 – 2002	AstraZeneca Industry (Phase IV) Comparative Efficacy of Seroquel and Risperdal – Primary Investigator
1999 – 2002	Eli Lilly initiated (Phase III-IV) Olanzapine Plus Fluoxetine Combination Therapy in Treatment Resistant Depression: A Dose Ranging Study – Primary Investigator
1998 – 2001	Eli Lilly initiated (Phase IV) The Comparative Efficacy of Olanzapine, Risperidone, and Haloperidol for Cognition in Schizophrenia outpatient study – Primary Investigator
1998 – 2001	Pfizer Industry initiated (Phase IV) Ziprasidone Inpatient Study. Community hospital involvement – Primary Investigator
1998 – 2000	Pfizer Industry initiated (Phase III) Ziprasidone outpatient study, at the GAIN program – Primary Investigator
1997 – 1999	Pfizer Industry (Phase IV) Ziprasidone Switch studies: 3 separate protocols – Primary Investigator
1997 – 1999	Evaluation of the Switch from depot Neuroleptics to Newer Antipsychotics in Patient Outcomes, at GAIN, Inc.– Primary Investigator
1994 – 1998	Outcomes Assessment of Depression and Schizophrenia in the State of Arkansas Population Treated Within the Division of Mental Health, co-investigator with G. Richard Smith, M.D., Centers for Mental Healthcare Research, and UAMS, Little Rock, AR
1994 – 1998	Outcomes Comparison of Coerced Versus Voluntary Treatment for Alcohol Abuse in a Sample V.A. Population, co-investigator with Brenda Booth, Ph.D., Centers for Mental Healthcare Research, UAMS, Little Rock, AR

1994 – 1996	Examination of Outcomes of Dual Diagnosis Patients in the Arkansas Mental Health System, co-investigator with G. Richard Smith, M.D., Centers for Mental Healthcare Research, and UAMS, Little Rock, AR
1994 – 1996	Pramipexole Phase II Drug Study with Schizophrenic Outpatient Population, co-investigator with Jim Clardy, M.D., Research and Training Institute, DMHS, Little Rock, AR
1992 – 1993	Field Testing Drug Outcomes Module in Hospitalized Patients Treated for Alcohol and Drug Dependency, research assistant to G. Richard Smith, M.D., V.A. Hospital, North Little Rock, AR
1990	Increased Length of Stay in Hospitalized Schizophrenic Patients Related to Aggressive Behavior and Substance Usage, research assistant to Craig Karson, M.D., V.A. Hospital, North Little Rock, AR

PROFESSIONAL ACTIVITIES

2015 – Present	Otsuka Speaker Bureau - Rexulti
2013 – Present	Otsuka Speaker Bureau – Abilify, Abilify Maintena
2012 – 2015	Sunovian Speaker Bureau – Latuda
2010 – 2013	Merck Speaker Bureau - Saphris
2010 – 2013	Novartis Speaker Bureau - Fanapt
2010 – 2013	Eli Lilly Speaker Bureau – Zyprexa Relprevv
2005 – 2010	Eli Lilly Speaker Bureau – Cymbalta and Strattera
2004 - Present	Janssen Speaker Bureau - Risperdal Consta, Invega, and Invega Sustenna
2004 – 2013	Bristol Myers Squibb Speaker Bureau – Abilify, Abilify Maintena
2003 – 2004	Janssen Advisory Board, Risperdal Consta
2001 – 2004	NAMI Arkansas Advisory Board, fundraising
2001 – 2005	Governor’s Appointment to the State of Arkansas Social Work Licensing Board, term from 2001 – 2003 and term from 2003-2005
2000 – 2004	Eli Lilly Advisory Board, Bipolar Treatments
1999 – Present	Eli Lilly Speaker Bureau - Zyprexa
2000 – 2008	Forest Pharmaceuticals Speaker Bureau - Lexapro

1999 – 2003	Janssen Psychiatric Leadership Advisory Forum
1998 – 2002	Seroquel Regional Advisory Board member
1998	“Partnership in Recovery/Medicine, Management, Motivation” Video Production, Assistant Producer and Director, Little Rock, Arkansas
1997 – 2001	Disability Rights Center, Advisory Council Member, Little Rock, Arkansas
1994 – 2000	Membership Committee, Arkansas Psychiatric Society, Little Rock, AR
1994 – 1996	Newsletter editor, Arkansas Psychiatric Society, Little Rock, AR
1993	Residency Recruitment Committee – filming, editing, and producing recruitment video for UAMS, Department of Psychiatry, Little Rock, AR
1991	Committee for Education Evaluation, Residency Education Committee, UAMS, Little Rock, AR
1990 – 1991	Residency Education Committee (REC), UAMS, Little Rock, AR
1990	Residency Recruitment– filming, editing, and producing recruitment video for the UAMS, Department of Psychiatry, Little Rock, AR
1987	Coordinator of Freshman Orientation, UAMS, Little Rock, AR
1986 – 1990	Medical Student Council, UAMS, Little Rock, Arkansas

ACADEMIC PRESENTATIONS

2005	(22 presentations for Schizophrenia, Bipolar and Depression)
2004	(15 presentations of Schizophrenia and Bipolar disorders)
2003	<u>Bipolar Disorder and the Real Life Experience with Mental Illness</u> , Fayetteville, AR
2003	<u>Use of New Generation Antipsychotic Medication for Affective Symptoms</u> , Pine Bluff, AR
2003	<u>Metabolic Disturbances and Antipsychotic Therapy</u> , Little Rock, AR
2002	<u>Geodon IM: New Treatment Options for Severe Behavioral Dyscontrol</u> , Little Rock, AR
2002	<u>Neuropsychiatric Manifestations of Severe Mental Illness</u> , Little Rock, AR
2002	<u>Bipolar Treatments: Effective Treatment Options</u> , Memphis, TN

- 2002 Strengths Based Treatment Programming and Client Outcomes, Little Rock, AR
- 2002 Practical Clinical Ethics: The Medications We Use, St. Vincent's Hospital, Little Rock, AR
- 2001 Assertive Community Treatment, Its Impact on Patient Care and Outcomes, Little Rock, AR
- 2001 Dietary Treatment Modalities in Mentally Ill Patients, El Dorado, AR
- 2001 Pain Medication and the Management of Patients in an Inpatient Setting, St. Vincent's Hospital, Little Rock, AR
- 2001 The Impact of New Generation Medications on Mood and Psychosis, Little Rock, AR and Jonesboro, AR
- 2000 Use of Zyprexa as a Mood Stabilizer, Searcy, AR
- 2000 Dialectical Behavioral Therapy for Borderline Patients, Living Hope Institute, Little Rock, AR
- 2000 Substance Abuse in Bipolar Disorder and Schizophrenia, Little Rock, AR
- 2000 – PRESENT Mentally Ill Chemical Abusers staff training/certification, GAIN, Inc., Little Rock, AR
- 2000 Cognitive-Behavioral Therapy: Its Use in a Mentally Ill Substance Abuse Treatment Program, training seminar for Liberty Health Care, Residential Treatment Program
- 2000 Using ACT Programming to Divert Mentally Ill Consumers from the Criminal Justice System, National Alliance for Mentally Ill, National Meeting, San Diego, CA
- 2000 New Treatments in Bipolar Disorder, Little Rock, AR
- 2000 Treatment Resistant Depression, Diagnostic Issues and Advances in Treatment, Pine Bluff, AR
- 2000 PACT models and GAIN, Inc., Strengths of ACT Programming, National Alliance for Mentally Ill, Kentucky Chapter
- 2000 New Models of Understanding D2 Blockade and the New Generation Psychotropics, Wichita, KS
- 1999 Economic Considerations for New Treatment Protocols, Research & Training Institute, Division of Mental Health Services
- 1999 Hyperglycemia in Patients Treated with Olanzapine, Institute on Psychiatric Services

- 1999 Does State Policy Reflect Science?, Georgia Mental Health Centers, Public Policy Meeting
- 1999 New Treatment Methods for SPMI/SA Populations, National Alliance for Mentally Ill (NAMI), Missouri Chapter
- 1996 – 2000 Mentally Ill Chemical Abusers staff training/certification, DMHS, Little Rock, AR
- 1999 Substance Abuse: Treatment Issues and the Use of Atypical Antipsychotics, Sixth Annual Forensic Conference, Little Rock, AR
- 1999 Does State Policy Reflect Science?, National Alliance for Mentally Ill, Arkansas Chapter, Public Policy Meeting
- 1999 Strengths of New Generation Antipsychotics in the Public Sector, Southeast Regional Community Mental Health Center, Pine Bluff, AR
- 1999 Substance Abuse: Treatment with Atypical Antipsychotics, Psychiatry Grand Rounds, Department of Psychiatry, University of Mississippi Medical Center, Jackson, MS
- 1998 Making a Difference, 1998 Survey and Certification Conference, Fountainhead Resort, Oklahoma State Department of Health, Checotah, OK
- 1996 – 2001 Schizophrenia and the Switch from Depot to Newer Oral Medication, Centers for Mental Healthcare Research Presentation at CORE/UAMS Research Conference, Little Rock, AR
- 1997 Medicaid Administrative Project – Preliminary Results, Division of Mental Health Services/CMHCs at Little Rock, AR
- 1997 Wellbutrin in the Treatment of Depression and Nicotine Addiction, to four state conference in New Orleans, LA
- 1997 Dual Diagnosis Clients Treatments to Aid in Community Reintegration, Arkansas Association for Persons in Supported Employment 2nd Annual Conference, GAIN, Inc., Little Rock, AR
- 1997 New Pharmacologic Treatments for Affective and Psychotic States, Conway, AR
- 1997 How to Measure and Improve Clinical and Functional Outcomes in Public/Private Partnerships, 9th Annual Behavioral Healthcare Tomorrow, Washington, D.C.
- 1997 New Pharmacological Treatments for Mentally Ill and Substance Abuse Clients, Mid South Summer School, University of Arkansas at Little Rock, Little Rock, AR
- 1997 Mentally Ill Chemical Abuse Treatment and New Program Approaches, 4th Annual Forensic Conference, Little Rock, AR

1996	<u>Outcomes Management Systems</u> , Southern Regional Conference on Mental Health Statistics in Louisiana
1996	<u>Outcomes Management Systems</u> , Centers for Mental Healthcare Research Presentation at UALR/Division of Mental Health Training Session
1995	<u>Medicaid Administrative Project Poster</u> , the Arkansas Mental Health Institute Meeting, Hot Springs, AR
1994	<u>Up-to-Date Treatment of Chemical Abuse</u> , presentation at the Annual Arkansas Psychiatric Society meeting, Hot Springs, AR
1993 –PRESENT	Alcohol and Substance Abuse Lecture Series – Psychiatric residency training, UAMS, Little Rock, AR
1993 – 2000	Small discussion group leader, medical student psychiatry rotation, University of Arkansas for Medical Sciences, Little Rock, AR
1993	<u>Advantages and Disadvantages of Outcomes Research</u> , the International Hospital and Community Psychiatry meeting presentation, Boston, MS
1991 – 1994	Termination Issues, Religion in Psychiatry, and Hypnosis – four part series, resident educational presentations, UAMS, Little Rock, AR

PUBLICATIONS

Brenda M. Booth, Ph.D., Minglian Zhang, Ph.D., Kathryn M. Rost, Ph.D., James A. Clardy, M.D., Leslie G. Smith, M.D., and G. Richard Smith, M.D., Measuring Outcomes and Costs for Major Depression, *Psychopharmacology Bulletin*, Vol. 33, No. 4, 1997, 653-658

James A. Clardy, M.D., Brenda M. Booth, Ph.D., **Leslie G. Smith, M.D.**, Carol R. Nordquist, M.S., and G. Richard Smith, M.D. Implementing a Statewide Outcomes Management System for Consumers of Public Mental Health Services, *Psychiatric Services*, Vol. 49, No. 2, February 1998, 191-195

Leslie G. Smith, M.D., "Hyperglycemia in Patients Treated with Olanzapine," presented at the American Psychiatric Association 1999 Institute on Psychiatric Services, October 30 – November 2, 1999, New Orleans, Poster

Leslie G. Smith, M.D. "Hyperglycemia in Patients Treated with Olanzapine," submitted to *Psychiatric Services*, May, 2000

MEDICAL LICENSURE

2008	Recertification in Addiction Psychiatry
2007	Recertification in Psychiatry
2006-PRESENT	Suboxone Prescriber, up to 100 patients
1998	Certification in Addiction Psychiatry, American Board of Psychiatry and Neurology

1997	Certification in Psychiatry: American Board of Psychiatry and Neurology
1990 – PRESENT	State of Arkansas (C-7972)

Education and Licensure

Licensed Certified Social Worker

Issued: 7/2007 Expires: 7/2019

University of Tennessee

Masters of Science in Social Work, May 2005

Arkansas State University

Bachelors of Science in Psychology, May 2003

Professional Work Experience

October 2018-
Present

Quapaw House, Inc.

Director of Administration

--Oversee operations of a 9 clinic region, to include a residential SUD treatment facility, and outpatient behavioral health offices

July 2007-
October 2018

Preferred Family Healthcare

Clinical Director/Vice President Of Treatment Services

- Oversee and assess clinical practice for licensed professionals in 47 offices across the state of Arkansas
- Provide case consultation and assistance to clinicians and paraprofessionals
- Develop tools for monitoring best practice, and ensure professionals and paraprofessionals have the training necessary to deliver best practice
- Beacon contact for all clinical and practice related issues
- Supervise directors, assisting them in evaluating programs and staff that they oversee
- Work with directors to ensure the fiscal health of their regions/offices
- Educate directors about outpatient behavioral health services transition, in order for them to educate their staff
- Spearheaded the development of a \$2.5 million dollar federal grant that was awarded to bring early childhood mental health services to a 5 county area

Regional Director

- Supervised up to 30 staff, including mental health professionals, paraprofessionals, and administrative support staff
- Oversaw clinical programming and services in assigned office
- Educated community stakeholders about mental health services, built and maintained positive, collaborative relationships with referral sources
- Provided case consultation and assistance to mental health professionals and paraprofessionals associated with the client
- Monitored fiscal stability/health of the office

Clinical Advisor

- Provided case consultation and assistance to clinicians, paraprofessional and administrative staff associated with the client
- Conducted multidisciplinary staffing and assigned cases to appropriately licensed providers
- Assisted Regional Director in providing clinical orientation to all new hires in the clinic to include Credible, caseload, documentation, required documents, etc
- Assisted regional director in observation of group and individual therapy sessions for new employees

Mental Health Professional

- Provided professional clinical services to PFH/Dayspring clients including assessment, referral, treatment planning, counseling, and discharge planning
- Provided individual, family and group therapies to clients in school and community-based settings
- Conducted mental health assessments and write and review treatment plans to provide proper and effective treatment
- Provided case consultation and assistance to paraprofessionals associated with the client
- Supervised paraprofessionals providing services to clients

Association Memberships

2014-Present Member, Association for Play Therapy

Specializations/Trainings

2018 DC:0-5 Diagnostic classification of mental health and developmental disorders of infancy and early childhood training (for provision of infant mental health services)

2017 Completed all necessary training and supervision requirements for registered play therapist certification. Recently submitted application.

2016 Completed both EMDR 1 and EMDR 2 trainings

2015 Trauma-Focused Cognitive Behavioral Health Therapy

References:

Russell Meadows, LPC
Vice President of Treatment Services
Preferred Family Healthcare/Health Resources of AR
PHN (501) 230-9636
russell.meadows@pfh.org

Andrew Merritt, LPC

PHN (918) 606-3536

Katherine Arkell, LMSW, RPT-S, ACTP
5090 State Street, Suite 102-B
Saginaw, MI 48603
PHN (479) 685-7830
kdarkell@gmail.com



E.1.E Submit a minimum of three (3) letters of recommendation from 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:

- a. They shall be on official letterhead of the party submitting recommendation.
- b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.
- c. They shall be from clients who can directly attest to the respondent's qualification(s) relevant to this RFQ.
- d. They shall be limited to organizational recommendations, not personal recommendations.
- e. They shall be dated not more than six (6) months prior to the proposal submission date.
- f. They shall include the current phone number, mailing address, email address, title, printed name.
- g. They shall contain the signature of the individual of the party submitting the recommendation.
- h. They shall not be from current DHS employees.

1. Mercy Hospital
2. Into the Light
3. Bentonville Public School District

March 13, 2019

Connie Gragg
HR Director/Project SEARCH Liaison
Saint Mary's Regional Health System
1808 West Main Street
Russellville, AR 72801

Attn: Office of Procurement
700 Main Street Slot W345
Little Rock, AR 72201

Dear Division of Aging, Adult and Behavioral Health Services:

It is with great confidence that I recommend Connections Behavioral Health powered by Friendship Community Care for the Crisis and Forensic Mental Health Services contract (bid number 710-19-1024)- Region 2 Johnson, Yell, Pope, Searcy, Van Buren, Conway, Perry, Stone, Faulkner, and Cleburne County, Arkansas.

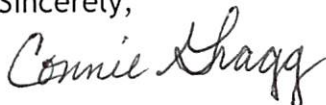
I am the HR Director/Project SEARCH Liaison at Saint Mary's Regional Health System, and have worked directly with Friendship Community Care for the last 3 years. During the past 3 years working directly as the Liaison between Saint Mary's Regional Health System and Friendship Community Care they have always been meticulous with all of the projects we have partnered on.

All of the staff that I've had the pleasure to work with from the President, Directors, Supervisors and Staff have always been very professional, knowledgeable, caring and sincerely interested in providing the best opportunities for all of the Project SEARCH Interns. I have repeatedly witnessed the Friendship staff going above and beyond to assist not only the Intern, but their families as well.

I have absolutely no reservations about recommending Connections Behavioral Health powered by Friendship Community Care. I have no doubt the standards and compliance measures of the contract will be upheld to the highest degree.

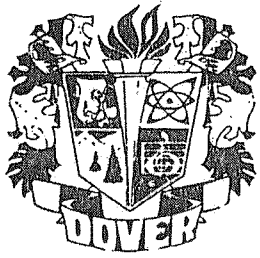
Please do not hesitate to contact me if additional information is needed.

Sincerely,



Connie Gragg

connie.gragg@saintmarysregional.com
479-964-9175



DOVER SCHOOL DISTRICT

P.O. Box 325 • Dover, Arkansas 72837

March 14, 2019
Josh Daniels
Superintendent
Dover School District
9371 Market Street
Dover, AR 72837

Attn: Office of Procurement
700 Main Street Slot W345
Little Rock, AR 72201

Dear Division of Aging, Adult and Behavioral Health Services:

It is with great confidence that I recommend Connections Behavioral Health powered by Friendship Community Care for the Crisis and Forensic Mental Health Services contract (bid number 710-19-1024)- Region 2 Johnson, Yell, Pope, Searcy, Van Buren, Conway, Perry, Stone, Faulkner, and Cleburne County, Arkansas.

I am the Superintendent of the Dover School District, and have worked directly with Connections Behavioral Health powered by Friendship Community Care for the past year. During this time, Connections Behavioral Health has provided quality therapy for some of our most at risk students. The therapists truly care about the wellbeing of the students served here at Dover and are willing to help our teachers and administrators with ideas that promote positive teacher-student interactions and positive student choices. Our students served through Connections have a proactive advocate for them to help them through the various mental health issues that some of our students face. As a company Connections Behavioral Health powered by Friendship Community Care has provided our district with the quality services they promote.

I have absolutely no reservations about recommending Connections Behavioral Health powered by Friendship Community Care. I have no doubt the standards and compliance measures of the contract will be upheld to the highest degree.

Please do not hesitate to contact me if additional information is needed.

Sincerely,

Josh Daniels
Josh.daniels@doverschools.net
479-331-2916

ARCH FORD EDUCATION COOPERATIVE

Phillip Young, Director / Tina Rooks, EC Coordinator
101 Bulldog Drive
Plumerville, AR 72127
(501) 354-2269

March 6, 2019

Joanna Blocker, Ed.S.
Behavior Support Specialist
Arch Ford Education Cooperative
101 Bulldog Drive
Plumerville, AR 72127

Attn: Office of Procurement
700 Main Street Slot W345
Little Rock, AR 72201

Dear Division of Aging, Adult and Behavioral Health Services:

It is with great confidence that I recommend Connections Behavioral Health powered by Friendship Community Care for the Crisis and Forensic Mental Health Services contract (bid number 710-19-1024)- Region 2 Johnson, Yell, Pope, Searcy, Van Buren, Conway, Perry, Stone, Faulkner, and Cleburne County, Arkansas.


I am currently a Behavior Support Specialist for Arch Ford Education Cooperative and have worked directly with Connections Behavioral Health powered by Friendship Community Care collaborating to address the concerns and needs of the students and adults in the counties we serve. During my time, working and collaborating with Friendship Community Care, this organization meets the needs and understands the struggles encountered when mental health strikes individuals. I have observed dedication to provide the most effective aid guiding and being supportive and providing meaning, hope and solace. The professionals are skilled in assisting adolescents and adults through specific behavioral problems and provide the highest quality of care. This organization is CARF accredited and strives to provide high quality services affordable, while also ensuring the welfare, safety and security of those placed in their trust.

As a Behavior Support Specialist for Arch Ford Education Cooperative, we have utilized a multidisciplinary team approach with Connections Behavioral Health powered by Friendship Community Care to provide the counties with an integrating behavioral treatment plan within the educational and medical model. Together we have developed a constructive and comprehensive plan of care to stand ready to serve individuals seeking assistance.

I have absolutely no reservations about recommending Connections Behavioral Health powered by Friendship Community Care. I have no doubt the standards and compliance measures of the contract will be upheld to the highest degree.

Please do not hesitate to contact me if additional information is needed.

Sincerely,



Joanna Blocker, Ed.S.
Behavior Support Specialist
joanna.blocker@archford.org
5012421411



E. 2 GENERAL SERVICE DELIVERY REQUIREMENTS

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

Connections will adopt a comprehensive person centered no wrong door model of care to offer diverse and coordinated care with strong collaborations of community stake holders for clients in Region 2. This will allow clients to receive quality services in a timely manner within the region, instead of being given a number to call of another provider. The community stakeholders will assist clients accessing services under the contract even if that provider does not provide the services the individual is seeking. We will have strong partners in The Centers for Youth and Families and Freedom House to assist in the delivery of services for behavioral health and substance use disorder services.

Connections will ensure all requirements are met by:

- Serve as the designated Single Point of Entry (SPOE) for all adults in Region 2 whose destination is ASH as well as the single point of access for acute inpatient psychiatric hospitals for clients without a payor source for acute care hospitalization when these services are medically necessary.
- Utilize funding under the proposed contract as the payor of last resort and assist clients in enrolling in healthcare coverage programs for which they may be eligible.
- Utilize mobile crisis screenings and assessments when clients present in crises within Region 2.
- Respond to the crisis and offer crisis intervention and stabilization, as well as other services, to prevent hospitalization, prevent further deterioration, and meet behavioral health needs of the client.
- Work with the court systems to provide Forensic Evaluations establishing whether clients are competent to engage in the legal system. If the individual is not deemed competent, Connections will provide outpatient services to help that client regain competency.
- Maintain a local behavioral health and community resource directory to ensure public information and education is widely available. We will carry out a monthly public information campaign including postings on social media (Facebook and Twitter) to educate the local community with information about available services, hours of operation, clinic contract information and how to access agency programming including crisis services. The campaign will include flyers and advertisements in local news media designed by Connections marketing team to distribute the information to local referral sources including PCP offices, law enforcement, jails, homeless shelters, civic groups, schools and colleges.
- Deliver SSBG Services under Title XX for traditional and non-traditional services for all clients who are at or below 100% of the federal poverty level. We will provide the allowable services in the SSBG manual (service code 29-Mental Health Services, 38-Supportive Services for Children and Families, 43-Mental Health Services, Additional Units, and 56-Prevention/Intervention Services) for client meeting the eligibly criteria.



1. Connections will provide community-based care for the identified populations, predominately those without insurance, the underinsured, and ASH-related clients, and actively work to divert clients with severe mental health needs from hospitalization, jail, or emergency rooms. Connections will coordinate care and treatment in the community and provide services tailored to the individual's needs so that adults with serious and persistent mental illness will remain healthy and living in the community of their choice. Services provided will include twenty-four (24) hour emergency services, crisis stabilization, re-entry programs, care coordination, hospital aftercare, club house model programs, drop in model programs, peer support groups, supported employment and supportive housing.
2. Lead community-based Crisis Intervention and Stabilization. Mobile Crisis services will include completing mobile assessments and either stabilizing and depending on the assessed need, referring the client for follow-up community treatment, assisting with and/or paying for a hospital bed day, or assisting the with admission and payment for an Acute Crisis Unit bed. For clients without access to a third-party payor source and not a member of a PASSE, services will include assessment, stabilization, and referral. We will partner with The Centers, a quality behavioral health provider to execute crisis intervention and stabilization services.
3. Focus on Recovery-Oriented Treatment. Connections will continue to provide and seek quality trainings on trauma and move toward an agency wide trauma-informed care model by focusing on Recovery-Oriented Treatment. Through collaborative community partnerships, we will build and implement a No Wrong Door System to empower clients to make informed decision, to exercise control over their long-term care needs and to achieve their personal goals and preferences. No Wrong Door will alleviate barriers to clients receiving services.
4. Provide support to clients placed on the waitlist for admission, being admitted to and discharging from ASH, and the Community-based 911 Status clients. To ensure a more coordinated approach to service delivery, Connections will provide services and care coordination for clients on the ASH waiting list and to referred patients discharging from ASH, regardless of payor source or circumstance.



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

Connections as well as our community partners have the capabilities to provide Telemedicine services throughout Region 2. We are a member of the Arkansas e-Link and use Cisco Meeting Place for clients. Arkansas e-Link is a statewide telemedicine network that provides a secure, HIPPA compatible network to provide telemedicine services to assist in meeting the needs of the unserved, underserved, and economically distressed areas in Arkansas. A connection with e-Link is required by the state of Arkansas for an Agency to provide Medicaid billable services. UAMS CDH provides network management, technical support and training to sustain and expand the network, while also acting as consortium leader to attain discontinued broadband services through the FCC Healthcare Connect Fund for Eligible entities. Connections currently has one Medical Doctor and one APRN with the capability of providing telemedicine services and will look at additional provider coverage for the Region. Connections will also collaborate with The Centers to expand provider coverage via telemedicine across Region 2.



E. 3 SERVICE DELIVERY DUTIES

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

a. Serve the following populations in the delivery of crisis services:

- i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.**
- ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.**

Connections currently have licensed therapist that respond crisis 24/7. Our team provides the following crisis response, including assessment and stabilization, to children, youth, and adults experiencing a psychiatric or behavioral crisis. Under this contract, we will develop a Mobile Crisis Team to serve any/all clients without a payer source and any/all persons served in the custody of DCFS that are not members of a PASSE.

Connections and our partners have established invaluable relationships with local acute hospitals and a network of providers. These collaborative relationships enable us to facilitate immediate hospitalization for clients in need. Our Director of Clinical Services with the support of the Medical Director will oversee the Mobile Crisis Team, which has training in trauma-informed care and follows evidence-based crisis assessments and stabilization tools. Connections Mobile Crisis Team will coordinate with The Centers, Emergency Service Team to ensure consistency when responding to a crisis across Region 2. We will ensure a full continuum of care is based on clients' unique needs.

We will work collaboratively with DCFS in responding to crisis and meeting the needs of clients in their custody. If a need arises for emergency placement, Connections will work with The Centers to access their emergency services to house clients over night or a short-term basis and work with their Emergency Service Team to coordinate care.

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

Connections current policy states, a licensed professional is on-call 24/7 to offer fact-to-face assessment and stabilization. Our licensed professionals will then work with local partners to find an appropriate placement if needed.

Existing procedure for responding to a crisis:

- Maintenance of twenty-four (24) hour emergency services for adults, youth, and children who present with Psychiatric and (or) Behavioral Crises.
- After a request for a crisis assessment, the behavioral health professional shall make phone contact within fifteen (15) minutes.



- The behavioral health professional must provide face-to-face assessment within two (2) hours of the emergency and shall assess the individual's 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 (2) hour time period, for reasonable cause and the cause is clearly documented.
- If the individual in crisis has a behavioral healthcare provider that they have been working with, Connections may contact that healthcare provider. However, Connections shall remain responsible for ensuring a crisis assessment and appropriate crisis services are provided.
- All events and actions taken when responding to a mobile crisis assessment must be thoroughly documented and documentation must be completed within twenty-four hours of the initial contact.

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

Connections Mobile Crisis Team will include a group of health professional who provide mental health services primarily in community setting, including the home. Mental health engagement, intervention and follow-up support are provided to help overcome resistance to treatment. Services provided under mobile crisis include assessment, crisis intervention, supportive counseling, information and referrals, including to a community-based mental health providers. We will work collaboratively with The Centers and their Crisis Team across the region to ensure easy access is available for clients in need.

For clients age 18 or older who are assessed during a behavioral health behavioral health crisis and meet the criteria for crisis stabilization admission, we will respond by making a referral to the Vantage Point, Northwest Medical Center Behavioral Health Unit, or Springwoods Behavioral Health. Criteria for admission includes age 18 or older, experiencing a behavioral health or substance abuse crisis, is willing to accept treatment, not actively dangerous/violent and can physically care for themselves We have an established reciprocal referral relationship with Vantage Point and Springwoods Behavioral Health. After the client's stay, we will provide care coordination at the request of the individual and facilitate referrals to outpatient mental health services. The client would then be eligible for any of Connections, The Centers or Freedom House's comprehensive services including but not limited to Drop-In Center, supported housing, supported employment, outpatient counseling and substance abuse services.

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.

Connections will utilize a progressive set of best practices and procedures for the management of behavioral health crises for children, youth and adults. Staff introduce and guide clients through the Stage of Change Continuum and engagement interventions via Motivational Interviewing assists clients in finding their own motivation for change. The Power of Choice model empowers clients to make good choices and practice effective coping strategies. Conscious Discipline assist clients in practicing coping skills which can more effectively transition to their home classroom, especially if their school practices Conscious Discipline. Connections will also offer QBHP's to assist clients with this critical transition by practicing the preferred coping



skills in their home classroom. The residential client council also provides the clients with opportunities to direct activities and influence treatment outcomes.

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.

Connections will adopt and implement the evidence-based SAFE-T standardized crisis assessment tool. This evaluation and triage plan will assist us with making clinically indicated recommendations based on medical necessity. The five-step plan involves identifying risk factors and protective factors, conducting a suicide inquiry, determining risk level and interventions, and documenting a treatment plan. The immediate and potential safety needs of clients are measured using age, gender and culturally appropriate defined criteria.

If needed, all steps taken and/or contacts made to locate acute placement are documented as well as contacts made to the individual's behavioral health treatment team members to help solve the crisis. Documentation will also include, how the team worked with the caregiver or support network to de-escalate the crisis and problem solve to recommend a course of action.

Protocols will be established for using SAFE-T that adequately triage planning and care for all clients in Region 2. We will work collaboratively with The Centers, as they currently use the SAFT-T crisis assessment tool to ensure consistency across the region when crisis assessment tool is being utilized. If for any reason the individual needing acute placement is not placed immediately, Connections will document attempts for placement until appropriate placement is secure and the individual is placed.

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

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.

Connections in collaboration with The Centers will provide a Warm Line to clients in need of lower threshold interventions on the evenings, weekends and holidays by adding an additional line to our existing emergency services/crisis hotline (479-747-9414). The Warm Line will be staffed and manned by a qualified behavioral health provider (QBHP) with lived experience, preferable a certified Peer Support Specialist, trained in evidence-based crisis practices. The QBHP will offer support and assistance, continue to assess the needs of our community and use the information to offer pertinent educational resources and/or continue to build a comprehensive support network for clients. When appropriate, callers will be connected with crisis assessment services from a Licensed Mental Health Professional.

We will plan on accommodating one to two Drop-In Centers as a resource for clients and an additional support network within an existing BHA facility. This would be a consumer initiative and offer members opportunities for friendship, employment, housing, education and access to behavioral health services through a caring and safe environment. The Drop-In Center will be available to clients in crisis during evenings, weekends and holidays.



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

Connections strives to provide care in the least restrictive environment, so clients can be maintained in their current setting. We will utilize our Mobile Crisis Team who will provide quality triage services, which will deter clients from utilizing a higher level of care. Our pre-screening assessment tool we will utilize will assist in identifying the most appropriate care for clients and connect them with community-based program and services.

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

In the event an acute hospitalization is diverted, Connections will document the crisis stabilization/safety plan.

The crisis stabilization/safety plan will clearly document scheduled appointments and connection with outside resources and natural supports, follow-up procedures for the individual as well as for the treatment team, and diversion alternatives that Connections plans to make available including resources in the community to which the family can be connected. The individual's suggestions are taken into account in the development of the plan to help the individual avoid harming self or others or feel anxious or afraid until an intervention can begin or be continued.

For the DCFS population specifically, Connections will make every reasonable effort to divert from acute hospitalization. If diversion can occur, a written safety plan is implemented and shared with applicable clients (e.g. the child when age appropriate, DCFS worker/supervisor, and adult in the child's current placement). The safety plan assesses for the client's protective factors, identifies triggers, and allows the client to provide input on effective coping strategies including what strategies have worked for them in the past. The plan also ensures the team and individual remain safe and that individualized interventions and directions are prescribed. Qualified behavioral health professionals complete a face-to-face follow-up within twenty-four (24) to forty-eight (48) hours of the initial crisis.

For a re-occurring crisis, Connections Mobile Crisis Team will re-evaluate the recommendations of any previous crisis/safety plan and uses a Wraparound approach to placing the individual and providing additional treatment and supportive services. Follow-up post crisis stabilization documentation occurs through a record of services in the individual's EHR.

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

Following a mobile crisis assessment, Connections will provide any clinically necessary alternative psychiatric treatment or make a referral to the individual's current behavioral healthcare provider or care coordinator. Connections will also act as the SPOE for clients present in Region 2 who are being considered, voluntarily or involuntarily, for referral to the inpatient programs of the ASH.

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



Connections will take primary responsibility for ensuring comprehensive aftercare and discharge planning for all persons leaving an acute setting, as notified by the hospital. Discharge planning will include a scheduled appointment to take place not later than seven (7) days after discharge from the hospital. When we are unable to manage the plan, we will call upon our wide network of established community partners. Coordination with these community partners will ensure comprehensive aftercare planning for clients with a psychiatric or behavioral health crisis who are frequently jailed or in acute crises.

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

Connections will administer the Acute Care Funds (ACF) for psychiatric hospitalization for adult clients experiencing a Psychiatric or Behavioral Crisis. The ACF will be utilized as a payor of last resort and only available for use with persons aged eighteen (18) and older.

If an adult is not a member of a PASSE and has no payor source to cover hospitalization, Connections will use ACF to pay for the hospitalization. This will include clients served by other agencies who are without funds to pay for hospitalization. Connections will take financial responsibility for admission and continued stays that are determined to be clinically/medically necessary by the admitting facility.

As an alternative diversion from psychiatric hospitalization, Connections will use ACF to pay for the provision of services in a DHS certified Acute Crisis Unit. For the purpose of expenditure of ACF for treatment in a certified Acute Crisis Unit/Crisis Stabilization Unit, Connections will serve a client living in a family with income up to two hundred percent (200%) of the federal poverty level and is not eligible for Medicaid.

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.

Connections recognizes the need and access for Therapeutic Communities, as there are a limited number of these facilities across the state. Due to the need of Therapeutic Communities, Connections is in the process of evaluating existing structures and possibly building a new facility in the Russellville area. Once Connections decides on the route taken, we will actively pursue certification for Therapeutic Communities. Connections will work collaboratively with The Centers and David Kuchinski, Chief Clinical Officer for The Centers, to provide feedback and expertise on opening a TC, since he has worked with DPSQA and other entities starting this service across the state.

Adding Therapeutic Communities to our service line, would create a natural step down from ASH and acute hospitals into a more comfortable living environment. This would allow Connections to develop a full continuum of care for adults to ensure an effective transition from TC to a supportive housing situation with a warm handoff to Tier 2 outpatient therapy and QBHP services. Connections will offer educational and supported employment opportunities to enable clients to reconnect with their community and establish a recovery plan to develop and sustain functional improvements that increase autonomy and functionality.



Connections proposed TC will provide a person-centered approach to recovery that is staffed by qualified behavioral health professionals with lived experience to foster enhanced rapport, refine recovery plans and enhance interventions that yield qualitative, measurable improvements in clients to move them through the continuum and graduate from TC quicker. Connections will be able to accept clients who qualify for TC 12 months after acquiring this contract.

During the time Connections TC is being developed, we will send referrals for Therapeutic Communities services for adult clients with a serious mental illness to Birch Tree Communities, Inc. (*see attached MOU*).



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

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

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

Connections plans to provide a comprehensive array of evidenced based, individualized services to clients served. Services will be client-centered and trauma informed. Focus will be placed on the individual's strengths, and the identification/development of the support system of those served to create a true wraparound experience. Under the proposed contract, we will provide services to adults, youth and children in Region 2 who are awaiting an ASH bed, clients preparing for discharge from ASH and clients who have been discharged from behavioral health services at ASH, including those with community-based 911 status. We will assist with care coordination for these clients (both adults and children) and provide step down services as needed from ASH.

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

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

Connections will act as the SPOE for clients in Region 2 who are being considered, voluntarily or involuntarily, for the ASH inpatient program. These screenings will be used to determine if the individual meets the criteria for admission to inpatient programs of the State Mental Health System, to determine if appropriate alternatives to inpatient treatment are clinically appropriate and available and to arrange for the provision of alternative outpatient services if inpatient or crisis residential services are not recommended. The Mobile Crisis Team is on-call 24/7, ensuring the SPOE screenings will occur within two (2) hours of the initial request and quickly assess whether inpatient services at ASH are medically necessary.

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

Licensed behavioral health professionals will use the DHS certified SPOE assessment form which includes an evidence-based screening tool. If the individual is screened in an inpatient/medical facility or emergency room, the following will be included in the assessment:

- Completed SPOE/Crisis Intervention Form noting acute psychiatric symptoms dated within the last seventy-two (72) hours
- Hospital Face sheet with complete demographic/financial information
- All Nurse and Physician progress notes
- All Physician Orders
- Medication Administration Records (MAR)
- Emergency Room Admission Data (*if applicable*)
- A signed statement by the attending physician stating that the client is medically cleared/stable for discharge, not transfer, from the inpatient medical facility
- All Lab/EKG reports



- Medical/Psychiatric Consults
- History and Physical
- Psychiatric Evaluation (*if applicable*)
- Vital Sign and Height/Weight Record
- Court Order/Jail Hold Order (*if applicable*)
- Guardianship Papers (*if applicable*)

If the SPOE screening is completed in a clinic, the following information will be included:

- Completed SPOE/Crisis Intervention Form noting acute psychiatric symptoms dated within the last seventy-two (72) hours and the client's physical location for discharge after stabilization
- Demographic/Financial Information
- Emergency contact information
- Where in Region 2 the client will be placed when stabilized
- Court Order/Jail Hold Order (both if jail hold)
- For reconsiderations: updated progress notes, physician orders, MAR and functional status reports.
- Connections letter of authorization

Connections Director of Clinical Services will review, sign off and send a letter as proof of authorization of the SPOE assessment, assuring that it was completed completely and accurately.

c. Serve Clients on the ASH waiting list:

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

To provide support and stabilization to any individual awaiting admission to ASH, Connections will provide care coordination, including pursuing insurance enrollment for the individual.

Connections will also provide any appropriate and medically necessary services available under the current OBHS and ABHSCI manuals to support stabilization for those awaiting admission to ASH or for those clients discharging from ASH who are uninsured or underinsured. Services will include, but not limited to, peer support, outpatient counseling, and referrals to partial hospitalization, acute crisis unit, Therapeutic Communities, substance abuse and day treatment services. If appropriate, the client may also be referred to Drop-In Model services.

When necessary, Connections will secure acute hospitalization with another provider if a bed is not available at ASH. This includes documenting all efforts toward placement.

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

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

Connections will assume responsibility for clients discharge planning and transition, assess placement options to determine services needed to be provided by Connections, one of our subcontractors or another provider. Discharge planning efforts will include services to ensure that therapy, medication management and coordination of a primary care physician are in place. Care coordination will be provided by QBHPs to assist clients in gaining timely access to appropriate services and ensure communication between agencies,



providers, and other clients necessary to implement the goals identified in the treatment plan. To ensure continuity of care, services will also include facilitating linkages between providers of community-based resources, service referrals to ensure necessary behavioral health interventions including medication management are in place, ensuring the individual is receiving an appropriate level of care and assistance in obtaining appropriate Medicaid, Medicare, private insurance, Veterans Administration benefits, or other third-party coverage. For all clients discharging from ASH, the first appointment will be a scheduled appointment no later than seven (7) days after discharge. Connections will verify that appropriate insurance enrollment has been initiated prior to discharge. If applicable, housing and transportation will be arranged. Connections will remain in regular communication with designated ASH staff with regards to ASH's recommended discharge planning needs, as well each client's needs.

e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.

Connections will serve all ASH discharges referred by ASH regardless of the payor source, including those without insurance or who are not a member of a PASSE, or when requested by DHS. Care coordination, including assisting the client in obtaining appropriate insurance coverage, will be provided.

For all clients discharging from ASH, the first appointment will be a scheduled appointment no later than seven (7) days after discharge. All medically necessary services under the current OBHS and ABHSCI manuals will be made available to assist and support with stabilization for those clients who are uninsured or underinsured.

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

Connections will provide necessary treatment for 911 status clients who are discharged on a conditional release order regardless of payor source, who are not a member of a PASSE, or upon DHS request. As clients on 911 statuses are required to comply with medications, treatment and therapy, substance abuse treatment, and drug testing as prescribed, Connections will coordinate with the state to ensure these clients receive the needed treatment within the community. Services may be provided by Connections, one of our subcontractors, or another community-based provider when deemed necessary. For clients discharging from ASH, the first appointment will be a scheduled appointment no later than seven (7) days after discharge.

For clients currently on conditional release that have no insurance or insurance other than Medicaid, care coordination, including assistance pursuing appropriate insurance coverage enrollment, will be provided. The first appointment for clients discharging from ASH will be scheduled no later than (7) days after discharge. All medically necessary services under the current OBHS and ABHSCI manuals will also be made available to assist and support with stabilization for those clients. Connections will collaborate with The Centers and their Chief Clinical Director, David Kuckinski, as he has experience working with 911 status clients.



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

a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.

When a judge orders an ACT 327 or ACT 328 forensic evaluation to determine if there are concerns regarding the competency, responsibility, and (or) capacity of an individual to proceed within the criminal justice system, Connections will provide a Qualified Psychologist to perform the initial ACT 327 or ACT 328 evaluation, or subsequent ACT 310 Evaluations, as defined in Arkansas Code Annotated (ACA) §§ 5-2-301 through 5-2-329. We will subcontract with The Centers to conduct the forensic evaluations.

Connections will notify the Forensic Services Program Director of the scheduled date of any ACT 327, ACT 328, or ACT 310 evaluation within five (5) business days of the notification from ASH. Connections will coordinate with The Centers to ensure the Qualified Psychologist attends annual updates of the forensic certification course approved by DHS and appears in court and gives testimony as required by the court or upon request by DHS and (or) DAABHS.

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

Upon completion, all ACT 327, ACT 328, or ACT 310 Forensic Evaluations will be filed by Connections with the courts and made available to the DAABHS Forensic Program Service Director within the mandated timeframe.

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

Connections will contract with The Centers who have access to qualified psychologist who are able to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.

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

For clients who are not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program, Connections will have a team of mental health services trained in FORP, so we can provide FORP services. We will collaborate with The Centers team that is already trained and has an active caseload of five.

FORP services will be provided to clients residing in the county jail or in the community. FORP services will ensure that all necessary agencies and programs are involved and made available for clients needing restoration services, such as medication management and therapy services. All data related to services for forensic evaluations population will be submitted in a timely manner upon request to DHS.

If a client's behavioral health condition deteriorates and if Connections deems necessary that this individual requires an inpatient setting, or a client is found by Connections be non-restorable after a period of six (6) months, the individual will be referred to ASH for discretionary consideration of admission.



If the client is determined to be restored by Connections after FORP services are rendered, Connections will collaborate with The Centers to (*Qualified Psychologist*) perform an ACT 310 evaluation to confirm restoration and provide the court with the evaluation results.



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

a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.

Once staff are trained in FORP, Connections will provide FORP services to clients who have been deemed unfit to proceed with the criminal justice or legal process according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328. We are committed to providing the full array of services available under FORP to increase success of restoration services and meet individual's full mental health needs. FORP provides stabilizing support and services to assist clients in successfully participating in the evaluations in the community, minimizing ASH placement when possible. Connections will recommend clients with serious mental illness be placed in TC for stabilization and achieve restoration/fitness to proceed if they are too acute to restore in their home. This would divert unnecessary placement in ASH. Connections will collaborate with David Kuchinski with The Centers, as he has years' experience assessing and treating clients undergoing the evaluation process.

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

Currently, Connections does not have anyone trained in Forensic Outpatient Restoration Program, but we will provide appropriate training in FORP to ensure qualified mental health professionals can provide this service. Connections will collaborate with The Centers to provide initial training to staff on FORP. The most current DHS-approved curricula will be followed and Connections will ensure FORP clients referred from ASH will have their first appointment within seven (7) days of the referral. If the client fails to arrive for any appointment, Connections will notify ASH by the next business day following the day of the missed appointment.

The following educational, clinical and behavioral health services will be provided, as medically necessary, to clients in FORP who are awaiting a trial or hearing:

- Care Coordination including but not limited to, court appearances, facilitating linkages between court and jail personnel, transporting clients, and service referrals
- Drug Screen
- Marital/Family Behavioral Health Counseling
- Group Behavioral Health Counseling
- Interpreter Services, *only with prior approval from DHS*
- Purchase of medically necessary psychotropic medication
- Pharmacological Management
- Mileage Reimbursement
- Mental Health Diagnosis
- Psychiatric Assessment
- Psychological Evaluation
- Treatment Planning

We are committed in gaining the knowledge to provide FORP services but also to provide quality wraparound services as needed upon completion of FORP, including outpatient counseling services and case management.



Providing wraparound services for FORP clients will ensure clients remain connected to a mental health continuum of care and received individualized care, tailored to their individual needs.

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

Currently Connections does not have anyone on staff licensed or trained in the Forensic Outpatient Restoration Program. We will advertise, hire and train new/existing staff to provide this service and work with The Centers to provide additional support with FORP.

d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.

All progress notes and/or reports, with the DAABHS specified criteria, will be documented in the individual's EHR at time of service and sent to designated DHS staff within DAABHS required timelines and via method of transmission required by DAABHS or ASH.

e. Provide Individual Outpatient Restoration according to the RFQ requirements

Individual Outpatient Restoration services will be provided for clients in jail or in the community and will follow the prepared educational curriculum. Clients being seen for FORP educational purposes involving restoration will be seen by a licensed mental health professional (if psychotherapy is warranted) or by a certified qualified behavioral health provider.

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

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

For clients who have been restored to competence, Connections will contact the DAABHS Forensic Services Program Director and request an ACT 310 Forensic Re-Evaluation performed by one of The Centers contracted qualified psychologist. While clients are awaiting the ACT 310 Re-Evaluation, Connections staff will provide at least monthly face-to-face contact with FORC clients.

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

Connections will request ASH inpatient admission for any client that cannot be restored as an outpatient client within six (6) months of the original court orders file date. Such requests will be submit by Connections to the DAABHS Forensic Services Program Director for discretionary consideration of inpatient admission at ASH.

Connections will provide support to ensure stabilization while an individual is awaiting admission into ASH. We will use our Drop-In Center to provide care coordination and medically necessary services. No less than monthly contact will occur during the waiting period for admission to ASH.

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



Every referred defendant to Connections will be reviewed to ensure a Psychiatric Assessment (PA) has occurred within the last 6 months. If a PA has not been completed within the last 6 months the individual will be scheduled with a Psychiatrist or APN to complete a Psychiatric Assessment.



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

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

Under our existing Therapeutic Counseling contract with DHS, Connections administrative support staff will assist clients in insurance enrollment. We are currently providing this service under our Therapeutic Counseling contract with DHS, in Marion, Newton, Perry, Pope, Prairie, Saline, Sebastian, Stone and Washington Counties, and will continue facilitating this service to clients under the proposed contract.

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.

Connections will provide medically necessary services available under the current OBHS an ABHSCI manuals to assist and support stabilization, for services not available through the client's insurance carrier. This is specific to services not available through the individual's insurance carrier not the number of services an insurance carrier will cover. Connections will contact the insurance carrier to request additional services that are medically necessary. We will only use contract funds when the insurance carrier has denied extension of benefits on the requested services. All requests for, and provision of services, will be documented in the client's medical record.

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

Connections will implement a Drop-In Center to meet the needs of non-Medicaid clients. We will use the SAMSHA's evidence-based guidelines for our Drop-In Center. The Drop-In Center will provide social support, advocacy and a supportive environment for client's journey to recovery. This would include staffing the Drop-In Center with clients with lived experience to empower clients to learn and share coping skills and strategies, this would build and enhance self-esteem and self-confidence. Psychoeducation will also be provided to disseminate pertinent information regarding mental illness, substance abuse, and tobacco cessation, and teach problem-solving, communication, and coping skills to support recovery. Psychoeducation services will be congruent with the age and abilities of the individual, client-centered, and strength-based; with emphasis on needs as identified by the individual and provided with cultural competence. We will look at adding 1-2 Drop-In Center, which will be co-located in one of the offices or collaborating partners office in Region 2.



E.3.F Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:

a. Make FEP services available to the clients 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.

Connections plans to provide FEP treatment to clients 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. As early identification, intervention and treatment of psychosis increases the chance of successful recovery and improved functionality, our FEP services include recovery-oriented, person-centered and relationship-based treatment.

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

Connections will conduct education and outreach in the communities to enhance awareness of symptoms and treatment options for FEP at least twice monthly. We will provide on-going public education by written literature to be distributed in the community and activities. To ensure all community education and activities are documented, we will have administrative support track this monthly. Connections will address each of the following at least every six (6) months:

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

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

Implementation of FEP services will be based on coordinated specialty care that emphasizes outreach, low-dosage medications, case management, family psychoeducation, supported employment and supported education. These services will be provided by dedicated members of our treatment team to facilitate individual's experiencing FEP success in work and school.

A licensed mental health professional will oversee the outreach and referral process for the program including initial assessments of the potential client's eligibility for the program. All outreach staff members who are not a part of the clinical treatment team will be trained in the core concepts of the program.

We will adopt the following evidence-based practices for FEP services; Cognitive Behavior Therapy for Psychosis (CBT-p) and Individual Resiliency Training. All clinically appropriate and medically necessary services to persons experiencing their FEP. Connections will have clinical staff trained in these evidenced based practices. Connections will collaborate with The Centers for support, as they have 3 staff trained in CBT-p.



Outcomes related to FEP services including suicidality, psychiatric hospitalizations, substance use, prescription adherence, side effects of psychotropic medications prescribed, and the client's level of functioning with regards to ability to initiate/maintain involvement in educational setting, employment setting, and social connectivity will be tracked and clearly documented in the client's EHR. Ongoing assessment of suicidality for FEP persons will also be completed by the assigned clinician at each visit.



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

a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.

Non-traditional services that are not Medicaid reimbursable will be made available to all children, youth and their families, and adults who demonstrate a need. This includes on-going public information and education campaigns via social media, pamphlets, website and responses to community tragedy. Connections will maintain a local Resource Directory that includes community partnerships and collaborations with relevant agencies, stakeholders and groups. The directory will be available at each office, and we will look at publishing the directory online.

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.

Connections has existing materials for marketing, outreach and awareness which details the services we provide, hours of operations and crisis service contact information. We will continue to use those same outreach avenues and update our expanded services once we are awarded the proposed contract. Connections along with our strong partners will work collaboratively to ensure the public is aware of the full array of services and resources we have to offer in Region 2. This will be communicated by the following methods, included by not limited to social media outlets, website, radio, pamphlets distributed to local organizations, local community events, and educational campaigns.

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

Connections is in the process of establishing a consumer advisory council for BH services. Friendship Community Care has had and continues to have active parent advisory councils for other service lines within the organization. We will broaden our collaborations within the organization to enhance access to additional services not currently being received. Currently, there are children served in our developmental preschools for developmental delays who demonstrate significant social/emotional delays and could potentially benefit from behavioral health interventions. This will ensure a full wrap around and holistic approach to meeting an individual's needs.

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

Connections strongly believes clients should have access to comprehensive services in a timely manner, including community-based support, in order to address relevant physical, emotional, social and educational needs. They should participate to the fullest extent possible in the planning and delivery of services and receive services that are integrated. All services are sensitive and responsive to cultural differences and special needs, and made available without regard for race, religion, national origin, gender, or other characteristics.



Care Coordination ensures that multiple services are delivered within the community in a coordinated and therapeutic manner and that movement through the continuum of services is in accordance with changing needs. The rights of clients are protected, and effective advocacy efforts promoted

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.

Connections will collaborate with The Centers to evaluate the courts in each county to determine the feasibility of developing Mental Health Courts. We recognize this as a big need and great way to divert clients from jail and give them the access to the services needed. We would propose piloting 1-2 courts in Region 2 one day per week with a mental health professional to complete assessments to make recommendations and provide feedback to the courts regarding treatment.



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

a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).

Connections will make available SSBG title XX services to the SSBG XX population for all clients who meet criteria outlined in the SSBG manual and ensure it is funding of last resort.

b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.

Connections will deliver SSBG services under Title XX for traditional and nontraditional support and services for all clients who are at or below 100% of the federal poverty level and follow all applicable federal guidelines. Connections will provide all allowable services that fall under the following and adhere to each Service Chapter outlined in Appendix D of the most recent SSBG manual:

- Mental Health Services (code 29)
- Supportive Services for Children and Families (code 38)
- Mental Health Services, Additional Units (code 43)
- Prevention/Intervention Services (code 56)

c. Complete the DHS 100 Form.

During the initial application interview the applicant will complete the DHS 100 form. If needed Connections staff will assist the applicant in completing the application upon the applicant's request. Once the DHS 100 form is completed, Connections staff will give a copy of the form to the applicant Guardian or authorize representative as a record of application and retain the original application in the client's chart. The DHS 100 form advises the applicant of his/her rights and his/her responsibility to give accurate information for determination of eligibility to receive SSBG funds. Connections will ensure all clients who are eligible to receive SSBG funding complete the required DHS 100 form. Also, clients will provide appropriate documentation to verify income and other requirements under SSBG.

Compliance with Social Services Block Grant requirements found in Attachment H.



E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:
a. Ensuring the following services are available directly or through a sub-contractor:

- i. Partial Hospitalization-** Connections is in the process of submitting an application for Partial Hospitalization in Russellville, Arkansas with an expected open date prior to July 1, 2019. To offer clients another option for Partial Hospitalization, Connections will collaborate with Freedom House for this service too.
- ii. Peer Support-** Connections will seek clients who are already trained and certified as a peer support specialist. In the event an individual meets all the requirements to become a peer support specialist, Connections will require clients to complete the PSS training program approved by the Arkansas Department of Human Services, as well as go through training to become a QBHP. Connections will work collaboratively with The Centers, and Freedom House who have staff trained and certified as peer support specialist, so access of services will be expanded across the region.
- iii. Family Support Partner-** Connections will model recovery and resiliency for caregivers and of family members with behavior health care needs. We will seek clients with lived experience and required state training. Family Support Partners will be responsible for assisting, teaching, and modeling appropriate strategies and techniques, parental expectations and assisting families in securing community resources and developing natural supports.
- iv. Supported Employment-** Current and future QBHPs on staff will provide supported employment services. These services are designed to help clients acquire and keep meaningful jobs in a competitive job market, facilitate job acquisition by sending staff to accompany clients on interviews and providing ongoing support and/or on-the-job training once the client is employed. Service settings vary depending on individual need and level of community integration and may include the beneficiary's home. Job Path, which is part of Connections will provide support to our QBHPs. Job Path has expertise in employment services across the state.
- v. Supported Housing-** Current and future QBHPs on staff will be trained and provide supportive housing services to develop and strengthen natural support in the community and will begin providing these services upon awarding of the proposed contract. Services will be designed to ensure that beneficiaries have a choice of permanent, safe, and affordable housing. QBHPs will assist clients in locating, selecting, and sustaining housing, including transitional housing and chemical free living; provides opportunities for involvement in community life; and facilitates the individual's recovery journey. Service settings may vary depending on individual need and level of community integration and may include the client's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.
- vi. Therapeutic Communities-** Connections will sub-contact with Birch Tree and continue to work on opening a Therapeutic Communities under our scope of services in the future.



vii. **Aftercare Recovery Support-** Connections recognized the importance and effectiveness of aftercare recovery support. Aftercare Recovery Support services include 1) educating and assisting the individual with accessing supports and services as needed 2) transitional services to assist the individual in adjusting after receiving a higher level of care and 3) providing training to assist the individual to learn, retain, or improve specific job skills, to successfully adapt and adjust to a particular work environment and to live in and maintain a household of their choosing in the community. QBHPs provide this service to recovering clients with the goal of promoting and maintaining community integration. Freedom House is currently providing aftercare recovery support. We will work collaboratively to provide this service throughout the region.

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

Connections will work to collaborate with pharmacies to obtain medication vouchers when available. If medication vouchers are unavailable, then Connections will assist with the purchase of medications for clients as payor of last resort, but ultimately insure medication is obtained as necessary for the desired outcome with doctors consult. Connections will seek out a collaborative agreement with 1 or 2 pharmacies within Region 2.

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

Connections will work collaboratively with The Centers and Dr. Hair to provide Medication Assisted Treatment to identified who are identified across Region 2. We will have the ability to use telemedicine to increase accessibility for clients in Region 2. If the demand exceeds the available staff needed to provide MAT, Connections will seek out and collaborate with other providers or waived prescribers to meet this need.



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

Connections has developed a strong collaboration with ***The Centers for Youth and Families***. We will utilize a No Wrong Door approach to ensure easy access for clients seeking services under the contract. The Centers is the oldest continuously operating not for profit in Arkansas having served Arkansas's most troubled and needy children for more than 130 years. The Centers is accredited by the Joint Commission on the Accreditation of Healthcare Organizations, a member of the Mental Health Council of Arkansas, approved as a special education resource by the Arkansas Child Welfare Agency Review Board and licensed by the Arkansas Department of Health as an approved psychiatric facility. Such accreditation demonstrates The Center's commitment to continuously improve service quality and to focus on the satisfaction of the clients served. The Centers provides care, treatment, and services to clients who have a behavioral health diagnosis as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-V).

The Centers provides a full comprehensive continuum of care for the emotional wellness of all ages which includes outpatient counseling, prevention services, human trafficking treatment, emergency services, residential treatment centers, therapeutic foster care, and day treatment.

To offer more diversity and support to Region 2, Connections will also partner with ***ARVAC Freedom House***, a private non-profit organization. Freedom House is a CARF accredited Alcohol and Drug Treatment Center licensed in Arkansas that has been around since the late 1970s. Freedom House is a 30-bed residential treatment facility for men (15 beds) and women (15 beds). To further support a successful recover, Freedom also offers aftercare services that includes 32 men and 12 women sober living beds.

Freedom House uses evidence-based practices which include, experiential therapy, cognitive behavioral therapy, motivational interviewing, recreational therapy, expressive therapy, mindfulness and stress management, Living in balance, Matrix model, Acceptance and commitment therapy, and smoking cessation. The American Society of Addiction Medicine (ASAM) criteria is used in making placement recommendations. ASAM recommends placement is in the least restrictive environment. Clients are recommended for residential treatment if they carry a severe substance use disorder diagnosis and have been determined to be unable to discontinue using in an outpatient setting. Otherwise, placement recommendations are for outpatient services with intensity and duration dependent upon the severity noted on the diagnosis. Freedom House provides a full spectrum of level of treatment to meet the needs of the individual with a substance use and co-occurring disorders. Residential Treatment, Social Detoxification, Partial Hospitalization, Sober Living (Transitional Housing), Eating Disorders, Aftercare, Peer Support Intensive Outpatient Services, and Outpatient Services. All levels of care include a drug testing component. Freedom House staff includes licensed mental health professionals, peer recovery specialist, psychiatrist, and substance use counselors (ADC, AADC, SAP, LADAD, CS).

Connections currently has a working relationship with ***Saint Mary's Hospital, Vantage Point*** (children, adolescents, and adults) to refer clients for acute crisis stabilization, and we receive referrals for clients who are discharged from their facility. We also work collaboratively with Saint Mary's Hospital on discharge planning to ensure clients have the appropriate appointments setup before leaving their facility.



b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of clients who reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.

Connections is committed to early intervention to ensure clients receive evidence-based services in the least restrictive environment. Our full continuum of services for children, adolescents, and adults has given us the experience and resources to provide early intervention in the office, home, school, and community. Connections with history of utilizing Crisis Stabilization techniques and serving clients with dual diagnosis. Clients that are identified with higher needs will receive more intensive services via QBHP interventions.

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

Connections staff focuses on the importance of identifying natural supports during the therapeutic process in order to assist and increase the client functionality and decrease the dependence on the mental health provider. Clients will receive wrap around services via QBHP, FSP, and Peer support partners in order to identify and build natural support such as church, support groups, participating in community events, volunteering, etc.). Connections will work with community partners to identify natural supports across the region.

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.

Connections will be able to expand beyond our current treatment services due to the strong collaborative partnerships we have created in order to offer and bring a full array of medically necessary services to Region 2. Connections is committed to continue evaluating the needs clients to increase their functioning and keep them in their local communities. Our collaborative partners are committed to the No Wrong Door principles and make referrals processes seamless to benefit the individual regardless of payer source.

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

Connections has been an advocate for children and youth for years. Connections currently has strong partnerships with several school districts across Region 2 and will collaborate with Centers for Youth and Families. Connections (FCC) will also ensure licensed professionals have necessary training on the importance of attachment in the parent/child relationship, and treatment modalities that enhance these relationships. We communicate regularly with family support groups throughout the region, in particular foster family support groups. Connections will also provide mobile crisis services to youth and families in order to assess needs and make necessary recommendations/referrals.



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:

Connections will plan to open additional offices across the region and staff the offices with qualified mental health professionals and qualified behavioral health providers. By working collaboratively with our strong partners, we will be able to expand services quickly and efficiently, so the full array of services is available to clients in need across Region 2.

We will hold monthly meetings (first week of the month) to ensure continuity of care is being upheld by all partners across the region. Also, we will evaluate the need for additional services and clinicians where we need to increase the continuity of care.

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

Connections ensures that all employees are provided with opportunities to develop, maintain, and improve their job knowledge, skills, and abilities. Training represents an investment of time and money in each employee. Each employee is required to obtain the number of training hours as determined by the licensing agency of the department/division; plus, other training sessions based on an identified training need.

Staff trainings offered to all employees during new employee orientation:

Agency Training

Courses	Objectives The objectives of these sessions will enable participants to:
New Employee Orientation	<ul style="list-style-type: none"> •Learn about the Business Strategy of Friendship Community Care •Discuss company benefits •Discuss important Friendship Community Care Policies •Introduce employees to Friendship Community Care Policy Manual •Complete all required new employee paperwork/drug test
Agency	<ul style="list-style-type: none"> •Introduce employees to FCC Compliance Procedures •Discuss individual responsibilities relating to both Compliance and HIPAA Privacy •Provide learners with information regarding resource location •Review the various Reporting Acts •Understand the process for Incident reporting •Review the Behavior Management 101 •Review most common Developmental Disabilities
Medication Assistance	<ul style="list-style-type: none"> •Learn about the Consumer Directive Care Act. •Learn about the 5 Rights and how to use them •Learn about various procedures for medications. •Learn various forms needed for medications and doctor visits. •Be able to complete Medication Assistance Competency Test. •Discuss process for reordering medications.
Health & Safety	<ul style="list-style-type: none"> •Be educated in correct blood borne pathogen protection, documentation, and reporting •Learn FCC procedure concerning illness and infectious diseases •Learn FCC procedure regarding exposure, Hepatitis and TB •Review mandated drills •Learn safe lifting technique



Departmental	<ul style="list-style-type: none"> •Learn about Community Supports Services, DDS, Behavioral Health, Certification Standards, and CARF •Learn about the various aspects of working hands-on with clients with developmental disabilities •Learn about Community Integration and Normalization •Learn about PCSPs and how they relate to your job •Learn various forms of documentation and where/when to turn them in
Behavior Management	<ul style="list-style-type: none"> •Learn about Positive Behavior Management •Learn about Effective Communication Skills •Learn about the various types aspects of working hands-on with clients with developmental disabilities •Review and understand DDS and Company Policy on Behavior Management •Review consumer-specific behavior information
Transportation	<ul style="list-style-type: none"> •Learn about Vehicle Maintenance •Learn about information presented in the START Video •Learn about START Vehicle Safety •Learn about START Driver Safety •Learn about START Passenger Safety •Learn about Pre-Trip and Monthly Inspection Procedures
CPR/First Aid	<ul style="list-style-type: none"> •Learn Basic First Aid •Learn CPR & AED •Learn CPR & First Aid for childcare providers •Learn about Blood borne pathogens

Program Specific trainings:

- Job duties and responsibilities
- Credible
- Rights of Person Served
- Person and family centered services
- Prevention of workplace violence
- Confidentiality (HIPPA) requirements
- Cultural core competency
- Expectations regarding professional conduct
- EEO
- Harassment/sexual harassment
- Compliance
- Fraud, abuse, and waste

QBHP:

Agency Training

- QBHP- 40 hours
 - Handling Emergencies
 - Communication Skills
 - Appropriate Relationships with Clients
 - Behavior Management
 - Knowledge of Mental Illnesses



- Childhood development, children and adolescents
- Documentation
- On the job training
- Crisis Management

Clinical

Agency Training

- Clinical Orientation
- Treatment Planning
- Behavioral Management
- Reporting Abuse and Neglect
- DSM V
- Crisis Intervention/Prevention
- Co-occurring disorders
- Documentation requirements
- Credible
- State regulations and standards

Annual Training Renewals for Staff

- Behavioral Management/Support: QBHP, Mental Health Professional, Administration Support, Supervisors/Managers
- CPR and First Aid Refresher: QBHP, Mental Health Professional, Administrative Support, Supervisors/Managers
- Cooperate Compliance: All Staff
- Healthy and Safety: All Staff
- Transportation: All Staff
- Cultural Diversity: All Staff
- Crisis Prevention: All Staff

Tracking of Trainings

The HR Department is responsible for tracking all staff trainings and development hours.

- HR enters all trainings Training into Benetech, an electronic HR database.
- The hiring managers are responsible for running the Benetech reports, monitoring their employees training expirations and enrolling them timely in training.
- Once training is completed it is sent to the SCANHR box for data entry into Benetech.

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



Connections provides ongoing staff development and ensures appropriate orientation and training are provided for all administrative, clinical, and support staff. All staff and any new will be trained on the requirements of the contract to ensure contract standards are being met. Connections encourages staff to seek innovative trainings and certifications in evidenced based practices in order to treat clients with diverse needs. Several of our staff are trauma informed, but we are working toward being a trauma informed agency. We recently had 2 mental health professionals attend the National Conference for Creating Trauma-Sensitive Schools in Washington D.C.

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

Ongoing training and education with staff members regarding the provision on medically necessary services, as well as training on eligibility requirements to ensure compliance with the contract. Peer reviews are conducted quarterly which are intended to monitor intensity of services provided against needs identified in assessment. Connections maintain a contract with an independent CPA to complete an annual financial audit.



E.6.A. Describe your company's policies and procedures related to Client records and record retention including:
a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.

Connections uses Credible as our electronic medical records system. Credible is a behavioral health enterprise software that provides us with a secure, web-based health record platform, as well as we have adapted it for IDD services. Within our electronic medical records system, a clinical record is developed and maintained for each client who receives assessment and/or treatment in any component of Connections. All documentation is assembled and located in one central record, unique to the client, thereby constituting a unit record. Documentation is maintained in a standardized format and arranged in a standardized sequence. All clinical documentation forms must be completed by the assigned licensed clinician.

The following documentation is captured in the EHR system:

- Admissions
- Mental health Evaluations
- Initial psychiatric diagnostic assessment
- Psychological evaluation
- Master treatment plan
- Treatment plan reviews
- OBHS services
- Discharge summaries
- Medical information
- Legal information
- Progress notes
- Referrals
- Prescriptions
- Medication history
- Lab results
- Physician orders
- Substance use services

b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.

All services provided via this contract and under Connections have unique funding sources we create in order to track in detail the utilization for each funding stream. Connections will only bill for services that meet performance indicators and medical necessity requirements.

To coincide with our existing documentation process, all services entered in Credible will contain, at a minimum, the following information:

- Service Provided
- Date and actual time of each service provided (time in and out)
- Setting/place of service provided
- Current mental status (example: medications side effects, indication of any self-harm to self or others)



Intervention and clients progress

Relationship of the services to the treatment regimen as described in the Treatment Plan

Name and credentials of clients providing services via approved electronic signature



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.

Client Rights

As part of the admission process, Connections communicates this to all clients and their legal guardians in a manner that is meaningful. We promise to protect and “promote” your rights. If you are in this program longer than a year, we will review your rights with you every year. Of course, you can review your rights at any time, but Friendship will make sure you go over them at least once every year.

These are the rights we promote for you:

1. I or my Legal Guardian will be informed of all Consumer Rights and Rules.
2. I have the Right to be fully informed, at all times, of FCC’s fee structure and any charges that I may incur.
3. I have the Right to file complaints and grievances and have FCC investigate those in a timely manner.
4. I have the Right to manage my own financial affairs to the extent that I am capable.
5. I have the Right to receive treatment that is free from abuse, retaliation, humiliation, neglect, and any form of exploitation.
6. I have the Right to receive treatment that is free from all restraints, seclusion, and unnecessary medications.
7. I have the Right to be informed and make decisions regarding all parts of my treatment including service delivery, services offered by other providers, and composition of my treatment team.
8. I have the Right to receive information about my treatment in a timely manner that allows me to make fully informed decisions regarding my treatment.
9. I will not be compelled to perform services that would otherwise require compensation.
10. I have a Right to privacy to the greatest extent possible and that is within FCC’s capabilities.
11. I will be afforded all Rights made available to me by the organization, the State of Arkansas, and the federal government.
12. I have the Right to be represented by outside legal counsel or other advocacy support services at my own expense.
13. I have the opportunity to participate in social, religious, and community group activities depending upon my treatment plan.
14. I have the Right to confidential services in accordance with the organizations policies, and applicable state and federal laws.
15. I or my Legal Guardian have the Right to be informed of my physical/medical/psychiatric condition, the risk of treatment, and my Right to refuse treatment.
16. I have the Right to review my record unless it has been determined it would not be in my best interest.
17. I have the Right to be informed at all times, the possibility of Transfer or Discharge, including the reason, alternatives, and other sources that are available.
18. I have the right to obtain copies of Behavioral Health Agency and Outpatient Behavioral Health Service rules at any time



Informal Discussion

Clients are encouraged to first talk with staff about any concerns. However, clients do not have to do this before filing a formal grievance. Clients may also choose to talk with Friendship's Compliance Officer. Clients can reach the Compliance Officer by the following methods:

- (479) 967-2322 ext. 313
- (479) 970-5309 or call 1-800-461-1793 ext. 313.

If you would like to report your concern but you would like to keep your identity hidden, you may call

- (479) 967-2322 ext. 429
- 1-800-461-1793 ext. 429.
- Visit Friendship's website at www.fccare.org. There is a place to write your concern and it will be sent to the Compliance Officer.

Grievance Investigation—Formal Inquiry

Supervisors and Administrators, at all levels, shall receive and act promptly and fairly to consumers' grievances. FCC Policy 12.12 states that you will receive a written response for any formal inquiry.

- If you have a grievance of any nature you should present the grievance to your Case Manager or Supervisor. If not resolved, you and your Case Manager or Supervisor may appear before the next level of supervision.
- If a suitable outcome is not reached, in fairness to you, and if you wish, you may continue your case by meeting with each of the following in this order: Vice President of the Program, Compliance Officer, and then the Chief Executive Officer.
- If the grievance is settled at this point, no further action is necessary. If you are not satisfied with Friendship's decision, you shall be advised of your right to seek assistance from a source outside of Friendship. (i.e., (Disability Rights Center, Governor's Office, Protective Services Division, Arkansas Social Services, Attorney at law).

Consumer Grievance

As a Service Provider, Connections, recognizes that a Consumer, Guardian, Family Member or other Representative Responsible Party (from this point referred to as Stakeholder) may encounter a problem, have a question or complaint. All Stakeholders are encouraged to contact the appropriate FCC staff when they have a concern or grievance.

The Consumer Grievance Procedure is a formal problem-solving system designed to ensure that each Consumer's (Stakeholder's) grievance is resolved quickly and fairly. To ensure effective advocacy, the Appropriate Coordinator or Director will provide the Stakeholder with a phone number for the appropriate regulatory agency overseeing the specific program upon request. In addition, various agency phone numbers are recorded in the Consumer Handbook.

The Consumer Grievance Procedure involves a Three-Step Process as follows:



Step 1: Grievance Reported: The goal of Step 1 is to solve the problem at the immediate care level and to improve communication and understanding. The Stakeholder is encouraged to voice the grievance to the appropriate Coordinator or Director. If requested, the Appropriate Coordinator or Director will personally meet with the Stakeholder after conducting an investigation into the grievance. If a meeting is requested, the Appropriate Coordinator or Director will provide a written response to the Stakeholder within 72 hours after the meeting. If no meeting is requested the same written response will be delivered within 10 calendar days of the date from which the grievance was first reported, even if an agreement was already reached. Either way, a copy of this written response will be kept in the Consumer's file.

Step 2: Appeal to the Executive of Specific Program: If the Stakeholder disagrees with the Appropriate Coordinator or Director's written decision, the next avenue is to initiate a "Step 2 Appeal" to the Executive of that Program. The Stakeholder has 7 calendar days to make this Appeal starting from the date the Appropriate Coordinator's or Director's written response is received, as referenced in Step 1. If requested, the Executive will personally meet with the Stakeholder after conducting their own investigation. If a meeting is requested, the Executive will provide a second written response to the Stakeholder within 72 hours after the meeting. 11 If no meeting is requested the same written response will be delivered within 10 calendar days from the date of the "Step 2 Appeal" commencement. A copy of this written response will be kept in the Consumer's file.

Step 3: Appeal to CEO or Chief Financial Officer: If the Stakeholder disagrees with the Executive's decision, the final option is to initiate a "Step 3 Appeal" to either the Chief Executive Officer (CEO) or the Chief Financial Officer (CFO). The Stakeholder has 7 calendar days to make this appeal starting from the date the Executive's written response is received, as referenced in Step 2. At that time the CEO or the Vice President of Finance will launch their own investigation which may include the participation of the Compliance Officer. The CEO or CFO may personally meet with the Stakeholder after conducting their own investigation. If a Meeting is requested, the CEO or CFO will provide the Stakeholder with a third written response within 72 hours after the meeting. If no meeting is requested, the third written response will be delivered within 10 calendar days from date of the "Step 3 Appeal" commencement. A copy of this written response will be kept in the Consumer's file. The decision of either the CEO or the CFO will be final.

FCC has zero tolerance for Retaliation in any form toward any person who files or assists in the filing of a Consumer Grievance.

Appeals

Once the internal grievance process is over if you are still not satisfied with the outcome, you have the right to contact the appropriate licensing entity and continue the formal grievance process through that entity.



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.

Connections will adopt the HEIDIS outcome measures to ensure clients with serious behavioral illness are receiving the most effective and efficient treatment modalities. Adopting and tracking HEIDIS indicators pertinent to our treatment focus give us objectives to work toward to be a more effective treatment organization and to ensure treatment delivered yields measurable improvements. HEIDIS outcome measurement will simultaneously enhance our performance improvement process and yield high consumer satisfaction ratings. Ensuring mental health professionals continuously receive trainings (either internally or externally) on the most innovative treatment models.



E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:

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

Connections attest that DAABHS funds will only be utilized for the populations defined in RFQ Section 2.3.2; including all clients experiencing psychiatric or behavioral crises without a payor source for medically necessary services in Region 2 and for all persons in the custody of DCFS who are not a member of a PASSE.

b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).

In our accounting software, we will set up coding for all purchases to be tracked and all invoice/receipts will be scanned and filed. At end of each month, a report will be ran for these earmarked expenses and back up documentation will be copied. This will be used to generate the invoice to DHS and all documents will be filled with invoice in our records.

c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.

Currently Connections has the ability to private insurance plans (Blue Cross Blue Shield, TirCare, and will be adding others) and Medicaid. We are in the process of submitting our application for Medicare, and we will work with Veterans Administration to add this to our other plans. Due to our strong relationships with community partners, we are able to coordinate care and access services with providers depending on the individual's insurance. Connections will ensure contacted funds will be the payor of last resort by verifying coverage of benefits prior to services being rendered.

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

Connections undergoes an external annual audit conducted by a certified public accountant, which has been the policy of our organization for more than 20 years

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

Connections can accommodate all services under the proposed contract within our current service line or with our existing subcontract partners. Connections will utilize funds to develop further infrastructure in the following ways:

- Seek office space in all counties for Region 2
- Provide cutting edge evidence-based trainings for staff (TheraPlay, LIST OTHERS)
- Staff retention
- Enhance tele-health abilities
- Educated referral services and general public about services



E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.

a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.

Connections will collaborate with the following community partners in Region 2 and will continue to build relationship with critical stakeholders under the proposed contract.

Mental Health

The Centers for Youth and Families

Substance Use

Freedom House- Outpatient/Residential

The Centers for Youth and Families- Outpatient

Hospitals

Saint Mary's Hospital

Education

Russellville School District

Pottsville School District

Dover Schol District

Atkins School District

Hector School District

Arkansas Tech University

Community

Pope County Detention Center

Yell County District Court

Dardanelle Police Department

Advocacy

Russ Bus

Teen Challenge

Battered Women's Shelter

Help Network

PCP

Millard, Henry Clinic

Pharmacy

Newtons



b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.

Connections is well equipped to serve Region 2, as we bring a diverse set of services to the region from behavioral health to IDD. We have developed a true collaboration with The Centers for Youth and Families and a strong partner in Freedom House to assist in supporting Region 2. We will ensure our clients served in Region 2 will have a Warm Handoff- transfer client directly to one of our collaborating partners (The Centers and Freedom House) versus giving them a phone number and telling them to call. We will train our front desk staff, so they are knowledgeable on services provided by other partners and take accountability for contacting providers on the client's behalf.

Services provided in this region include early intervention via First Connections. Additional children's services include Developmental Pre-Schools which are integrated with qualifying at-risk students and those with Developmental Disabilities. We currently provide Pre-employment transition serves to many districts in Region 2.



The Centers

For Youth & Families

MEMORANDUM OF UNDERSTANDING

March 14, 2019

Arkansas Department of Human Services
Division of Aging, Adult and Behavioral Health Services
700 Main Street, Slot W345
Little Rock, AR 72201

To Whom It May Concern:

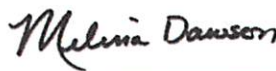
This Memorandum of Understanding supports **Connections Behavioral Health Powered by Friendship Community Care** response to bid number 710-19-1024 to serve as the Community Mental Health Center for Region 8 in Arkansas.

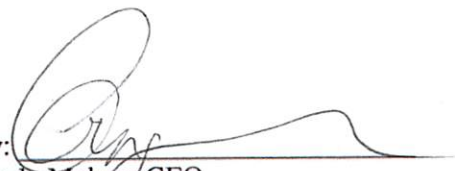
Centers for Youth and Families (The Centers), founded as an orphanage in 1884, is a collection of programs that benefit vulnerable children and families in Arkansas including mentally and behaviorally disturbed youth, foster children and parents, learning disabled youth and victims of human trafficking. Serving more than 2,000 children and family members annually, The Centers is driven by a mission to *“to provide specialized prevention, intervention and treatment services that promote emotional and social wellness for children and families in Arkansas.”*

We employ 40 licensed mental health professionals, all of whom are trained in Trauma-Focused Cognitive Behavior Therapy. Services provided by these professionals include individual, group, family therapy, crisis intervention/stabilization, case management services, coordination of services with other providers and school-based mental health treatment. As a partner in good faith, **The Centers** will provide these services in conjunction with **Connections Behavioral Health Powered by Friendship Community Care** under the proposed contract.

As a behavioral health agency committed to the initiative and as a partner in good faith, The Centers will engage in the project and participate fully in contract activities. We expect to be intimately involved in this partnership during the initiative and will assist in sustaining the partnership beyond the contract period.

DATED this 14th day of March 2019.

By: 
Melissa Dawson, President/CEO
Centers for Youth and Families

By: 
Cindy Mahan, CEO
Connections Behavioral Health Powered by Friendship

The Centers for Youth & Families

PO Box 251970

Little Rock, AR 72225-1970

Phone 501.666.8686

www.CFYF.org



**Memorandum of Understanding between
Connections Behavioral Health powered by Friendship Community Care
and
Freedom House**

This agreement is made this 11th day of March, 2019 by and between Agency1 (Connections Behavioral Health powered by Friendship Community Care), and Agency 2, (Freedom House). The parties hereby bind themselves to undertake a MOU under the following conditions:

TERM OF AGREEMENT:

This Memorandum shall commence on the date of its signing and shall remain in force for a period of 1 year unless terminated sooner by written notice, at least 60 days.

GOAL:

Connections Behavioural Health powered by Friendship Community Care would refer individuals to ARVAC Freedom House to provide Drug and Alcohol inpatient, outpatient, intensive outpatient, day treatment, and/or detoxification services for adults. ARVAC can also aid clients in obtaining housing, food commodity program, emergency utility assistance, and head start services for children.

OBLIGATIONS OF THE PARTIES:

1. Each party is familiar with the services offered by the other party and shall exchange specific contact information in order for each party to make referrals to the other party.
2. CBHFCC shall, where appropriate, refer individuals to Freedom House as needed for the services of Drug and Alcohol inpatient, outpatient, intensive outpatient, day treatment, and/or detoxification services for adults. ARVAC can also aid clients in obtaining housing, food commodity program, emergency utility assistance, and head start services for children.
3. This agreement does not create an on-going obligation, financial or otherwise, to the other party but merely creates a relationship for the purpose of referrals.

CONFIDENTIALITY:

Each party shall treat all information that is received confidential and obtain appropriate releases when needed.

Agency 1 and Agency 2 have agreed to the terms outlined in this agreement, as indicated by the signatures of the authorizing agents below.

Cindy Mahan, CEO
Connections Behavioral Health powered by Friendship Community Care

3/12/19
Date

Stephanie Ellis, CEO
ARVAC *Co. owner*

3/11/19
Date

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is made on 03/08/2019 by and between Birch Tree Communities, Inc., 1781 Old Hot Springs Highway, Benton, Arkansas, 72018, and Connections Behavioral Health powered by Friendship Community Care. 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. Connections Behavioral Health powered by Friendship Community Care 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.

South Arkansas Regional Healthcare System 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 service provider 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.

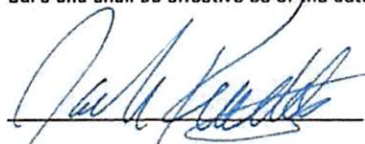
Furthermore, the parties to this Agreement have mutually acknowledged and agreed to the following:

- 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 Connections Behavioral Health powered by Friendship Community Care and shall be effective as of the date first written above.



Jack Keathley, CEO

3/8/19

Date

Birch Tree Communities, Inc.



Cindy Mahan, CEO

Date

Connections Behavioral Health powered by Friendship Community Care

March 13, 2019

Dr. Wilson C Short
Chief of Police
Dardanelle Police Department
2005 State Highway 22 West
Dardanelle, AR 72834

Attn: Office of Procurement
700 Main Street Slot W345
Little Rock, AR 72201

Dear Division of Aging, Adult and Behavioral Health Services:

I am writing this letter in support of Connections Behavioral Health powered by Friendship Community Care for the Crisis and Forensic Mental Health Services contract (bid number 710-19-1024)-Region 2 Johnson, Yell, Pope, Searcy, Van Buren, Conway, Perry, Stone, Faulkner, and Cleburne County, Arkansas

Our organization serves approximately 6,000 people in our community. We have 12 full-time, certified officers with 7 auxiliary officers and 10 civilian employees. Being situated between State Highway's 7, 22, and 27, we see over 20,000 vehicles per day. We are also home to a Tyson live plant and a Wal-Mart supercenter that serves our community.

The Dardanelle Police Department supports Connections Behavioral Health powered by Friendship Community Care for the following reasons:

1. We need advocates in our community that we can reach out to for mental health issues. We currently do not have many agencies that we can call on for assistance with these matters.
2. Being in a rural county, resources are very limited. With programs such as this, we can better serve our community when we are called upon.
3. We would like to partner with this organization so we can assist them in helping those that are in need. As a police department, we are here for the community and this would be another way that we can show our support to the citizens as they have reciprocated with us.

Please do not hesitate to contact me if additional information is needed.

Sincerely,



Dr. Wilson C Short

wshort@dardanellepolice.com

479-229-2533



Conway, Franklin, Johnson, Logan, Perry, Polk, Pope, Scott, Yell
Helping People. Changing Lives.

Sandra Cheffer

BOARD PRESIDENT

Stephanie Garner

CHIEF EXECUTIVE OFFICER

P.O. Box 11690 • 2707 East H Street

Russellville, AR 72802

Ph. 479-219-5292

Fax 479-219-5296

e-mail: arvac@arvacinc.org

website: www.arvacinc.org

March 11, 2019

Stephanie Garner

Chief Executive Officer

ARVAC Freedom House

400 Lake Front Drive Russellville, AR 72802

Attn: Office of Procurement

700 Main Street Slot W345

Little Rock, AR 72201

Dear Division of Aging, Adult and Behavioral Health Services:

I am writing this letter in support of Connections Behavioral Health powered by Friendship Community Care for the Crisis and Forensic Mental Health Services contract (bid number 710-19-1024)-Region 2 Johnson, Yell, Pope, Searcy, Van Buren, Conway, Perry, Stone, Faulkner, and Cleburne County, Arkansas

ARVAC Freedom House is a state licensed and CARF accredited. Freedom house serves those individuals needing residential, sober living, intensive outpatient, and/or outpatient treatment for Co-Occurring disorders. ARVAC Freedom House is maintained 24 hours a day and 7 days a week.

ARVAC Freedom House supports Connections Behavioral Health powered by Friendship Community Care for the following reasons:

1. The importance of continuity and the continuum of care in working with Mental Health patients and Co-occurring disorders
2. The need for more facilities/providers to provide crisis intervention and stabilization
3. The reputation and history of Friendship Community Care for providing quality treatment to individuals served

Please do not hesitate to contact me if additional information is needed.

Sincerely,

Stephanie Garner

Chief Executive Officer

479-567-5701

P.O. BOX 219
DANVILLE, AR 72833



479-495-4860
Fax: 479-495-4875

March 11, 2019

Mark Thone
Yell County Judge
PO Box 219
Danville, AR 72833

Attn: Office of Procurement
700 Main Street Slot W345
Little Rock, AR 72201

Dear Division of Aging, Adult and Behavioral Health Services:

I am writing this letter in support of Connections Behavioral Health powered by Friendship Community Care for the Crisis and Forensic mental Health Services contract (bid number 710-19-1024)-Region 2 Johnson, Yell, Pope, Searcy, Van Buren, Conway, Perry, Stone, Faulkner, and Cleburne County, Arkansas.

Yell County is located in West Central Arkansas and serves approximately 22,000 citizens.

Yell County supports Connections Behavioral Health powered by Friendship Community Care for the following reasons:

Friendship Community Care has been a valued partner of Yell County for many years, and a strong advocate of Yell County citizens in need or less fortunate than others. Friendship is a leader in Community Actions for Yell County and the River Valley area. I strongly support this application.

Please do not hesitate to contact me if additional information is needed.

Sincerely,

Mark Thone
Yell County Judge
cojudge@arkwest.com