

SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER, INC.
2904 Arkansas Boulevard
Texarkana, Arkansas 71854

REQUEST FOR QUALIFICATIONS
FOR
Division of Youth Services
Juvenile Justice Community-Based Re-Entry & Vocational & Career Support Services

REGION 11

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RESPONSE DOCUMENTS

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Southwest Arkansas Counseling & Mental Health Center, Inc.		
Address:	2904 Arkansas Blvd.		
City:	Texarkana	State:	AR
		Zip Code:	71854-2536
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit		
Minority and Women Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned		
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Danny Stanley	Title:	Executive Director
Phone:	(870) 773-4655 ext. 2236	Alternate Phone:	(903) 824-4471
Email:	dstanley@swacmhc.org		
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.			

An official authorized to bind the Prospective Contractor to a resultant contract shall 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 proposal to be disqualified.

Authorized Signature:  Title: Executive Director
Use Ink Only.

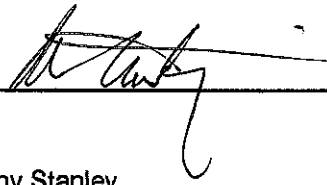
Printed/Typed Name: Danny Stanley Date: 4-9-20

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.

Authorized Signature:  _____

Printed/Typed Name: Danny Stanley

Date: 4-9-20

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.

Authorized Signature:  _____

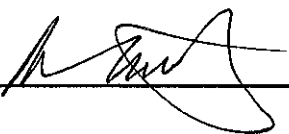
Printed/Typed Name: Danny Stanley

Date: 4-9-20 _____

SECTIONS 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(s) of the bid solicitation.

Authorized Signature:  _____

Printed/Typed Name: Danny Stanley

Date: 4-9-20

PROPOSED SUBCONTRACTORS FORM

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

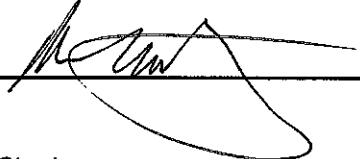
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Carla Wood, MSLPC-S, NCC	9227 Capps City Road	Doddridge, AR 71834
United Family Services	P.O. Box 5408	Pine Bluff, AR 71611-5408

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

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

Authorized Signature: 

Printed/Typed Name: Danny Stanley

Date: 4-9-20

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203
501-682-6327

ADDENDUM 1

DATE: March 25, 2020
SUBJECT: 710-20-0003

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

1. "Final Appendix A Catchment Area Map" shall replace "Appendix A Catchment Area Map."
2. "Final Appendix B Community Based Programs Funding Formula" shall replace "Appendix B Community Based Programs Funding Formula."

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED,
If you have questions, please contact the buyer at Chorsie.Burns@dhs.arkansas.gov. or 501-682-6327



Vendor Signature

4-9-20

Date

Southwest Arkansas Counseling and Mental Health Center, Inc.

Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203
501-682-6327

ADDENDUM 2

DATE: April 3, 2020

SUBJECT: 710-20-0003 Juvenile Justice Community Based Re-Entry & Vocational & Career Support 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

RFP: 710-20-0003

Page 15: 2.3.A.6

The Contractor **shall** provide an Independent Living Skills (ILS) program for all juveniles sixteen (16) and older referred by DYS and admitted to the Contractor's program. A copy of the current ILS curriculum **shall** be provided to DYS for its review and approval prior to implementation. The ILS **must** include, at a minimum, the following components:

- a. money management;
- b. food preparation;
- c. nutrition;
- d. health; and
- e. housekeeping.

Page 16: 2.3.B.7

The Contractor **shall** provide an Independent Living Skills (ILS) program for all juveniles sixteen (16) and older referred by DYS and admitted to the Contractor's program a minimum of one (1) time for sixty (60) minutes every other week. A copy of the current ILS curriculum **shall** be provided to DYS for its review and approval prior to implementation. The ILS **must** include, at a minimum, the following components:

- a. money management;
- b. food preparation;
- c. nutrition;
- d. health; and
- e. housekeeping.

Page 17: C.1

Vocational Services and Career Support

1. Contractor **must** recruit and retain a qualified, ~~dedicated~~ vocational staff member to serve as Job and Career Coach who offers job readiness training (e.g., completing applications, preparing a resume, searching for jobs, effective interpersonal skills, interviewing skills, time management, problem solving, and conflict resolution).
2. The Contractor's ~~dedicated~~ vocational staff member may provide a career assessment, along with assisting the juvenile to explore career options.

3. The Contractor's ~~dedicated~~ vocational staff member **shall** coordinate with Job Corps and the Arkansas Department of Workforce Services (ADWS) in connecting juveniles transitioning to the labor market to appropriate vocational services and career supports, including employment opportunities.
4. The Contractor's ~~dedicated~~ vocational staff member **shall** coordinate with vocational and technical departments at technical, vocational, and two- or four-year colleges or universities to provide opportunities for juveniles who qualify.
5. The Contractor's ~~dedicated~~ vocational staff member **shall** assist juveniles in enrollment and actively support attainment of trade licenses or certifications, and subsequent job or apprenticeship placement.

Page 22: 2.7.A.2

~~The Contractor shall be subject to an audit of overall operations by the Arkansas Department of Health and the Arkansas Department of Corrections pursuant to Arkansas Code Annotated §§9-28-301 and 9-28-302. In addition to the above audits, Contractor shall be subject to audit by DHS and the Arkansas Legislative Audit Legislature as deemed necessary. Contractor shall cooperate fully with all auditing entities.~~

Page 22: 2.7.A.3

This section is stricken from the document.

Performance Indicators

Page 2 of PIs, Section 1.D

The Contractor **shall** provide an Independent Living Skills (ILS) program for all juveniles sixteen (16) and older referred by DYS and admitted to the Contractor's program. A copy of the current ILS curriculum **shall** be provided to DYS for its review and approval prior to implementation. The ILS **must** include, at a minimum, the following components:

- b. money management;
- c. food preparation;
- d. nutrition;
- e. health; and
- f. housekeeping.

Page 6 of PIs, Section 4.E.3

The Contractor **shall** provide an Independent Living Skills (ILS) program for all juveniles sixteen (16) and older referred by DYS and admitted to the Contractor's program a minimum of one (1) time for sixty (60) minutes every other week. A copy of the current ILS curriculum **shall** be provided to DYS for its review and approval prior to implementation. The ILS **must** include, at a minimum, the following components:

- b. money management;
- c. food preparation;
- d. nutrition;
- e. health; and
- f. housekeeping.

Page 7 Section 4.G

Vocational services and career support shall be provided.

1. Contractor shall employ a ~~dedicated~~ Job and Career Coach to provide job readiness training.
2. The Job and Career Coach shall have no other duties outside of this position.
3. ~~Dedicated~~ vocational staff shall coordinate with Job Corps and the Arkansas Department of Workforce Services (ADWS) in connecting juveniles transitioning to the labor market to appropriate vocational services and career supports, including employment opportunities.
4. ~~Dedicated~~ vocational staff shall coordinate with vocational and technical departments to provide opportunities for juveniles who qualify.
5. ~~Dedicated~~ vocational staff shall assist juveniles in enrollment and actively support attainment of trade license or certifications, and subsequent job or apprenticeship placement.
6. All services shall be documented in the juvenile's individual case file outlining the services provided, dates, times, units, and signed by the ~~dedicated~~ vocational staff. This information shall be entered into JJIS in the form and manner specified by DYS.

Page 9 of Pl's, Section 5, C.1.

~~The Contractor shall be subject to an audit of overall operations by the Arkansas Department of Health and the Arkansas Department of Corrections pursuant to Arkansas Code Annotated §§9-28-301 and 9-28-302. In addition to the above audits, Contractor shall be subject to audit by DHS and the Arkansas Legislative Audit Legislature as deemed necessary. Contractor shall cooperate fully with all auditing entities.~~

~~The Contractor shall submit a budget to DYS and the Arkansas Legislative Council and go through the budget procedures process in the same manner as State Departments, agencies, institutions, boards, and commissions. Budgets shall be submitted based on operating revenues and expenses of each Contractor, and each Contractor shall provide information related to financial status required by the Legislative Council and/or Joint Budget Committee.~~

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED,
 If you have questions, please contact the buyer at Chorsie.Burns@dhs.arkansas.gov or 501-537-2283


 Vendor Signature

4-9-20
 Date

Southwest Arkansas Counseling and Mental Health Center, Inc
 Company

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

ADDENDUM 3

TO: All Addressed Vendors
FROM: Chorsie Burns, Buyer
DATE: April 8, 2020
SUBJECT: 710-20-0003 Juvenile Justice Community Based Reentry & Vocational & Career Support Services

The following change(s) to the above referenced bid have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other-(Additional Vendor Questions)

CHANGE OF BID OPENING DATE AND TIME

Bid Opening Date and Time: April 16, 2020 @ 2:00pm CST

Bid Submission Date and Time: April 16, 2020 @ 1:30pm CST

OTHER

Additional Vendor Questions (see attachment on website)

The specifications by virtue of this addendum become a permanent addition to the above referenced bid. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact Chorsie Burns at chorsie.burns@dhs.arkansas.gov or (501) 682-6327.


Vendor Signature

4-9-20
Date

Southwest Arkansas Counseling and Mental Health Center Company

Contract Number _____
 Attachment Number _____
 Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: _____

Yes No

IS THIS FOR:

TAXPAYER ID NAME: Southwest Arkansas Counseling & Mental Health Center, Inc. Goods? Services? Both?

YOUR LAST NAME: Stanley FIRST NAME: Timothy M.I.: D.

ADDRESS: 2904 Arkansas Blvd.

CITY: Texarkana

STATE: AR

ZIP CODE: 71854 - 2536

COUNTRY: USA

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							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (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, 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	✓		Senator	1/2009	Present	Larry Teague	0% Board Member
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____


Contract and Grant Disclosure and Certification Form

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

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

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

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

Signature  Title Executive Director Date 8-9-20
Vendor Contact Person Danny Stanley Title Executive Director Phone No. 870.773.4655

Agency use only	Agency	Agency	Contact	Contract
Agency Number <u>0710</u>	Name <u>Department of Human Services</u>	Contact Person _____	Phone No. _____	or Grant No. _____

SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

Policy Area: <i>Human Resources</i>	Subject: <i>Equal Employment Opportunity</i>
Effective Date: <i>1-21-16</i>	Policy #: <i>HR-1</i>
Revision Date: <i>1-21-16, 10-14-19</i>	Page # <i>1 of 1</i>
Additional Authority: <i>CARF 1.I, EEOC</i>	Review Date: <i>1-21-16, 9-21-17, 10-14-19</i>

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

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

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

INFORMATION FOR EVALUATION

TECHNICAL SOLUTIONS

AND

SCOPE OF WORK

INFORMATION FOR EVALUATION

Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.

Do not include additional information if not pertinent to the itemized request.

TECHNICAL SOLUTIONS AND SCOPE OF WORK

Maxim
Availa
RAW
Score

Contractor Qualifications

Describe Bidder's experience meeting the requirement in RFQ Section 2.2(A)3

5 point

SCOPE OF WORK

Southwest Arkansas Counseling and Mental Health Center's (SWACMHC) Youth Services program has been providing direct and in-direct services for Family in Need of Services (FINS), Diversion, Supervision and After-care/Re-entry for delinquent, non-delinquent and at-risk youth in Southwest Arkansas (8 South, 9 West, 8 North and District 13) since 1977.

Over the past five years, the duties of youth services case managers include but have not been limited to:

- developing individual case plans based on risks and needs identified by the court, DYS or other entity;
- establishing collaborative relationships with law enforcement, school officials, behavioral health facilities, and community resources as necessary to provide effective supervision of the youth;
- providing outreach and referrals for youth in the program;
- conducting random drug testing as well as curfew checks, electronic monitoring and community service;
- maintaining case files;
- preparing and submitting reports to the court and attending court hearings to report on the youth's level of compliance in the program;
- visiting with the youth at his/her home, at school, work or other location as to provide adequate supervision, conducting home evaluations for youth going into DYS and before reintegrating into the community; and
- providing after-care services according to DYS guidelines and data entry (JJIS).

Within the past two (2) years, Youth Services has offered additional Cognitive Behavior Treatment (CBT) and evidence-based services such as:

- Anderson & Anderson anger management classes;
- Positive Discipline parenting classes; and
- Boy's Council and Girl's Circle groups.

Additionally, with the inception of the Juvenile Justice Innovation Grant funding, Youth Services created an after-school and mentoring program titled Youth Expecting Success (YES). This program, along with those listed above, is active in our entire catchment area. The YES program includes both court ordered and diversion clients, along with youth enrolled by parents within the community. The program includes but is not limited to:

- life skills;
- personal development;
- mentoring;
- field trips;
- guest speakers;
- parenting classes;

- school interventions;
- individual & group interventions;
- substance abuse awareness; and
- intensive supervision programs.

In Judicial District 8 North, the intensive supervision program has lowered its DYS commitment rate by approximately 70% over the past two years. The emphasis of our entire program is to work with our clients and their families as a whole in order to address the myriad of issues presented in many families.

Currently, we are in the process of researching an Independent Living Skills (ILS) program to further the options and opportunities for those youth who are sixteen years old and older within our program. In addition, we are preparing to integrate an online and digital learning system to offset or alleviate the stress of family transportation issues and future catastrophic events similar to what we are currently experiencing.

Full time Case Managers have a minimum of a bachelor's degree in a related field and/or more than 5 years related work experience. In addition, each probation officer/case manager is a certified Arkansas Juvenile Officer through the Administrative Office of the Courts, and is required to complete a minimum of 12 hours of continuing education each year. The cumulative total of experience for our twenty (20) probation officers and case managers is 179 years, with several having more than ten (10) years working for our agency. All probation officers and case managers are trained and certified in both Contexte and SAVRY Assessment programs. The Director of Youth Services has more than twenty (20) years experience working with families and at-risk youth as both an Intake Officer and a sitting Legislator from 2007-2012; having served as Vice Chair of the Aging, Children and Youth, Legislative and Military Affairs committee from 2009-2012.

CONTRACT AMOUNTS

Our current contract amount from the state is a total of 2.295 million dollars. Included in that amount is the 1/12 base contract, along with diversion and transformation dollars. The state contract is our agency's only source of funding for the Youth Services program.

Our Agency and Youth Services program has not received any contract terminations due to non-performance within the past three (3) years.

Our Agency and Youth Services program has not received civil or criminal regulatory enforcement action in connection with the United States Department of Justice or similar Federal or State regulatory body within the past three (3) years.

Current staff roster is as follows: (see Community Collaborations, pg.22 & attachment E pages 87-94 for letters of support)

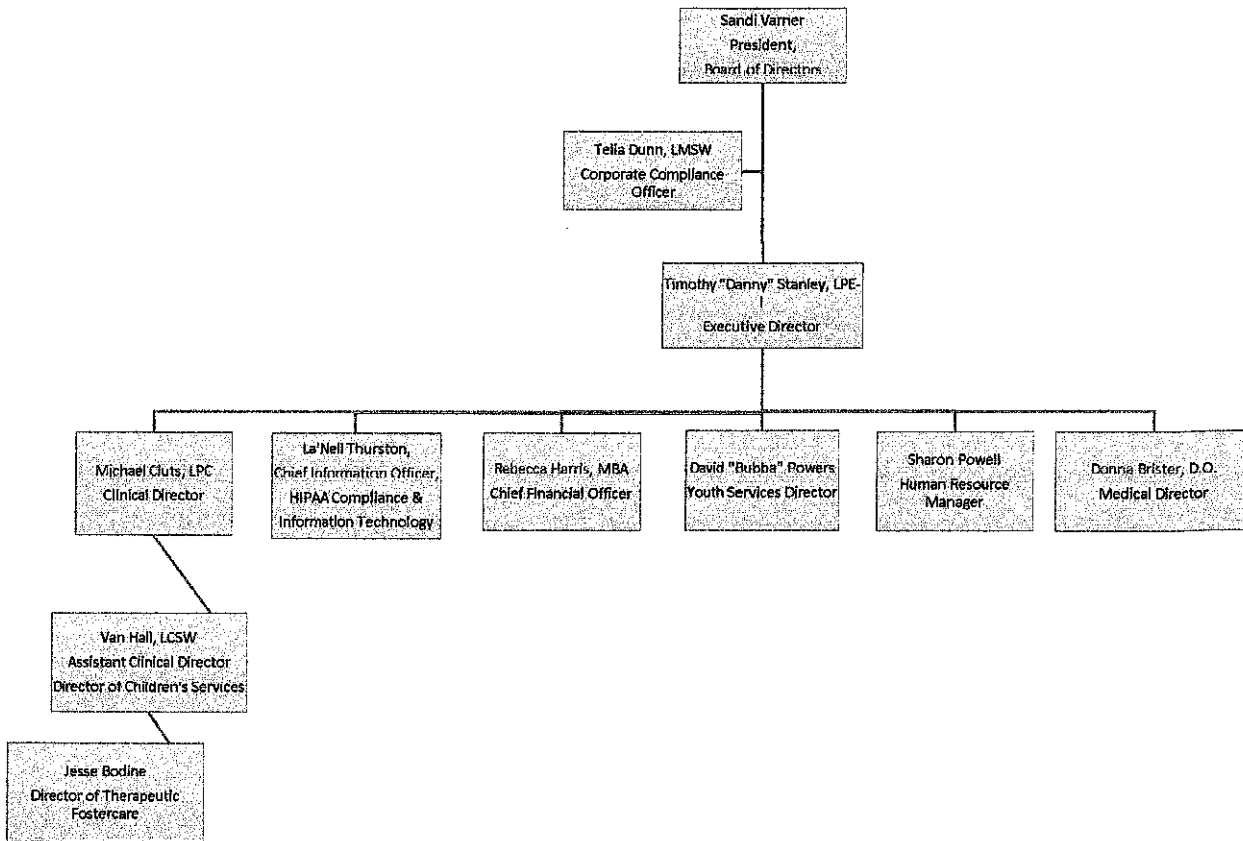
YOUTH SERVICES CURRENT STAFF ROSTER

Staff Name/Email	Title	Phone Number	Address
David "Bubba" Powers dpowers@swacmhc.com	Youth Services Director	(870) 774-4485	3902 Sanderson Lane Texarkana, AR 71854
Carey Ezell cmartin@swacmhc.org	YES Program Director 8South & 9West	(903) 293-0065	301 East 6th Street Texarkana, AR 71854
Regina Irizarry ririzarry@swacmhc.com	YES Program Director District 13	(870) 626-5111	124 S. Jackson, Suite 308 Magnolia, AR 71753
Larry Johnson ljohnson@swacmhc.com	YES Program Director 8North	(870) 777-5858	300 East 20th Street Hope, AR 71801
Suzu Kennedy skennedy@swacmhc.com	Case Manager	(870) 774-4485	3902 Sanderson Lane Texarkana, AR 71854
LeAnita Muldrew lmuldrew@swacmhc.com	Probation Officer	(870) 777-5858	300 East 20th Street Hope, AR 71801
Willie Harris wharris@swacmhc.com	Probation Officer	(870) 777-5858	300 East 20th Street Hope, AR 71801
Sirconda Moore smoore@swacmhc.com	Probation Officer	(870) 777-5858	300 East 20th Street Hope, AR 71801
Ashley Dixon adixon@swacmhc.com	Probation Officer	(870) 887-5375	204 East Pine Street Prescott, AR 71857
Jim O'Neal joneal@swacmhc.com	Probation Officer	(87) 584-3592	10 Kelly Street Murfreesboro, AR 71859
Kris McWhorter kmcwhorter@swacmhc.com	Case Manager	(870) 845-7527	421 North Main Street Nashville, AR 71852
Jeannie Magee jmagee@swacmhc.com	Probation Officer	(870) 921-5482	#27 Courthouse Square Lewisville, AR 71845
Chris Gilliam cgilliam@swacmhc.com	Probation Officer	(870) 862-7921	715 North College Eldorado, AR 71730
Latrina Willis lwillis@swacmhc.com	Probation Officer	(870) 864-0020	715 North College Eldorado, AR 71730
Melinda French mfrench@swacmhc.com	YES Program Case Manager	(870) 864-0020	715 North College Eldorado, AR 71730
Wanda Gilliam wgilliam@swacmhc.com	Probation Officer	(870) 864-0020	715 North College Eldorado, AR 71730
Kathy Mixon kmixon@swacmhc.com	Probation Officer	(870) 626-5090	124 S. Jackson, Suite 401 Magnolia, AR 71753
Kim Tarkington ktarkington@swacmhc.com	Probation Officer	(870) 626-5090	124 S. Jackson, Suite 401 Magnolia, AR 71753
Patrick Watson pwatson@swacmhc.com	Probation Officer	(870) 626-5090	124 S. Jackson, Suite 401 Magnolia, AR 71753
Michael Godfrey mgodfrey@swacmhc.com	YES Program Case Manager	(903) 949-9027	301 East 6th Street Texarkana, AR 71854
Dorcas White dwhite@swacmhc.com	Probation Officer	(870) 779-0505	301 East 6th Street Texarkana, AR 71854
Kensie Kight kcaldwell@swacmhc.com	Youth Services Secretary	(870) 774-4485	3902 Sanderson Lane Texarkana, AR 71854
Eatrice Thomas ethomas@swacmhc.com	Secretary	(870) 777-5858	300 East 20th Street Hope, AR 71801

Provide Bidder's table of organization with all required licensure and certification documents as required in RFQ Section 2.2(A)8

ORGANIZATIONAL CHART

Southwest Arkansas Counseling & Mental Health Center, Inc.



Community Collaborations

Provide Bidder's draft Community Partnerships Matrix with one (1) letter of support from each proposed partner as specified in RFP Section 2.4. 5 points

COMMUNITY PARTNERSHIP MATRIX

SWACMHC practices a matrix of programs and geographical supervisory assignments. The major organizational components are mental health services, youth services and business functions. Within the community-based mental health program, geographical supervisory responsibilities are assigned to the three (3) clinic directors, while the program supervisory responsibilities are assigned to the Community Support & Substance Abuse Treatment program. The Youth Services program is assigned responsibility to the Director of Youth Services who reports to the Executive Director.

SWACMHC has successfully completed a number of similar human service programs under contract with the Arkansas Department of Human Services and the following:

Division of Youth Services

P.O. Box 1437, Slot S503

Little Rock, AR 72203-1437

Contract Years: State fiscal years 1977-2020

Division of Behavioral Health Services

305 South Palm St.

Little Rock, AR 72205

Contract years: July 1, 1967-June 30, 2020

- Youth Services Community Collaboration and Partnerships are as follows:
- Judicial System: Judge Randy Wright, Judicial District 8 North
- Local Prosecutors: Bryan Chesshir, Prosecuting Judicial District 9 West
- Behavioral Health Treatment Provider: Danny Stanley, Executive Director, Region 11
- Licensed Substance Abuse Provider: Terry Williams, BS, CADC, Region 11
- Law Enforcement: Chief Todd Dew, Magnolia Police Department
- Community Service Organization: Alexander Smith, Lead Rep. Harbor House District 13
- Advocacy : pending
- Minority Health Organization: Bobby Hart, Superintendent of Schools, 8 North
- Peer Support Group: Kim Seibert, Family & Peer Support Partner Regional 11

LETTERS OF SUPPORT

See Attachment E (pages 87-94) for letters of support and contact information.

Staffing requirements

STAFFING REQUIREMENTS

2.5.(A) The Proposed staffing roster is as follows:

PROPOSED YOUTH SERVICES STAFF ROSTER

Staff Name/Email	Title	Years of Service	Current Role & Summary
David "Bubba" Powers dpowers@swacmhc.com	Youth Services Director	4yrs	Region 11
Carey Ezell cmartin@swacmhc.org	YES Program Coordinator	15yrs	Grant Writer, YES Program Director 8 South & 9 West
Regina Irizarry ririzarry@swacmhc.com	YES Program Coordinator	1.5 yrs.	YES Program Director Dist. 13
Larry Johnson ljohnson@swacmhc.com	YES Program Coordinator	34yrs	YES Program Coordinator & Probation Officer 8 North
Kensie Kight kcaldwell@swacmhc.com	Youth Services Secretary	10y 7mos	Region 11
Eatrice Thomas ethomas@swacmhc.com	Secretary	3y 11mos	8 North
Michael Godfrey mgodfrey@swacmhc.com	QBHP-D/Mentor 9 West & 8 South	2yrs	Yes Program 9 West
Suzy Kennedy skennedy@swacmhc.com	Case Manager	17y10mos	Case Manager 8 South
LeAnita Muldrew lmuldrew@swacmhc.com	Probation Officer Case Manager	26yrs	Probation Officer 8 North
Willie Harris wharris@swacmhc.com	Diversion Officer	1.5 yrs.	Diversion Officer 8 North
Sirconda Moore smoore@swacmhc.com	Probation Officer Case Manager	15yrs	Probation Officer for 8 North
Ashley Dixon adixon@swacmhc.com	Probation Officer Case Manager	9yr 1m	Probation Officer for 8 North
Jim O'Neal joneal@swacmhc.com	Probation Officer Case Manager	4y7mos	Probation Officer 9 West
Kris McWhorter awcwhorter@swacmhc.com	Probation Officer Case Manager	5mos	Probation Officer & Case Manager 9 West
Jeannie Magee jmagee@swacmhc.com	Probation Officer Case Manager	8y7mos	Probation Officer & Case Manager 8 South
Chris Gilliam cgilliam@swacmhc.com	Intake Officer	2yrs	Intake Officer Dist. 13
Latrina Willis llwillis@swacmhc.com	Probation Officer Case Manager	2yrs	Probation Officer Dist. 13
Melinda French mefrench@swacmhc.com	Probation Officer Case Manager	9mos	Yes Program Dist. 13
Wanda Gilliam wgilliam@swacmhc.com	Probation Officer Case Manager	2yrs	Probation Officer Dist. 13
Kathy Mixon kmixon@swacmhc.com	Probation Officer Case Manager	2yrs	Probation Officer Dist. 13
Kim Tarkington ktarkington@swacmhc.com	FINS Officer Case Manager	2yrs	Probation Officer Dist. 13
Patrick Watson pwatson@swacmhc.com	Probation Officer Case Manager	2yrs	Probation Officer Dist. 13
Dorcas White dwhite@swacmhc.com	Probation Officer Case Manager	7y 10mos	Probation Officer 8S & 9W

vacant	Office Manager	TBD	Dist. 13
vacant	WIOA	TBD	Region 11
vacant	Vocational Services & Career Support	TBD	Region 11

2.5.B Policy and Procedures for Staff Training

See Attachment F (pages 95-99)

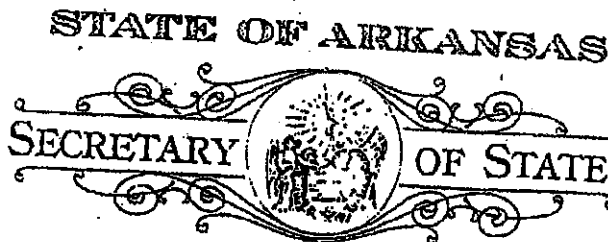
2.5.C Vocational Services and Career Support Staff

Youth Services is in the process of developing the Vocational Services and Career Support position and detailed job description. This position will be filled with in the mandated time frame.

OTHER DOCUMENTS
AND
ATTACHMENTS

III. State of Arkansas Certificate (Articles of Incorporation)

PAUL RIVIERE
SECRETARY OF STATE
LITTLE ROCK, ARK.



Paul Riviere, Secretary of State

CERTIFICATE OF INCORPORATION OF DOMESTIC
NON-PROFIT CORPORATION

*I, Paul Riviere, Secretary of State of the
State of Arkansas, Do Hereby Certify, that*

THE SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.
*has filed in the office of the Secretary of State, a duly
certified copy of its Articles of Association in
compliance with the provisions of the law, with their
petition for incorporation under the name or style of*

THE SOUTHWEST ARKANSAS COUNSELING AND
MENTAL HEALTH CENTER, INC.

*they are therefore hereby declared a body politic and
corporate, by the name and style aforesaid, with all the
powers, privileges and immunities granted in the law
thereunto appertaining.*

*In Testimony Whereof
I have hereunto set my hand and
affixed my official Seal*

This 20th day of September 1979

PAUL RIVIERE
Secretary of State

By Tim Robertson
Deputy



IN THE CIRCUIT COURT OF MILLER COUNTY, ARKANSAS

IN RE: THE SOUTHWEST ARKANSAS COUNSELING AND)
MENTAL HEALTH CENTER, INC.)

No. _____

ARTICLES OF INCORPORATION

OF

THE SOUTHWEST ARKANSAS COUNSELING AND
MENTAL HEALTH CENTER, INC.

ARTICLE I

The name of the corporation is The Southwest Arkansas Counseling and Mental Health Center, Inc.

ARTICLE II

The period of duration of this corporation shall be perpetual.

ARTICLE III

The corporation is organized exclusively for religious, charitable, and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law.

More specifically the general purpose and plan of operation of this corporation shall be to establish a program for the treatment, cure and prevention of mental illness, to establish a program of rehabilitation of the mentally ill, to establish programs of research on the cause, treatment, cure and prevention of mental illness and rehabilitation; and in furtherance of the above stated purposes, to buy, sell, exchange, mortgage and own and hold real estate and personal property necessary and proper to function in the principal

objectives stated above and in related religious, charitable and educational work according to the provisions of its By-laws, as the same are, or are hereafter promulgated and adopted in harmony and in conformance to these Articles of Incorporation and the laws of the State of Arkansas.

ARTICLE IV

No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in, or intervene in any political campaign on behalf of any candidate for public office, including the publishing or distribution of statements. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law.

ARTICLE V

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious,

or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law, as the Board of Directors shall determine. Any of such assets not so disposed of shall be disposed of by a Court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organizations or organization as said Court shall terminate, which are organized and operated exclusively for such purpose.

ARTICLE VI

The management of the affairs of the corporation shall be vested in a Board of Directors pursuant to the By-laws of the corporation to be adopted by the initial Board of Directors.

ARTICLE VII

The principal place of business of the corporation is 6800 North State Line Avenue, Texarkana, Arkansas 75502.

ARTICLE VIII

The registered agent for service is John F. Stroud, Jr., whose address is Suite Six, State Line Plaza, Texarkana, Arkansas 75502.

ARTICLE IX

The number of directors constituting the initial Board of Directors of the corporation is seventeen (17), and the names and addresses of the persons who are to serve are:

Sister Carmelita Brett
315 East Fifth Street
Texarkana, Arkansas 75502

Ermer Pondexter
4302 Sanderson Lane
Texarkana, Arkansas 75502

Edwin Dodson
6 Colonial Drive
Texarkana, Arkansas 75502

Ed Trice
1600 Beach
Texarkana, Arkansas 75502

Herbert Kren
804 East 12th Street
Texarkana, Arkansas 75502

Beverly Powell
1711 Laurel
Texarkana, Arkansas 75502

Page Three.

Roland Pige
Post Office Box 216
Stamps, Arkansas 71860

Walter J. Leeper
Route 1
Moratio, Arkansas 71843

Joe Holcombs Ball
612 West Hempstead
Nashville, Arkansas 71852

Peggy Wiley
Hicks Road
Ashdown, Arkansas 71822

W. T. Keys
Post Office Box 52
Hope, Arkansas 71801

John Harrison
Route 1 Gillham
DeQueen, Arkansas 71832

Dwight Jones
Grove Street
Nashville, Arkansas 71852

Ellen Kaufman
Box 398
Ashdown, Arkansas 71822

Margie Woods
Route 1
Hope, Arkansas 71801

Bill Butler
Route 1, Box 362 BB
Hope, Arkansas 71801

One vacancy to be filled

ARTICLE X

The names and addresses of the incorporators of the corporation .



Edwin Dodson
6 Colonial Drive
Texarkana, Arkansas 75502

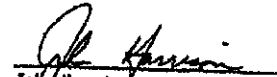
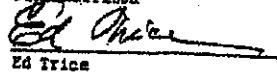
Sister Carmelita Brett
315 East Fifth Street
Texarkana, Arkansas 75502

John Harrison
Route 1 Gillham
DeQueen, Arkansas 71832

Ed Trice
1600 Beech
Texarkana, Arkansas 75502

IN WITNESS WHEREOF, the undersigned have hereunto set their hand
this 13th day of September, 1979.


Edwin Dodson

Sister Carmelita Brett


John Harrison

Ed Trice

Page Four.

STATE OF ARKANSAS)
)
COUNTY OF MILLER)

ACKNOWLEDGMENT

BE IT REMEMBERED that on this day came before me, the undersigned,
a Notary Public within and for the county and state aforesaid, duly commissioned
and acting EDWIN DODSON, JOHN HARRISON, SISTER CARMELTA BRETT and ED TRICE, to
me well known and acknowledged that they had executed the foregoing Articles of
Incorporation for the consideration and purposes therein mentioned and set forth.

WITNESS my hand and seal as such Notary Public on this 13th day
of September, 1979.

H. James Beckwith
NOTARY PUBLIC, Miller County, Arkansas

My commission expires:
2/1/83

FEB 26 1982

Date: FEB 24 1982

Our Letter Dated:
JANUARY 31, 1980
Person to Contact:
EO TECHNICAL ASSISTOR
Contact Telephone Number:
(214) 767-2728
EO:7213:309:RLH
DAL:EO:82-0708

▷ THE SOUTHWEST ARKANSAS COUNSELING AND
MENTAL HEALTH CENTER, INC.
P.O. BOX 1987
TEXARKANA, AR 75501

Tax ID #

71-052-6149

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

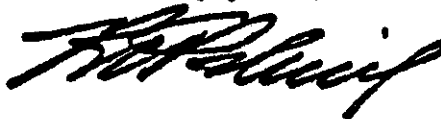
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 170(b)(1)(A)(vi). Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



R. C. Voskuil
District Director

Thank you for furnishing information regarding the April 9, 1981 amendment to Article X of your By-Laws. The amendment does not adversely affect your exempt status.

[§ 64-166] GR-68. Exemptions from Tax—Border City Exemption—Texarkana.—The gross receipts or gross proceeds derived from sales of tangible personal property or services in Texarkana, Arkansas, are exempt from the tax if sold by an established business located in Texarkana, Arkansas, and if the property or services are exempt or not taxed in Texas. Sellers desiring to claim the border city exemption should contact the appropriate taxing authority in Texas to determine the tax status of the property or services in Texas and maintain such proof of that status.

CITY ONLY

[§ 64-167] GR-69. Exemptions from Tax—Textbooks.—The gross receipts or gross proceeds derived from the sale of textbooks, library books, or other items purchased by the State of Arkansas pursuant to the provisions contained in Act 302 of 1975 (Ark. Stat. Ann. § 80-1701 et seq.) and which are to be distributed free of any charge to the public schools of Arkansas are exempt from the tax.

[§ 64-168] GR-70. Taxable Sales—Credit Unions.—From and after the effective date of these regulations, sellers shall be required to collect and remit the tax on gross receipts or gross proceeds derived from sales of tangible personal property and taxable services to credit unions (both state and federal).

[§ 64-169] GR-71. Tax Collected by Seller—Bracket System—Prohibited Practice—Tax Due on Gross Receipts.—A. The gross receipts tax must be collected by the seller of tangible personal property or taxable services in all cases except those cases where the tax is to be paid directly to the State.

B. The amount of tax to be collected by the seller is three (3) percent of the gross receipts or gross proceeds derived from the sale.

C. The following brackets may be followed by sellers in computing the gross receipts tax due upon a particular sale:

- (1) 1 cent to 14 cents inclusive—no tax;
- (2) 15 cents to 44 cents inclusive—1 cent;
- (3) 45 cents to 74 cents inclusive—2 cents;
- (4) 75 cents to \$1.14 inclusive—3 cents; and
- (5) scales accordingly.

The use of the above bracket system does not relieve the seller from the duty to remit an amount equal to three percent (3%) of the gross receipts or gross proceeds derived from all sales during the taxable period including an amount equal to the cost of all merchandise withdrawn from stock.

D. In computing the tax to be collected upon any particular sale the total sales price of the property sold must first be calculated and then the tax applied accordingly. Sellers may not compute tax upon each item sold in a particular transaction. Example: Seller is engaged in the established business of selling soft drinks to consumers. Buyer purchased four soft drinks from Seller at 25 cents per drink as part of a single sale. Seller may not compute the tax upon each soft drink sold to Buyer. Seller may not charge Buyer a penny gross receipts tax for each soft drink purchased by Buyer at one time.

E. Sellers are liable for an amount equal to three (3) percent of the gross receipts or gross proceeds derived from all sales during the taxable period as explained previously in this regulation. The tax must be computed by multiplying the tax rate, three (3) percent, times the amount of the total combined gross receipts during the taxable period.

[§ 64-170] GR-72. Sellers Required to Obtain Permit.—A. Every person liable to remit the tax or make a return or report for the purpose of claiming any exemption from the payment of the tax levied by the Gross Receipts Tax Act (as amended) shall make application for a permit on forms prescribed by the Commissioner. The permit application must be completed in all relevant respects and must be signed by the person making application for the permit or an authorized agent of the person making application for the permit. If an agent makes application for a permit on behalf of his principal, a copy of the document authorizing him to act on behalf of his principal must be attached to the application. A separate permit for each business location in Arkansas must be obtained.

B. Failure to obtain a permit may subject a person making sales of tangible personal property or taxable services to either criminal or civil sanctions, or both, as provided by law.

C. Every permit obtained must be surrendered to the Department of Finance and Administration, Revenue Division, Sales and Use Tax Section upon the discontinuance of business at any location for which the permit was issued. Failure to surrender the permit in such instances shall constitute sufficient cause to subsequently refuse the person a permit required by these regulations.

¶ 64-166

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01-82

August 20, 2018

Michael J. Cluts, M.Ed., LPC
Southwest Arkansas Counseling and Mental Health Center, Inc.
2904 Arkansas Boulevard
Texarkana, AR 71854

Dear Mr. Cluts:

It is my pleasure to inform you that Southwest Arkansas Counseling and Mental Health Center, Inc. has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Community Integration: Mental Health (Adults)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
- Outpatient Treatment: Integrated: AOD/MH (Adults)
- Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Residential Treatment: Integrated: AOD/MH (Adults)

This accreditation will extend through August 31, 2021. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (customerconnect.carf.org), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

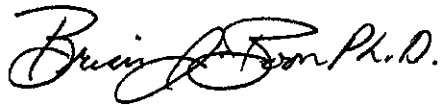
Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Jessica Montijo Soto by email at jmontijosoto@carf.org or telephone at (888) 281-6531, extension 7075.

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

A handwritten signature in black ink that reads "Brian J. Boon, Ph.D." in a cursive style.

Brian J. Boon, Ph.D.
President/CEO

Enclosures

CARF Accreditation Report
for
Southwest Arkansas Counseling
and Mental Health Center, Inc.

Three-Year Accreditation



CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

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About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Southwest Arkansas Counseling and Mental Health Center, Inc.
2904 Arkansas Boulevard
Texarkana, AR 71854

Organizational Leadership

Michael J. Cluts, M.Ed., LPC, Clinical Director
Rebecca Harris, M.B.A., Chief Financial Officer
T. Danny Stanley, LPE-I, Executive Director

Survey Date(s)

July 18, 2018–July 20, 2018

Surveyor(s)

Donna Daley, M.B.A., Administrative
Nancy C. Dawkins, Program
Hattie M. Johnson, CMSW, LMSW, LCDC, Program
Alison L. Stark, B.S.W., RSW, Program

Program(s)/Service(s) Surveyed

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
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Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Residential Treatment: Integrated: AOD/MH (Adults)

Previous Survey

Three-Year Accreditation
September 28, 2015–September 30, 2015

Accreditation Decision

Three-Year Accreditation

Expiration: August 31, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of Southwest Arkansas Counseling and Mental Health Center, Inc. conducted July 18, 2018–July 20, 2018. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Southwest Arkansas Counseling and Mental Health Center, Inc. demonstrated substantial conformance to the standards. Southwest Arkansas Counseling and Mental Health Center, Inc. (SWACMHC) has been diligent in utilizing the CARF accreditation standards in its policies, practices, procedures, and processes. The organization's leadership is dedicated to ensuring the quality of operations through a focused, hands-on approach. The organization also demonstrates a priority of enhancing accessibility to its services. The leadership and staff members demonstrate a commitment to improving the lives of the clients through quality person-centered services. There are areas for improvement identified in the recommendations in this report, including upgrading some of the living locations, ensuring that there are written emergency procedures in each vehicle, checking the understanding of clients with respect to the emergency evacuation routes, developing competencies for each job profile, creating a succession plan, developing processes to ensure Wi-Fi conductivity or backup procedures when Wi-Fi is not available, ensuring that performance data are shared with clients and staff members, expanding information about restraints and seclusion in the client orientation, ensuring that goals on person-centered plans are in the words of the clients, having consistent follow-up of unplanned discharges, developing new processes for as-needed (PRN)/over-the-counter medications and safe storage of medication, and ensuring that privacy and security of personal property in residential treatment is safe. The positive attitude with which the management and staff members prepared for and participated in this survey, and their receptivity to the consultation and other feedback that were offered, instill confidence that the organization will use the results of this survey to further improve organizational and service quality.

Southwest Arkansas Counseling and Mental Health Center, Inc. appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Southwest Arkansas Counseling and Mental Health Center, Inc. is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Southwest Arkansas Counseling and Mental Health Center, Inc. has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Southwest Arkansas Counseling and Mental Health Center, Inc. was conducted by the following CARF surveyor(s):

- Donna Daley, M.B.A., Administrative
- Nancy C. Dawkins, Program
- Hattie M. Johnson, CMSW, LMSW, LCDC, Program
- Alison L. Stark, B.S.W., RSW, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Southwest Arkansas Counseling and Mental Health Center, Inc. and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.

- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Community Integration: Mental Health (Adults)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
- Outpatient Treatment: Integrated: AOD/MH (Adults)
- Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Residential Treatment: Integrated: AOD/MH (Adults)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the on-site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Southwest Arkansas Counseling and Mental Health Center, Inc. demonstrated the following strengths:

- The organization is taking a proactive approach to the recent and very near future Medicaid funding shifts, with the executive director and leadership team focusing on the revision of services, accountability of staff, and searching for additional and different funding for some services.
- SWACMHC recently introduced the concept of productivity in how staff is paid. The organization has mirrored the process that other centers in the state have used and are now beginning to include paraprofessional staff as well as clinical and licensed staff. The goal is to meet the demand for services better and improve client outcomes when funding is diminishing.
- The organization has a strong leadership team that, with a few exceptions, has been with the center for many years in many different capacities. In the last several years, the organization has been bringing in new staff from outside, and this has given the team added direction and a fresh focus on leadership.
- The organization provides diverse programming within its programs and services and as part of its community outreach program. Project PLAY (Positive Learning for Arkansas' Youngest) supports juvenile justice young children in day care with a certified therapist visiting and training based on class observation, anger management classes using the Anderson and Anderson evidence-based curriculum, parenting classes for natural and foster parents, and LGBTQ groups that have produced very positive outcomes for clients and strong responses to community requests.
- SWACMHC is respected in the communities where it provides services. Its board of directors includes representation from all of the counties served and other community members with a very strong commitment to the organization and the persons served.
- To pursue the goals, the organization's health and safety committee has developed a quick and effective way to have staff maintain alertness regarding all, including seasonal, health, and safety issues. Called "Potty Training," it includes brief, attractive, and easy-to-understand trainings posted in the staff bathrooms to remind staff of what is relevant for that particular month. These trainings have proven very effective with the staff, and the committee is now considering doing the same in the client restrooms.
- The organization provides support to the Juvenile Detention Center (JDC) in several ways. It offers community outreach groups to the young men and women served on self-esteem, an anger management group for young men, and groups for depression and substance abuse. At the same time, the organization provides mental health services to the young people at the JDC.
- The organization's staff members genuinely care about the persons served; have structured positive, safe, and nurturing environments for clients; and are enthusiastic and open to suggestions and ways to improve programming.
- The person served interviewed spoke highly of the staff and appear grateful for the individual and group treatment and concern for their well-being. They are happy and well taken care of.
- SWACMHC has made efforts to seamlessly transition clients between programs and levels of care to meet their changing and individual needs.

- The De Queen and Nashville Clinic, Jefferson House, and the River Ridge Treatment Center all provide excellent person-centered services, as evidenced by the following statements from clients: "This program saved my life by providing me with the tools I need to live life," and another client from Jefferson House stated, "I love to come here to socialize; this is my family."
- SWACMHC senior staff members have been with the organization for a long time.
- The organization's El Dorado office has made a concerted effort to build strong relationships within the community with judges, other officials, and attorneys. This office has become the point of entry for clients with a substance abuse problem.
- Local sheriffs report that the crisis intervention programs of SWACMHC are integral to the organization's service to persons in the justice system with mental health concerns.
- Each of the clients interviewed had positive things to say about staff regarding to the way they were treated and that staff members would go out of their way to help them.
- The organization has used United Way money to provide parenting classes and training and support to clients.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather an assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

Recommendations

1.H.1.

It is recommended that the organization maintain a healthy and safe environment at all of its locations. At the River Ridge Treatment Center, the door to the bathroom in the women's dorm will not close shut. The dresser drawers in the male and female dorms are broken and need to be replaced. At the Nashville Clinic, there are ceiling tiles that are stained and sagging throughout the building. The ceiling tiles need to be replaced before they fall from the ceiling and injure staff and/or clients.

1.H.6.b.(1)

It is recommended that the organization review evacuation routes that are posted throughout the building to ensure that they are understandable to the clients.

1.H.12.h.

When transportation is provided for persons served, it is recommended that written emergency procedures be available in the vehicles at all times.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization.

Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of background/credentials/fitness for duty

- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

- 1.I.7.a.(1)
- 1.I.7.a.(2)
- 1.I.7.b.
- 1.I.7.c.
- 1.I.7.d.
- 1.I.7.e.
- 1.I.7.f.

It is recommended that workforce development activities also include the identification of competencies to support the organization in the accomplishment of its mission and goals and to meet the needs of the persons served. This would include assessment of competencies; the identification of timeframes and frequencies related to the competency assessment process; competency development, including the provision of resources; performance appraisals; and related education and training.

- 1.I.11.a.
- 1.I.11.b.
- 1.I.11.c.
- 1.I.11.d.
- 1.I.11.e.
- 1.I.11.f.
- 1.I.11.g.

The organization’s succession planning should address, at a minimum, its future workforce needs, the identification of key positions, the identification of the competencies required by key positions, a review of talent in the current workforce, the identification of workforce readiness, a gap analysis, and strategic development.

1.J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Technology and system plan implementation and periodic review
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

- 1.J.1.b.(2)(a)

At the River Ridge Treatment Center residential facility, the computer system keeps shutting down when used by staff, interfering with client care. It is recommended that the organization's technology and system plan also address these connectivity issues. Ensuring that the system has an auto-backup when it shuts down could help secure data that have recently been input.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Data collection
- Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Analysis of performance indicators in relation to performance targets
- Use of performance analysis for quality improvement and organizational decision making
- Communication of performance information

Recommendations

1.N.3.a.(1)

1.N.3.a.(2)

1.N.3.a.(3)

1.N.3.b.(1)

1.N.3.b.(2)

1.N.3.b.(3)

1.N.3.c.

The organization is urged to communicate accurate performance information to the persons served, personnel, and other stakeholders according to the needs of the specific group, including the format of the information communicated, the content of the information communicated, and the timeliness of the information communicated.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
- Team composition/duties
- Crisis intervention provided
- Relevant education
- Medical consultation
- Clinical supervision

- Services relevant to diversity
- Family participation encouraged
- Assistance with advocacy and support groups

Recommendations

2.A.2.

The computer system at River Ridge Treatment Center breaks down frequently, impacting service delivery. It is recommended that the organization consistently provide the resources needed to support the overall scope of each program/service.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, his or her family or significant others, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
- Waiting list
- Ineligibility for services
- Primary and ongoing assessments
- Admission criteria
- Reassessments
- Orientation information provided regarding rights, grievances, services, fees, etc.

Recommendations

2.B.8.d.(1)(f)(i)

Although the organization lists whether or not it uses seclusion and restraint in program descriptions, it is recommended that this information also be included in the orientation of clients.

2.C. Person-Centered Plan

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of his or her plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Key Areas Addressed

- Development of person-centered plan
- Co-occurring disabilities/disorders
- Person-centered plan goals and objectives
- Designated person coordinates services

Recommendations

2.C.2.a.(1)

It is recommended that the goals on person-centered plans be consistently expressed in the words of the person served. This was not always the case in the Texarkana office.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of person served when he or she moves to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

Key Areas Addressed

- Referral or transition to other services
- Unplanned discharge referrals
- Active participation of persons served
- Plan addresses strengths, needs, abilities, preferences
- Transition planning at earliest point
- Follow up for persons discharged for aggressiveness

Recommendations

2.D.6.a.

2.D.6.b.

2.D.6.c.

2.D.6.d.

When an unplanned discharge occurs, it is recommended that at the El Dorado office the organization also consistently follow-up as soon as possible to provide necessary notifications, clarify the reasons for the unplanned discharge, determine with the person served whether further services are needed, and offer or refer to needed services.

2.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to his/her own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

Recommendations

2.E.3.b.

Although the organization has implemented policies and procedures for the safe storage of medication at the Horizons' site, some of the client's PRN medication is kept in an unlocked location for self-administration. When the program physically controls medications, written procedures should be implemented that address safe storage.

2.E.4.a.

2.E.4.b.

2.E.4.c.

2.E.4.d.

2.E.4.e.(1)

2.E.4.e.(2)

2.E.4.f.(1)

2.E.4.f.(2)

2.E.4.f.(3)

2.E.4.g.

2.E.4.h.

2.E.4.i.

When the program provides medication control, administering, or prescribing, documentation of all medications for each person served, including prescription and nonprescription medications, should include the name of the medication; the dosage; the frequency; instructions for use, including the method/route of administration; contact information for the prescribing professional, including name and telephone number; when applicable, information on medications administered, including the time the medication was administered, identification of the person administering, and confirmation of dose accepted or refused; observed and reported medication reactions; PRN medication given to the person served, including the reason; and medication errors.

2.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these

interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion only if freedom to leave the segregated room or space is denied.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
 - Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to others.
 - Holding a person's hand or arm to safely guide him or her from one area to another or away from another person.
 - Security doors designed to prevent elopement or wandering.
 - Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel.
- When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

- Policy addressing how the program will respond to unsafe behaviors of persons served
- Competency-based training for direct service personnel on the prevention of unsafe behaviors
- Policies on the program's use of seclusion and restraint, if applicable
- Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
- Plan for elimination of the use of seclusion and restraint, if applicable
- Written procedures regarding orders for and the use of seclusion and restraint, if applicable
- Review and analysis of the use of seclusion and restraint, if applicable

Recommendations

There are no recommendations in this area.

2.G. Records of the Persons Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

The organization implements systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

3.B. Case Management/Services Coordination (CM)

Description

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its person-centered planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Key Areas Addressed

- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL activities

Recommendations

There are no recommendations in this area.

3.C. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Key Areas Addressed

- Opportunities for community participation
- Based on identified preferences of participants
- Times and locations meet the needs of participants

Recommendations

There are no recommendations in this area.

3.E. Crisis Intervention (CI)

Description

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

Key Areas Addressed

- Services are available 24 hours a day, 7 days a week
- Assessment and immediate stabilization of acute symptoms
- Timely engagement
- Telephone and face-to-face crisis assessment
- Crisis intervention plan
- Qualified behavioral health practitioners are available 24 hours a day, 7 days a week
- Mobile services provision

Recommendations

There are no recommendations in this area.

3.M. Intensive Outpatient Treatment (IOP)

Description

Intensive outpatient treatment programs are clearly identified as separate and distinct programs that provide culturally and linguistically appropriate services. The intensive outpatient program consists of a scheduled series of sessions appropriate to the person-centered plans of the persons served. These may include services provided during evenings and on weekends and/or interventions delivered by a variety of service providers in the community. The program may function as a step-down program from partial hospitalization, detoxification/withdrawal support, or residential services; may be used to prevent or minimize the need for a more intensive level of treatment; and is considered to be more intensive than traditional outpatient services.

Key Areas Addressed

- Number of contact hours per week
- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

3.O. Outpatient Treatment (OT)

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Key Areas Addressed

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

3.Q. Residential Treatment (RT)

Description

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. These services are provided in a safe, trauma informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Key Areas Addressed

- Interdisciplinary services
- Creation of natural supports
- Education on wellness, recovery, and resiliency
- Community reintegration

Recommendations

3.Q.9.a.

3.Q.9.b.

3.Q.9.c.(7)

At River Bend Treatment Center, it is recommended that the program's physical facilities provide for personal privacy, security of personal belongings, and recreational activities for clients in the residential treatment program. It is suggested that the organization consider the use of a portable room divider and partitions that allow each client to have some privacy.

Section 5. Specific Population Designation Standards

5.D. Children and Adolescents (CA)

Description

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Southwest Arkansas Counseling and Mental Health Center, Inc.

2904 Arkansas Boulevard
Texarkana, AR 71854

Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Horizons of Hope RCF

707 East Greenwood Street
Hope, AR 71801

Case Management/Services Coordination: Mental Health (Adults)
Community Integration: Mental Health (Adults)
Crisis Intervention: Mental Health (Adults)
Outpatient Treatment: Mental Health (Adults)

Jefferson House - Southwest Arkansas Counseling and Mental Health Center, Inc.

3005 East 39th Street
Texarkana, AR 71854

Case Management/Services Coordination: Mental Health (Adults)
Community Integration: Mental Health (Adults)

Nashville Clinic

201 East Hempstead Street, Suite 1
Nashville, AR 71852

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

River Ridge Treatment Center

7000 North State Line Avenue
Texarkana, AR 71854

Residential Treatment: Integrated: AOD/MH (Adults)

Southwest Arkansas Counseling and Mental Health Center - El Dorado

715 North College Avenue, Suite 101
El Dorado, AR 71730

Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Southwest Arkansas Counseling and Mental Health Center - Magnolia

412 North Vine Street
Magnolia, AR 71753

Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Southwest Arkansas Counseling and Mental Health Center, Inc.

1117 Chestnut Street
Lewisville, AR 71845

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Southwest Arkansas Counseling and Mental Health Center, Inc.

1312 West Collin Raye Drive
De Queen, AR 71832

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

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Southwest Arkansas Counseling and Mental Health Center, Inc.

300 East 20th Street
Hope, AR 71802

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Split Rail RCF

1658 Highway 371 West
Prescott, AR 71857

Case Management/Services Coordination: Mental Health (Adults)
Community Integration: Mental Health (Adults)
Crisis Intervention: Mental Health (Adults)
Outpatient Treatment: Mental Health (Adults)



WM. RANDAL WRIGHT
CIRCUIT JUDGE

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

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

DONNA WATKINS
CERTIFIED COURT REPORTER
DFWATKINSCCR@GMAIL.COM

April 1, 2020

To Whom It May Concern:

This Court has been provided with the services of the Southwest Arkansas Counseling and Mental Health Center, Youth Services Program, since I have worked in the Juvenile Court System. We have received outstanding services from all of the employees of Southwest Arkansas Counseling and Mental Health Center.

Included in the services provided to our Juvenile Drug Court by Southwest Arkansas Counseling and Mental Health Center is hands on mentoring of juveniles, ankle monitors, after care, diversions and counseling and therapy. We will not be able to effectively run our programs without the outstanding service and people of Southwest Arkansas Counseling and Mental Health Center. They are the true backbone and heart of our program.

With kindest personal regards, I am

Yours truly,

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

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

WRW/vp



BRYAN L. CHESHSHIR
PROSECUTING ATTORNEY

Judicial District 9th West

ALWIN SMITH

*Chief Deputy Prosecutor,
Little River County
231 Commerce Street
Ashdown, AR 71822
Phone: (870) 898-2507
Fax: (870) 667-7113*

JANA BRADFORD

*Deputy Prosecutor,
Pike County
P.O. Box 2248
Glenwood, AR 71943
Phone: (870) 356-3947
Fax: (870) 356-2502*

AARON BRASEL

*Deputy Prosecutor,
Howard County
P.O. Box 813
Nashville, AR 71852
Phone: (870) 845-4100
Fax: (870) 845-4103*

ERIN HUNTER

*Deputy Prosecutor,
Sevier County
P.O. Box 810
De Queen, AR 71832
Phone: (870) 642-4957
Fax: (870) 642-4958*

TRACI CARTER

*Victim Witness/Case
Coordinator
Phone: (870) 845-5030
Fax: (870) 845-0268*

DAVID SHELTON

*Investigator/Victim
Advocate
Phone: (870) 845-5030
Fax: (870) 845-0268*

BETSABE MERCADO

*Hot Check Coordinator
Phone: (870) 845-5030
Fax: (870) 845-0268*

May 6, 2019

To Whom it May Concern,

I am writing this letter in support of Southwest Arkansas Counseling and Mental Health Center and their Youth Services program. My district has worked with them for many years and the services they provide have proven to be very successful. I look forward to continuing our work with the staff and their program.

If you have any questions, please do not hesitate to call me at the number listed.

Sincerely,

A handwritten signature in black ink, appearing to read "Bryan L. Chesshir".

Bryan L. Chesshir
9th West District Prosecutor

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

2904 ARKANSAS BOULEVARD

P.O. BOX 1987, TEXARKANA, AR 75504

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

**DE QUEEN CENTER, 1312 W. COLLIN RAYE DR.
P.O. BOX 459, DE QUEEN, ARKANSAS 71832
TELEPHONE (870)584-7115**

**NASHVILLE CENTER, 508 N. SECOND
P.O. BOX 576, NASHVILLE, ARKANSAS 71832
TELEPHONE (870) 845-3110**

**HOPE CENTER, 300 EAST 20TH
P.O. BOX 462, HOPE, ARKANSAS 71802-0452
TELEPHONE (870) 777-9051**

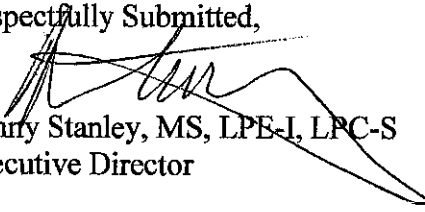
April 9, 2020

To Whom It May Concern:

Please be assured, Southwest Arkansas Counseling and Mental Health Center is committed to the goals and aspirations of the DYS mission to serve and improve the lives of at risk children and youth in southwest Arkansas. Our Youth Services program has been successful in working towards the state objectives in the past and will do so as DYS moves forward. We will continue to support the program by providing a full array of behavioral health services to the adolescents and their families.

Please don't hesitate to contact me if I may be of any service please don't hesitate to contact me.

Respectfully Submitted,


Darryl Stanley, MS, LPE-I, LPC-S
Executive Director

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

AN EQUAL OPPORTUNITY EMPLOYER

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

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

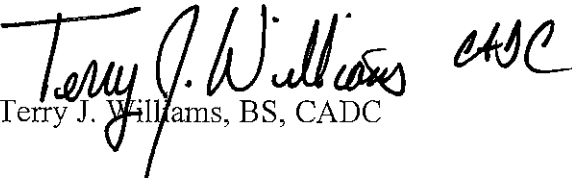
April 7, 2020

To Whom It May Concern:

My name is Terry J. Williams, and I am writing this letter, voicing my support for Southwest Arkansas Counseling and Mental Health Center and their Youth Services Program. It is worth noting, working in the capacity of Outpatient Substance Abuse Counselor for the past four (4) years, I have been afforded the opportunity "on occasion," to work in conjunction with youth services. In my opinion, YSP have provided vital services within their designated counties, and judicial districts for many years. Additionally, I believe, along with other affiliates throughout Southwest Arkansas, surrounding regions, and the state of Arkansas, we are *extremely* satisfied with the results from the program, as evidenced by its longevity and the continued affiliation with the previously mentions affiliates. In conclusion, I would be delighted to continue working with their program and staff.

If you have any questions regarding this matter contact me at 870-773-4655 Ex. 2276

Sincerely,


Terry J. Williams, BS, CADAC

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

AN EQUAL OPPORTUNITY EMPLOYER

MAGNOLIA POLICE DEPARTMENT

Date: 04/06/2020

From: Todd Dew
Chief of Police
870-234-3765

To whom it may concern,

I am writing this letter in support of Southwest Arkansas Counselling and Mental Health Center, and their Youth Services Program. Our city, county and judicial district has benefited from their services for many years, and I, along with many others, have seen positive results from their work and service. I hope we continue to have this program in our city, and continue to have the working relationship we now enjoy with their staff. If you have any questions regarding this letter, please contact me.



Chief Todd Dew



Harbor House, Inc.
124 S. Jackson St. Suite 411
Magnolia, AR 71754

4/6/20

To whom it may concern:

My name is, Alexander Smith and I am with the Harbor House Inc. Prevention Agency. I am hoping to extend this partnership for youth Services as they have done an extensive amount of work within District 13. I have had the chance to find myself working on the same and similar projects that they are in regards to our youth population in Region 11. For all intent and purpose, this breaks down to very similar territory of District 13. I work in developing youth coalitions across six (6) counties: Union, Nevada, Calhoun, Columbia, Prescott and Dallas to help educate and assist the growth of youth awareness coalitions in regards to underage drinking and marijuana use. My target range is 9-20 years of age. I speak directly to the importance of what youth services does in our region and territory. I hope this finds you well and I hope the continued support and partnership with this great program continues in the coming year.

Alexander Smith

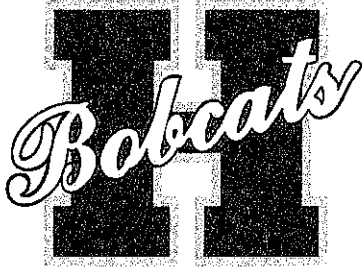
Region 11 Regional Lead Representative

Harbor House Inc. Prevention Programs

Office: 870-901-3551

Fax: 870-901-3552

Mobile: 870-299-1644



Hope Public Schools
117 East Second St.
Hope AR 71801
(870) 722-2700
Fax (870) 777-4087

April 9, 2020

To Whom It May Concern:

On behalf of the Hope Public Schools and our school-based health clinic program; I would like to voice our support for the Youth Services program at Southwest Arkansas Counseling and Mental Health Center. Our school-based clinic serves a majority of minority and at-risk students who are clients with their program. We have always found them helpful and diligent in their service to our students. We look forward to continuing our relationship going forward. If I can answer any question regarding this matter, please let me know.

Sincerely,

Bobby Hart

Dr. Bobby Hart
Superintendent
Hope Public School

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

2904 ARKANSAS BOULEVARD

P.O. BOX 1987, TEXARKANA, AR 75504

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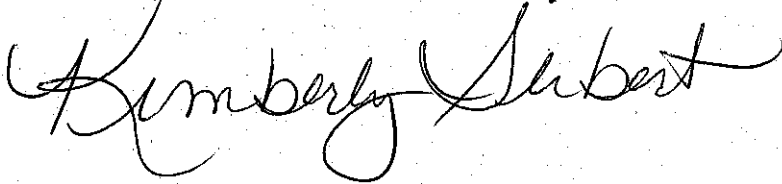
HOPE CENTER, 300 EAST 20TH
P.O. BOX 452, HOPE, ARKANSAS 71802-0452
TELEPHONE (870) 777-9051

April 8, 2020

To Whom It May Concern:

I am writing this letter to voice my support for Southwest Arkansas Counseling and Mental Health Center and their Youth Services program. They have provided services in our county and judicial district for many years, and I, along with many others, are very satisfied with the results. As Family Support Partner I have worked closely with the Youth and their families. We would be delighted to continue working with their program and staff. If you have any questions regarding this matter, please let me know.

Sincerely,



Kimberly Seibert

Family/Peer Support Partner

Southwest Arkansas Counseling and Mental Health

SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

Policy Area: <i>Program and Service Structure</i>	Subject: <i>Program Structure and Staffing</i>
Effective Date: <i>1-21-16</i>	Policy #: <i>PS-1</i>
Revision Date: <i>1-21-16, 9-21-17</i>	Page # <i>1 of 4</i>
Additional Authority: <i>CARF 2.A.</i>	Review Date: <i>1-21-16, 9-21-17</i>

The Center is committed to providing a comprehensive array of services in order to maximize the opportunity for each person to receive needed care. The Center is dedicated to providing adequate resources to each core program to insure effectiveness and access.

1. Each Program Director maintains and updates a written plan to guide the delivery of each program/service offered by the Center. At a minimum, the plan includes the following elements:
 - Philosophy of the program;
 - Description of the program;
 - Specific program goals;
 - Descriptions of service modalities included in the program to achieve the program objectives;
 - Mechanisms to address the needs of special populations; and
 - Assurance that adequate resources are committed to implementation of the program and its services.

The mission, philosophy and goals of the Center are clearly delineated in earlier sections of this policies and procedures manual, and apply to all programs and services administered by the Center. Core program descriptions are intended to provide those program specific policies and procedures that are unique to each program or service. Core program descriptions are not intended to duplicate or replace any of the organization's over-arching policies. Instead, they provide a user friendly reference to assist Center staff members in adhering to established operational protocols and to serve as a ready reference to ensure standardization of operations.

2. Center services are based on accepted practices that are recognized in the field. Service delivery strategies may be altered in the interest of cultural sensitivity, as deemed appropriate.
3. Services provided by the Center are designed to:
 - Support client well-being, recovery and/or stabilization;
 - Enhance the quality of life of the persons served by the Center;
 - Reduce the severity and frequency of symptoms and empower clients to develop effective coping and response skills;
 - Restore the client's functional abilities, if possible, and prevent any further functional impairment; and
 - Support the integration of clients into the community.
4. The Center is an active proponent of training, and maintains a generous approach to seeing that staff members are provided with training and skill development needed to:
 - a. Address specific needs of clients they serve.
 - b. Maintain clinical skills applicable to their areas of responsibility.
 - c. Provide effective treatment planning and implementation.
 - d. Provide effective interviewing skills.
 - e. Implement treatment approaches, for each program, that are based on recognized research and demonstrations of effectiveness.
 - f. Provide effective customer service and client relations in their communities.

Policy Area: <i>Program and Service Structure</i>	Subject: <i>Program Structure and Staffing</i>
Effective Date: <i>1-21-16</i>	Policy #: <i>PS-1</i>
Revision Date: <i>1-21-16, 9-21-17</i>	Page # <i>2 of 4</i>
Additional Authority: <i>CARF 2.A.</i>	Review Date: <i>1-21-16, 9-21-17</i>

Center staff members are expected to provide documentation of training, upon completion, to the Human Resources Manager. This documentation is maintained in the staff member's personnel file.

5. All Center clinical programs operate under the oversight of and with the consultation of the Medical Director.
6. The Center's Medical Director coordinates the Center's medical services, provides supervision and advice to Center staff, as well as regular consultation with the Accessibility, Health, Safety and Transportation Committee, the Utilization Review Committee and the Continuous Quality Improvement/Quality Assurance Committee.
7. Center clients receive information and linkage assistance from Center staff (usually the primary therapist/case manager) about advocacy groups, consumer groups, self-help groups and other support groups that are located at the community, state and national levels of organization.

Client education includes information about mental health issues, alcohol and drug problems, family participation in the treatment process, communication with service providers, crisis intervention services, availability of adaptive devices/equipment, and appreciation of cultural diversity within the service delivery system.

8. The Center maintains a collection of materials and brochures to assist clients and provide education. Materials are ordered from suppliers, through government warehouses, or through available resources such as pharmaceutical or medical company representatives.
9. The Center recognizes the importance of family participation in treatment and educational activities.
 - a. The Center strives to provide educational opportunities for clients and families through the Psychosocial Rehabilitation Services, community resources, and cooperation and facilitation efforts with area support groups.
 - b. Families of clients are viewed as an integral part of the treatment effort and are encouraged to participate as allowed by the clients or required by other authorities. All service providers will continually attempt to identify and overcome the barriers to family involvement. Family engagement can best be achieved through a variety of activities such as: client orientation regarding the positive effects of family engagement; performing home visits; holding "Meet the Therapist" evenings for parents of school-based clients; and offering appointments during evening clinics hours.
10. Center providers from various programs have substantial opportunity to interact and cooperate in the provision of services to clients with multiple needs. In addition, the Center works closely with area providers such as DHS, DCFS, schools and service agencies to meet the broader needs of clients. The Center, in turn, regularly provides consultation to these providers and makes referrals as appropriate.

Policy Area: <i>Program and Service Structure</i>	Subject: <i>Program Structure and Staffing</i>
Effective Date: <i>1-21-16</i>	Policy #: <i>PS-1</i>
Revision Date: <i>1-21-16, 9-21-17</i>	Page # <i>3 of 4</i>
Additional Authority: <i>CARF 2.A.</i>	Review Date: <i>1-21-16, 9-21-17</i>

11. It is the policy of the Center that crisis intervention services are available on a 24/7 basis. The Center maintains coverage by licensed mental health professionals, available to all program areas, as needed. A toll-free telephone number is available to all callers within the state of Arkansas.

12. Treatment Team

Center staff utilizes a treatment team approach to service delivery. The team seeks to involve as many elements of the overall client system as possible, for decision-making, formulation of the individualized client (treatment) plan, ongoing client assessment, and ongoing discharge planning efforts. Team meetings are informal and formal, and are documented in the client record. Evidence of team activity is most easily identified in the client (treatment) plan, client (treatment) plan reviews and progress notes.

- a. It is the philosophy of the Center that empowerment is a key to effective treatment services. Clients are encouraged/expected to participate in development and implementation of their treatment plans.
- b. Services that are planned and provided are done so as a result of direct interaction of the client and significant others in the client's life.
- c. The Center attempts to provide services in a manner that is consistent with the client's cultural and linguistic needs. If staff members with linguistic skills needed to meet the needs of clients, interpretive services are contracted.
- d. Other special needs may be accommodated through participation on the treatment team of community resources who can meet these cultural or other needs.
- e. All treatment team members are expected to play an active role to ensure that the treatment plan is implemented.
- f. The treatment teams meet as needed to see that the plan is implemented and responsibilities are met. Adjustments are made as necessary to see that the client receives the most effective services possible.
- g. Attendance of participants and results of treatment team meetings are documented as part of the record.

It is the policy of the Center that all professional and paraprofessional personnel receive clinical supervision, whether or not this is required by the individual's licensing authority. Documented client-specific face-to-face and other necessary communication regarding client care must occur between each Mental Health Professional's (MHP's) supervisor and the MHP no less than every ninety (90) calendar days. .

Each Mental Health Paraprofessional (MHPP) will be supervised by a MHP acting within the scope of his or her practice. This will consist of documented client-specific face-to-face contact which occurs at least every fourteen (14) days with no less than twelve (12) face-to-face contacts every ninety (90) days. More frequent supervision sessions may be necessary in response to a client's unscheduled care needs, response or lack of response to treatment, or change of condition. The MHP will communicate individualized client-specific instructions to the mental health paraprofessional

Policy Area: <i>Program and Service Structure</i>	Subject: <i>Program Structure and Staffing</i>
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describing the manner and methods for the delivery of paraprofessional services. The MHP will periodically (in accordance with a schedule tailored to the client's condition and care needs, but no less than every thirty days) personally observe the MHPP delivering services to a client. These observations will be of sufficient duration to declare whether paraprofessional services complied with the licensed mental health professional's instructions.

It is the responsibility of the MHP supervisor to address the following issues with the MHP at least every twelve (12) months and to address the same issues with a Mental Health Paraprofessional (MHPP) every six months:

- a. Accuracy of assessment and referral skills, when applicable.
- b. Appropriateness of treatment and intervention services relative to the needs of the client.
- c. Effectiveness of services, reflected by the client reaching his/her goals, client or family assessment of improvement, or through assessments and ratings, such as the GAF or Youth Outcomes Questionnaire.
- d. Providing feedback to the supervisee for the purpose of skill enhancement.
- e. Issues related to ethical, legal or professional standards.
- f. Clinical documentation issues from direct observation or as a result of audits and compliance reviews.
- g. Cultural competency and sensitivity
- h. Identification of risk factors for suicide and dangerous behaviors.
- i. Model fidelity when implementing evidenced based practices.
- j. All areas noted as deficient or needing improvement.

13. Positive Approaches to Behavioral Intervention

- a. It is the philosophy of the Center that positive relationships for the building blocks for recovery. The emphasis on building positive is viewed as necessary to model healthy relationship building and foster recovery.
- b. It is necessary to evaluate the environments of the person served in order to have the foundation of knowledge necessary to foster a positive relationship and provide appropriate modeling.
- c. It is the policy of the Center that all staff members are trained to use de-escalation techniques and manage client behavior in a way that models positive interaction and relationship development.
- d. It is the goal of the Center that clients will be empowered to learn to manage their own behavior, rather than foster dependency.
- e. Personal safety plans are developed for each individual that is at risk, and for others, as necessary.

SW ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC.

Policy Area: <i>Human Resources</i>	Subject: <i>Adequate Staffing</i>
Effective Date: <i>1-21-16</i>	Policy #: <i>HR-2</i>
Revision Date: <i>1-21-16</i>	Page # <i>1 of 1</i>
Additional Authority: <i>CARF 1.1.</i>	Review Date: <i>1-21-16, 9-21-17</i>

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