

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	South Arkansas Regional Health Center, Inc.			
Address:	715 N. College			
City:	El Dorado	State:	AR	Zip Code: 71730
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 Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION	
Provide contact information to be used for bid solicitation related matters.	
Contact Person:	Regina D. Pierce Title: CEO
Phone:	870-862-7921 Alternate Phone: 870-8642421
Email:	regina.pierce@sarhc.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 type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

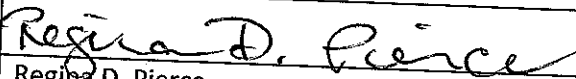
Authorized Signature: Regina D. Pierce Title: Chief Executive Officer
Use Ink Only.

Printed/Typed Name: Regina D. Pierce Date: 3/15/2019

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

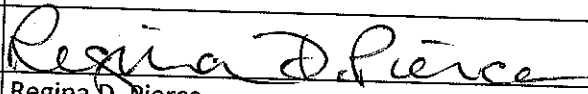
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	South Arkansas Regional Health Center, Inc.	Date:	3/15/2019
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Regina D. Pierce		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

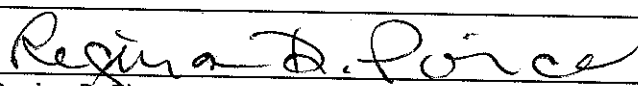
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	South Arkansas Regional Health Center, Inc.	Date:	3/15/2019
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Regina D. Pierce		

SECTION 3.4.5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	South Arkansas Regional Health Center, Inc.	Date:	3/15/2019
Authorized Signature:		Title:	Chief Executive Officer
Print/Type Name:	Regina D. Pierce		

PROPOSED SUBCONTRACTORS FORM

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

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

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

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

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

Vendor Name:	South Arkansas Regional Health Center, Inc.	Date:	3/19/2019
Authorized Signature:	<i>Regina D. Pierce</i>	Title:	Chief Executive Officer
Print/Type Name:	Regina D. Pierce		

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

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

SUBCONTRACTOR: YES NO

CONTRACTOR NAME: _____
Contractor for which this is a subcontractor: _____

Estimated dollar amount of subcontract: _____

IS THIS FOR:

TAXPAYER ID NAME: South Arkansas Regional Health Center, Inc.

YOUR LAST NAME: Pierce

FIRST NAME: Regina

ADDRESS: 715 N. College

Goods? Services Both?

MI: D.

CITY: El Dorado

STATE: AR

ZIP CODE: 71730

COUNTRY: UNITED STATES OF AMERICA

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

FOR INDIVIDUALS *

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

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

FOR A VENDOR (BUSINESS) *

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

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

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

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

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

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

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor.

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

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

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

Signature Regina D. Pierce Digitally signed by Regina D. Pierce
Date: 2019.03.13 12:39:45 -05'00' Title CEO Date 3-15-19

Vendor Contact Person Regina D. Pierce Title CEO Phone No. 870-862-7921

AGENCY USE ONLY

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

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



STATE OF ARKANSAS

PROFESSIONAL CONSULTANT SERVICES CONTRACT

CONTRACT #	4600040203	FEDERAL I.D. #	71-0388012
VENDOR #	600002881	MINORITY VENDOR	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

1. PROCUREMENT:

Check ONE appropriate box below for the method of procurement for this contract:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> ABA Criteria | <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Competitive Bid | <input checked="" type="checkbox"/> Request for Qualifications |
| <input type="checkbox"/> Intergovernmental | <input type="checkbox"/> Emergency | <input type="checkbox"/> Invitation for Bid | <input type="checkbox"/> Cooperative Contract |
| <input type="checkbox"/> Small Order | <input type="checkbox"/> Sole Source by Justification
<i>(Justification must be attached)</i> | <input type="checkbox"/> Sole Source by Intent to Award | |
| <input type="checkbox"/> Sole Source by Law - Act # _____ | | or Statute #: _____ | |
| <input type="checkbox"/> Exempt by Law | | | |

2. TERM DATES:

The term of this agreement shall begin on 07/01/2019 and shall end on 06/30/2020
(mm/dd/yyyy) (mm/dd/yyyy)

3. CONTRACTING PARTIES:

State of Arkansas is hereinafter referred to as the agency and contractor is herein after referred to as the Vendor.

AGENCY NUMBER & NAME	0710- DHS	<input type="checkbox"/> Service Bureau
VENDOR NAME	South Arkansas Regional Health Center	
VENDOR ADDRESS	715 N. College; El Dorado, AR 71730	
TRACKING # 1	N/A	TRACKING # 2 N/A

4A. TOTAL PROJECTED CONTRACT COST:

Total Projected Cost of entire project if all available extensions of this contract are completed (up to the date anticipated and stated in Section 13) \$ 1,317,839.27

4B. CALCULATIONS OF COMPENSATION:

For work to be accomplished under this agreement, the Vendor agrees to provide the personnel at the rates scheduled for each level of consulting personnel as listed herein. Calculations of compensation and reimbursable expenses shall only be listed in this section. If additional space is required, a continuation sheet may be used as an attachment.

LEVEL OF PERSONNEL	NUMBER	COMPENSATION RATE	TOTAL FOR LEVEL
			\$ 0.00
			\$ 0.00
			\$ 0.00

Total compensation exclusive of expense reimbursement \$ 0.00

REIMBURSABLE EXPENSES ITEM (Specify)	ESTIMATED RATE OF REIMB.	TOTAL
		\$ 0.00
		\$ 0.00
		\$ 0.00

Total reimbursable expenses \$ 0.00

Total compensation inclusive of expense reimbursement \$ 1,317,839.27

**STATE OF ARKANSAS
PROFESSIONAL CONSULTANT SERVICES CONTRACT**

Contract # : 4600040203

5. SOURCE OF FUNDS:

Complete appropriate box(es) below to total 100% of the funding in this contract. You may use an attachment if needed.

Fund Source	Identify Source of Funds*	Fund	Fund Center	Amount of Funding	% of Total Contract Cost
	Mental Health Block Grant (93.958) SSRG (93.667)			\$ 39,405.78	3.0
	State General Fund			\$ 1,278,433.49	97.0
				\$	
				\$	
				\$	
TOTALS				\$ 1,317,839.27	100%

* **MUST BE SPECIFIC** (i.e. fees, tuition, agricultural sales, bond proceeds, donations, etc.)

** "State Funds" is defined as and deemed State General Revenue Dollars. If other state funds are being used such as tobacco funds, general improvement funds, etc., these should be noted. Special revenue funds from taxes or fees generated for the agencies should be shown as "Other" and the actual source of the funds should be clarified in the "Identify Source of Funds."

6. RENDERING OF COMPENSATION:

The method(s) of rendering compensation and/or evaluation of satisfactory achievement toward attainment of the agreement listed herein is as follows, or in attachment no. _____ to this agreement.

Payment shall be made after services are rendered and an invoice received.

7. OBJECTIVES AND SCOPE:

State description of services, objectives, and scope to be provided. (DO NOT USE "SEE ATTACHED")

To initiate an agreement for the continued provision of mental health services in accordance with Act 981 of 2015. Service coverage area: Calhoun, Columbia, Dallas, Nevada, Ouachita, and Union counties.

8. PERFORMANCE STANDARDS:

List Performance standards for the term of the contract. (If necessary, use attachments)

See Attachment

**STATE OF ARKANSAS
PROFESSIONAL CONSULTANT SERVICES CONTRACT**

Contract # : 4600040203

9. **ATTACHMENTS:**
List ALL attachments to this contract by attachment number:

10. **CERTIFICATION OF VENDOR**

A. "I, Regina D. Pierce Executive Director
(Vendor) (Title)

certify under penalty of perjury that, to the best of my knowledge and belief, no regular full-time or part-time employee of any State agency of the State of Arkansas will receive any personal, direct or indirect monetary benefits which would be in violation of the law as a result of the execution of this contract." Where the Vendor is a widely-held public corporation, the term 'direct or indirect monetary benefits' "shall not apply to any regular corporate dividends paid to a stockholder of said corporation who is also a State employee and who owns less than ten percent (10%) of the total outstanding stock of the contracting corporation."

B. List any other contracts or subcontracts you have with any other state government entities. (Not applicable to contracts between Arkansas state agencies) (If no contracts or subcontracts, please put "N/A" or "None")

C. Are you currently engaged in any legal controversies with any state agencies or represent any clients engaged in any controversy with any Arkansas state agency? (If no controversies, please put "N/A" or "None")
None

D. The Vendor agrees to list below, or on an attachment hereto, names, addresses, and relationship of those persons who will be supplying services to the state agency at the time of the execution of the contract. If the names are not known at the time of the execution of the contract, the Vendor shall submit the names along with the other information as they become known. Such persons shall, for all purposes, be employees or independent contractors operating under the control of the Vendor (sub-contractors), and nothing herein shall be construed to create an employment relationship between the agencies and the persons listed below.

NAME	RELATIONSHIP

E. The agency shall exercise no managerial responsibilities over the Vendor or his employees. In carrying out this contract, it is expressly agreed that there is no employment relationship between the contracting parties.

STATE OF ARKANSAS
PROFESSIONAL CONSULTANT SERVICES CONTRACT

Contract # : 4600040203

11. DISCLOSURE REQUIRED BY EXECUTIVE ORDER 98-04:

Any contract or amendment to a contract executed by an agency which exceeds \$25,000 shall require the Vendor to disclose information as required under the terms of Executive Order 98-04 and the Regulations pursuant thereto. The Vendor shall also require the subcontractor to disclose the same information. The Contract and Grant Disclosure and Certification Form (Form PCS-D attachment II-10.3) shall be used for this purpose.

Contracts with another government entity such as a state agency, public education institution, federal government entity, or body of a local government are exempt from disclosure requirements.

The failure of any person or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose, or in violation, to all legal remedies available to the Agency under the provisions of existing law.

12. CANCELLATION CLAUSES

A. NON-APPROPRIATION CLAUSE PURSUANT TO §19-11-1012(11):

"In the event the State of Arkansas fails to appropriate funds or make monies available for any biennial period covered by the term of this contract for the services to be provided by the Vendor, this contract shall be terminated on the last day of the last biennial period for which funds were appropriated or monies made available for such purposes.

"This provision shall not be construed to abridge any other right of termination the agency may have."

B. CONVENIENCE CLAUSE:

In the event the State no longer needs the service or commodity specified in the contract or purchase order due to program changes, changes in laws, rules, or regulations, relocation of offices, the State may cancel the contract or purchase order by giving the vendor written notice of such cancellation 30 days prior to the date of cancellation.

13. TERMS:

The term of this agreement begins on the date in SECTION 2 and will end on the date in SECTION 2, and/or as agreed to separately in writing by both parties.

This contract may be extended until 06/30/2020 (mm/dd/yyyy), in accordance with the terms stated in the Procurement, by written mutual agreement of both parties and subject to: approval of the Arkansas Department of Finance and Administration/Director of Office of State Procurement, appropriation of necessary funding, and review by any necessary state or federal authority.

Contracts will require review by Legislative Council or Joint Budget Committee prior to the approval of the Department of Finance and Administration/Director of Office of State Procurement and before the execution date if the total initial contract amount or the total projected amount is greater than or equal to \$50,000, including any amendments or possible extensions.

Any amendment which increases the dollar amount or involves major changes in the objectives and scope of the contract will require review by Legislative Council or Joint Budget Committee.

14. AUTHORITY:

A. This contract shall be governed by the Laws of the State of Arkansas as interpreted by the Attorney General of the State of Arkansas and shall be in accordance with the intent of Arkansas Code Annotated §19-11-1001 et seq.

B. Any legislation that may be enacted subsequent to the date of this agreement, which may cause all or any part of the agreement to be in conflict with the laws of the State of Arkansas, will be given proper consideration if and when this contract is renewed or extended; the contract will be altered to comply with the then applicable laws.

STATE OF ARKANSAS
PROFESSIONAL CONSULTANT SERVICES CONTRACT

Contract #: 4600040203

15. AGENCY CONTACTS FOR QUESTION(S) REGARDING THIS CONTRACT:

Contact #1 – Agency Representative submitting/tracking this contract

_____	_____
(Name)	(Title)
_____	_____
(Telephone #)	(Email)

Contact #2 – Agency Representative with knowledge of this project (for general questions and responses)

_____	_____
(Name)	(Title)
_____	_____
(Telephone #)	(Email)

Contact #3 – Agency Representative Director or Critical Contact (for time sensitive questions and responses)

_____	_____
(Name)	(Title)
_____	_____
(Telephone #)	(Email)

16. AGENCY SIGNATURE CERTIFIES NO OBLIGATIONS WILL BE INCURRED BY A STATE AGENCY UNLESS SUFFICIENT FUNDS ARE AVAILABLE TO PAY THE OBLIGATIONS WHEN THEY BECOME DUE.

17. SIGNATURES:

Regina D. Perce 3/15/2019
VENDOR DATE

Executive Director
TITLE
South Arkansas Regional Health Center, Inc.
715 N. College; El Dorado, AR 71730
ADDRESS

AGENCY DIRECTOR DATE
TITLE
Arkansas Department of Human Services
PO Box 1437 Slot
Little Rock, AR 72203-1437
ADDRESS

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION

DATE

**SOUTH ARKANSAS REGIONAL HEALTH CENTER
PERSONNEL POLICY AND PROCEDURE**

Catalog Number: HR – 001

Domain: Human Resources

Subject: Affirmative Action – Equal Employment Opportunity

Applicability: All Applicants and Agency Staff

Policy:

SARHC will not discriminate in all conditions of employment, including recruiting, hiring practices, placement, promotion, termination, layoff, recall, demotion, transfer, leaves of absence, compensation, training, activities, operations, or other functions.

SARHC does not discriminate against any employee or applicant for employment based on race, color, religion, sex, national origin, age, marital status, veteran's status, political affiliation, disability, genetics or sexual orientation.

SARHC is committed to and compliant with applicable federal law providing protection to applicants and employees; equal employment opportunity, prohibiting job discrimination, and affirmative action under the Equal Employment Opportunity Act and following Federal authorities and all other federal laws related to equal opportunity practices:

1. Executive Order 11246, as amended,
2. Section 503 of the Rehabilitation Act of 1973, as amended,
3. Section 504 of the Rehabilitation Act of 1973, as amended,
4. 38 U.S.C. 4212 of the Vietnam Era Veterans Readjustment Assistance Act of 1974,
5. Title VII of the Civil rights Act of 1964, as amended,
6. Americans with Disabilities Act of 1990, as amended,
7. Age Discrimination in Employment Act of 1967, as amended,
8. Equal Pay Act of 1963, as amended, and
9. Occupational Safety and Health Act of 1970,
10. Fair Labor and Standards Act of 1997, and
11. Family Medical Leave Act of 1993

In addition to federal law requirements, SARHC complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities.

An encapsulation of the previously referenced Laws and Acts, along with contact information, is conspicuously posted at all geographic locations for easy access and reference by consumers, staff and visitors.

VENDOR QUALIFICATIONS and NARRATIVE OF QUALIFYING EXPERIENCE

E.1 Vendor Qualifications

E.1.A. Proposed Region

South Arkansas Regional Health Center (SARHC) is proposing to provide services to Region 10. The counties in which the Center proposes to provide services are: Calhoun, Columbia, Dallas, Nevada, Ouachita, and Union.

E.1.B. Background of South Arkansas Regional Health Center, Inc.

South Arkansas Regional Health Center (SARHC) was established in 1967 to serve as the community mental health center for individuals, families and communities in Calhoun, Columbia, Dallas, Nevada, Ouachita, and Union counties. The staff members of the organization provide quality behavioral health care services to a diverse population in this six county catchment area. Many of the individuals and families served by SARHC have economic and functional challenges. SARHC is a private not for profit organization and a CARF accredited agency, certified as a behavioral health agency and a substance abuse treatment by the Division of Provider Services and Quality Assurance (DPSQA), and enrolled as a Medicaid outpatient mental health provider by the Division of Medical Services. SARHC has provided services without interruption for 51 years.

SARHC is governed by a board of directors selected from the six counties served by the organization. The Officers of the board of directors for South Arkansas Regional Health Center, Inc. are: Kent Harrell, President; Dr. Levenis Penix, First Vice President; Karen Jankowski, Second Vice President; Mary Pat Anthony, Secretary; Paul Mattocks, Treasurer. Other members of the board are: Sylvia Henley, Rodney Landes, Mike Loe, and Don Williams. (See Attachment A.) The Board serves as representatives for the Center's six county catchment area: Union, Columbia, Ouachita, Nevada, Calhoun, and Dallas Counties. Eight current board members are consumers of services or have / had family members receive services from the Center, other community mental health centers, or independent behavioral health care providers. Nominations for the board are made by current board members, staff members of the Center, community leaders, and anyone that expresses an interest in serving on the board. The board selects the board members.

At this time, SARHC employs 68 individuals. Currently 39 staff members are clinical staff. The Center has two service sites in El Dorado and one service site in both Camden and Magnolia and is in the process of opening three additional sites in Hampton, Fordyce, and Prescott. The counties in which, these additional sites are in Calhoun, Nevada and Dallas counties. All three sites will be open prior to 7-1-2019. During the last fiscal year, clinical staff working out of existing sites provided treatment to 372 children (0-12), 272 adolescents (12 to 18), 2888 adults (18 and up), and 398 families in the home, community, and natural environment in addition to office-based treatment. Last fiscal year, the Center provided services to 3,327 unduplicated individuals and delivered 49,072 services.

Organizational Chart - Overall Business Structure- (Attachments B).

E.1.C Past Performance

Division of Behavioral Health Services / Division of Aging, Adult, and Behavioral Health Services:

SARHC has utilized indigent funding to cover outpatient services including individual, group, family and other appropriate intensive services based on medical necessity; individuals eligible to expend local acute care funding with aftercare services within required timeframes and follow-up on those not accessing care following hospital stays.

Outpatient Services – SARHC has provide outpatient services utilizing these funds to

From 7/1/15 through 6/30/16

Title XX: 569 individuals received 731 services for a cost of \$5,796.00.

Forensic Restoration: 11 individuals received 53 services for a cost of \$4,662.60.

From 7/1/16 through 6/30/17

Title XX: 167 individuals received 643 services for a cost of \$57,604.16.

Forensic Restoration: 11 individuals received 55 services for a cost of \$6,558.00.

From 7/1/17 through 6/30/18

Title XX: 40 individuals received 499 services for a cost of \$38,086.

Forensic Restoration: 18 individuals received 200 services for a cost of \$12,271.61.

From 7/1/18 through 2/28/ 18

Title XX: 66 individuals received 375 services for a cost of \$18,757.01.

Forensic Restoration: 17 individuals received 85 services for a cost of \$5,103.68.

Forensic Evaluations

	<u>Schedule /Held</u>	<u>Actual Reports</u>	<u>Total Cost</u>
From 7/1/15 through 6/30/16	30	32	\$4,662
From 7/1/16 through 6/30/17:	48	41	\$23,500
From 7/1/17 through 6/30/18:	35	43	\$20,000
From 7/1/18 through 2/28/19:	36	43	\$13,000

Some additional 310 forensic evaluations were performed in Texarkana, AR at Southwest Arkansas Counseling and Mental Health Center (SWACAMHC) under agreement with a contract employee and providing Forensic Evaluations for driving convenience for northern Nevada County residents and Detention Center Transport with agreement for use of location by SWACMHC. Those billed through SWACAMHC do not appear on this report.

911 Population in Care

From 7/1/15 through 6/30/16:	4 individuals
From 7/1/16 through 6/30/17:	7 individuals
From 7/1/17 through 6/30/18:	7 individuals
From 7/1/18 through 2/28/19:	5 individuals

Local Acute Care Funding

From 7/1/15 through 6/30/16:

533 crisis screenings 41 indigent admissions 204 covered bed days Cost \$97,200*

From 7/1/16 through 6/30/17:

209 crisis screenings 44 indigent admissions 214 covered bed days Cost \$99,580*

From 7/1/17 through 6/30/18:

235 crisis screenings 41 indigent admissions 210 covered bed days Cost \$99,230 *

From 7/1/18 through 2/28/19:

156 crisis screenings 37 indigent admissions 219 covered bed days Cost \$104,005*

All received aftercare appointment within the established time frame. Follow Up requirements for those not keeping aftercare appointments were followed. Local Acute Care funding was the payor of last resort.

*Cost noted for each year only reflect the cost of inpatient bed days,

There has been no corrective actions or litigation pertaining to the contract.

Division of Children and Family Services

For the past three years, SARHC has had a contract to provide services to children and adults referred for services. Staff have worked closely with DCFS workers and foster parents / guardians to insure services are addressing the issues identified, and these occur at a frequency and convenient for these individuals. The outcomes are communicated in a timely and sufficient manner to insure the support and care of these individuals occur and lead to approach actions in the cases that are open. DCFS is the payer of last resort in all cases.

From 7/1/15 through 6/30/16:

121 individuals received 818 services for cost of \$27,613.29.*

From 7/1/16 through 6/30/17:

143 individuals received 989 services for cost of \$30,484.36*.

From 7/1/17 through 6/30/18:

106 individuals received 402 services for cost of \$11,149.54*.

From 7/1/18 through 2/1/19:

53 individuals received 151 services for cost of \$2,111.25*.

*Majority of referrals for especially the last two years were Medicaid recipients. All services received that were covered by Medicaid were billed to Medicaid or third party insurance coverage. DCFS funding was used only to cover the cost of services for those referred under the contract that had no payment source or for those services uniquely required by the contract and not covered by Medicaid and other third party insurance coverage.

There has been no corrective actions or litigation pertaining to the DCFS contract.

E.1.

E.1. D. Key Personnel Direct Relevant Functional Experience over Past 5 Years per Selected Areas:

Regina D. Pierce, LCSW has been the Chief Executive Officer of South Arkansas Regional Health Center since January 17, 2011 to the present. In total she has over 32 years in community mental health services as a therapist, program director, clinical services vice president over acute services, a specialized short-term therapy model clinic, recovery services, development of utilization review and management services, crisis and emergency services, programs for seriously mentally ill adults and seriously emotional disturbed children. At SARHC she has provided leadership to the Center and been responsible for the selection and implementation processes used to move the Center from paper charts to an electronic health record, helped oversee the modifications of new progressive scheduling for individuals entering care and physician scheduling to insure timely access to care. She has enfaced with stakeholders in the communities severed by SARHC to gain input into development and modifications of services, programs and processes to increase responsiveness of the Center to stakeholders and client needs. Recently she has lead the Center staff in the development of a new mission statement, vision statement, and redefining and expanding the Center's values that

form the foundation of the Center and its presence in the region. She is a founding board member of Magdalena House, El Dorado, which is a re-entry program for women leaving incarceration with issues of trauma and substance abuse. She and the board of directors of SARHC have agreed to provide care for both issues to support this program. This commitment led to key staff being selected for specialty training in trauma and substance abuse treatment. She led the effort to establish an in-house pharmacy. She also led the management team to improve the Center's crisis and emergency on-call system.
Evidence of credentials. (Attachment C).
Resume (Attachment D)

Dr. Natalie D. Jordan has been the Chief Medical Officer for South Arkansas Regional Health Center for over two years and eight months. She has provided leadership to improve the medical staff peer review process, improve the clinical staffing and utilization review and program admission and continued stay of individuals in care. She has been the driving force and pioneer of telemedicine at the Center and implemented telemedicine for inmates in Union County Detention Center. She has made revision in the scheduling and documentation of medical staff.

Prior to coming to SARHC, she served as a staff psychiatrist at Western Arkansas Counseling and Guidance Center in Fort Smith. She also brings with her three years of experience as a psychiatrist on a psychiatric inpatient unit. She has a certification in psychiatry and geriatric psychiatry from the American Board of Psychiatry and Neurology.
Evidence of qualifications and credentials (Attachment E).
Resume (Attachment F).

Terri A. Rowe has been Chief Clinical Officer at South Arkansas Regional Health Center for over a year. Prior to coming to SARHC, she served a total of four years at Riverview Behavioral Health in Texarkana, Arkansas as the director of three units; director of outpatient service, clinical services of a psychiatric inpatient unit, and a director of a therapeutic day treatment program. Under her leadership at SARHC, Terri has modified clinical supervision and crisis emergency services. She has implemented a substance abuse treatment program, which included training staff, developing the model, and seeking certification. She has started specialized training of clinicians: 2 in EMDR, 6 in forensic restoration, 5 in infant mental health CBT, and 6 in substance abuse treatment. Terri has provided training on all DAABHS and Medicaid, PASSE training for clinical staff.
Evidence credentials (Attachments G.)
Resume (Attachment H.)

E.1. E. Letters of Recommendation

Debbie Mc Adams, El Dorado Public Schools, School Health Program (Attachment I)
Sara Carrington, Magnolia Specialized Services, Inc. (Attachment J).
Camden Fairview School District (Attachment K)
Ouachita County Sheriff's Department Detention Complex (Attachment L)

E.2. General Service Delivery Requirements

E.2.A. Section 2.1

SARHC has and will continue to provide community-based care for the identified populations, predominantly those without insurance, the underinsured, and ASH-related clients, and actively work to divert individuals with severe behavioral illness from hospitalization, jail, or the emergency room. The focus is on coordinating care and treatment in the community support programs with a recovery care model.

The Center does recognize its responsibility to treat and help clients to live and function within the community. It has and will continue to provide mobile crisis screenings within the entire region. It will provide crisis intervention and stabilization along with other medically necessary services to prevent hospitalization, deterioration, and meet the needs of those we serve.

South Arkansas Regional Health Center, Inc. has used the State funding for only those individuals and families meeting any eligibility requirements that was established by the previous and ongoing contract.

When questions have arisen, the Center has contacted the Division staff to provide consultation and to assist in determining eligibility for any funds to be accessed. The payer of last resort for any State contract funding is a principle that is adhered to by the Center. The Center staff will assist any individual or family to apply for healthcare coverage and follow up on these cases to determine where the applications are in the process until a final decision is made.

The Center currently maintains a community resource directory for internal use. This initial resource directory will be reviewed, expanded and placed on the Center website so that anyone or service provider can access this information. In the monthly public education effort it is planned that we will include some of the resource information on flyers, newsletters, and education material of local referral sources and those that have interaction with consumers of services, such as primary care physicians, courts, law enforcement, prosecuting attorneys and their deputies, public defenders, schools, counselors in schools, local colleges, homeless shelters, churches, local diversion programs, emergency departments and social workers in hospitals, and other appropriate organizations or individuals. SARHC also plans to inform to local referral sources and the public of our hours of operation; service array available; information regarding specialized treatment program, such as First Episode of Psychosis; Center contact information; and how to access services by posting the information in public areas of the outpatient program sites. The Center will also place this information on the website and advertise in local news outlets, such as print newspapers, online newspapers, radio and TV stations, will be purchased or provided as a public service. Public presentations will continue to be provided upon request or as an outreach opportunity to civic groups, church groups, education personnel in-service, and staff of other organizations / providers of services frequently working with consumers of services at the Center, etc. All staff members are encouraged to volunteer with or serve on boards of other non-profit groups in the region.

Crisis services to the residents, communities, hospitals, schools, detention centers and businesses are the most important type of services SARHC provides. It is our belief that how we respond to emergency and crisis calls for assistance is how we are evaluated by most of the population residing in our region. The training of all staff covers how important it is for the Center and individual staff member to respond to calls for assistance in crisis and emergency situations. The Center staff will assess and provide stabilization services and referral for internal and external services. Support staff are trained how to get the needed basic information and the individual to professional staff. New clinical staff receive extensive training and shadow senior staff prior to performing crisis duties. Annually, professional clinical staff receive emergency services training along with updates as needed. Duties, responsibilities and documentation related to single point of entry for those designated to receive care at ASH, single point of access for indigent clients accessing local acute care funding to pay for bed days in psychiatric hospitals or units, crisis intervention and crisis stabilization are including the initial and annual training of professional staff. The Chief Clinical Officer reviews all crisis documentation and provides feedback and additional training as needed depending on the outcome of reviews.

Authorization of the use of local acute funding for hospital beds is the responsibility of the professional clinical staff performing on-call services. This initial authorization can be no more than three days and must be documented for tracking purposes by the Chief Clinical Officer and her administrative assistant. If the professional clinical on-call staff needs consultation to make the decision to hospitalize or give the initial authorization for hospitalization, they have been instructed to call the Chief Clinical Officer, the Chief Executive Officer, who is also a licensed professional, or the physician on call, Dr. Richard Peckman. Continued stay authorization can only be done by the Chief Clinical Officer or her designee. Clinical documentation from the receiving hospital must be made available to justify continued stay decision making that results in the decision to approve or not.

The Center will also continue to work with the court system to provide forensic evaluations and forensic restoration services to help the client deemed not competent to hopefully regain competency. It will also work with law enforcement throughout the region with the focus to provide treatment instead of incarceration, if possible. It will provide support to individuals on the waitlist for admission to, being admitted to or being discharged from the Arkansas State Hospital without regard to their payment source to provide a more coordinated approach to service delivery.

2.2. A. Community Mental Health Center Qualifications:
Selection of Regions with Addresses by county. (See Attachment M).
IRS document confirming non-profit status. (See Attachment N).

E.2.B SARHC Telemedicine Capacities

South Arkansas Regional Health Center telemedicine locations maintain a fiber optic network with impressive speeds of 100 Mbps at the primary location with speeds of 20 Mbps at satellite locations. The telemedicine services are performed face-to-face in real time via two-way electronic video and audio exchange using laptops with ATN issued Cisco Meeting software installed. All equipment used is UL and FCC Class A approved.

SARHC is a certified member of the Arkansas Telehealth Network (ATN) through UAMS e-Link program under the UAMS Center for Distance Health. The ATN has certified SARHC as an Outpatient Behavioral Health Services telemedicine provider and re-certifies annually provided all telemedicine requirements are met.

By meeting all telemedicine requirements to be a member of the ATN, SARHC is ensured HIPAA compliance through secure connectivity to the ATN to provide telemedicine services. In addition, all telemedicine sessions are conducted in a private office on both remote and originating ends; and all telemedicine visit documentation is documented in our HIPAA compliant electronic health record, Credible.

The current telemedicine capability at SARHC exist at the clinic sites in Union, Columbia and Ouachita counties have equipment and ongoing medication services via this means are occurring. Over two years ago, SARHC Information Technology staff consulted and assisted with the Union County Sheriff's Office and Detention Center installing and using telemedicine equipment. SARHC physicians have use of this means to provide medication evaluation and ongoing management so care can be provided without the need to transport inmates and in a

safe environment. The offer to assist the other detention centers in installing and operational guidance for implementing telemedicine has been made and additional offers will be made to these other detention centers. In the additional clinic sites in Calhoun, Dallas, and Nevada Counties, telemedicine equipment will be install and used to provide appropriate services on an ongoing basis in addition to onsite clinical services prior to the beginning date of the contract.

E. 3. General Service Delivery Requirements

2.3.2. A. Crisis Service to Those Experiencing Psychiatric or Behavioral Crisis in Region

SARHC has an emergency mobile crisis team system that responses to psychiatric or behavioral crisis within the region. Over the past year the makeup of the emergency crisis team was reconfigured so all therapists in all sites are included in the team system. The prime reasons for this reconfiguration has been to insure the timeframes for response are met and to build the relationship with those providing not only emergency care, but ongoing care in the communities.

The Center serves all adults, youth and children experiencing a psychiatric or behavioral crisis without a payor source for medically necessary services.

All children and youth in the custody of DCFS, who are not a member of a PASSE will receive face-to-face crisis services and assessment in community settings without limitation to home, foster home, school, DCFS office, and other appropriate community settings along with clinic setting. Crisis services must focus on stabilization of the client within the community, ensure hospital diversion when appropriate, and will include a safety plan that includes face-to-face follow-up within 24 to 48 hours of the initial crisis.

SARHC will insure that the mobile crisis teams, whose responsibility will be providing individualized triage services to any individual experiencing a psychiatric crisis or behavioral crisis without a payor source for medically necessary service. The primary goal of Mobile Crisis is to prevent significant deterioration of the individual's functioning. A mobile crisis team of trained behavioral health professionals shall be available to respond to psychiatric and / or behavioral crises in the community in a place that provides safety for the individual, the community, and the team (e.g. jails, region hospital emergency departments, SARHC clinic sites, crisis units). For the DCFS population, this response also includes those in homes, foster homes, DCFS offices, and schools.

SARHC has developed crisis policies, protocols, and procedures for the management of behavioral health crises for children, youth, and adults. SARHC will continue to coordinate with local law enforcement agencies, judges, jails, hospitals, and crisis stabilization units to develop procedures for treatment of crises in each of the facilities. SARHC will continue to screen all age groups when a crisis screening is requested, if the individual has no payor source and services are medically necessary. SARHC mobile crisis teams will include licensed behavioral health professionals, who have been trained in psychiatric and behavioral crises.

The Mobile Crisis team's competency will be documented by SARHC before crisis services are administered. (See Attachment O). SARHCs Mobile Crisis team does, includes a physician as needed. During week of orientation, provide all documentation needed to respond to crisis (72 hour hold, involuntary commitment, placement facilities/insurance, catchment area and

contacts, indigent contract, SPOE) and present overview of crisis services with MHP. The expectation is that they shadow a crisis in the ER, jail and clinic so that they understand the process. They are accompanied by MHP on their first crisis, document the crisis and documentation is reviewed by CCO. Staff the crisis with supervisor/CCO for understanding and feedback. Once competency checklist is completed, assigned crisis in the clinic until verbalize understanding. Then put on call after completing 3 months of employment. Attend annual Crisis response training and on-going staff meeting addressing ongoing crisis issues.

Annual crisis training is currently and will continue to be provided to all crisis team members and continued skill development as needed. The Chief Clinical Officer currently reviews all crisis notes and provides on going feedback and additional training to improve processes and techniques in place to address problems as well as successes.

SARHC currently adheres and will continue to the following procedures for mobile crises. The Center will maintain twenty-four (24) hour emergency services for adults, youth, and children who present with psychiatric and/ or behavioral crises. After a request for a crisis assessment, the behavioral health professional will make phone contact within 15 minutes. The behavioral health professional will provide face-to-face assessment within 2 hours of the emergency and shall assess the individual's immediate safety needs to determine the seriousness of the person's impairment. If agreed upon by both parties and documented, the screening can occur outside the 2 hour time period, for reasonable cause and the cause is clearly documented. If the individual in crisis has a behavioral healthcare provider that they have been working with, SARHC may contact that healthcare provider. However, SARHC will remain responsible for ensuring a crisis assessment and appropriate crisis services are provided. All events and actions taken when responding to a mobile crisis assessment will continue to be thoroughly documented and documentation must be completed within twenty-four hours of the initial contact. SARHC will be responsible for completing, upon request, any paperwork or court appearances related to involuntary commitments

SARHC currently uses SAFE-T crisis assessment tool that results in measurement of danger to self and others. Documentation of crisis services includes: clear documentation of existing support network, clinical recommendations and disposition, if hospitalization is necessary, all steps taken and /or contacts made to locate acute placement including, timelines, agencies, contact persons and outcomes, contacts made to the individual's behavioral health treatment team members to help solve the crisis. How the team worked with the caregiver or support network to: de-escalate the crisis and problem-solve and to recommend a course of action. If acute placement is not needed, the screening assessment documents: treatment services recommended, individual's response to the recommended treatment and time and place of the treatment services recommended.

SARHC uses interventions depending on the safety level indicated in the SAFE-T assessment tool. If for any reason the individual needing acute placement is not placed immediately, the SARHC continues to document attempts for placement until appropriate placement is secure and the individual is placed.

SARHC will provide services to individuals related to ASH, including individuals needing admission to or awaiting admission to ASH; those awaiting discharge from ASH; those discharged from ASH; and those with Community-based 911 status.

SARHC will continue to provide a warm line, staffed by an MHP and on-call Physician, after hours for the region. During normal business hours, an individual seeking crisis services can be

seen on a walk-in basis. The individual checks-in with the front office and is assigned an available MHP. If an individual needs a crisis assessment and is unable to come to the clinic the MHP responds to the regional hospital ER and jail / detention centers.

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

Crisis Stabilization services are direct mental health care to non-hospitalized individuals of all ages experiencing an acute crisis of a psychiatric nature. The goal or objective of crisis stabilization is to: avert hospitalization or re-hospitalization, provide normative environments with a high assurance of safety and security for crisis intervention, stabilize individuals in psychiatric crisis, and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery. The mobile crisis team will work with the patient, family or other supports to establish a crisis stabilization plan until the crisis is resolved and the patient is stabilized. Services may include mental health assessment, increase in services from MHP and/or QBHP, crisis medication consultation with on-call physician, adding in natural supports, referrals to community resources, etc. Each stabilization plan depends on the situation that lead the individual into a crisis situation. SARHC will provide service coordination and case management activities, including coordination or assistance in accessing medical, psychiatric, psychopharmacological, psychological, social, education, housing, transportation, or other appropriate treatment/support services as well as linkage to other community services identified in the stabilization plan. SARHC team will attempt to develop and implement strategies to ensure the individual becomes engaged and remains engaged in other necessary treatment services. Crisis intervention and stabilization services will be provided in a community setting to any screened individual until placement in an acute setting, or the individual is deemed stable by a medical or behavioral health professional and stabilization is clearly documented by one (1) or more of those professionals. In case of acute hospital diversion, the Center staff will develop a crisis stabilization plan. A crisis stabilization plan must clearly document scheduled appointments and connection with outside resources and natural supports. The crisis stabilization plan will: Utilize the individual's suggestions to help an individual avoid harming self or others or feel anxious or afraid until an intervention can begin or be continued, document follow-up procedures for the individual as well as for the treatment team.

For the DCFS population specifically, SARHC will make every reasonable effort to divert from acute hospitalization. If diversion can occur, a written safety plan must be implemented and shared with applicable individuals (e.g. the child when age appropriate, DCFS worker/supervisor, and adult in the child's current placement). The SARHC will complete a face-to-face follow-up within 24 to 48 hours of the initial crisis. For a re-occurring crisis, the SARHCs crisis team will re-evaluate the recommendations of any previous crisis and safety plans and use a Wraparound or collaborative approach to placing the individual and /or providing additional treatment and /or supportive services.

Following a Mobile Crisis assessment, the Center shall be responsible for providing any clinically necessary alternative psychiatric treatment or make a referral to the individual's current behavioral healthcare provider or care coordinator. The CMHC will also act as the SPOE for individuals present in the Region, who are being considered, voluntarily or involuntarily, for referral to the inpatient programs of the ASH.

SARHC will continue to coordinate with the community partners to ensure comprehensive aftercare planning for individuals with a psychiatric and behavioral crisis, who are frequently jailed or are in frequent acute crises. SARHC will continue to provide appropriate discharge planning for all persons leaving an acute setting. Discharge planning must include, but is not limited to, a scheduled appointment to take place no later than 7 days after discharge from the hospital. This will be a scheduled appointment.

If an adult is not a member of a PASSE and has no payor source to cover hospitalization, SARHC may use Acute Care Funds to pay for the hospitalization. This shall include individuals served by other agencies, who are without funds to pay for hospitalization. SARHC shall be financially responsible for admission and continued stays that are determined to be clinically necessary by the admitting facility. SARHC will administer Acute Care Fund for psychiatric hospitalization for adults experiencing a psychiatric or behavioral crisis. These funds will be utilized as a payor of last resort and will only be available for use with persons aged 18 and older. As an alternative diversion from psychiatric hospitalization, the CMHC may also use ACF to pay for the provision of services in a DHS certified Acute Crisis Unit. For the purpose of expenditure of ACF for treatment in a certified Acute Crisis Unit/Crisis Stabilization Unit, the CMHC may serve a Client living in a family with income up to two hundred percent (200%) of the federal poverty level and is not eligible for Medicaid.

E.3.B. Services to ASH patients, potential patients and former patients

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

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

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

The SARHC will provide SPOE assessments for persons with serious psychiatric emergencies. SARHC will act as the single point of entry for individuals present in its Region who are being considered, voluntarily or involuntarily, for the ASH inpatient program. The SPOE screening will occur within two (2) hours of the initial request to the SARHC, and the SARHC will assess whether inpatient services at ASH are medically necessary, unless the party requesting is agreeable to a different time frame that meets the clinical needs of the Client. Screenings that take place outside the two (2) hour time requirement will have clear documentation as to the reason. The licensed behavioral health professional will be trained with documented competency to complete the screening and be familiar with the SARHC's policy and procedures. The SPOE assessment form is certified by DHS, includes an evidenced-based screening tool, and will contain the following information if the individual is screened in an inpatient/medical facility or emergency room: completed SPOE/Crisis Intervention Form noting acute psychiatric symptoms dated within the last seventy-two (72) hours (Include physical location for discharge after stabilization), hospital Face sheet with complete demographic/financial information, all Nurse and Physician progress notes, all Physician orders, Medication Administration Records (MAR) (Not just a list of Medications), emergency Room Admission Data (if applicable), signed statement by the attending physician stating that the Client is medically cleared/stable for discharge, not transfer, from the inpatient medical facility, all Lab/EKG reports, if client is on Clozaril /Clozapine, report will include WBC

w/Differential dated/obtained within seven (7) of admission, medical/Psychiatric consults, history and Physical, Psychiatric Evaluation (if applicable), vital signs/height/weight, court order/Jail Hold Order (if applicable), and Guardianship Papers (if applicable). If the SPOE screening is completed in a clinic, the following information is required, along with the results of an evidenced-based crisis screening tool: Completed SPOE/Crisis Intervention form noting acute psychiatric symptoms dated within the last seventy-two (72) hours. This will include the Client's physical location for discharge after stabilization, demographic/financial information, emergency contact information, where in the region the Client will be placed when stabilized, and court Order/Jail Hold Order (must have both if jail hold). For reconsiderations, the requesting facility will provide updated progress notes, physician orders, Medication Administration Records, functional status reports, and SARHC letter of authorization. SARHC may designate someone other than its staff to complete the SPOE. However, the designated individual will be trained in completing ASH SPOE screenings. SARHC will ensure the SPOE form is completed in all areas and will send a letter from the SARHC as proof of authorization.

c.) Serve Clients on the ASH waiting list:

SARHC will serve Clients on the ASH waiting list. SARHC is responsible for providing Care Coordination to any Clients awaiting admission to ASH. At a minimum, this must include pursuing insurance enrollment for the Client. SARHC will provide any appropriate and medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals to assist and support with stabilization during the wait period for those awaiting admission to ASH or for those individuals discharging from ASH who are uninsured or underinsured. If appropriate, the Client may participate in Club House Model or Drop-in Model services. When necessary, the SARHC will be responsible for securing acute hospitalization with another provider if a bed is not available at ASH. This will include documenting all efforts toward placement. The ACF through this contract must be utilized as a payor of last resort.

d.) & e.) Serve client actively admitted to ASH as they prepare for discharge and serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. When ASH notifies SARHC about the upcoming discharge, SARHC will coordinate all discharge planning efforts including, but not be limited to, services to ensure that therapy, Medication Management, and coordination of a primary care physician are in place. For all clients discharging from ASH the first appointment must be a scheduled appointment no later than seven (7) days after discharge, and the appointment cannot be a "walk-in" appointment. ASH will coordinate discharge planning with the original referring CMHC. If a Therapeutic Community placement is deemed medically necessary, the original referring CMHC is responsible for payment for the TC services. The CMHC shall serve all ASH discharges referred by ASH to the CMHC without insurance or who are not a member of a PASSE, or when requested by DHS. SARHC will provide Care Coordination to clients without insurance. Care Coordination must include assisting the client to obtain appropriate insurance coverage enrollment. SARHC will provide medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals to assist and support with stabilization for those individuals for the uninsured and the underinsured. SARHC may provide Club House or Drop-In Model Services, when appropriate. SARHC will remain in regular communication with designated ASH staff with regards to ASH's recommended discharge planning needs, as well each Client's needs. SARHC will verify that appropriate insurance enrollment has been initiated prior to discharge. Housing and transportation shall be arranged, if applicable.

e.) Provide services to Community-based 911 Status Clients regardless of the payor source. Upon completion of inpatient treatment at ASH, Clients with a 911 Status are discharged on a conditional release order that allows the State to monitor their community functioning for up to

five (5) years. For all clients discharging from ASH the first appointment must be a scheduled appointment no later than seven (7) days after discharge, and the appointment cannot be a "walk-in" appointment. SARHC, as part of the state system, will provide the necessary treatment for the 911 Status Clients regardless of payor source, who are not a member of a PASSE, or upon DHS request. These individuals on 911 Statuses are required to comply with medications, treatment and therapy, substance abuse treatment, and drug testing as prescribed. SARHC will coordinate with the State to ensure these Clients receive the needed treatment within the community. SARHC will provide services to Community-based 911 Status Clients referred by ASH, regardless of payor source, and who are not a member of a PASSE. SARHC will provide Care Coordination to Clients currently on conditional release that has no insurance or insurance other than Medicaid. At a minimum Care Coordination must include assisting the Client in pursuing appropriate insurance coverage enrollment. SARHC is responsible for providing medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals to assist and support with stabilization for those individuals who are uninsured or underinsured.

E. 3.C. Forensic Evaluations

2.3.2C. As stated in the past performance section of this document, SARHC has provided forensic evaluation services for the region, but actually has done so for many more years. The Center is committed to providing forensic evaluations for those individuals in the region referred for a court-ordered assessment to DHS for an ACT 327, ACT 328, and/or ACT 310 Forensic Evaluation according to Arkansas Code Annotated (ACA) §§ 5-2-327, 5-2-328, and 5-2-310.

The Center staff will schedule appointments for these evaluations in the stated time frame, communicate all changes in the scheduling, and submit completed evaluations for review to ASH. At this time, SARHC has contracted with Dr. Julia Wood, a Ph.D. that is trained to perform these services. She is committed to scheduling, performing and submitting these evaluations within established time frames and to appear in court and give testimony, when required. She has agreed to attend any training associated with the performance of these evaluations that the State of Arkansas requires. The Center will continue to seek additional contract qualified forensic evaluators to insure adequate coverage.

E.3.D. Forensic Outpatient Restoration Program (FORP)

2.3.2. D. The Center has also been a provider of forensic outpatient restoration (FORP) for services evaluated by the court and will continue to provide these services. Upon referral for FORP services, staff will be assigned and initial contact to provide services will be scheduled. If the individual is in a detention center, staff will coordinate with detention staff to insure a private secure area is available for services to be provided.

SARHC staff follow the current didactic competency education services to FORP clients, as well as provide clinical, and medically necessary behavioral health services. Four staff currently are trained to provide these specialized services and are willing to have additional staff trained. Currently, the Center provides care for 6 FORP clients. For individuals referred under FORP, the first appointment will be within 7 days of the referral by ASH to SARHC. If ASH/DAABHS refers a defendant for whom there has been no psychiatric evaluation within the past six (6) months,

one will be scheduled. The Center will notify the client the next business day that an individual fails to keep any appointment. Documentation (progress notes and reports) of services following specified criteria of DAABHS will be completed and communicated to the designated staff within DAABHS through the method of transmission required by DAABHS or ASH. For outpatient services to individuals in this program with Medicaid or another payor, any covered service will be billed to that payment source.

Those individuals receiving outpatient restoration services using the latest version will be seen by either a Licensed Mental Health Professional and (or) a QBHP either in the jail or community. Behavioral health services will be provided by the appropriate level of staff be it a Licensed Mental Health Professional, APN or physician. All individual outpatient restoration services will consist of structured sessions that work toward achieving mutually defined goals as documented within a Treatment Plan and / or restoration curriculum. When an individual receiving FORP services has been restored to competency a 310 evaluation will be requested, scheduled and completed. Once completed the evaluation document will be submitted to ASH as directed. While awaiting the 310 evaluation, appropriate SARHC staff will have no less than a monthly face-to-face contact with the individual. Within 6 months of the original court order file date, SARHC will request ASH inpatient admission for an individual that can't be restored. This request will be to the DAABHS Forensic Services Program Director for discretionary consideration of inpatient admission at ASH. While the Client is awaiting admission, SARHC will provide Care Coordination services, medically necessary services available under the current Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals to assist and support with stabilization. During the waiting period for admission to ASH, SARHC will have no less than monthly contact.

Care Coordination including but not limited to, assistance in pursuing insurance enrollment court appearances, facilitating linkages between court and jail personnel, transporting individual not incarcerated, and service referrals will be provided as needed.

Other services will be drug screen; Marital/Family Behavioral Health Counseling; Group Behavioral Health Counseling; Interpreter Services, only with prior approval from DHS; Pharmacological Management; Mental Health Diagnosis; Psychiatric Assessment; Psychological Evaluation and treatment planning will be provided. In addition, if necessary, psychotropic medication will be purchased. Mileage reimbursement for care related travel is reimbursable.

SARHC will replace and/or engage clinical services personnel within thirty (30) days after the designated personnel separate from employment. SARHC will immediately notify DHS in any

case of the loss of FORP staff, change of FORP staff, or difficulty in replacing FORP-certified staff. The Center will submit all data related to services for FORP population in a timely manner upon request to DHS, and in a format identified by DHS.

E.3. E.

2.3.2.E. Client Services to Non-Medicaid individuals meeting criteria for Serious Mental Illness proposed services

South Arkansas Regional Health Center's care coordination staff will assist as needed with these individuals in enrollment in insurance or other 3rd party payers, assist in arranging medical and psychiatric services, and assisting in community integration efforts.

Center staff will determine the medical necessity of the client for services provided directly or indirectly by the Center that will stabilize them and allow for improvement accordingly. SARHC's goal is to provide services that improve and increase the functionality of the individual, to help them to manage symptoms and live comfortably in the least restricted environment while receiving the appropriate level of care needed. The array of services that will be available will include crisis intervention and stabilization, assessment and evaluation, traditional outpatient care, club house model of treatment, and other service in the continuum of care. This array of care options will be provided at the appropriate level of care and at the least amount of cost to achieve treatment goals for the individual and to reduce the potential for incarceration or hospitalization and maintain in community care at their highest degree of independence. As is always this funding is a payor of last resort and not to cover the amount of services approved by another payor.

E.3.F.

2.3.2.F. First Episode of Psychosis (FEP) Services

a.) SARHC will provide services for FEP individuals between ages of fifteen and thirty-four residing within the region with clinically appropriate and medically necessary services to those who are without a payor source or whose insurance will don't cover FEP services. This funding will be a payor of last resort for all services offered. The individual and their family will be offered services that include education specific to psychosis and coping, communication, and relationship skills.

b.) Community education and outreach regarding persons experiencing FEP will consist of distribution of written literature, such as brochures and flyers, and newspaper articles. Interviews with staff members of SARHC by local radio stations can provide further information and awareness of FEP and services available. Education relative to FEP can further be provided through verbal communication with area social service organizations, clubs and civil organizations. (Rotary, Kiwanis, Lions, etc.) These efforts will be made at least twice monthly. In order to insure compliance, a schedule will be developed and assignments made for specific actions.

Communication, verbal and written can be provided face-to-face/individually or during in-service and other training events with high-school counselors/teachers, education cooperatives, college counseling centers, primary care physicians, law enforcement, juvenile court and juvenile probation officers, local emergency departments, jails / detention centers, and the various homeless shelters in our region who serve people in this age group. These efforts will be made at least every six months.

SARHC will provide a care coordinator for clients experiencing FEP as a means to coordinate services across multiple areas of need through working with the individual and his/her family in the clinic, the homes, and community. Care coordinator will assist with obtaining medical care, money management, arranging transportation, helping them through the criminal justice system, obtaining stable housing and becoming enrolled with an insurance provider. c.)

Evidenced-based therapy for group and individual which is appropriate for age and abilities of individuals, and which is client-centered and strength-based relative to each individual will be provided with cultural competence, and will be used to reduce or alleviate symptoms for mental health and/or substance use disorder and maintain or improve level of functioning and/or prevent deterioration. Some clinical staff have been trained and others will be trained specifically in Cognitive Behavioral Therapy for Psychosis (CBT-P) and Individual Resiliency Therapy (IRT). Clinicians will assess for suicidality for FEP individuals during each visit.

Psychoeducation will be provided in a multifamily group and/or single-family group, which is congruent with the age and abilities of the individual, strength-based, and place emphasis on needs identified by the individual and provided with cultural competence. Through this group format, individuals and their families gain support from peers and create an extended mutual support system. This will also increase participation in the Consumer Council and possible assist in the development of a local NAMI group.

Evidenced-based pharmacotherapy will be tailored to reduce, stabilize, or eliminate psychiatric symptoms. This will include evaluation of medication prescription, administration, monitoring, supervision, and informing individuals of potential effects and side effects in order to make informed decisions relative to prescribed medications. To insure families are aware of these issues and can be supportive of treatment, education efforts regarding medications will be key. Specifically, low-dosing of one antipsychotic medication is the recommended treatment, and monitoring side effects and attitudes toward medication at every appointment is critical. All SARHC physicians did participate in the pharmacotherapy training offered by DBHS.

The Center will utilize the 10% set aside funding for development of supported employment and education for individuals receiving FEP services. As with any adolescent or young adult, education and work are life tasks that impact their lives. Those recovering will be supported in their efforts to return to school or work with approaches that have been found to be successful with the population.

SARHC's Compliance Officer will work with CEO, CCO, CFO, and other staff to develop tracking of all outcomes of FEP services including suicidality, psychiatric hospitalizations, substance use, prescription adherence, side effects of psychotropic medications prescribed, and individual's level of functioning relative to ability to initiate/maintain involvement in educational setting, employment setting, and social connectivity. SARHC will submit data as scheduled and in the format established by DHS.

E.3.G.

2.3.2.G. Community-Based Services and Support

- a.) Behavioral Health and Community resource directory: The Center currently maintains a community resource directory for internal use. This initial resource directory will be reviewed, expanded and placed on the Center website so that anyone or service provider can access this information.
- b.) Community education and outreach will consist of distribution of written literature, such as brochures and flyers, and newspaper articles. Interviews with staff members of SARHC by local radio stations can provide further information and awareness mental health and substance abuse issues and services available with hours of operation, contact information, and details on how to access services, especially to enter care and in case of crisis or emergency situations. Education relative to FEP, mental health, and substance abuse services will be provided through verbal communication with area social service organizations, clubs and civil organizations. In order to insure compliance a schedule will be developed and assignments made for specific actions.
- c.) Consumer Council has a standing offer to use Center's meeting rooms. Community partnerships are strong in the areas of schools, hospital emergency departments, law enforcement, detention centers, Magdalene House, a church related foster care effort, shelters, churches, providers of substance abuse treatment and related services, local behavioral health providers, the physicians and other healthcare professionals in the region, State agencies, and developmental disability service providers. In the past year we have provided several sessions to assist a local day care center that had a dead of a child. These sessions were for workers and parents of other children in the program.
- d.) In addition to work with the Consumer Council, the Center staff have provided free parenting training, provided in-service training for schools, day care centers, hospitals, emergency room staff, AHEC, and other businesses within the region. The Center has hosted noon meetings and / or trainings for law enforcement, detention center directors, judges and probation and parole officers. The deputy prosecuting attorneys and public defenders in region have worked with staff to clean out the backlog of forensic evaluations and other efforts to support the judicial system in the region. All services and communication material is culturally sensitive and presented in a strength based approach.

E.3.H.

2.3.2.H Social Service Block Grant (SSBG) Title XX Services

- a.) SSBG Title XX Services – Population: Funds are available for a wide range of services to children adolescents and adults. Upon intake it is determined if a client needs assistance according to the income scale found in the SSBG manual on page 36. Then verification of income is established either by Medicaid, check stubs or income tax returns to determine qualification for funding to be used.

b.) Traditional – Non-Traditional Services: Certified professionals will help individuals overcome mental and emotional dysfunctionality. Title XX aides in giving supportive services for child, adolescent and family with a wide range of services. Clients will receive the help they need to strengthen their family. The organized efforts performed by trained professionals will aide in helping individuals overcome their issues.

c.) Completed the DHS 100 Form (Attachment P).

Regarding SSBG Title XX – Requirements in Attachment H: South Arkansas Regional Health Center will organize an approach to insure all personnel are trained to deliver services according to the Social Services Block Grant Title XX. South Arkansas Regional Health Center will make sure all employees are compliant with the requirements of the social services block grant (Title XX). To keep in agreement with the ethics of SSBG/Title XX random samples of documentation will be monitored monthly (if clients have applied) to make sure all paper work is in compliant to meet all of the requirements of SSBG /Title XX compliance.

E.3.I.

2.3.2.1 Provision and Availability of Expanded Services

SARHC has signed memorandums of understanding with Birch Tree Communities, Inc. and Mid-South Health Systems, Inc for evaluation to determine appropriateness and services of Therapeutic Communities for individuals from the region upon referral. (Attachment Q and R.)

The Center has signed a memorandum of understanding with Ouachita Behavioral Health and Wellness, Inc. for evaluation to determine appropriateness and services of Partial Hospitalization for individuals from the region upon referral. (Attachment S).

Prior to a service outside the region being presented to an individual in care, a clinical staffing with therapist, Chief Clinical Officer and Chief Medical Officer will occur. All staff will review the client record and together determine that the service is felt to be medically necessary and that the client's need can't be met by an array of services within SARHC. The individual and therapist must discuss treatment options and the client must desire the services covered by either a MOU for therapeutic communities or partial hospitalization prior to admission being sought. If the client refuses the service, the treatment team will come together to determine what array of services can be offered that will result in an acceptable outcome.

SARHC is seeking a memorandum of understanding (MOU) with Western Arkansas Counseling and Guidance Center, Inc in Fort Smith for admission and stay in the Acute Crisis Unit (ACU). Assistance in the matter has been requested by Rusti Holwick, CEO of WACGC / The Center from DAABHS and the official response was that the County Judge was the appropriate party to enter into a memorandum of understanding. The MOU was drafted and has been submitted to the County Judge. (Attachment T).

If this MOU is accepted, an admission to the acute crisis unit will be dealt with like the one established with psychiatric hospitals or unit for individual accessing Local Acute Care funding as payor of last resort. The professional assisting in placement will complete a single point of

entry form, a hospital / ACU locator form and submit copies to the administrative assistant to the chief clinical officer for follow-up, utilization review by the CCO and aftercare appointment scheduled as those we currently hospitalize.

SARHC will provide peer support, family support partner, and aftercare recovery support services. It will be developed with the allowed set assign portion of the block grant funding for supported employment and housing. To assist individuals needing necessary psychotropic medications, when there is no payment source, SARHC are working with an in-house pharmacy to manage samples, coupons, and patient assistance programs along with efforts by SARHC care coordinators to assist individuals in applying for medical insurance coverage and any other assistance source. If no assistance is available through these efforts and the funding is adequate, SARHC will setup a system, where the medical staff and administrative staff approve the purchase of psychotropic medications by the Center using these funds as payor of last resort. Internal documentation will insure the approval of both staff representatives and the attempts to secure other funding. Accounts Payable Clerk will insure all documentation and receipts are kept to back up the use of funds.

E.4.

2.3 Community Collaborations and Partnerships

SARHC will continue to seek opportunities to collaborate with diverse stakeholders through meetings; communication methods, which include distribution of written literature and other media opportunities.

The Center has trained 5 professional staff members in infant mental health CBT. These staff will work with head start programs. In-service to head start staff and parent education will be the initial groups these individuals will focus on. As these services are offered, these staff will look for opportunities to further develop working relationships with both groups.

In order to effectively deal with the repetitive hospitals, repeated episodes of deterioration and arrest with jail being the result, record review, conversations with these individuals and any support / family they will consent for staff to work with to determine contributing factors in these situations. As this information is gathered, methods of intervention will be developed.

The Center staff have ongoing relationships with agencies and groups serving children and youth. Staff will build upon these relationships to look for way intervention can occur, determine any services that the Center might offer to assist in keeping the family units together and avoid outside of home and community placement.

E.5. South Arkansas Regional Health Center considers its obligation to the communities we serve to be primary not only to the overall operations, but the day-to-day. Staff are encouraged to be actively involved in the community in which they live and work. Volunteerism in community groups, projects and efforts is encouraged and supported by the Center.

One branch of the Center is a program built on volunteerism, RSVP / El Dorado Connections operates as the operations center point for literacy outreach and assistance, senior volunteer

coordination, and assistance to the senior citizens for medical transportation to appointment within the region and beyond, consultation and assistance in determining the best Medicare drug programs, completing income tax preparation and filing, presentation for seniors about how to protect themselves from fraud, identity theft, and violent crimes.

Clinical management and administrative staff are encouraged to get involved. Clinical site directors are given an adjustment in productive requirements so they can interact with other community providers and groups, DCFS staff, hospitals, law enforcement and court systems including judges, prosecutors/ deputy prosecutors, public defenders and victim assistance coordinators. Prior to implementation of the substance abuse treatment program, Terri Rowe, Chief Clinical Officer, and Phyllis Craig, Clinical Site Director in Camden, met with Judge Singleton and the treatment staff at the Drug Court to discuss how we could work together to provide services and care to the communities and areas where improvement would be beneficial to everyone. Based on this meeting, SARHC hosted a luncheon for law enforcement agencies, judges, Arkansas Department of Corrections, other substance abuse providers, two representatives of the SHARE Foundation, a private foundation in El Dorado, parole officers, local hospital personnel and SARHC staff providing care in the substance abuse program. Areas identified as problematic were legal commitments, and difficulty accessing Medicaid for intensive outpatient programs due to the length of time to complete an Independent Assessment. The process and grounds for obtaining a commitment and a modification of the substance abuse outpatient group program component.

Staff of the Center have also worked closely with the Detention Center management personnel to address issues regarding individuals incarcerated and waiting forensic evaluations. The misperception that these individuals had to be sent to ASH or that they were on the waiting list for ASH was a major issue for some of these detention centers. Working with these administrators to identify these inmates and then communicating with DAABHS / ASH for resolution, some significant headway was made on resolving some of the issues, but additional work is needed and will continue. Once the backlog is addressed ongoing service delivery will be vital. Additional scheduled forensic evaluation time has been agreed upon. Recruitment for additional Ph.D. time for these evaluations will continue. In addition, we were able to reinforce the message that the Center could provide not only forensic evaluations and restoration services, but traditional outpatient services for inmates of individual and pharmacological sessions. Work in this area of our collaboration continues.

Staff have also worked with several hospitals in the region to improve communication and working relationships. In-service training by Center staff has been offered and provided to a hospital emergency department. This service will be offered to other hospitals. Utilizing the brochures, flyers and other material that the Center will mail out or drop off the ongoing work with hospitals, schools, primary care physicians, DCFS county offices, homeless shelters and like organizations or groups is going to increase the communication and opportunities to provide services to individuals, families and organizations / businesses in our communities. An in-service to management staff for one private organization on identifying those that need help, how to approach the subject and provide support for the employee seeking help is schedule in May of this year. The purpose of this training is to assist managers in recognizing the need for

behavioral health services and how to provide information and assistance to employees experience levels of behavioral health issues and in getting services and the care necessary.

2.5 Staffing Requirements

a.) South Arkansas Regional Health Center is knowledgeable about and ensures that services are provided in accordance with internal and external regulatory requirements and education relevant to its workforce. Relias is the primary means of providing, completing and tracking trainings for compliance, but the Center does provide additional in-house trainings at all locations to meet any additional requirements, provide continuing education to our staff and provide trainings that are specific to the different licensure types. The Center track all in house trainings, including attendance and supporting documents, on a spreadsheet that is monitored by HR and Corporate Compliance Office.

b.) South Arkansas Regional Health Center is committed to providing equal opportunities to all qualified individuals, both within and outside the Agency, through recruiting and hiring qualified staff to perform their duties and responsibilities that will meet our high quality standards. Discussion of the organization's mission, vision and core values are embedded throughout workforce recruitment and development. The Center provides training opportunities and the tools needed to enable employees to effectively do their jobs. Employees receive a copy of their job descriptions and expectations are explained at hire and during the performance evaluation process. All employees engage in the fair performance evaluation process annually to monitor the employee's growth and monitor the plan for development. Workforce analyses are conducted and succession plans are in place to determine and develop future workforce needs.

c.) A three prong approach is utilized. The business office, staff follow the established guidelines for completing a fee agreement all entering care and upon updating fee agreements. Some proof of income of the household and residence are required to access Title XX and Sliding scale discounts. If the individual has third party coverage, proof of it is required and coverage is verified.

Upon arrival at all appointments, individuals are asked if address, contact information or third party coverage has changed. If an individual scheduled for an appointment is covered by Medicaid, on the day of the appointment current eligibility is verified.

Clinical staff are aware of an individual's coverage and what services are covered. If a service is determined to be needed, clinical staff will consult with front office, business office or the utilization review / management (UR/M) staff for guidance as to whether or not a service is covered or can be covered by alternate funding. If the individual will be responsible for the fee for the service, the individual or responsible party is made aware of it. If authorizations for a service are needed, the UR /M staff, seeks the authorization and communicates with clinical staff and business office staff. Prior to beginning of services, individuals are made aware, if coverage has been approved by their carrier.

Through the clinical staffing and supervision, the need for services along with the documentation of service is reviewed. Accuracy of assessment and referral, appropriateness of treatment / service intervention selected relative to the specific needs of each client are key points dealt with in clinical supervision. During the peer review process, appropriateness, whether it is medically necessary and within standards of practice are evaluated.

E.6 Records and Reporting

E.6.A.a. & b. Prior to 2012, SARHC was using paper records which are still kept on file as our record retention requires that a discharged client's record is maintained until the person is at least twenty-four years old and ten years have passed since last date of service.

The Center has been using Credible Behavioral Health electronic health record software since 2012 for all documentation and retention of client records. The software is hosted and replicated to several highly secure data centers throughout the United States so that in the event of disaster in any one area, the data is never lost. Credible is a HIPAA-compliant web-based electronic health record solution that allows our staff to access a client's record from anywhere that there is an internet connection which allows for our staff to have quick access to a client's record, which is extremely beneficial in a crisis situation.

Since Credible is our primary electronic health record, all client information and all services provided to client are documented and stored within Credible by the service type provided. This includes, but not limited to, contact and demographic information, emergency information, financial information; and all clinical documentation including, but not limited to, assessments, evaluations, testing, physician's services, and crisis services.

All clinical services have a corresponding visit type in Credible where the service is documented. We have the ability to extract data from each field within the forms that are built for each visit. This data is exported to compile reports to meet requirements set upon us by external regulatory agencies such as DHS. This data and/or reports can be formatted to meet any formatting requirements set upon us by DHS or any other regulatory agency so that we are in compliance with any necessary requirements. Many of the DHS required reports are compiled by the Administrative Assistant to the Chief Clinical Officer, who has a set schedule to complete the required reporting so that SARHC meets all timeframe requirements for reporting. The CFO and CCO compile and complete the other reporting that is required so that SARHC meets the time frame requirements.

E. 7. Appeals and Grievance Process

E.7.A. If a client has a complaint, issue or disagreement that is brought to the attention of the client's therapist, but unable to be resolved or the client is uncomfortable bringing the concern to the therapist, then the client may reach out to the client advocate. All locations have a client advocate that all clients are informed of upon intake and client advocate postings are located in the lobby areas at each location so that all clients are aware of who the client advocate is and what the client advocate is there for. The client advocate is typically the site director at each location and will work with the client to resolve the complaint to the client's satisfaction.

If a client is not satisfied with the client advocate's resolution, the client may initiate the grievance procedure with the Grievance Officer. Client will document the grievance on a grievance form, provided by front office staff or Grievance Officer, to be submitted to Grievance Officer. The Grievance Officer will have ten working days from the day the grievance form is received to notify the client in writing of their recommendations, decisions and actions in response to the grievance.

If the client is not satisfied with the response from the Grievance Officer, then the client may refer the grievance to the Chief Executive Officer for resolution. The CEO will have thirty days to research the issue(s) presented, discuss with staff as appropriate, come to a resolution, and respond in writing.

If the client is still not satisfied, the client may submit the grievance and the two levels of responses to the state licensing division of DAABHS or any regulatory agency we are instructed to submit to for potential resolution.

In the event that a complaint or grievance is not resolved internally and reported to an external source, SARHC will cooperate with any request during an investigation into the complaint or grievance.

All clients receive notice of the complaints and grievance procedure at intake, in the client handbook, and have access to the complaints and grievance postings in the lobby areas.

E.8 Quality Assurance

E.8.A SARHC provides quality assurance and quality improvements in a variety of ways. When it's referencing the client's individual needs, this is monitored for appropriate treatment through ongoing review of services within the client's treatment plan, clinical supervision, and quality chart reviews.

As a whole, data is monitored through various ongoing reports to be able to address issues quickly. Also, our annual Performance Analysis, along with many other reports, gives a big picture of what occurred in the previous year, and items we need to work on improving for the coming year. SARHC's outcomes management system helps guide us in our data collection in that our data collected must be reliable, valid, complete, and accurate. Once we have collected the data, then we can study reports to see if we're meeting our goals we've set upon the center regarding access to care (getting clients in for first appointment quickly), effectiveness of care (reducing hospitalizations, improved scoring of functional assessments, clients meeting goals, etc.), efficiency of care (productivity), satisfaction (satisfaction surveys), and compliance in quality chart reviews (clinical and physician reviews of sampling of client records for compliance). All of this is included in the Performance Improvement plan and our strategic plan for the coming year to help guide our goals and objectives to improve or modify services when needed with the overall goal of providing quality services at all times to improve our client's behavioral health issues.

In addition to ongoing reporting, weekly, monthly, and quarterly meetings are held with various clinical and support staff throughout the agency to address current issues and provide resolution

whether it be for compliance purposes, individual needs of a client, program concerns, financial requirements, etc. At SARHC, we practice ongoing quality assurance and try to be as proactive as possible to implement a solution to a potential concern prior to it becoming an issue. If a quality issue does arise, it is addressed promptly with the individual or team to work towards implementing an appropriate resolution in a timely manner.

E.9 Community Mental Health Center Compensation and Financial Management

E.9.2 Compliance with RFQ Section 9.2 - Utilization of Funds

a.) SSBG Title XX Services – Population of Clients:

Funding provided from DAABHS will be utilized to help indigent clients and used as a last pay resort for other services that have been outlined in the RFQ.

b.) Medically Necessary Services:

All information is entered in SARHC's EHR system on clients that are referred to the SSBG grant. Invoices are printed monthly from the EHR then all paperwork is signed by the CEO/CFO and sent to the state for payment. Copies of the invoice and back up paper work are attached and filed in a folder at SARHC's office.

c.) Ability to Bill:

Individuals are charged based on family income. If they have insurance coverage, Medicaid, Medicare or Veterans benefits available; SARHC will file claims from the forms and identification cards provided by the clients. SARHC will invoice through their EHR system which is processed weekly. If an emergency crisis is seen, then every attempt will be made with these clients to have the client or the family member complete the paperwork for billing for the services rendered. After all attempts have been exhausted to get another payor source and the client is deemed indigent only then will the contract be billed as the last payor resort.

d.) Annual Audit:

SARHC undergoes an audit each fiscal year by an independent audit agency (Thomas and Thomas) this audit will be available each year to the state for review as requested.

e.) Description of Utilization of Funds for Development of Infrastructure:

Establishing offices in other locations, this will require rent, utilities, telemedicine, staffing, such as a care coordinator to aid in helping clients with housing, appointments and employment. Staff development training, aide in community partnership to improve care for clients and advertisement to make sure all our communities have up to date information on our facilities and what we offer.

E.10 Region Specific Services

The Center as stated has taken steps to improve the response time to crisis emergency calls for screenings. It has expanded services hours on Monday through Friday and does not close the

El Dorado clinic until 8:00PM. Outreach clinics will expand their availability with the expansion of staff at those sites and the substance abuse treatment programming.

E.10.A. Community Collaborations

E.10.a.) With the letters of recommendation, community involvement in other sections of this RFQ, past performance with contracts, and fifty-one years of service, South Arkansas Regional Health Center has developed many informal, supportive, and collaborative relationships with law enforcement, courts, schools, intelligent developmental disability providers, and hospitals. These relationships have evolved through time and are ever changing.

E.10.b.) The six counties we now serve and propose to serve in this RFQ are rural with challenging roads in parts of all the six counties. Travel is a challenge for individual in care and for staff. This is one of the major reasons that the crisis emergency team has been modified based on where professional staff live and work. It has significantly impacted the decrease in time to respond to calls for screenings from hospitals and law enforcement. The Center has provided services in schools and homes to decrease the amount of travel those in care make. It will also help both staff and those in care when the clinics in Calhoun, Nevada and Dallas counties open.

Recruitment is very challenging for professional staff throughout the industries and businesses located here. The Center does participate in the National Service Corp loan forgiveness program, which has been very attractive to recruiting several psychiatrists and many therapists over the years.

The Center also has had an active APA internship for Ph.D. interns, which was successful in recruiting that level of staff in past years. The program was very successful in that 65% of interns remained in the State of Arkansas for a period of time as professional, however many re-located after their internship ended or when their post-doc year is completed. At this point in time, the Center has requested the program go on inactive status in the hopes the program will be viable again. Several providers of outpatient and inpatient services are attempting to keep this avenue open to bring and keep professionals in the field of behavioral health in the State.

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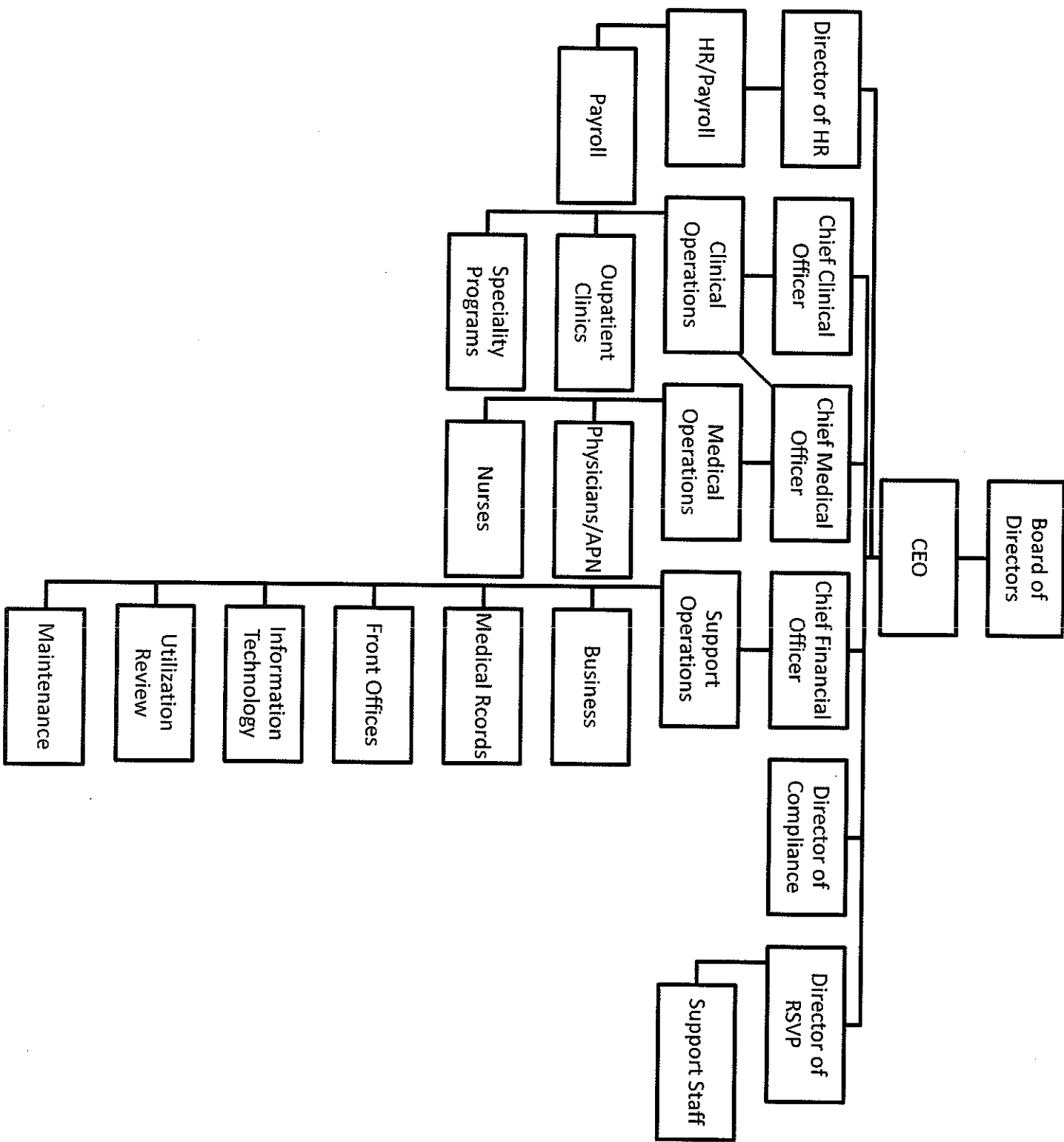
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The Board serves as representatives for the Center's six county catchment area: Union, Columbia, Ouachita, Nevada, Calhoun, and Dallas Counties.



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



Attachment
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Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

June 12, 2017

Regina D. Pierce, LCSW
800 North Euclid Avenue
El Dorado, AR 71730

Regina D. Pierce, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **August 1, 2017** through **July 31, 2019**. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (**July 31, 2019**) you must obtain 48 hours of social work continuing education between the dates of **August 1, 2017** through **July 31, 2019**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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

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

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

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

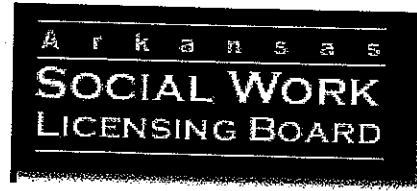
Arkansas
Social Work License Card

License No. 723-C
Expiration Date: 7/31/2019
Regina D. Pierce, LCSW
800 North Euclid Avenue
El Dorado AR 71730

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

Harold Osborn, Chairman
Chairman

Attachment
c
2pg.



SEARCH Go

[Home](#)

Name	Pierce, Regina D.
Location	El Dorado, AR
Level	LCSW
License Number	723-C
Date Issued	5/11/1989
Expiration	7/31/2019

[Back](#)

Licensure Level Key:

- LCSW:** Licensed Certified Social Worker
- LMSW:** Licensed Master Social Worker
- LSW:** Licensed Social Worker
- PLMSW:** Provisional Licensed Master Social Worker
- PLSW:** Provisional Licensed Social Worker

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El Dorado, AR 71730

870-864-2421

Regina D. Pierce

Experience

2011 to Present South Arkansas Regional Health Center El Dorado, AR

Chief Executive Officer

- Responsible for the overall functioning of the entire organization of 110 employees providing care to individuals, couples, families and communities within the six county catchment area located in the southern part of Arkansas. Insure all licensure, accreditation and certification requirements are met. Develop and implement programs commensurate with the mission and policy established for the Center by the Board of Directors. Employ and supervise all personnel and establishing rates of compensation. Oversee development of an annual operating budget. Work closely with medical director and executive staff to assure the highest quality and quantity of medical and clinical services is provided. Relates needs of the community to Center programs and assists Board in establishing and monitoring channels of communication with all stakeholders. Responsible for all preparation and maintenance of all grants, contracts, and fee-for-service activities required to adequately fund Center programs. Responsible for staying aware of current and future trends and changes in behavioral health care and keep the Board educated and aware of how these changes may impact the Center's future. Fulfill a leadership role in state, regional and national activities and associations relevant to behavioral health care.

2010 to 2011 Ozark Guidance Springdale, AR

Chief Operating Officer

- Responsible for standardization of business practices within the organization, implementation of practices at each point of service, evaluation of practices to determine effectiveness and modifications of business practices developed and recommendations presented to Executive Team and / or Board of Directors. Overall administrative responsibility for facilities and maintenance, information systems, Human Resources, land line and cell phone service for all sites and administrative and program staff, administrator-on-call system of after hour emergency services for all programs and sites. Develop and execute contracts for services and to enter into contracts with insurance and managed care organizations to provide services and referral agreements with other service organizations. Development and coordination of budgets for departments overseeing facilities and maintenance, information systems, human resources, and clerical support services. Actively involved in negotiations for insurance benefits of organization staff and reorganization of HR staff for specialization of functions.

2005 -2010 Ozark Guidance Springdale, AR

Executive Vice President

- Overall Responsibility for Adult Services including program operations, budgeting and financial management, program and continuum of care development, implementation of outcomes, uncompensated care pilot

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projects and evidence-based practice models, and grant writing. Consolidation of Medical Services staff into Clinical Service Units. Development of Crisis Care, Co-Occurring Services, Glassner Institute Model of Short-Term Care and Emergency Response Services. Represented organization on State-wide Clinical Program Directors Committee and on Adult and Children Subcommittees of the Mental Health Council of Arkansas. Presented Outcome Study at Annual Institute of the Mental Health Council of Arkansas in 2006.

1993- 2005 Ozark Guidance Springdale, AR

Division Vice President

- Overall Responsibility of Adult Services Division, including daily operations and program development. Development of Access Unit, Wellness, Psycho-Educational, and Recovery Program for Consumers.

1986 – 1993 South Arkansas Regional Health Center El Dorado, AR

Coordinator, Community Support Program and Therapist

- Responsible for operations and development of program including recruitment, training, directing and supervision of the CSP staff. Grant writing and special projects. Providing direct client services.

1986 – 1987 South Arkansas Regional Health Center El Dorado, AR

Therapist – Clinical Social Worker

- Providing direct client services for all ages with primary emphasis on children and adolescents

1979 – 1983 Office of Long Term Care, AR Department of Human Services.

Surveyor of Long Term Care Facilities

- Responsible for quality of care inspections for residents of Long Term Care Facilities and Institutions for the Mentally Retarded and Developmentally Disabled. Survey of Long Term Care Facilities and Institutions for the Mentally Retarded and Developmentally Disabled to insure compliance Federal and State laws, rules, and regulations.

Education

1983 – 1986 University of Arkansas at Little Rock Little Rock, AR

- MSW, Clinical Social Work.

1973 – 1977 Hendrix College Conway, AR

- BA, Psychology

Licensure and Accreditation

Licensed Certified Social Worker (Arkansas). License Number C – 723.

Boards and Community Associations

Arkansas Crisis Center. Board Member 2008 through 2011.

North West Arkansas Children's Shelter. Board Member, 2003 through 2008.

Arkansas Chapter of NASW. Southwest Branch Representative, 1986.

Union County Family Violence Center. First Chairperson, 1986.

Magdalene House, Board Member 2017 to present.

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ARKANSAS STATE MEDICAL BOARD

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

www.armedicalboard.org

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E
1pg

Detailed License Verification

Queried on: Thursday, August 02, 2018 at: 4:30 PM

General Information

Name: Natalie Danielle Jordan, M.D.
Specialty: General Psychiatry

Address Information

Mailing Address: 715 N. College Avenue
City/State/Zip: El Dorado, AR 71730
Phone: (870) 862-7921
Fax:

License Information

License Number: E-9135
Original Issue Date: 4/17/2015
Expiration Date: 7/31/2019
Basis: Exam
License Status: Active
License Category: Unlimited

License Number: T2015-017
Original Issue Date: 4/10/2015
Expiration Date: 6/5/2015
Basis: Exam
License Status: Inactive
License Category: Temporary

Natalie D. Jordan, M.D.
2307 Camelot Dr., Fort Smith, AR 72903
(479) 434-7218; nataliejordan75@gmail.com

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PROFESSIONAL EXPERIENCE

- **South Arkansas Regional Health Center; El Dorado, AR**
A private, non-profit community mental health center which serves 7 counties in south Arkansas. SARHC has 3 locations placed in El Dorado, Camden and Magnolia, Arkansas. SARHC services include outpatient services, day treatment centers, and work program for individuals with developmental delays and mental illness. Patients of all ages are served at SARHC. I provide direct supervision and management to all physicians, served a preceptor for APRN (master's nurse practitioner) student, and provided direct supervision for all nursing staff.
Medical Director 04/2016-present
Staff Psychiatrist 06/27/2016-present
- **Arkansas College of Osteopathic Medicine; Ft. Smith, AR**
Part-time Psychiatry faculty; consultant 3/20/2018-present
Part-time Psychiatry faculty; staff member 9/1/2018-present
- **BOCK Associates** 9/2016-present
Consultant psychiatrist; complete evaluations for patients prior to nursing facility placement.
- **Western Arkansas Counseling and Guidance Center; Ft. Smith, AR** 7/1/2015-06/17/2016
Staff Psychiatrist
- **United Hospital; St. Paul, MN** 7/1/2014-06/30/2015
Adult and Geriatric Psychiatrist
Inpatient geriatric psychiatry unit, outpatient clinic, ECT provider
- **Prairie St. John's; Fargo, North Dakota** 1/2013-2/2015
- Weekend call coverage for adult inpatient units. ~1 weekend/month
Credentialed as moonlighter. Medical Director: Eduardo Meza, MD
- **United Hospital; St. Paul, MN** 9/2012-6/2014
- Weekend call coverage for geriatric unit and hospital consults ~1 weekend/month.
Credentialed as moonlighter. Medical Director: Ramesh Sairam, MD

BOARD CERTIFICATION

American Board of Psychiatry and Neurology, Psychiatry 9/23/2013
Certification number: 66663
American Board of Psychiatry and Neurology, Geriatric Psychiatry 10/3/2014
Certification number: 3253

LICENSURE

Arkansas	E-9135	active
Minnesota	55086	active
North Dakota	12592	inactive

EDUCATION

- University of Minnesota, Minneapolis, MN 7/1/2013-06/30/2014
Fellow, Geriatric Psychiatry

- University of Minnesota, Minneapolis, MN
Resident Physician, General Psychiatry Program 7/1/2012-6/30/2013
- University of Arkansas for Medical Sciences, Little Rock, AR
Resident Physician, General Psychiatry Program 7/1/2009-6/30/2012
- University of Arkansas for Medical Sciences, Little Rock, AR
Doctor of Medicine 8/15/2005-5/15/2009
- University of Oklahoma, Norman, OK
Bachelor of Science with Distinction, Chemistry 8/2000-12/2004

EDUCATIONAL AWARDS

- Scholastic Non-Cognitive Performance Evaluation—Honors in Patient Interaction during Clinical Examination in Introduction to Clinical Medicine II course, Spring 2007.

TEACHING EXPERIENCE

- Preceptor for APRN (advanced practice RN—master's level nurse practitioner) student 8/2017-present
- VAMC, Grand Rounds Presentation, Minneapolis, MN
"How to Care for the Patient with Cognitive Impairment" 6/2014
- VAMC, lecture to medical students, Minneapolis, MN
"Delirium" 5/2014
- VAMC, lecture to veterans and families
"Mental Health in Parkinson's Disease" 2/2014
- VAMC, lecture to veterans and families
"Mental Health in Alzheimer's Disease" 10/2013
- University of Minnesota, Grand Rounds Presentation
"Chronic Traumatic Encephalopathy in Athletes" 6/2013
- University of Minnesota, lecture to PGY1 Residents
"Frontal Systems" 4/2013
- University of Minnesota, lecture to PGY4 Residents
"A Case of Vascular Dementia" 11/2012
- University of Arkansas for Medical Sciences, Little Rock, AR
 - PRITE review series, 2011- 6/2012
 - "Genetic Disorders", 6/2011
- University of Arkansas for Medical Sciences, Little Rock, AR 2008-2009
 - Served as preceptor to first year medical student as part of their Introductory to Clinical Medicine I Course. Preceptors lead small groups of medical students instructing them on the components of history and physical examination and allowing them to practice techniques with standardized patients.
- Arkansas State Hospital, Little Rock, AR; Lectures to medical students
 - "Schizophrenia and other psychotic disorders", Dec. 2009
 - "Personality Disorders", Dec. 2009
- University of Oklahoma, Norman, OK 2002-2004
 - Tutoring services in general chemistry, organic chemistry, and history.

ADDRESSES OF EDUCATIONAL INSTITUTIONS AND PROFESSIONAL EXPERIENCES

University of Arkansas for Medical Sciences
4301 W. Markham
Little Rock, AR 72205
501-526-8100

United Hospital
333 Smith Avenue North
St. Paul, MN 55102
Contact: Ramesh Sairam, MD

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651-241-6667

University of Minnesota
F282/2A West
2450 Riverside Avenue South
Minneapolis, MN 55454
Contact: Jennifer Janacek
612-273-9822

University of Oklahoma
660 Parrington Oval
Norman, OK 73019
405-325-0311

Arkansas
Social Work License Card



License No. 5497-C
Expiration Date: 2/28/2020
Terri A. Rowe, LCSW
PO Box 811
Hooks TX 75561

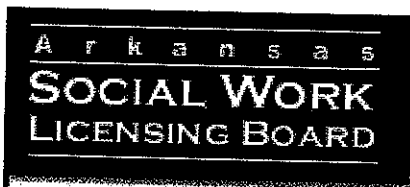
Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Janey Magness, LCSW

Chairman

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SEARCH

GO

[Home](#)

Name	Rowe, Terri A.
Location	Hooks, TX
Level	LCSW
License Number	5497-C
Date Issued	2/18/2014
Expiration	2/28/2020

[Back](#)

Licensure Level Key:

LCSW: Licensed Certified Social Worker

LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

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TERRI A. ROWE, LCSW
(903) 701-1773
ROWETA7@YAHOO.COM

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EXPERIENCE:

January 2018-present Chief Clinical Officer, South Arkansas Regional Health Center

Manage clinical and paraprofessional staff in the outpatient community mental health setting. Provide clinical supervision to therapists and paraprofessionals. Oversee day treatment for adults, step down community support services for adults, developmental disability services for adults, school based and outpatient clinic provision of services to patients.

June 2017-December 2017 Director of Outpatient Services, Riverview Behavioral Health

Manage the provision of direct services to patients in the outpatient school based and therapeutic day treatment for children and adolescents setting. Provide clinical supervision to therapists and Mental Health Paraprofessionals in the school based setting and Therapeutic Day treatment setting. Implement policies and procedures in accordance to RSPMI guidelines and standards. Responsible for ongoing training on relevant mental health issues. Participate in surveys from regulatory agencies.

July 2016-June 2017 Director of Clinical Services, Inpatient, Riverview Behavioral Health

Developed exceptional clinical programs and maintained direct referral relationships in the area. Developed, implemented and supervised quality social/therapy program for psychiatric patients and their families. Served as interdisciplinary team supporting organizations treatment program and philosophy. Assured deliverance of quality treatment to psychiatric patients and families. Monitored and maintained all clinical personnel and department services. Ensured department compliance with numerous referral sources and department's policies and procedures to comply with various regulations including but not limited to JCSHO, Medicare and Medicaid.

July 2014-December 2017 Director Therapeutic Day Treatment, Riverview Behavioral Health

Responsible for overall management of clinical and educational services provided in the day treatment setting for children and adolescents. Manage and screen referrals for admission criteria for day treatment. Conduct initial diagnostic assessments on appropriateness of patients for day treatment. Supervise Mental Health Professionals and Paraprofessionals and ensure services follow the prescribed treatment plan. Implement TDT policies and procedures, following RSPMI guidelines. Collaborate with area school districts to provide day treatment program. Use information gathered through peer assessments and other program improvement measures to improve quality of care. Facilitates assessment of patient in crisis to acute care.