



**STATE OF ARKANSAS**  
OFFICE OF PROCUREMENT  
ARKANSAS DEPARTMENT OF HUMAN SERVICES  
700 Main Street  
Little Rock, Arkansas 72203

**OUACHITA REGIONAL COUNSELING  
AND MENTAL HEALTH CENTER, INC.**  
*dba*  
**OUACHITA BEHAVIOAL HEALTH  
AND WELLNESS (OBHAW)**

# **CRISIS AND FORENSIC MENTAL HEALTH SERVICES**

## **RESPONSE PACKET**

**710-19-1024**

*Submission Deadline Date 03/15/2019*

*Submission Deadline Time 10:00 a.m. CDT*

*Arkansas Department of Human Services*

*Attn: Office of Procurement*

*700 Main Street Slot W345*

*Little Rock, AR 72201*

### **CAUTION TO VENDOR**

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* shall result in disqualification.

**SIGNATURE PAGE**


Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Ouachita Regional Counseling and Mental Health Center, Inc. dba Ouachita Behavioral Health and Wellness			
Address:	125 Wellness Way			
City:	Hot Springs	State:	AR	Zip Code: 71913
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Dr. Robert S. Gershon, Ph.D	Title:	CEO/Executive Director
Phone:	501-620-5222 Ext. 1222	Alternate Phone:	501-463-8248
Email:	robgs@obhaw.org		

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

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

Authorized Signature:  Title: CEO/Executive Director  
*Use Ink Only.*


Printed/Typed Name: Dr. Robert S. Gershon, Ph.D Date: March 6, 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**

<b>Vendor Name:</b>	Ouachita Regional Counseling and Mental Health Center, Inc dba Ouachita Behavioral Health and Wellness	<b>Date:</b>	March 6, 2019
<b>Authorized Signature:</b>		<b>Title:</b>	CEO/Executive Director
<b>Print/Type Name:</b>	Dr. Robert S. Gershon, Ph.D		

## SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

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


<b>Vendor Name:</b>	Ouachita Regional Counseling and Mental Health Center, Inc dba Ouachita Behavioral Health and Wellness	<b>Date:</b>	March 6, 2019
<b>Authorized Signature:</b>		<b>Title:</b>	CEO/Executive Director
<b>Print/Type Name:</b>	Dr. Robert S. Gershon, Ph.D		



## SECTION 3.4.5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

<b>Vendor Name:</b>	Ouachita Regional Counseling and Mental Health Center, Inc dba Ouachita Behavioral Health and Wellness	<b>Date:</b>	March 6, 2019
<b>Authorized Signature:</b>		<b>Title:</b>	CEO/Executive Director
<b>Print/Type Name:</b>	Dr. Robert S. Gershon, Ph.D		

## PROPOSED SUBCONTRACTORS FORM

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

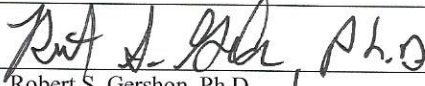
**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP
Curriculum Vitae- Rachel L. Fazio, Psy.D.	400 W. Capitol Ave., Ste. 1700	Little Rock, Arkansas 72201

**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.

<b>Vendor Name:</b>	Ouachita Regional Counseling and Mental Health Center, Inc dba Ouachita Behavioral Health and Wellness	<b>Date:</b>	March 6, 2019
<b>Authorized Signature:</b>		<b>Title:</b>	CEO/Executive Director
<b>Print/Type Name:</b>	Dr. Robert S. Gershon, Ph.D		

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 X Prof. Dr. Robert S. Gershon, Ph.D. Title CEO/Executive Director Date March 6, 2019

Vendor Contact Person Dr. Robert S. Gershon, Ph.D Title CEO/Executive Director Phone No. 501-620-5222

AGENCY USE ONLY

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



# INFORMATION FOR EVALUATION

• Provide a detail response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.

• Provide a detailed response **for each Region** where you are proposing services in the “region Specific Question” section.

• **Do not** include a response to “Region Specific Questions” for any Region where you are **NOT** proposing services.

• Do not include additional information if not pertinent to the itemized request. <b>TECHNICAL PROPOSAL QUESTIONS</b>	<b>Maximum Available RAW Score</b>
<b>POINTS</b>	
<b>E. 1 VENDOR QUALIFICATIONS</b>	
E.1.A. State the Region for which you are proposing to provide services in this <i>Response Packet</i> .  <b>Response</b>  <i><b>Ouachita Regional Counseling and Mental Health Center, Inc. dba Ouachita Behavioral Health and Wellness is proposing to provide services to Region #: 1, which consists of Clark, Garland, Hot Spring, Montgomery and Pike Counties.</b></i>	Pass/Fail
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to:  a. Date established. b. List of non-profit’s Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure. Response  <i><b>Ouachita Regional Counseling and Mental Health Center, Inc. is a 501 (c) 3 non-profit organization which is governed by a volunteer Board of Directors, becoming one of the nation’s comprehensive community mental health centers in October of 1968 and now serves Region 1, consisting of Garland, Clark, Hot Spring, Montgomery, and Pike, Counties in Arkansas. The organization has offices in Hot Springs, Arkadelphia, and Malvern and also provides services in many of our area schools. In addition to operating under the name of Ouachita Regional Counseling and Mental Health Center, we have operated as Community Counseling Services, Inc. As part of a rebrand in October 2016, we changed the name to Ouachita Behavioral Health and Wellness, referred to as OBHAW from this point on.</b></i>  <i><b>We provide professional services to individuals from preschool through late adulthood and are accredited by The Joint Commission as a behavioral healthcare provider. The Joint Commission is a nationally recognized organization in the field of healthcare standards. We are also certified by the Arkansas Division of Behavioral Health Services as an Outpatient Behavioral Health Services provider and as the Community Mental Health Center for Region #1, consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties.</b></i>  <i><b>There are approximately one hundred-seventeen (117) employees located in our offices in Garland, Clark, and Hot Spring Counties.</b></i>  See “Other” Attachment E.1.B.- 501 ( c) 3 status Attachment E.1.B.b” Board of Directors Attachment E.1.B.d.” Organization Chart	5

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

- a. A description of the work performed, including if this work was provided for DHS.
- b. If provided under a contract:
  - i. Name of entity with whom the Vendor had/has a contract.
  - ii. Summary of the Scope of Work.
  - iii. Project amount.
  - iv. Any corrective actions or litigation pertaining to the contract.

**Response**

***OBHAW has provided mental and behavioral health services to the Arkansas Department of Human Services since 1971. Within the past three (3) years, the organization has performed the following work for DHS:***

***In 2016, OBHAW received funding of \$1,986,268 from the State of Arkansas, Division of Behavioral Health Services.***

- ***Services to persons with no insurance who do not qualify for Medicaid, Medicare, or private health insurance including SPOA for Acute Care Funding***
- ***Children's Service Liaison***
- ***After School Programs***
- ***Home and Community Based Services***
- ***Independent Living Services***
- ***School Based Day Treatment Program***
- ***Summer Program***
- ***Single Point of Entry***
- ***First Episode of Psychosis***
- ***CASSP Program and Coordinator***
- ***Services to Jailed Population***
- ***Jail Diversion Plan***
- ***Outpatient Restoration Forensic Treatment***
- ***Reports, Plans, and Data Management***
- ***Utilization Review Monitoring for ASH***

***In 2017, OBHAW received funding in the amount of \$1,973,858 from the State of Arkansas, Division of Behavioral Health Services.***

- ***Services to persons with no insurance who do not qualify for Medicaid, Medicare, or private health insurance including SPOA for Acute Care Funding***
- ***Children and Adolescent Services Program***
- ***Children's Early Childhood Service Liaison***
- ***After School Programs***
- ***Home and Community Based Services***
- ***Independent Living Services***
- ***School Based Day Treatment Program***
- ***Summer Program***
- ***Single Point of Entry***
- ***First Episode of Psychosis***
- ***CASSP Program and Coordinator***
- ***Services to Jailed Population***
- ***Jail Diversion Plan***
- ***Outpatient Restoration Forensic Treatment***
- ***Reports, Plans, and Data Management***
- ***Utilization Review Monitoring for ASH***



**In 2018, OBHAW received funding in the amount of \$2,005,663 from the State of Arkansas, Division of Aging Adults & Behavioral Health**

**Services.**

- **Case Management**
- **Crisis Assessment and Stabilization**
- **Group Behavioral Health Counseling**
- **Individual Behavioral Health Counseling**
- **Interpretation of Diagnosis**
- **Interpreter Services**
- **Marital/Family Behavioral Health Counseling**
- **Mental Health Diagnosis**
- **Multi-Family Behavioral Health Counseling**
- **Pharmacologic Management**
- **Psychiatric Assessment**
- **Psychoeducation**
- **Telemedicine Services (Adults):**
- **Telemedicine Services (Adults and Children):**
- **Treatment Plan**
- **Partial Hospitalization**
- **Adult Day Rehabilitative Service**
- **Peer Support**
- **Supportive Employment**
- **Supportive Housing**
- **Adult Life Skills Development**
- **Therapeutic Communities**
- **Purchase of Medically Necessary Psychotropic Medication**
- **Community Based Services and Support**
- **Social Services Block Grant Title XX**
- **PATH Grant Recipients**
  - **Outreach Services**
  - **Case Management Services and Community Mental Health Services.**
  - **Screening and Diagnostic Treatment Services;**
  - **Habilitation and Rehabilitation Services;**
  - **Alcohol or Drug Treatment Services;**
  - **Referrals for Primary Health Services, Job Training and Educational Services**
  - **Jail Services**

**Summary of Scope of work:**

**OBHAW has provided the services for DHS during 2018, 2017 and 2016 as listed above. The scope of services currently being provided are similar if not the same as the current array of services specified in this RFQ.**

**No corrective actions or litigation pertaining to the contract has taken place.**

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

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

**Response**

**See- "Other"**

**Attachment E.1.D.-Resumes**

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E.1.E. Submit a minimum of three (3) letters of recommendation from ~~five (5)~~ three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:

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

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**Response**

**See- "Other"**

**Attachment E.1.E.- Letters of Recommendation**

## E.2 GENERAL SERVICE DELIVERY REQUIREMENTS

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

Response

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***OBHAW's plan to meet all the requirements pertaining to the delivery of services in Region 1 consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties are;***

***OBHAW shall comply with all state and federal laws, rules, and regulations, including laws, rules, and regulations regarding Client care, services, and personnel requirements.***

***OBHAW shall demonstrate adequacy of behavioral health services, rehabilitative services, and emergency and/or crisis services as defined by herein including implementing appropriate evidenced-based and professionally recognized behavioral health services.***

***OBHAW shall demonstrate the ability and commitment to provide services to the Priority Populations currently defined by DAABHS.***

***OBHAW shall provide appropriate and necessary medications to Clients including injectables.***

***OBHAW shall provide medically necessary services under the Outpatient Behavioral Health Services Manual or the Adult Behavioral Health Services for Community Independence Manual, as well as general rules and regulations required by the Division of Medical Services, or Medicaid.***

***OBHAW has a Quality Assurance Team and a Utilization Review team that uses Software for chart reviews to ensure that we are providing medically necessary services. All new staff and current staff receive training on medical necessity from our clinical trainer and their supervisor.***

***OBHAW shall provide community support programs using recovery-based services and supports that are empowering and strength based which enable children, youth, and adults with serious behavioral illnesses to live and participate, within the community, to their fullest potential. OBHAW provides recovery based services and supports that are strength based and empowering that assist clients in realizing their full potential while effectively managing their illness.***

***Each client, age 6 and up, is given the Evidence Based DLA20 (Daily Living Assessment) that identifies strengths and weaknesses and from this assessment the treatment plan is developed. Our Adult Community Support program focuses on life skills to empower the clients to become more self-reliant. We currently have staff that go into the home to provide life skills training. We also have an adult day treatment program where skills are taught and practiced in real life scenarios. Supportive Employment and Supportive Housing are also a part of our Adult community support programs. For our children's program we provide both outpatient, school based and our intensive outpatient program. These programs help support the child and family in hopes to achieve both academic and behavioral success.***

***OBHAW shall develop peer culture, support, and leadership across all aspects of services. Services should include, but are not limited to assertive outreach, peer supports, FSP, Drop-in Model or Club House Model membership, and peer and consumer councils.***

***OBHAW is committed to embracing and providing recovery-based peer support service to our consumers. We will further develop our current peer and family support services that include community outreach with area peer and consumer councils, a Drop-In Club House Model, and evidenced-based peer support services. We currently do extensive outreach with our community partners, our PATH services, our Qualified Behavioral Health Paraprofessionals that go into the homes, and our CASSP program.***



<p><b>OBHAW shall, at all times, provide the least restrictive and most effective services for the Client served, utilizing evidenced-based approaches and outcome assessments to determine the value of the services for the Client regardless of payor source.</b></p> <p><b>OBHAW provides only medically necessary and least restrictive services as determined by assessment and treatment planning that most effectively meets the client's needs. We approach treatment planning with discharge in mind working collaboratively with the client on a patient centered approach that individualizes treatment to what the client feels their goals should be and developing a plan that they can achieve. We identify the client's strength and weaknesses through the DLA20 and then pair them with the clinician that has the evidence-based training to treat the client's symptoms. OBHAW recognizes that an evidence-based approach can lead to the best clinical outcomes for the client. We measure success by administering the DLA20 at least every 6 months along with a review of the plan of care to assess progress. OBHAW's goal is to empower clients to achieve their recovery goals and improve their level of functioning so they can be successful in realizing their full potential.</b></p> <p><b>OBHAW shall offer substance abuse disorder treatment services and shall be licensed to provide these services.</b></p> <p><b>Currently OBHAW is licensed as a substance abuse provider for both adults and children at our Hot Springs site and are currently seeking licensure for our Malvern site. Services provided include outpatient substance abuse services, Medication Assisted Treatment, and an Intensive Outpatient Treatment Program.</b></p> <p><b>If OBHAW offers an Acute Crisis Unit or Therapeutic Communities, OBHAW shall be certified by DHS to provide the service offered. OBHAW currently does not offer these two services. We currently have a Memorandum of Agreement with Birch Tree Communities, Inc. to refer Clients to their Therapeutic Communities program. We are able to refer to the Pulaski Crisis Stabilization Unit if Acute Crisis Services are needed.</b></p>	
<p>E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines.</p> <p><b>Response</b></p> <p><b>OBHAW shall provide telemedicine services; all telemedicine services must meet state and federal requirements to ensure security of client information complies with HIPAA and other confidentially-related State and federal laws. Telemedicine must be developed and implemented by the contract start date.</b></p> <p><b>OBHAW has the capabilities to provide telemedicine services to Region #1, consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties and became an OBHS Certified Telemedicine Provider on June 9, 2018 by the Arkansas Department of Human Services. All telemedicine services provided meets state and federal requirements to ensure security of client information complies with HIPAA and other confidentiality-related State and federal laws.</b></p> <p><b>Our counselors are certified and trained in technology assisted counseling. We see patients for counseling in their own home or another office using a web camera. Clients have a special link that they have access to through their own laptop or computer (must have a camera) to log in and talk to one of our counselor's face to face through the internet. This new service can help those who have difficulty with transportation, live a long distance, or those who have difficulty getting out of their homes.</b></p> <p><b>Certified Technology Assisted Counseling and Telehealth Qualifications and Date Certification was received;</b>  <b>Anna Dobbs, LPC-S, 10/11/2017 Counseling and Supervision</b>  <b>Michelle Kveum, LPC, 11/10/2017 Counseling and Supervision</b></p>	<p>5</p>



**Ryan Killackey, LPC 10/30/2017 Counseling and Supervision**  
**Terri Petty, LPC-S, 12/07/2017 Counseling and Supervision**  
**Christina Planje, LCSW, 01/04/2018 Counseling and Supervision**  
**Jacquelyn Martin, MD, 07/02/2018 Introduction to Telemental Health, Theory & Practice**  
**Janette McGaugh, MD, 07/05/2018 Introduction to Telemental Health, Theory & Practice**

**E.3 SERVICE DELIVERY DUTIES**

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

- a. Serve the following populations in the delivery of crisis services:
  - i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.
  - ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.
- b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.
- c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.
- d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.
- e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.
- f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.
- g. Utilize mobile crisis teams to triage individuals into the least restrictive services.
- h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.
- i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.
- j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.
- k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis.

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

**Response**

**OBHAW shall develop and provide crisis services to individuals experiencing Psychiatric or Behavioral Crisis in OBHAW's Region 1, consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties.**

- a. **OBHAW shall serve the following populations in the delivery of crisis services:**
  - i. **Mobile Crisis populations in the delivery crisis services; All adults, youth and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.**
  - ii. **Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. For this population, OBHAW must provide face-to-face crisis intervention and assessment services in the community setting. The community setting includes, without limitation, a home or foster home, school of DCFS office. Crisis Services will focus on**



**stabilization of the client within the community, ensure hospital diversion when appropriate, must include a safety plan, and must include face-to-face follow-up within twenty-four (24) hours to forty-eight (48) hours of initial crisis.**

**b. OBHAW shall adhere to the following procedures for mobile crisis:**

**Maintenance of twenty-four (24) hour emergency services for adults, youth and children who present with Psychiatric and or Behavioral Crises.**

**After a request for crisis assessment, the behavioral health professional shall make phone contact within fifteen (15) minutes.**

**The behavioral health professional must provide face-to-face assessment within two hours of the emergency and shall assess the individual's immediate safety needs to determine the seriousness of the person's impairment.**

**If agreed upon by both parties and documented, the screening can occur outside the two (2) hour time period, for reasonable cause and the cause is clearly documented.**

**If an individual in crisis has a behavioral healthcare provider that they been working with, OBHAW may contact that healthcare provider. However, OBHAW shall remain responsible for ensuring a crisis assessment and appropriate crisis services are provided.**

**All events and actions taken when responding to a mobile crisis assessment must be thoroughly documented and documentation must be completed within twenty-four hours (24) of the initial contact.**

**c. OBHAW's primary goal of Mobile Crisis is to prevent significant deterioration of the Clients functioning. A Mobile Crisis team of trained behavioral health professionals shall be available to respond to Psychiatric and or Behavioral Crisis in the community in a place that provides safety of the individual, the community and the team e.g. jails, emergency departments community mental Health center sites crisis units. For the DCFS population , this also includes homes, foster homes, DCFS Offices and schools.**

**d. OBHAW shall develop crisis policies, protocols, and procedures for the management of behavioral health crisis, for children youth and adults. OBHAW shall coordinate with local law enforcement agencies judges, jails, hospitals, and crisis stabilization units to develop procedures for treatment of crisis in each of the facilities. OBHAW must screen all age groups when a crisis screening is requires if the individual has no payor source and services are medically necessary.**

**e. OBHAW's Mobile Crisis team shall include licensed behavioral health professionals who have been trained in Psychiatric and Behavioral Crisis.**

**The Mobile Crisis teams shall include licensed behavioral health professionals who have been training in Psychiatric and Behavioral Crisis.**

**The Mobile Crisis Team's competency must be measures and documented by OBHAW.**

**OBHAW's Mobile Crisis team shall include a physician or an Advance Practice Registered Nurse (APRN) or at minimum direct access to a physician or an APRN as needed.**

**Annual Crisis training and development are required and OBHAW shall have process improvement techniques in place to address problems as well as successes.**

**OBHAW shall develop mobile crisis team whose responsibility will be providing individualized triage services to any individual experiencing a Psychiatric Crisis or OBHAW shall develop a screening assessment and protocol using age, gender, and culturally appropriate defined criteria to measure the immediate and potential safety needs (danger to self and others). The criteria for the screening assessment must include, at a minimum:**

- i. An evidenced-based crisis assessment tool (for example, the SAFE-T) or an assessment tool approved by DAABHS, that results in measurement of dangerto self and others.**
- ii. Clear documentation of existing support network.**
- iii. Clinical recommendations and disposition.**
- iv. If needed, all steps taken and (or) contacts made to locate acute placement including:**



- **Timelines**
- **Agencies**
- **Contact persons**
- **Outcomes;**

v. **Contacts made to the individual's behavioral health treatment team members help solve the crisis, if applicable.**

vi. **How the team worked with the caregiver or support network to:**

- **De-escalate the crisis.**
- **Problem-solve and to recommend a course of action.**

vii. **If acute placement is not needed, the screening assessment must document:**

- **Treatment services recommended.**
- **Individual's response to the recommended treatment.**
- **Time and place of the treatment services recommended.**

**OBHAW shall also develop protocols for using the screening assessment tool to adequately triage planning and care in Region 1. If for any reason the individual needing acute placement is not placed immediately, OBHAW must continue to document attempts for placement until appropriate placement is secure and the individual is placed.**

viii. **Crisis intervention and stabilization services must 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.**

ix. **OBHAW shall maintain a DHS certified location in every county in their Region. Vendor's county locations must be open by the contract startdate. We currently have DHS certified sites in Garland, Hot Spring and Clark counties and are exploring site locations in Montgomery and Pike counties.**

**OBHAW currently has a screening assessment form and uses several different screening tools one of which is the Suicide Behaviors Questionnaire-Revised (SBQ-R) to determine immediate risk. We also use an agency defined assessment tool that looks at age, gender, history and culturally appropriate criteria and assesses the Desire, Capability, Intent, and Protective Factors (both internal and external). This information and more are documented on our risk assessment form that includes any recommendations, existing support networks, and any steps taken, or contacts made for local acute placement, treatment team members or other healthcare providers.**

f. **OBHAW must either staff or subcontract a Warm-Line or staff an outpatient Drop-in (Walk- in) clinic in Region 1, consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties, which is available to clients in crisis during evenings, weekends, and holidays. OBHAW currently has a Walk-In Clinic at our DHS certified clinics for Garland, Hot Spring Behavioral Crisis without a payor source for medically necessary services.**

g. **The Mobile Crisis team shall 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, partial hospitalization program or admission to acute psychiatric hospitalization. Rationale shall be clearly documented for any intervention service. OBHAW has a partial hospitalization program in Hot**



**Springs and Malvern.**

- h. In case of acute hospital diversion, OBHAW shall 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 shall:**
- i. 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.**
  - ii. Document follow-up procedures for the individual as well as for the treatment team.**
  - iii. For the DCFS population specifically, OBHAW must 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). OBHAW must complete a face-to-face follow-up within twenty-four (24) to forty-eight (48) hours of the initial crisis.**
  - iv. Describe all diversion alternatives that OBHAW plans to make available including resources in the community to which the family can be connected.**
  - v. For a re-occurring crisis, OBHAW's crisis team must 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**
- i. Following a Mobile Crisis assessment, OBHAW 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. OBHAW will also act as the SPOE for individuals present in its Region who are being considered, voluntarily or involuntarily, for referral to the inpatient programs of the ASH.**
- i. OBHAW shall be responsible for completing, upon request, any paperwork or court appearances related to involuntary commitments.**
- j. OBHAW shall 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.**
- i. Discharge planning must include, but is not limited to, a scheduled appointment to take place no later than seven (7) days after discharge from the hospital. This must be a scheduled appointment and not a "walk-in" appointment. OBHAW must provide appropriate discharge planning for all persons leaving an acute setting, as notified by the hospital.**
- k. OBHAW shall administer Acute Care Funds (ACF) for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. The ACF shall be utilized as a payor of last resort and shall only available for use with persons aged eighteen (18) and older.**
- i. If an adult is not a member of a PASSE and has no payor source to cover hospitalization, OBHAW may use ACF to pay for the hospitalization. This shall include individuals served by other agencies who are without funds to pay for hospitalization. OBHAW shall be financially responsible for admission and continued stays that are determined to be clinically necessary by the admitting**

*facility.*

- i. As an alternative diversion from psychiatric hospitalization, OBHAW 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, OBHAW 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. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:

- a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:
  - i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status.
- b. Serve as the Single Point of Entry (SPOE) for ASH:
  - i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.
  - ii. Ensure the SPOE assessment is completed completely and accurately.
- c. Serve Clients on the ASH waiting list:
  - i. Describe what services you will make available to provide support and stabilization to those awaiting admission.
- d. Serve Client actively admitted to ASH as they prepare for discharge:
  - i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.
- e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.
- f. Provide services to Community-based 911 Status Clients regardless of the payor source.

5

**Response**

**OBHAW provides and shall continue to provide services for individuals related to ASH, including Clients needing admission to or awaiting admission to ASH, Clients awaiting discharge from ASH, Clients discharged from ASH, and those with Community-based 911 status.**

- a. **OBHAW shall serve the following population in the delivery of services pertaining to ASH within the Community Mental Health Center's Region:**
  - i. **Adults, youth, and children residing within OBHAW's respective Region #1, who are in need of admission to ASH, awaiting an ASH bed and on the ASH waiting list, Clients referred by ASH currently receiving services at ASH who were residing in Region 1, at time of admission and preparing for discharge to return to that 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. **OBHAW shall serve as the SPOE for ASH:**
  - i. **OBHAW shall provide SPOE assessments for persons with serious psychiatric emergencies. OBHAW shall act as the SPOE for individuals present in Region #1 who are being considered, voluntarily or involuntarily, for the ASH inpatient program.**
  - ii. **The SPOE screening must occur within two (2) hours of the initial request to OBHAW, and OBHAW shall 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 must have clear documentation as to the reason.**

- I. **OBHAW shall administer Acute Care Funds (ACF) for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. The ACF shall be utilized as a payor of last resort and shall only available for use with persons aged**

**eighteen (18) and older.**

- i. If an adult is not a member of a PASSE and has no payor source to cover hospitalization, OBHAW may use ACF to pay for the hospitalization. This shall include individuals served by other agencies who are without funds to pay for hospitalization. OBHAW shall be financially responsible for admission and continued stays that are determined to be clinically necessary by the admitting facility.**
- j. As an alternative diversion from psychiatric hospitalization, OBHAW 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, OBHAW 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.**

**The licensed behavioral health professional must be trained with documented competency to complete the screening and be familiar with OBHAW's policy and procedures.**

**The SPOE assessment form is certified by DHS, includes an evidenced-based screening tool, and must contain the following information if the individual is screened in an inpatient/medical facility or emergency room:**

- i. Completed SPOE/Crisis Intervention Form noting acute psychiatric symptoms dated within the last seventy-two (72) hours (Include physical location for discharge after stabilization).**
- ii. Hospital Face sheet with complete demographic/financial information.**
- iii. All Nurse and Physician progress notes.**
- iv. All Physician Orders.**
- v. Medication Administration Records (MAR) (Not just a list of Medications).**
- vi. Emergency Room Admission Data (if applicable).**
- vii. A signed statement by the attending physician stating that the Client is medically cleared/stable for discharge, not transfer, from the inpatient medical facility.**
- viii. All Lab/EKG reports. If Client is on Clozaril/Clozapine, report must include WBC w/Differential dated/obtained within seven (7) of admission.**
- ix. Medical/Psychiatric Consults.**
- x. History and Physical.**
- xi. Psychiatric Evaluation (if applicable).**
- xii. Vital Sign and Height/Weight Record.**
- xiii. Court Order/Jail Hold Order (if applicable).**
- xiv. 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 shall include the Client's physical location for discharge after stabilization.**
- Demographic/Financial Information.**
- Emergency contact information.**
- Where in OBHAW's Region 1 the Client be placed when stabilized.**
- Court Order/Jail Hold Order (must have both if jail hold).**
- For reconsiderations, the requesting facility must provide updated progress**



*notes, physician orders, Medication Administration Records, and functional status reports.*

- *OBHAW letter of authorization.*
- *OBHAW may designate someone other than its staff to complete the SPOE. However, the designated individual must be trained in completing ASH SPOE screenings.*
- *OBHAW must ensure the SPOE form is completed in all areas and must send a letter from OBHAW as proof of authorization.*

**c. OBHAW shall serve Clients on the ASH waiting list:**

*OBHAW 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.*

*OBHAW must 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, OBHAW shall 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. OBHAW shall provide Clients actively admitted at ASH and awaiting discharge with services as follows:**

*OBHAW shall provide Care Coordination services to Clients discharging from ASH, when requested by DHS:*

*When ASH notifies OBHAW about the upcoming discharge, OBHAW shall 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.*

*OBHAW shall verify that appropriate insurance enrollment has been initiated prior to discharge.*

*OBHAW shall assist in the arrangement of housing and transportation shall be arranged, as applicable.*

*OBHAW will remain in regular communication with designated ASH staff with regards to ASH's recommended discharge planning needs, as well each client's needs.*

**e. OBHAW shall serve all ASH discharges referred by ASH to OBHAW without insurance or who are not a member of a PASSE, or when requested by DHS:**

*OBHAW shall provide Care Coordination to clients without insurance. Care Coordination must include assisting the client to obtain appropriate insurance coverage enrollment.*

*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.

**OBHAW shall 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.**

**OBHAW may provide Club House or Drop-In Models Services, when appropriate.**

**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. OBHAW, as part of the state system, shall 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:**

**Individuals on 911 Statuses are required to comply with medications, treatment and therapy, substance abuse treatment, and drug testing as prescribed. OBHAW will coordinate with the State to ensure these Clients receive the needed treatment within the community.**

**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**

- f. OBHAW shall provide services to Community-based 911 Status Clients referred by ASH, regardless of payor source, and who are not a member of a PASSE, as follows:**

**OBHAW shall 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.**

**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.**

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

- a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.
- b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.
- c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.
- d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.
- e.

**Response:**

***OBHAW currently provides and shall continue to provide Forensic Evaluations to Clients within Region #1 consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties.***

***OBHAW shall serve the following populations in the delivery of Forensic Evaluations within OBHAW's Region:***

- a. ***A Client referred for a court-ordered assessment to the 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. OBHAW shall provide an ACT 327, ACT 328, and an ACT 310 court-ordered Forensic Evaluation for persons who present in its Region #1, consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties according to Arkansas Code Annotated (ACA) §§ 5-2-327, 5-2-328, and 5-2-310. OBHAW currently has a Forensic Psychologist that provides our 327, 328 and 310 Forensic Evaluations and will continue to perform these services. (Refer to Proposed Subcontractor Form).***

- b. ***When a judge orders an ACT 327 or ACT 328 forensic evaluation to determine if there are concerns regarding the competency, responsibility, and (or) capacity of an individual to proceed within the criminal justice system, OBHAW shall provide a Qualified Psychiatrist or Qualified Psychologist to perform the initial ACT 327 or ACT 328 evaluation, or subsequent ACT 310 Evaluations, as defined in Arkansas Code Annotated (ACA) §§ 5-2-301 through 5-2-329:***
- c. ***The Qualified Psychiatrist or Qualified Psychologist performing Forensic Evaluations must attend annual updates of the forensic certification course approved by DHS.***

***The Qualified Psychiatrist or Qualified Psychologist performing the Forensic Evaluations must appear in court and give testimony as required by the court or upon request by DHS and (or) DAABHS.***

***OBHAW shall notify the Forensic Services Program Director of the scheduled date of any ACT 327, ACT 328, or ACT 310 evaluation within five (2) business days of the notification from ASH.***

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

***ACT 327 or ACT 328 Evaluations that determine an individual is not fit to proceed within the criminal justice/legal process shall be then referred to OBHAW to begin providing services within the FORP. OBHAW staff currently has staff trained in the DHS approved FORP curricula.***

***As a quality measure, DHS reserves the right to request review of any Forensic***

**Evaluation prior to court submission for a time to be determined by DHS.**

- d. OBHAW shall have thirty (30) days to replace or engage a forensic evaluator after the designated forensic evaluator separates from employment.**

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

- a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.
- b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.
- c. Have qualified staff in place to provide didactic competency services.
- d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.
- e. Provide Individual Outpatient Restoration according to the RFQ requirements.
- f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.
- g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.
- h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within six (6) months.

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**Response**

**OBHAW shall administer the Forensic Outpatient Restoration Program (FORP). OBHAW currently has staff trained in the Forensic Outpatient Restoration Program curriculum approved by DHS and will continue to provide these services.**

**OBHAW shall serve the following populations in the delivery of FORP services within OBHAW Region #1:**

**Individuals who have been deemed unfit to proceed with the criminal justice or legal process according to according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328**

**OBHAW must provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a hearing or a trial.**

**FORP services shall not begin or be performed without a letter of referral or an approval form submitted by ASH to OBHAW.**

**FORP services must be performed by qualified OBHAW staff providing didactic competency services under the Contract. All FORP service providers must attend an established training session involving the restoration curriculum provided by ASH.**

**FORP Clients must have their first appointment within seven (7) days of referral to OBHAW. If the Client fails to arrive for any appointment, OBHAW must notify ASH by the next business day following the day of the missed appointment.**

**OBHAW shall document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines and via method of transmission required by DAABHS or ASH.**

**If any outpatient services through FORP are reimbursable by Medicaid, or any other**



**payor** source, OBHAW must utilize that payor source.

The Community Mental Health Center **shall provide the following services in the FORP and must use only the most current DHS-approved curricula:**

- **Individual Outpatient Restoration: the instruction of the prepared educational curriculum with each Client receiving outpatient restoration services whether in jail or in the community:**
- **Clients being seen for FORP educational purposes involving restoration may be seen by either a Licensed Mental Health Professional and (or) a Certified Qualified Mental Health Paraprofessional; however, if psychotherapy is warranted for a Client, this service must be provided by a Licensed Mental Health Professional.**
- **All individual outpatient restoration services shall consist of structured sessions that work toward achieving mutually defined goals as documented within a Treatment Plan and (or) restoration curriculum.**
- **Care Coordination including but not limited to, court appearances, facilitating linkages between court and jail personnel, transporting Clients, and service referrals.**
- **Drug Screen.**
- **Marital/Family Behavioral Health  
Counseling. Group Behavioral Health  
Counseling.**
- **Interpreter Services, only with prior approval from DHS**
- **Purchase of medically necessary psychotropic medication.  
Pharmacological Management**
- **Mileage reimbursement**
- **Mental Health Diagnosis  
Psychiatric Assessment  
Psychological Evaluation  
Treatment Planning**
- **Upon determination by the Mental Health Professional or certified Qualified Behavioral Health Provider (QBHP) that a Client has been restored to competency, the Community Mental Health Center must contact the DAABHS Forensic Services Program Director and request for an ACT 310 forensic re- evaluation. Between the time a FORP Client has been restored and while awaiting the 310 Evaluation OBHAW shall have no less than a monthly face-to-face contact with the Client.**
- **Within six (6) months of the original court orders file date OBHAW must request ASH inpatient admission for any Client that the Community Mental Health Center cannot restore as an outpatient Client.**
  - **OBHAW must submit such requests to the DAABHS Forensic Services Program Director for discretionary consideration of inpatient admission at ASH.**

- ***While the Client is awaiting admission, OBHAW must 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 and make Drop-in Model or Club House Model services available, if appropriate.***
- ***During the waiting period for admission to ASH, OBHAW must have no less than monthly contact.***

***If ASH/DAABHS refers a defendant for whom there has been no psychiatric evaluation within the past six (6) months, OBHAW must schedule a Psychiatric Assessment (PA) as part of the restoration curriculum. Upon the completion of a PA, and if found necessary OBHAW must provide all medically necessary behavioral health services to the Client throughout the course of the Client's participation in the FORP.***

***OBHAW must replace and/or engage clinical services personnel within thirty (30) days after the designated personnel separate from employment. DHS should be immediately notified in any case of the loss of FORP staff, change of FORP staff, or difficulty in replacing FORP-certified staff.***

***All data related to services for FORP population must be submitted in a timely manner upon request to DHS, and in a format identified by DHS.***



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

- a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.
- b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.
- c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.

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**Response:**

- a. ***OBHAW shall provide Care Coordination services. At a minimum, this shall include pursuing insurance enrollment for the individual. We currently assign each client a Financial Case Manager that assists them in applying for insurance as well as any other available resources for financial assistance.***
- b. ***For services not available through the client's insurance carrier, OBHAW shall 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. This is specific to services not available through the individual's insurance carrier, not the number of services an insurance carrier will cover. OBHAW must contact insurance carrier if they believe an increased number of certain services are medically necessary. These contract funds can only be used when the insurance carrier has denied extension of benefits on the requested services and this documentation must be included in the client's medical record.***

***All request for, and provision of services must be documented.***

***Provision of services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients shall be provided by agency's 47 licensed mental health professionals and 21 Qualified Behavioral Health Paraprofessionals, 4 LPN's and 3 medical providers.***

- c. ***OBHAW may provide Club House or Drop-In Model Services to individuals with the need for medically necessary services. OBHAW currently provides and shall continue the Walk-In (Drop-In) open access clinic which has extended evening and Saturday clinic hours.***

***Behavioral Health Services and Adult Behavioral Health Services for Community Independence manuals to assist and support with stabilization. This is specific to services not available through the individual's insurance carrier, not the number of services an insurance carrier will cover. OBHAW must contact insurance carrier if they believe an increased number of certain services are medically necessary. These contract funds can only be used when the insurance carrier has denied extension of benefits on the requested services and this documentation must be included in the client's medical record.***

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

- a. Make FEP services available to the individuals between the ages of fifteen (15) and thirty-four (34) who are experiencing FEP who are without a payor source or have insurance benefits that will not reimburse for FEP services.
- b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.
- c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.

**Response:**

**OBHAW currently provides and shall continue to provide the services for First Episode of Psychosis (FEP) as follows:**

**OBHAW shall serve the following population for FEP services within OBHAW's Region #: 1, consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties.**

- a. **Individuals between the ages of fifteen (15) and thirty-four (34) who are experiencing a FEP who are: Without a payor source or have insurance benefits that will not reimburse for FEP services.**

**Because early identification, interventions, and treatment of psychosis increase the chance of successful recovery, improved functionality, OBHAW must make available FEP services identified below.**

- b. **As a means of increasing early identification of FEP-related symptoms, OBHAW will provide at least twice monthly community education and awareness events during each month the contract is in place. Ongoing public education must include written literature to be distributed in the community and all activities must be documented. Without limitation, publication and communication efforts must be addressed to each of the following at least every six (6) months:**

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

- c. **OBHAW currently and shall continue FEP services using Individual Resiliency evidenced-based model that includes, at a minimum, but not limited to, the following required elements as described:**

**Care Coordination: For the individual experiencing FEP and not a member of a PASSE, Care Coordination assists with problem solving, offering solutions to address practical problems, and coordinating social services across multiple areas of need. Care Coordination involves frequent in- person contact between the clinician, the individual, and their family, with sessions occurring in clinic, community, and home settings, as required. Individuals who experience FEP frequently need assistance with practical problems such as obtaining medical care, managing money, securing transportation, navigating the criminal justice system, and procuring stable housing. Additionally, this would include assisting the Client pursue insurance coverage enrollment.**

**Evidence-based therapy services: Individual or group behavioral health counseling is a face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition as described in the current allowable DSM. Services must be congruent with the age and abilities of the Client, Client-centered and strength-based; with emphasis on**



*needs as identified by the Client and provided with cultural competence. The treatment service must reduce or alleviate identified symptoms related to either (a) mental health or (b) substance use disorder, maintain or improve level of functioning, and (or) prevent deterioration. The preferred evidenced- based treatment program is Cognitive Behavioral Therapy for Psychosis (CBT-P) or Individual Resiliency Therapy (IRT). OBHAW staff has received training in IRT.*

*Family Education and Support: Psychoeducation provides beneficiaries and their families with pertinent information regarding mental illness, substance abuse, and tobacco cessation, and teaches problem-solving, communication, and coping skills to support recovery. Psychoeducation can be implemented in two formats: multifamily group and (or) single-family group. Due to the group format, beneficiaries and their families are also able to benefit from support of peers and mutual aid. Services must be congruent with the age and abilities of the Client, Client-centered, and strength-based; with emphasis on needs as identified by the Client and provided with cultural competence. For the individual experiencing FEP and their family, education specific to psychosis, coping, communication, and the importance of relationship- building skills are critical. Family members or other supportive persons who are well-informed and involved are more prepared to help loved ones through the recovery process.*

*Evidence-based pharmacotherapy: Pharmacologic management is a service tailored to reduce, stabilize or eliminate psychiatric symptoms. This service includes evaluation of the medication prescription, administration, monitoring, supervision, and informing beneficiaries regarding medication(s) and its potential effects and side effects in order to make informed decisions regarding the prescribed medications. Services must be congruent with the age, strengths, and accommodations necessary for disability and cultural framework. For the individual experiencing FEP specifically, low-dosing of one (1) antipsychotic medication is the recommended treatment framework. In this process, monitoring for psychopathology, side effects, and attitudes toward medication at every visit is critical.*

*Supported Employment and Education: Supported education/employment is designed to facilitate the recovering person's return to work or school, as well as attainment of expected vocational and educational milestones. The service actively facilitates rapid placement in the individual's desired work or school setting and provides active and sustained coaching to ensure success.*

*Additionally, this service should strive to integrate behavioral health services and vocational/educational services. This service replaces traditional vocational approaches that provide intermediate work experiences (prevocational work units, transitional employment, or sheltered workshops), which tend to isolate Clients from mainstream society.*

*OBHAW currently provides and shall continue to provide the above listed services relevant to the FEP deliverables.*

*OBHAW must and shall continue to track and clearly document all outcomes related to FEP services including suicidality, psychiatric hospitalizations, substance use, prescription adherence, side effects of psychotropic medications prescribed, and the Client's level of functioning with regards to ability to initiate/maintain involvement in educational setting, employment setting, and social connectivity.*

*OBHAW must complete ongoing assessment of suicidality for FEP persons at each visit. The evidence-based SBQ-R is the current assessment tool being utilized by OBHAW. This instrument will be used to meet and exceed the requirement of this RFQ.*

*OBHAW may include Club-house or Drop-in Model services, when appropriate. OBHAW currently provides and will continue to provide Drop-In Model services through our Walk-In clinics. The Walk-In clinic has extended evening and Saturday hours for easy, open access.*

*OBHAW must utilize appropriate payor source if any services are reimbursable by a payor source other than this contract.*



**FEP data must be submitted in a timely manner upon request to DHS, and in a format identified by DHS.**

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

- a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.**
- b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.**
- c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.**
- d. Provide Community-Based Services and Support that are culturally competent, strength-based, and collaborative with community partners.**

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**Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.**

**Response:**

**OBHAW currently provides and shall continue to provide Community-Based Services and Support**

- a. OBHAW shall develop community partnerships and collaborations with relevant agencies, stakeholders, and groups within OBHAW's Region #1, consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties.**

**OBHAW's Marketing Director maintains a local behavioral health and community resource directory to ensure public information and education is widely available. Marketing material is distributed to physicians' offices, hospitals, other clinics, colleges, schools, law enforcement, area businesses, the library, all non-profits, health/resource fairs, and any meetings attended.**

- b. Social Media, newspaper, radio, magazine, publications, Mediplay and public presentations of all OBHAW's services throughout Region #1. Our Market Director is a member of many task forces, community clubs and community activities where she promotes OBHAW. Promotional products are available and free to hand out at community events in Region 1. Therapists often volunteer and are available during community activities to answer questions that the community may have or to give free Depression Screenings.**
- c. Therapists routinely travels providing training and participating in speaking engagements on various mental health issues.**



**d. In offering community-based services, OBHAW must maintain local behavioral health and community resource directory as well as demonstrate an ongoing public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. Information and education activities must take place at least once a month. OBHAW must develop flyers, publicize by advertisement in local media, and ensure a broad array of local referral resources are included in the campaign efforts. Local referral resources may include, but are not limited to:**

**Other behavioral health providers.**

**Substance use disorder treatment providers.**

**Physician offices.**

**Law enforcement.**

**Jails.**

**Homeless shelters.**

**Civic groups.**

**Emergency departments.**

**Schools.**

**Colleges**

**OBHAW must support a Consumer Council, provide parent training, community tragedy response, and community resource center. OBHAW shall support the community tragedy response through our emergency services team. OBHAW offers parent training in all three of our offices. Our agency offers community resources and assistance to several different agencies in our Region. A Consumer Council shall be developed through out Community Support Program.**

**OBHAW may utilize contract funds for participation in Mental Health Courts. Once the Mental Health Court is started in our Region 1 area, OBHAW shall utilize contract funds as appropriate.**

**OBHAW must utilize contract funds for jail diversion. OBHAW currently utilizes contract funds for jail diversion.**

**Community-Based Services and Support must be culturally competent, strength based, and provided in collaboration with other community partners.**

**Community-Based Services and Support must be culturally competent, strength based and provided in collaboration with other community partners. Our emergency services team respond to crisis in our community such as a suicide at a school or a community disaster.**

**Mental Health Court-**

**OBHAW has been working in cooperation with the county courts within our region to develop the framework for a Mental Health Court system which would divert individuals from the jail/criminal justice system into mental health treatment programs. OBHAW**

*has participated in CIT trainings for the local law enforcement agencies in preparation of this program. So far, the framework for the program has been completed with implementation dependent on availability of funding.*

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

- a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual ([Attachment H](#)).
- b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.
- c. Complete the DHS 100 Form.

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Compliance with Social Services Block Grant requirements found in [Attachment H](#).

**Response:**

- a. ***OBHAW shall serve the following populations in the delivery of SSBG services within the Community Mental Health Center's Region #1 and who meet established federal guidelines:***

***Children, youth, and adults who meet the criteria outlined in the SSBG Manual (Attachment H).***

***OBHAW currently has procedures in place to determine if a client qualifies for the program. The procedures include completing a Title XX 0100 form to ensure that they qualify financially for the program. Financial Case Managers (FCM) are assigned to the client/family upon intake to assist with the application process. The assigned FCM follows the client throughout the episode of care.***

- b. ***OBHAW shall deliver SSBG Title XX Services for traditional and non-traditional services and support for children, youth, and adults including services identified in sections 29, 38, 43, and 56 of the most current versions of the SSBH Manual. A clinical services program coordinator is and shall be assigned the responsibility of ensuring appropriate provision of services are provided consistent with SSBG Title XX services array.***

- c. ***OBHAW shall complete the DHS 100 Form when accessing this funding source.***

***All services provided under Title XX funding shall be in full compliance with instructions outlined by the SSBG requirements (Attachment H).***

***SSBG funds are billed separately to DHS, and receipts of purchases will be required by DHS when utilizing these funds.***

***SSBG funds must be utilized for eligible services before any other payor source is utilized***



E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:

- a. Ensuring the following services are available directly or through a sub-contractor:
  - i. Partial Hospitalization.
  - ii. Peer Support.
  - iii. Family Support Partner.
  - iv. Supported Employment.
  - v. Supported Housing.
  - vi. Therapeutic Communities.
  - vii. Acute Crisis Units.
  - viii. Aftercare Recovery Support.

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

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

**Response:**

**OBHAW shall ensure provision and availability of Expanded Services**

- a. **OBHAW shall directly provide, or ensure availability through a subcontractor, the following services for persons who are uninsured or underinsured. These services must be medically necessary:**

**Partial Hospitalization – OBHAW is certified as a Partial Hospitalization provider for children, youth and adults. OBHAW will directly provide this service.**

**Peer Support- OBHAW will directly provide Peer Support.**

**Family Support Partner- OBHAW will directly provide Family Support Partner.**

**Supported Employment- OBHAW will directly provide Supported Employment**

**Supported Housing-OBHAW will directly provide Supported Housing**

**Therapeutic Communities- OBHAW will ensure availability through the MOU with Birch Tree Communities. See attachment "Others" E.10**

**Aftercare Recovery Support.**

**OBHAW may purchase medically necessary psychotropic medication for individuals when there is no other payor source: OBHAW is currently providing this service to clients and shall continue to provide as relevant to the requirements of the RFQ.**

**There must be no other alternative means for obtaining necessary medication, such as, but not limited to, third party insurance prescription plans, patient assistance programs through pharmaceutical companies, or physician samples.**

**Medication must be essential for stabilizing or eliminating psychiatric symptoms. This contract cannot be charged any amount other than the actual cost of the necessary medication.**

**OBHAW currently provides and will continue to provide access to Medication Assisted Treatment in each county within Region #1, consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties via Telemed or face to face appointments in one of our three office locations of Clark, Garland or Hot Spring County. We currently provide and shall continue to provide Medication Assisted Treatment utilizing Buprenorphine and Suboxone and Vivitrol injections as needed.**

**Plan:**

*For indigent clients needing medication when there is no other payor source, OBHAW makes sure the client has met with FCM to apply for Medicaid or other benefits and once those steps are completed with the FCM, a consultation with Genoa pharmacy is conducted on cost of medications and self-pay. Once the totals are received from Genoa a purchase order is placed for the medications x 1 month. Acceptance using the indigent fund is done on a month to month basis.*

**E.4 COMMUNITY COLLABORATIONS**

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

- a. Collaborate with diverse stakeholders within the proposed Region.
- b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.
- c. Assist in developing short and long-term solutions to help individuals connect with community supports.
- d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.
- e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.

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**Response:**

**COMMUNITY COLLABORATIONS AND PARTNERSHIPS**

**OBHAW currently has and shall continue to develop community partnerships and collaborations with relevant agencies and groups within OBHAW's Region #1:**

- a. **OBHAW shall demonstrate collaboration within the Region #1, including, but not limited to, other behavioral health treatment providers, licensed substance use treatment providers, law enforcement agencies, health care providers, hospitals, jails and prisons, Acute Crisis Units, judicial systems, service organizations, advocacy organizations, minority health organizations, peer support groups, family-led organizations, consumers, and any other entities within the communities that can assist with meeting client and (or) family needs:**
  - **These collaborations shall focus on preventing deterioration and (or) enhancing current functioning of clients and providing community members with a full array of behavioral health care services.**
- b. **OBHAW shall participate collaboratively within the community to assist with assertive outreach, early intervention, and stabilization of individuals who may reside in jails, be**



*hospitalized, experiencing a first episode of psychosis, and (or) have re-occurring crises.*

- c. In partnership with collaborative community members, OBHAW shall assist in developing short and long-term solutions to help individuals connect with natural occurring and (or) community supports (e.g. drop-in centers, Club House Model or Drop-in Model programs, family support groups, and self-help groups).*

*OBHAW community collaborations shall focus on preventing deterioration and (or) enhancing current functioning of clients and providing community members with a full array of medically necessary behavioral health care services. Collaborations shall also assist persons with serious behavioral illnesses to have access to community support programs to include but not limited to housing, vocational training/education, psychoeducation, employment, and leisure activities.*

- d. OBHAW shall develop partnerships and work collaboratively with child and youth serving agencies and family organizations to avoid children and youth being placed outside of their home and their community.*

*OBHAW collaborations shall also assist persons with serious behavioral illnesses to have access to community support programs to include but not limited to housing, vocational trades/education and leisure activities.*

*OBHAW has community partnerships and collaborations with various school districts, education agencies and child advocacy groups within our region including Arkadelphia, Caddo Hills, Magnet Cove, Malvern, Lake Hamilton and Hot Springs School Districts, Dawson Education Cooperative, CSO Head Start, Arkansas Better Chances and the Cooper Anthony Mercy Child Advocacy Center to provide mental health services to the child and adolescent populations within Region 1.*

*OBHAW has agreements with multiple Community Mental Health Centers throughout the state to be a referral source for the provision of Partial Hospitalization services including Southeast Arkansas Behavioral Health Services, South Arkansas Regional Health Center, Centers for Youth and Families, Inc., Counseling Clinic, Inc., and Midsouth Health Systems, Inc.,*

*OBHAW has established community collaborations with agencies within Region 1, including Suicide Prevention Allies, The Arkansas Mental Health Council, Malvern Housing Authority, The United Way of Garland County, The Domestic Violence Task Force, Project Hope, Clark County Healthcare Coalition, Garland County Crisis Intervention Training (CIT) Committee, Garland County Mental Health Court Committee, Ouachita Area Youth Council, Smoke Free Hot Springs Committee. Continuum of Care and Homeless Coalitions, Psychiatric Facilities and Hospital Emergency Rooms.*

*OBHAW contracts with local law enforcement agencies, Hot Springs Village Police and Fire Departments and the Garland County Sheriff's Office, to provide forensic pre-employment evaluations.*

*OBHAW is a provider of Housing and Urban Development (HUD) funded housing for persons with disabilities in Hot Springs and Malvern, Arkansas.*

#### **E.5 STAFFING REQUIREMENTS**

*E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:*

- a. Describe your policies and procedures for training all staff and tracking the training requirements.*
- b. Describe your ability to demonstrate on-going staff development and recruitment.*
- c. Describe your efforts to ensure all staff are good stewards of state and federal funds.*

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**Response:**

**OBHAW currently has a total of 117 employees located in three (3) of the counties in Region #1. OBHAW will add staff to Montgomery and Pike counties once we have a physical site secured. We currently have two (2) employees on staff that live in Montgomery and Pike counties that we intend to place at those sites. Current policy states there will be a sufficient number of qualified staff to meet the needs of persons served. Staffing patterns are reviewed at least annually.**

**OBHAW has a recruitment and retention plan in place that is monitored continuously for ongoing ability to serve the client population.**

**All services rendered to the Client shall only be provided within the scope of the performing healthcare provider as defined by federal and State law.**

**All services rendered to the Client shall only be provided within the scope of the performing health care provider's licensure as defined by federal and state law. Before we hire a new employee, they are given a competency exam at interview and licensure is verified by their state licensing board. Three references are checked by our Human Resource Department with the requirement that one reference requiring to be from a former supervisor. Both criminal and maltreatment background checks are also required.**

**OBHAW shall have written policies and procedures in place for training all employees. Written documentation of the training shall be the responsibility of OBHAW.**

**We currently have a clinical trainer that does all initial clinical training during their orientation week. New employees that are Licensed Professionals and Qualified Behavioral Health Professionals are required to go through this training and pass competency exams in the areas of Risk Assessments, Mandated Reporting, HIPAA and Confidentiality, Cultural Competency, Medical Necessity and Laws and Ethics All trainings are tracked in our Relias Learning System and our employees HR file. Training also includes the agencies Clinical policies and procedures, Medicaid Rules and Regulations, CPR and CPI if required, and EMR Training. Every new staff member sign off on the training they received through our Orientation Check sheet list which is also stored in their HR file.**

**OBHAW shall demonstrate ongoing staff development and recruitment processes to ensure good stewardship of state and federal funds.**

**OBHAW has a designated clinical trainer responsible for ensuring ongoing training for development and recruitment. We currently offer evidence-based training for certifications within our agency and also have a scholarship application process for those staff that wish to receive Evidence Based training outside of our agency. We encourage all of our staff to have certifications in the areas that they are passionate about and wish to specialist in. Currently we have this as one of our agency's key performance indicators.**

**To ensure all staff are good stewards of state and federal funds, OBHAW believes that having clinical staff that is trained in Evidence Based Techniques will create better outcomes in a shorter amount of time. This will insure that the funding can be used to treatment more clients without a funding source if the client is in treatment for a shorter amount of time. OBHAW also has a utilization review team that reviews charts for medical necessity and to ensure that the clients are receiving the services needed.**

**E.6 RECORDS AND REPORTING**



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

- a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.
- b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.

**Response**

**a. OBHAW uses NextStep Solutions for Behavioral Health Care (NextStep) for its electronic medical records system. NextStep is a web accessible value-based clinical and practice management software that is ONC Certified HIT by Drummond. NextStep provides the functionality needed to track evidenced-based outcomes through the treatment episode allowing the clinician to make better informed treatment decisions that empower the client to achieve recovery in a more timely and efficient manner. The system has been fully customized to meet the agency's needs for capturing all client services documentation. Agency policy mandates content of the client record as listed below, and that all documentation meets or exceeds Medicaid regulations for documentation of services:**

**Content of Clinical Records**

**A clinical record shall be maintained for every individual assessed, treated, or served by OBHAW. Each clinical record shall contain the following when and where appropriate:**

- **Identify data and demographic information**
- **Responsibility for payment, legal guardianship, next of kin, and insurance or reimbursement source information.**
- **Signed Consent for Treatment and Use of Protected Health Information Reports of initial and ongoing assessments.**
- **Record of all medications prescribed and/or administered by OBHAW staff including e-prescribed medications**
- **Designation of the Primary Therapist responsible for coordinating services**
- **Mental Health Assessment and Diagnosis**
- **Treatment Plans and Reviews**
- **Psychiatric Evaluations as medically indicated**
- **Signed and dated progress notes for each service documented and/or provided at OBHAW**
- **Correspondence pertinent to the client**
- **Release of Information forms and record of information which was released when applicable.**
- **Reports of referrals to other individuals/agencies if applicable**
- **Termination information, if chart closed.**

**When a client does not return after the initial assessment or in situations such as law enforcement evaluations and psychological/psychiatric evaluations for contract agencies, the case may be closed as "evaluation only" and contain results of assessment/evaluation and referral if one is made.**

**OBHAW policies related to the client record are:**

**Indexing of Records**

**A unique case number shall be assigned to each individual clinical record. When a client is given a case number, that number shall remain with the client when the case is closed and be re-activated should the case be re-opened.**

**Storage: All clinical records, both active and inactive, shall be kept in a secure Medical Records Library or stored on a secure electronic medical records system.**

**Access: Medical Records and Information Services shall allow timely and easy access to needed client information by authorized staff, while safeguarding confidentiality. Access**

**control privileges shall be granted on the category of the user, with the approval of his department manager, based on need-to-know for billing service delivery purposes.**

**Security: Paper-based records will be kept in a secure Medical Records room when not in active use by an authorized person. Only authorized personnel will have keys or access codes to Medical Records. Electronic medical records will be protected by security settings and passwords.**

**Sensitive Electronic Medical Records: A record may be designated as "Sensitive" when the client is an employee, relative of an employee, or other reason as determined by the therapists of Information Services Manager. A request shall be made to the Office Manager to heighten the security level for chart access which will generally require a chart override and documented reason for accessing the record. Access to secure charts shall be monitored on a regular basis for appropriateness by the IS Manager. The therapist who request the secure designation shall explain to the client that security has been increased but that information will be available to staff on a need-to-know basis. This explanation shall be documented in the client record.**

**Responsible Parties:**

**The Primary Therapist shall be responsible for seeing that each client's chart contains appropriate and complete clinical information.**

**Admissions Support Staff:**

**Assigning case numbers and ensuring that duplicate numbers are not issued. Properly completing client demographic and financial information  
All Treatment Staff shall be responsible for completing treatment documentation and submitting it to Medical Records in a timely manner.**

**Medical Records Clerk:**

**Properly filing all records  
Checking charts out to authorized personnel as needed.  
Processing ROI requests ensuring the client's HIPPA rights are adhered to according to including but not limited to CFR 42 part 2.**

**Information Services Staff:**

**Making electronic records available to authorized staff Providing secure storage of electronic records  
Ensuring accuracy and completeness of electronic records**

**Persons Checking Out Paper Records shall be responsible for maintaining the security and confidentiality of that record until they return it to the Medical Records Library.**

**Persons Accessing Electronic Records:**

**All: Maintaining the secrecy of their password Limiting physical access to their workstation.  
Clinical Staff: Only accessing the portion of the client record for which they area treatment team member.  
Administrative Staff: only accessing the portion of the client record for which they have a need to know based on their agency assigned job duties.**

**Record Retention:**

**Paper clinical records shall be retained in Medical Records or locked storage for 10 years after the most recent termination or until they can be stored electronically. Charts on minors will be retained for seven years after the age or majority is attained.**

**The Primary Therapist, if still employed, or current Department Director shall be notified at least two weeks before scheduled destruction and may note exceptions to the time**



**limit and request that the record be retained. If there are no exceptions, the Medical Records Clerk shall be responsible for destruction of the records. Electronic chart records will be stored indefinitely.**

**b. Reporting Accreditation:**

**OBHAW shall provide DAABHS with copies of TJC accreditation review reports, including any deficiencies noted and remedies required by TJC within five (5) days of receipt.**

**OBHAW shall copy DAABHS on any communication between OBHAW and TJC regarding correction of deficiencies and acceptance of remediation.**

**OBHAW shall copy DAABHS on all communication between OBHAW and TJC.**

**General Reporting**

**OBHAW shall complete DHS required data entry in the system or manner specified by DHS no later than the tenth (10th ) working day of the month for the previous month. Data entry must be timely, accurate, and consistently reflect required data points with the degree of specificity indicated by DHS.**

**OBHAW shall document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.**

**OBHAW must comply with compilation and submission of any other ad hoc reports requested by DAABHS in the timeframe mutually agreed upon between the CMHC and DAABHS.**

**Upon request, OBHAW must provide to DHS documentation and reporting that is client specific and includes at a minimum, first name, last name, date of birth, social security number, and service(s) rendered.**

**OBHAW must comply with DHS incident reporting requirements as defined in Attachment H. Annual Reporting:**

**OBHAW shall report specific information on an annual basis as follows to DAABHS for federal reporting purposes:**

**Identification of the number of unduplicated Clients receiving evidence-based services specifically listed by Substance Abuse and Mental Health Services Administration (SAMHSA).**

**Maintenance of Effort (MOE) reporting which requires the Community Mental Health Center to report annually the amount of Medicaid revenue received in the previous state fiscal year.**

**Upon request, OBHAW must submit written report describing OBHAW quality improvement activities, which include at a minimum, assessment of progress toward OBHAW's goals, program achievements not related to goals, and outcome data as it relates to OBHAW's current quality assurance goals and objectives.**

**E.7 APPEALS AND GRIEVANCE PROCESS**

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

**Response:**

**OBHAW shall provide a system for handling individual complaints and appeals and shall cooperate fully with the processing of any complaint or appeal in accordance with the Arkansas Medicaid Manual.**

**OBHAW has a plan in place that if a consumer has a comment, complaint or grievance with**

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*a staff member or service, every effort shall be made by persons closely involved with the case to develop a solution acceptable to the client, with an attitude of open-mindedness and without prejudice. Resolution may be as simple as referral to an appropriate staff member such as a program coordinator or billing staff. A written report is not required at this stage but may be prepared at the discretion of person dealing with the complaint. Supervisors may choose to maintain a complaint log.*

**Written Report**

*If the initial attempt does not produce a resolution, the case shall be referred to the Grievance Officer who is appointed by the CEO. A written summary of the grievance shall be prepared and sent either electronically, by postal service, or delivered in person. (see "Client Rights and Responsibilities" brochure for contact information.) A complaint may also be made through an independent organization, EthicsPoint (844-420-9061 or www.ethicspoint.com). Complaints made through EthicsPoint may be anonymous if desired. The Grievance Officer shall investigate any written complaint and work to facilitate resolution.*

**Investigation**

*The Grievance Officer should look at clinical documentation and service records as necessary to investigate the complaint. Other staff members may be asked to report what happened from their point of view. The Grievance Officer may send personnel matters to the Human Resources Director who shall determine what, if any, corrective action is needed and report to Grievance Officer. Clinical issues may be referred to clinical supervisor(s) at any level who shall also work on corrective actions if needed and report back to the Grievance Officer. Any staff member who is the subject of a complaint shall be given the opportunity to present the facts from his/her point of view. The Grievance Officer shall determine who should be present at fact finding meetings. Confidentiality shall be maintained on a need to know basis.*

*The Grievance Officer shall report back to the complainant and determine if solution is acceptable. If solution is not acceptable, additional solutions may be proposed. If no solution is found, Grievance Officer has the option of arranging a meeting with the Executive Director and complainant. Decision of the Executive Director is final.*

*The Grievance Officer shall maintain a log of cases containing a summary of the issues and resolutions. Quarterly reports will be made to the Quality Assurance Committee. If there is a pattern of complaints, further action may be necessary 5*

*Professional and Paraprofessional Staff shall be responsible for protecting client rights, serving as advocate for the client where feasible, and seeing that clients are aware of advocacy services.*

*The Grievance Officer shall be responsible for facilitating resolutions to issues which arise.*

**E.8 QUALITY ASSURANCE**

E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.

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**Response:**

***OBHAW shall develop and utilize continuous quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available. OBHAW must comply with, at a minimum, Quality Assurance REQUIREMENTS outlined in the most current version of the DHS Behavioral Health Agency Certification Manual.***



**OBHAW meets and exceeds in the areas of quality assurance and quality improvement methods. Our current Quality Assurance team that includes our compliance officer, chief clinical officer, and program supervisors, meets every month to insure our agency is following all statues, regulations, codes, ordinances, and licensure or certification requirements as applicable. OBHAW invested in a Utilization Review software 5 years ago. This software allows us to customize and run reports off chart reviews and areas in need of compliance. The Quality Assurance Team Reviews Data that has been collected and presented and the group must analyze the data to determine how OBHAW could improve performance. Thresholds are set on each data set for acceptable performance. If performance is not acceptable, a corrective action plan will be formulated. Methods of analysis include but are not limited to**

- **Comparative results over time**
- **Comparison between programs and client groups**
- **Comparison with accepted standards**
- **Use of “what if” scenarios**

**Every month we review to see if progress is being made in the areas needing improvement and if the corrective action plan is being followed. We have both monthly and quarterly reports we review. These reports are also reviewed quarterly with OBHAW’s Leadership Team and Board of Directors.**

**OBHAW’s Electronic Medical Record also allows us to run reports on suicide risks, number of ER visits, and number of days of psychiatric hospitalization to determine if those clients are receiving the most effective and efficient treatment modalities available.**

**All meetings are documented with minutes and are reviewed at every meeting.**

**E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT**

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

- a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.
- b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).
- c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.
- d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.
- e. Describe how your agency will utilize funds toward the development of infrastructure.

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**Response:**

**Financial Reporting:**

**OBHAW shall comply with DHS and DAABHS billing instructions and deadlines. DHS and DAABHS periodically revise billing instructions for federal and state year-end close-out. Non-compliance with deadlines may result in subsequent year funding cuts.**

**OBHAW shall be subject to an annual audit of overall operations by the Division of Legislative Joint Auditing Committee as defined in Arkansas Code Annotated (ACA) §§ 20.46.308. OBHAW shall submit a budget to DAABHS and the Arkansas Legislative Council and go through the budget procedures process in the same manner as State Departments, agencies, institutions, boards, and commissions. Budgets shall be submitted based on operating revenues and expenses of OBHAW, and OBHAW shall provide information related to financial status required by the Legislative Council and/or Joint Budget Committee.**

**a. OBHAW shall utilize DAABHS funds only for the populations defined in Section 3.2.**

**DAABHS funds shall always be the payor of last resort, unless specifically stated otherwise.**



**OBHAW shall utilize contracted funding to ensure appropriate behavioral health care is available for Indigent Arkansans.**

**To support the contracted OBHAW in the establishment and sustainability of access to quality services, for the defined population, a portion of the monthly scheduled payment may be utilized to build infrastructure. Examples of acceptable infrastructure expense might include but are not limited to: initial site establishment costs such as rent, utilities, advertisement, and staffing; development of telemedicine networks; practice transformation and/or business model redesign support; staff recruitment efforts and/or staff development; evidence-based trainings to improve quality of care. The purpose of infrastructure funding is to establish or improve access to quality care for defined population seeking behavioral health services.**

**OBHAW will require submit monthly reporting of dollars used for infrastructure.**

- b. OBHAW shall keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual.**
- c. OBHAW is able to bill a variety of private insurance plans including, but not limited to, Arkansas Works, Medicaid, Medicare, and Veteran's Administration benefits. No duplication of coverage between this Contract and the aforementioned payors exists. If services contemplated by this Contract are covered by these private and public insurance or payment programs, funds will not be available under this Contract to pay OBHAW for the provision of these services. This Contract only makes funds available to OBHAW if no alternative source of funds is available to that Client, except for:**
  - Supplementing services pertaining to ASH, per RFQ Section 2.6 B.**
  - Care Coordination pertaining to ASH, per RFQ Section 2.6 B.**
  - Clients with Medicare, private insurance, or Veterans Administration benefits for Drop-In Model or Club House Model Services, or for medically necessary services not covered by their insurance carrier.**
- d. OBHAW shall demonstrate compliance with professionally recognized and accepted accounting, statistical, and auditing standards. OBHAW shall, at its own expense, undergo an annual audit conducted by a certified public accounting firm.**
- e. OBHAW believes in building a strong mental health infrastructure through education the public of the importance of mental health. Distributing material addressing mental health issues and resources for mental health services.**

**E.10 REGION SPECIFIC SERVICES**

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

- a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.
- b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.

**Response:**

**OBHAW is the designated Single Point of Entry (SPOE) to adults in Region #1, consisting of Clark, Garland, Hot Spring, Montgomery and Pike Counties, whose destination is ASH as well as the single point of access for acute inpatient psychiatric hospitals for Clients without a payor source for acute hospitalization when these services are medically**

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**necessary. Further, the Behavioral Health Contractors must ensure they utilize contracted funds as the payor of last resort and to assist its Clients to enroll in the healthcare coverage programs for which the Client may be eligible.**

**OBHAW's Marketing Director maintains a local behavioral health and community resource directory to ensure public information and education is widely available. Marketing material is distributed to physicians' offices, hospitals, other clinics, colleges, schools, law enforcement, area businesses, the library, all non-profits, health/resource fairs, and any meetings attended.**

**Social Media, newspaper, radio, magazine, publications, Mediaplay and public presentations of all OBHAW's services throughout Region #1. OBHAW's Marketing Director is a member of many task forces, community clubs and community activities where she promotes OBHAW. Promotional products are available and free to hand out at community events in Region 1. Therapists often volunteer and are available during community activities to answer questions that the community may have or to give free Depression Screenings.**

**Therapists routinely travel throughout the communities in Region #1 to providing education and training and participate in speaking engagements on various mental health issues.**

### **Guiding Principles for Behavioral Health Contractors/Community Mental Health Centers**

**OBHAW will 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.**

**OBHAW has developed and provides crisis services to individuals experiencing Psychiatric or Behavioral Crises in Region #1. OBHAW serves the following populations in the delivery of crisis services;**

**Mobile Crisis population: All adults, youth, and children experiencing a Psychiatric or Behavioral Crisis, regardless of payor source.**

**Acute Care population; Adults aged eighteen (18) or older with no insurance.**

**Persons in custody of the Division of Children and Family Services (DCFS).**

**For this population, crisis intervention services are provided in a community setting, which may include without limitation a home or foster home, school, or DCFS office. Also, crisis services focus on stabilization of the client within their community, must include a safety plan, and face-to-face twenty-four (24) to forty-eight (48) hours of the initial crisis.**

**OBHAW provides the following children services; After School Programs, Home and Community Based Services, Independent Living Services, School Based Day Treatment Program and Summer Programs.**

**OBHAW provides services to the jailed population, a Jailed Diversion Plan and Outpatient Restoration Forensic Treatment.**

**OBHAW is responsible for providing court-ordered 327 and 328 forensic evaluation for persons in Region #1. OBHAW must respond to inquiries of the court on issues including without limitation competency, responsibility, and capacity of pre-trial detainees.**

**If requested, OBHAW provides behavioral healthcare services for persons discharging from the Arkansas State Hospital (ASH) regardless of payor source. This includes without limitation individuals awaiting forensic restoration services at ASH.**

**Additionally, OBHAW may provide services of individuals who have Medicare, US Department**



*of Veterans Affairs (VA), or commercial insurance that does not cover all medically necessary services.*

*OBHAW provides any educational, clinical, and medically necessary behavioral health services to individuals awaiting forensic restoration services at ASH by order of the courts. Services shall not be performed without a letter or referral and/or an approval form submitted by ASH.*

*OBHAW provides a range of Forensic Services for both civil and criminal court systems; Parental Fitness Assessments, Guardianship Assessments, Visitation Assessments, Competency for Estate or Person, Law Enforcement Certification, Law Enforcement Fitness to return to duty, Fitness to proceed examination that has been requested through the courts and ordered by a Judge, Criminal responsibility Examination that has been requested through the courts and ordered by Judge.*

*OBHAW has MOU's with the Garland County Sheriff's Department, Hot Springs Village Fire Department and the Hot Springs Village Police Department to perform their Pre-employment Psychological Evaluations.*

*Caring for individuals with a severe behavioral illness in the community setting is a challenging but vital endeavor. Individuals often have multi-systemic problems including poverty, homelessness, health issues, substance abuse, are involved in high levels of involvement in or adult justice systems, foster care, emergency room care, and psychiatric hospitalization. Adults with serious behavioral illness are more likely to be unemployed, uninsured, and homeless. OBHAW enlisted the help of Birch Tree Communities, Inc. to provide "Therapeutic Community" services for Adult clients with a Serious Mental Illness as defined by the Arkansas Department of Behavioral Health in the state contract with Community Mental Health Centers.*

*OBHAW is certified by the Arkansas Department of Human Services as a Behavioral Health Agency, Partial Hospitalization provider, and Substance Abuse Treatment facility. Children with a serious emotional disturbance have high rates of psychiatric hospitalization, have school suspensions, are homeless, or move frequently. These factors often make it difficult to provide the comprehensive care needed to stabilize individuals in the community. These individuals are often in and out of acute facilities and often do not adhere to Treatment Plans and medication regimens. Individuals with serious behavioral health needs often end up in jails or emergency rooms, costing the State extra dollars and preventing service provision within a less restrictive community setting. Under the contracts that will result from this RFQ, OBHAW will treat and help Clients continue to live and function within the community.*

*We believe that therapy is a collaborative, individual-centered process. Because of this belief we work in partnership with kids and their families to develop a plan and goals for treatment.*

*OBHAW School-Based Counseling is aimed at helping kids, teens, and young adults succeed in their classrooms and thrive at home. Our staff is passionate about helping kids to learn social skills, behavioral skills, and coping skills that will help them reach their goals. OBHAW has community partnerships and collaborations with various school districts, education agencies and child advocacy groups within our region including Arkadelphia, Caddo Hills, Magnet Cove, Malvern, Lake Hamilton and Hot Springs School Districts, Dawson Education Cooperative, CSO Head Start, Arkansas Better Chances and the Cooper Anthony Mercy Child Advocacy Center to provide mental health services to the child and adolescent populations within Region 1.*

*OBHAW has designed and implemented community support programs within Region #1 and communities to provide both the structure and services for the identified populations of individuals with serious behavioral health diagnoses. The structure includes places in the community for treatment and support; it also includes the necessary personnel available to provide the services in the community. Services are inclusive of a continuum of care, including persons in jails, hospitals, and acute crises units for individuals who need a secure and safe place and more supportive services that allow them to function in the community. Such services can include twenty-four (24) hour emergency services, crisis stabilization, re-*



**entry programs, care coordination, hospital aftercare, services including Club House Model and Drop-in Model programs, peer support groups, supported employment, and supported housing.**

**OBHAW will lead community-based Crisis Intervention and Stabilization. Comprehensive and coordinated crisis services for psychiatric and behavioral health emergencies have the potential for significant cost savings by reducing:**

**Inpatient**

**Hospitalization**

**Emergency Room**

**Utilization**

**Individuals with Behavioral Health Issues held in Jail**

**Research has shown that community level treatment has been effective in reaching people who normally may not have access to the kinds of mental healthcare service that they need to remain in and function in the community. For OBHAW employees who work with these individuals, Mobile Crisis services include completing mobile assessments and either stabilizing and depending on the assessed need, referring the Client for follow-up community treatment, assisting with and/or paying for a hospital bed day, or assisting the with admission and payment for an Acute Crisis Unit bed. OBHAW's Mobile Crisis services for individuals without access to a third-party payor source and not a member of a PASSE, will include assessment, stabilization, and referral.**

**OBHAW has an active MOU with CHI St. Vincent Hospital for the Mental Health Consultation Services for the indigent.**

**There is an active Psychiatric Hospital Participation Agreement and between Conway Behavioral Health, LLC to provide treatment to certain children, adolescent and adults non-funded patients that originated with OBHAW.**

**A major goal of increasing Mobile Crisis Services and subsequent access to Acute Crises Units is to increase the number of individuals using the crises services and aftercare and to decrease the hospitalization of Clients using the Mobile Crises Services. In addition, promptly attending to the crises of the individual should also reduce the involvement of the law enforcement agencies and the criminal-justice system for Clients who need mental health treatment instead of being placed in jail.**

**OBHAW will focus on Recovery-Oriented Treatment.**

**OBHAW embraces a model of recovery defined by Substance Abuse and Mental Health Services Administration (SAMHSA) as "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."**

**Recovery-oriented support is provided by OBHAW through treatment, services, and community-based programs by behavioral health care providers, peer providers, family support providers, family members, friends, social networks, and faith-based communities. Recovery support services include access to evidence-based practices such as supported employment, supported housing, assertive community treatment, illness management, and peer-operated services.**

**A primary principle of a recovery-based model is using peer support. By sharing their experiences, peers bring hope to people in recovery and promote a sense of belonging within the community. Peer support works best for individuals who have a common life experience with the people they are serving. Research has shown that peer support facilitates recovery and reduces health care costs. Peer support can include peer mentoring or coaching, connecting peers with professional and nonprofessional services, facilitating group activities (support groups) and building community. Peers can also be utilized in assertive outreach of Clients who may isolate and return only in crises mode.**

**OBHAW will provide support to Clients placed on the waitlist for admission, being admitted to**

**and discharging from ASH, and the Community-based 911 Status individuals.**

**Although OBHAW serves clients in Region #1, there is not a physical site in Montgomery or Pike counties at this time. OBHAW is currently exploring rental properties in those two counties to provide a licensed mental health therapist to serve clients. May 15, 2019 is the deadline to secure a site and apply for DHS certification to ensure the site will be operational by July 1, 2019.**

**OBHAW also has telemed or will have an APN on location in Montgomery and Pike Counties on designated days for psychiatric services. We have identified therapists that will be available to go to the sites.**

**In Pike County, OBHAW will have a Bilingual therapist due to the high Hispanic population. We also have a Mental Health Professional intern who will be graduating soon, living in Montgomery County.**

**OBHAW has agreements with multiple Community Mental Health Centers throughout the state to be a referral source for the provision of Partial Hospitalization services including Southeast Arkansas Behavioral Health Services, South Arkansas Regional Health Center, Centers for Youth and Families, Inc., Counseling Clinic, Inc., and Midsouth Health Systems, Inc.,**

**OBHAW has established community collaborations with agencies within Region 1, including Suicide Prevention Allies, The Arkansas Mental Health Council, Malvern Housing Authority, The United Way of Garland County, The Domestic Violence Task Force, Project Hope, Clark County Healthcare Coalition, Garland County Crisis Intervention Training (CIT) Committee, Garland County Mental Health Court Committee, Ouachita Area Youth Council, Smoke Free Hot Springs Committee. Continuum of Care and Homeless Coalitions, Psychiatric Facilities and Hospital Emergency Rooms. OBHAW has had several meetings with Garland County to get a mental health specialty up and running. The biggest hold back has been the lack of funding. OBHAW has also begun to work with courts in both Hot Spring and Clark Counties who plan to start a mental health court. So far, the framework has already been set up.**

**See  
"Other" E.10.A- MOU's**